This paper examines social welfare policy and its impacts on Appalachian children. The discussion is based on a notion that a just society meets basic needs of all its members. Current social policy: (1) does not include a comprehensive family policy; (2) depends on state and local contributions which are limited in rural Appalachia; (3) has become more conservative; (4) has suffered from a stressed national economy; and (5) is geared toward urban areas, and does not consider Appalachian values. Income support programs include Social Security, Aid to Families with Dependent Children; Food Stamps; the Women Infants and Children Supplemental food program; and the Federal School Lunch Program. Medicaid is the principal program for health care, while Community Mental Health Centers are the primary avenue for mental health needs. Child Welfare services include Child Protective Services, Foster Care, Adoption Services, Day Care, Homemaker Services and Group Care. Public housing and housing subsidies attempt to provide adequate housing for the poor. Although new national policies could further the cause of social justice, the federal deficit, budget cuts, and other problems make it unlikely that funds will be available to implement the necessary policies. Therefore, rural communities should develop community-based programs to support children and families. By encouraging small-scale economic development, communities can use the informal economy to support families. In addition, voluntary associations could address mental health needs and serve as advocates for children and families. This paper contains 50 references. (KS)
AMERICAN SOCIAL WELFARE POLICY AND SOCIAL JUSTICE FOR APPALACHIA'S CHILDREN

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ABSTRACT

This paper discusses the relationship between American Social Welfare Policy and Social Justice for Appalachian Children. The paper begins by discussing the relevant issues related to social justice. Next, policies for income support, health and mental health, child welfare and housing are discussed. The policies in each of these areas are examined in light of their impact on children and families within the Appalachian context. Finally, a set of alternatives is proposed.
AMERICAN SOCIAL WELFARE POLICY AND SOCIAL JUSTICE FOR APPALACHIA'S CHILDREN

Thomas Jefferson once wrote that "Indeed, I tremble for my country when I reflect that God is just" (Oxford Dictionary of Quotations, 1979, p. 272). His statement becomes especially troubling when one considers the sense of justice that our nation uses in its social welfare policies toward children.

Social welfare policy plays an important role in the lives of all American children. It affects the income that the child’s family receives, the type of shelter that the child has, what health care she or he receives and what efforts are made to protect the child from maltreatment. This impact is especially significant in areas that are poor and oppressed, such as Southern Appalachia.

Appalachia is a poor land with a people who have a unique culture. Social policies that are designed to address essentially urban problems on a national scale do not always adequately meet the needs of the Appalachian Child and his or her family. This creates a problematic situation for those concerned about social justice. This paper will address these issues and explore the possibility of corrective action. First, however, it is essential to discuss the idea of social justice as it applies to social welfare...
The Concept of Social Justice

Social justice has gained a great deal of attention as a criteria in public policy matters. This is partly due to the influence of John Rawls' (1971) landmark book *A Theory of Justice*. In this book, Rawls outlines a number of principles that would guide the actions of the just in modern society.

Social welfare policy thinking has been strongly affected by Rawls ideas and the ideas of others who are concerned with justice criteria in dealing with the poor, the oppressed and those discriminated against in modern society (Barr, 1985; Romanshyn, 1970). Clients of social welfare are especially vulnerable to being treated in an unjust manner. This makes it especially important that the policies that govern their lives be scrutinized as just or unjust. But what does social justice mean in an operational sense?

Beverly and McSweeney (1987, p. 14), in a recent book on social welfare policy, defined justice as:

Justice means fairness in relationships between people as these relate to the possession or acquisition of resources based on some valid claim to those
They go on to argue that, in order to have a just society, it is essential that basic needs be met first. After basic needs are met, then needs based on other claims can be negotiated (Beverly and McSweeney, 1987, p. 3-14). This paper will rely heavily on the Beverly and McSweeney (1987) analysis.

The Beverly and McSweeney thesis complements Goulet's (1971) analysis, which holds that basic needs must be fulfilled before other claims on development output are realized. Another source of support is the Catholic Bishops Pastoral Letter on the economy, (NCCB, 1986) *Economic Justice For All*. The Bishops advocate that there is a moral dimension to the economic system. Part of this moral dimension is a set of human rights for basic needs fulfillment.

