HUMAN SERVICES 1ST EDITION PDF, EPUB, EBOOK

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Goodheart-Willcox - Principles of Human Services

Human services

Human services is an interdisciplinary field of study with the objective of meeting human needs through an applied knowledge base, focusing on prevention as well as remediation of problems, and maintaining a commitment to improving the overall quality of life of service populations.[1] The process involves the study of social technologies (practice methods, models, and theories), service technologies (programs, organizations, and

systems), and scientific innovations designed to ameliorate problems and enhance the quality of life of individuals, families and communities to improve the delivery of service with better coordination, accessibility and accountability.[2] The mission of human services is to promote a practice that involves simultaneously working at all levels of society (whole-person approach) in the process of promoting the autonomy of individuals or groups, making informal or formal human services systems more efficient and effective, and advocating for positive social change within society.

Human services practitioners strive to advance the autonomy of service users through civic engagement, education, health promotion and social change at all levels of society. Practitioners also engage in advocating so human systems remain accessible, integrated, efficient and effective.

Human services academic programs can be readily found in colleges and universities, which award degrees at the associate, baccalaureate, and graduate levels. Human services programs exist in countries all around the world.

History[edit]

United States[edit]

Human services has its roots in charitable activities of religious and civic organizations that date back to the Colonial period. However, the academic discipline of human services did not start