Basic needs are difficult to define in any absolute sense (Todaro, 1985). It is easy to classify basic survival needs, such as food, clothing, shelter and clean air and water. Some advocate the inclusion of education, health care and a basic sense of justice as basic needs, especially in an advanced society (Beverly and McSweeney, 1987).

If a child is to have his or her basic needs met, it must be in the context of some type of family unit. A child,
by definition, is dependent on his or her family for survival. The logical extension of the Beverly and McSweeny (1987) argument is that social justice for children requires that the basic needs of families also be met.

Families do not exist in isolation. They are supported by local communities and, at least in rural Appalachia, subscribe to a set of subcultural values and norms. While all of this is supportive of the family, it also creates a requirement that public policy to aid in basic needs fulfillment must address the cultural dimension if it is to succeed. Extending Beverly and McSweeny's (1987) argument further, it follows that social justice for Appalachia's children requires that the basic needs of Appalachian children be met in a culturally appropriate manner. This will be considered the relevant yardstick for the analysis that is to follow.

The Current Framework

The American social welfare enterprise consists of a large variety of federal, state, local and private programs that address a large number of potential needs. The entire field can be described as fragmented and disjointed. Limiting the discussion to policies that deal with children and families in Appalachia, several relevant points become almost immediately obvious:
1. There is no systematic approach to the family. Policies are created to deal with family problems such as child abuse, domestic violence, problems of the aged and so forth. These policies are not usually coordinated and do not often support each other. A number of scholars (Pardeck, 1988, Beverly and McSweeny, 1987 Keniston, 1977) have argued that the United States needs a comprehensive family policy.

2. While the federal government provides much of the funding for social welfare policies in Appalachia, there is often a state and local contribution. This means that any analysis of these policies must consider the nature of the Appalachian Political Economy. The Southern Appalachian states have had an historically low tax base (Appalachian Land Ownership Task Force, 1982) This is especially true in the coal states of Kentucky, West Virginia, Tennessee and Alabama. They are also states that are politically conservative. The combination of limited funds and an even more limited political will for the expansion of public social programs creates a situation that promises a limited welfare effort.

3. The conservative turn in national social policy reinforces the orientation of the mountain states. Reagan's attack on the welfare state strikes a responsive chord in
much of the South. National cuts in funding are especially difficult to deal with in states that are struggling to maintain their own fiscal stability.

4. The social welfare system in the United States can be considered a supplement to the action of the economic system. It is within this system that most of the decisions that affect social justice in the region are made. Appalachia has always suffered at the hands of the economy. The restructuring of the American economy that has occurred in the past two decades has made this situation considerably worse for the nation (Bluestone and Harrison, 1988) and in the region (Gavanta, 1987). While unemployment and low wages are nothing new in the mountains, the amount of economic stress that affects Appalachian families is likely to grow substantially. In the face of this economic change, there is little chance that any social welfare system can do more than blunt the pain.

5. Many of the policies that form the present framework are designed for areas that are more urban than much of Southern Appalachia. They are certainly not designed to take into account Appalachian culture and lifestyle.

Taking into account these five points, it is now proper to discuss some of the major programs. In this brief space, only select programs can be used as examples, but these
should serve to illustrate the main points. Policies in the areas most relevant to children, income support, health care, child welfare, housing and mental health, will be considered. These are the areas that are important if we are to guarantee basic needs fulfillment [and thus social justice] for Appalachia's children.

Income Support

Income support programs aim at providing a basic level of income security for all. While this "safety net" concept is frequently discussed, the actual programs are less comprehensive than many would think.

The largest income support program, Social Security (OASDHI), is targeted toward the needs of retired workers. Children are only covered when a parent retires, dies or becomes disabled. Social security benefits are higher than most other programs, but they are hardly generous.

The largest income support program that is targeted toward children is Aid to Families with Dependent Children (AFDC). AFDC benefits are paid jointly from state and federal funds. Benefit levels vary widely from state to state. As Table One shows, none of the Southern Appalachian
Table One: Average AFDC Payment Per Recipient in 1987

<table>
<thead>
<tr>
<th>State</th>
<th>Average Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>39.34</td>
</tr>
<tr>
<td>Georgia</td>
<td>82.98</td>
</tr>
<tr>
<td>Kentucky</td>
<td>72.44</td>
</tr>
<tr>
<td>Mississippi</td>
<td>38.76</td>
</tr>
<tr>
<td>North Carolina</td>
<td>92.04</td>
</tr>
<tr>
<td>South Carolina</td>
<td>65.61</td>
</tr>
<tr>
<td>Tennessee</td>
<td>54.49</td>
</tr>
<tr>
<td>Virginia</td>
<td>96.68</td>
</tr>
<tr>
<td>West Virginia</td>
<td>80.26</td>
</tr>
<tr>
<td>Nation</td>
<td>123.73</td>
</tr>
</tbody>
</table>


Not all poor children are covered by AFDC. There are strict income criteria that must be met before a family can become eligible. Until this year, only families with one parent outside of the home could be eligible for AFDC in most states. Passage of the Family Support Act of 1988 partially changed this situation, but problems still exist.
The relationship between AFDC and work is a difficult and often confusing one. All AFDC recipients who meet criteria must register for workfare. On the other hand, if they find a job, their benefit levels are often cut on a dollar to dollar basis. This hardly encourages self support. When one considers the medicaid and day care benefits that are lost when AFDC is terminated, this is not a program that encourages self reliance. Changes in the AFDC program will now require that Medicaid and Day Care provisions be extended for one year (Tatara, 1990, p. 102), but it remains to be seen if this will foster long-term self reliance. The Family Support Act of 1988 also required states to develop job training for their AFDC recipients (Tatara, 1990, p.102).

It is clear that the AFDC program does not assure that basic needs are met. It is also clear that AFDC has a number of elements that do not encourage self reliance which Jones (1972, p. 110) identifies as an Appalachian Value. There are a number of other programs, however, that can supplement AFDC.

Food Stamps provide some limited support for poor families and individuals. The program is paid for by the federal government, which sets the benefit levels. Eligibility is by income level and assets. Food stamps can only be used to purchase

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American farm products. They cannot be used to pay for other needs (at least not legally) such as rent, clothing or medical care. The reason for this is that food stamps are primarily designed to reduce agricultural surpluses. The Hunger Prevention Act of 1988 expands both food stamp benefit levels and accessibility (Tatara, 1990, p. 108-110).

The food stamp program does not assure that all basic needs are met. Food stamps also have the undesirable side effect of labeling the recipient as a poor person (Beverly and McSweeny, 1987). This interferes with the person's sense of pride, which Jones (1972, p. 110) has identified as an Appalachian Value.

Two other programs that deal with nutrition are the WIC (Women, Infants and Children) program and the Federal School Lunch Program. These programs share the same difficulties as food stamps. They cover a narrow range of needs and they are potentially embarrassing to the recipient.

Appalachians who lose their jobs (a frequent consequence of economic restructuring) can have some of their basic needs met by unemployment compensation. Benefit levels in the Appalachian states are generally lower than the national average, as Table Two shows. Unemployment is only available
Table 2: Weekly Unemployment Benefit by State, 1986

<table>
<thead>
<tr>
<th>State</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>99.00</td>
</tr>
<tr>
<td>Georgia</td>
<td>109.00</td>
</tr>
<tr>
<td>Kentucky</td>
<td>107.00</td>
</tr>
<tr>
<td>Mississippi</td>
<td>93.00</td>
</tr>
<tr>
<td>North Carolina</td>
<td>117.00</td>
</tr>
<tr>
<td>South Carolina</td>
<td>100.00</td>
</tr>
<tr>
<td>Tennessee</td>
<td>92.00</td>
</tr>
<tr>
<td>Virginia</td>
<td>127.00</td>
</tr>
<tr>
<td>West Virginia</td>
<td>72.00</td>
</tr>
<tr>
<td>Nation</td>
<td>134.00</td>
</tr>
</tbody>
</table>


For short periods of time (usually six months) and does not carry benefits, such as health insurance. In times of long-term unemployment, unemployment compensation will run out before workers can find new employment. Unemployment Compensation cannot assure that basic needs will be met over a reasonable period of economic stress. When unemployment compensation is exhausted, the family is left with AFDC or the even lower benefits of General Assistance.

There are other programs for disabled people, principally disabled or injured workers. These include Supplemental Security Income (SSI), Worker's Compensation and The Black Lung Program. While these programs have higher benefit levels than the programs described above, the support is not lavish. They also fail to cover many children and many
families. These programs do not complete the needed floor that would be required if basic needs fulfillment (and thus social justice) were to be realized.

The current income support programs in Appalachia provide neither an assured income floor nor a clear path to a steady job at an adequate salary. There is also evidence that they clash with Appalachian cultural values.

Health Care

Health care is another basic need for children and their families. The United States has the most expensive health care system in the world (Brandt, 1990), but not all Americans have equal access to life saving treatments.

Medical care has always been an issue in the region. Health care in Appalachia, as in other parts of the nation, is a commodity to be purchased in the marketplace. Many Americans receive some type of health insurance as a benefit from their employment.

The principle program for financing medical care for poor children is Medicaid. This is a joint state-federal program and benefits vary from state to state. The state has some freedom to determine what type of benefit will be offered to poor families. As one can see from Table 3, only North Carolina
Table 3: Medicaid Spending Per Recipient by State (1985)

<table>
<thead>
<tr>
<th>State</th>
<th>Expenditure per Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Carolina</td>
<td>1,885</td>
</tr>
<tr>
<td>Virginia</td>
<td>1,805</td>
</tr>
<tr>
<td>Georgia</td>
<td>1,620</td>
</tr>
<tr>
<td>Tennessee</td>
<td>1,620</td>
</tr>
<tr>
<td>Kentucky</td>
<td>1,323</td>
</tr>
<tr>
<td>South Carolina</td>
<td>1,300</td>
</tr>
<tr>
<td>Alabama</td>
<td>1,188</td>
</tr>
<tr>
<td>Mississippi</td>
<td>915</td>
</tr>
<tr>
<td>West Virginia</td>
<td>821</td>
</tr>
<tr>
<td>National Average</td>
<td>1,721</td>
</tr>
</tbody>
</table>


and Virginia spend more than the national average. West Virginia spends less than half of the national average.

Each state is required to provide certain services. Other services (up to 32 options are available) can be included if the state chooses to offer them. None of the Appalachian states offer more than 23, and Mississippi offers only ten (Karger and Stoesz, 1990, p. 195-96). States are also free to set reimbursement levels, which can be so low as to discourage providers from accepting medicaid (Brandt, 1990).

Medicaid is not available to all poor children and their families. There are income criteria that must be met and not all poor children or families can qualify.

Many workers (largely in secondary labor markets)
do not receive health insurance as a job-related benefit. 
and cannot qualify for the Medicaid program. These are 
generally the working poor. Table 4 shows that

Table 4: Uninsured Persons, under 65, by State (1986).

<table>
<thead>
<tr>
<th>State</th>
<th>Population</th>
<th>Number Uninsured</th>
<th>Percent Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>3,575,000</td>
<td>859,000</td>
<td>24%</td>
</tr>
<tr>
<td>Georgia</td>
<td>5,311,000</td>
<td>945,000</td>
<td>18%</td>
</tr>
<tr>
<td>Kentucky</td>
<td>3,139,000</td>
<td>659,000</td>
<td>21%</td>
</tr>
<tr>
<td>Mississippi</td>
<td>2,249,000</td>
<td>606,000</td>
<td>27%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>5,364,000</td>
<td>985,000</td>
<td>18%</td>
</tr>
<tr>
<td>South Carolina</td>
<td>2,840,000</td>
<td>468,000</td>
<td>16%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>4,010,000</td>
<td>826,000</td>
<td>21%</td>
</tr>
<tr>
<td>Virginia</td>
<td>4,799,000</td>
<td>622,000</td>
<td>13%</td>
</tr>
<tr>
<td>West Virginia</td>
<td>1,621,000</td>
<td>295,000</td>
<td>18%</td>
</tr>
<tr>
<td>Nation</td>
<td>208,023,000</td>
<td>37,027,000</td>
<td>18%</td>
</tr>
</tbody>
</table>

Source: Health Insurance Association of America (1939) P. 13-14.

most of the Appalachian states are above the national average 
for percent of the population uninsured. These people do not 
have real access to the health care system and we cannot say 
that their needs are being met.

There are a number of other health care financing 
programs, such as the Hill-Burton Act, but these programs do 
not provide guarantees for all the region's children. There 
are also a number of small service programs that do excellent 
work. Again, there is not assurance that all health needs
are met. In order for social justice to be realized, there must be access to health care for all of the region's children and all of its families.

Mental Health Care:

Mental health can be considered an extension of health care, and therefore, a basic need. It also helps to maintain and improve family life. This makes the provision of quality mental health services to all children and their families an important social justice issue.

The legislative beginnings of the current system can be traced to the passage of the Community Mental Health Centers Act of 1963 (Bloom, 1977; Heller, et al., 1984). This law created the community mental health center system throughout the nation.

Aside from State Hospitals, the Mental Health Center is the basic provider of public mental health care in the region. There are, of course, private providers for those who have the means to purchase their services. Federal, state and local funding support mental health centers, which are generally private, non-profit organizations. These centers are intended to provide a variety of services to their local communities.
A critical part of providing these services is the participation of the local community in the design and delivery of mental health services. In theory, this required participation should make the center responsive to the local community (Heller, et al., 1984; Bradley, et al., 1984).

What happens frequently in rural Appalachia is that the center is built in an urban area and satellite centers are established in surrounding areas. In one extreme example, the mental health center for three counties in rural Virginia is actually in another state. The power of the urban area, as opposed to the power of small rural communities suggests that the wishes of the home base is more likely to be respected. The rural communities are, in effect, colonies of the urban mental health center. An interesting comparison can be made between this situation and the "Internal Colonialism" model of Appalachian Development (Lewis, Kobak and Johnson, 1978).

While it is not necessarily true that the urban center will disregard the needs of the rural communities, there is certainly potential for that to occur. In some places, the satellite is only open part of the week and emergency services are available at long distance. This is not the optimal condition for the preservation of families in crisis.
A related issue is manpower quality. States are generally free to set manpower standards for their mental health programs. While some states require that personnel have adequate nationally accredited credentials, other states are much more lax in their standards. Kentucky, for example, has a designation of "Mental Health Profession Equivalent" that requires a bachelors degree (not necessarily in Nursing or Social Work) and one year of mental health experience. It seems questionable to entrust the region's families to people with this level of training. To be fair, many of the other Appalachian States (Virginia, for example) have considerably higher requirements.

A related issue is the degree to which mental health ideologies conflict with Appalachian values (see, for example, Fiene, 1988; 1989; Keefe, 1987). The urban location of mental health centers would tend to reinforce this tendency. The lack of training that many workers have may also be a contributing factor.

Organizational issues, cultural barriers and staffing limitations make it impossible to conclude that every Appalachian child and family will be afforded accessible, adequate and appropriate care. This means that the basic need of health care is not being met and that the services needed to maintain a family in crisis may not be delivered.
Child Welfare

Child welfare attempts to assure that each child has access to a functional family (Kadushin, 1980). This means improving the quality of existing family life or arranging an acceptable alternative. Since a functional family is an important part of social justice for the child, child welfare services have a critical role to play.

The states provide child welfare services, with part of the costs subsidized by the federal government. These services are funded by the Social Services Block Grants, as well as Title IV-B and Title IV-E of the Social Security Act. The services include Child Protective Services [protection from abuse and neglect], Foster Care, Adoption Services, Day Care, Homemaker Services and Group Care (Kadushin, 1980).

Child placement [in foster care, adoption and group living situations] is the most severe method of protecting the child from maltreatment. This type of service can have a major impact on the child and his family. Contemporary child welfare thinking suggests that enriched, in-home services can prevent placement, and therefore, are preferable (Kadushin, 1980; Blome and Phillips-LeSan, 1990). This type of placement prevention is postulated on the availability
of well trained child welfare workers and supporting agencies that can provide special services.

In rural Appalachia, such resources are not always available. Most of the Appalachian states require only a bachelor's degree [in any field] as a qualification for child welfare. Some workers lack even this credential. Appalachia is certainly not alone in its lack of adequate standards for child welfare workers (Stein, 1982, p.68), but the problem becomes more serious where referral resources are not available.

Much of rural Appalachia lacks a comprehensive voluntary sector. While Appalachia's cities generally have a strong set of non-profit agencies which can offer the specialized services that are needed if placement is to be prevented, in rural areas these services are not available. Many rural areas do not have a United Way to support voluntary agencies. The Reagan budget cuts and economic policies (especially tax policies) have taken their toll on the voluntary sector that is available (Salamon and Abramson, 1982). This situation is made more serious by the growth of purchase of services contracting as a social policy option (Gilbert and Specht, 1986).

Purchase of services contracting allows one agency (usually public) to purchase specialized services from another agency (usually private). This allows the public agency worker to
carry heavy caseloads because the actual services are provided by someone else. The specialized services make it more likely that the family can be preserved because the private agency worker has more training and more time available. Of course, if the services are unavailable, the strategy breaks down and placement is the frequent consequence. Rural areas need greater numbers of more highly trained workers than urban areas.

The family is highly valued in Appalachian culture (Jones, 1972, p. 110). It is, therefore, surprising that child welfare resources that can support families in crisis are not always adequate. Adding the importance of the family in achieving social justice, there must be serious concern about the state of child welfare in the region.

Housing

Shelter is clearly a basic need. Adequate and affordable housing is a nation-wide crisis and one that promises to become more serious (Karger and Stoesz, 1990, p. 244).

The ultimate expression of the housing crisis is homelessness. Homelessness is a national disgrace that our nation should never allow and the direct result of changing public policies and economic conditions (Kozol,
The McKinney Homeless Assistance Act provides some benefits for this population, but does little to solve the underlying problem.

For every homeless child, however, there are many other children who live in inadequate housing. While this is a national problem, Appalachia has been hard hit by the affordable housing crisis in America. Goss (1983, p.1) notes that "Housing has long been recognized as a major problem of the Central Appalachian Region.". Ten years ago, the Appalachian Alliance (1979, p.15) charged "In Central Appalachia, more than one of four families lives in a substandard house". That was before the housing policies of the Reagan Administration and the long, deep recession. Couto (1984, p. 101) states that "...there is fragmented evidence of a serious housing problem". On balance, the housing that is available is of generally better quality than it has been in the past (Goss, 1983; Couto, 1984).

The policy response to the housing crisis has traditionally consisted of a combination of public housing and housing subsidies. There are also financing options available. These programs are administered by the Department of Housing and Urban Development and the Farmers Home Administration. The Reagan attack on social welfare
has greatly reduced the funds available for this response. Popple and Leighninger (1990, p. 525) observe that "...federal spending on housing dropped from $25 billion in 1981 to $8 billion in 1987."

The effect on participants has been serious. A General Accounting Office report states that "According to recent research, the federal housing aid cuts have limited the number of program participants and required tenants to pay out a larger share of their income for housing" (U.S. General Accounting Office, 1985, p. 26).

A just society would guarantee that all children had access to decent and affordable housing. The children of Appalachia do not have such assurance.

The Current Framework Reconsidered

It is clear that the American social welfare policy enterprise does not guarantee social justice for the children and families of the Appalachian region in a culturally appropriate manner. This is true for the following reasons:

1. The programs do not cover all of the children that are in need. Eligibility requirements, funding/benefit levels and related problems prevent many children and families from
having their basic needs met. Not enough money is being spent and too many people are excluded from what coverage is available.

2. Some policies allow the programs to be delivered in such a manner that adequacy is not guaranteed. Some programs have seriously inadequate personnel standards that make it impossible to conclude that a real service is actually being delivered. Service delivery system designs create situations that allow areas with little power to be "short changed".

3. None of the policies guarantee that services will be delivered in a manner that supports the local culture. In some cases, policy provisions exist that stand in opposition to important regional values. Other policies would be much more useful in urban areas of the region than they are in rural areas.

It is clear that the goal of social justice, for the children of the region, is not being met by current policy. The next section will explore some actions that can lead to progress in this area.

Alternatives to the Current Framework

The path to social justice for Appalachia's children is less clear than we might hope. We need policies that will
assure that all children, including those in Appalachia, will have their basic needs met in a culturally appropriate way.

There are a number of national policies that could further the cause of social justice for Appalachia's children. Ideas like a guaranteed annual income, national health care and a national family policy would help meet basic needs in a fair way (Beverly and McSweeny, 1987). Commitment to a Living or Just Wage (Guerin, 1989) would also be helpful. Briefly, a just wage is one that allows a breadwinner to support his or her family at a decent level of living. This would allow the worker to maintain his or her family without making it necessary for both spouses to work and without the constant fear that his or her children will not receive their basic needs. This does not preclude both spouses working if they so choose.

If these policies were adopted, the basic needs of all children could be assured. What would not be clear is the manner that needs would be fulfilled. Mechanisms would have to be created to guarantee cultural appropriateness. This could include the creation of an interagency task force that would tailor these programs to meet the needs of Appalachia.

Policies could also be developed to assure that adequate numbers of trained manpower are available to staff child welfare and mental health agencies. We could compensate
these workers at reasonable salaries. We could also require that they be trained to understand the culture of the region.

Unfortunately, much of this will probably not happen in the near future. The current budget battles, the federal deficit, the Savings and Loan Scandal and a host of other problems makes it highly unlikely that funds would be available to implement these policies. The long hoped-for peace dividend is likely to be reduced by renewed anxiety over the middle east. It will be many years before the funds to support such policies are easily available.

It is also unlikely that the political will to implement such policies can be found in the near future. It certainly will not come from the current administration. While a change in national attitude is in the cards, can the children of Appalachia wait that long?

If there will be social justice for Appalachia's children, it will have to come from the people of the region, especially people in rural communities. A community-based approach that supports children, and their families, could be a move forward.

A workable strategy would have two major components. The first component would aim at humanizing the economy at the local level. The other component would set up a grassroots
response to children's problems. Working together, these two components would eliminate many of the problems that we have discussed.

The first part of the problem is to provide an economic system that supports families and children in a manner that ensures basic needs fulfillment. One way to do this is to encourage small scale economic development that uses the informal economy. The first part of this idea was stressed by the Working Group on the Appalachian Economic Crisis (1986). This would insulate the region's families from some of the stress that economic restructuring will create (Gavanta, 1987; Bluestone and Harrison, 1988). Using the informal economy can lead to an economy that supports the family (Ross and Usher, 1986, see also Salstrom, 1986).

The second part of the problem is to insure that quality services are provided to keep children in their homes and assure that mental health needs are met. A voluntary association can be set up to support its member families. Members would provide a wide variety of helping services to each other. The voluntary association could hire, as either consultants or paid staff, people with expertise in children's problems. These professionals could provide backup and consultation for the members, and deal with cases that require more complex procedures. There are already some parents who are attempting such strategies. This would take
a large burden off the shoulders of mental health and child welfare systems that are often stressed to the breaking point. Agencies would be encouraged to build alliances with the voluntary association, and many probably would.

This voluntary association would also serve as an advocate for children and families. They could make the system responsive to the community it serves. Grassroots efforts can lead to macro-policy change. The eventual reform of American social welfare policy can begin in the hills of Appalachia. The voluntary associations could be linked in a regional structure that could speak to the area's problems with national governments.

Social justice is an unrealized goal for the children of the region. Every day families, torn apart by economic dislocation, receive inadequate amounts of assistance from a system that cannot guarantee that their needs will be met. Assuring social justice for these children will be a difficult, uncertain and often thankless task. It will require careful deliberation, skillful organization and considerable courage. But it is a quest that must be achieved if there is to be a future for the region.

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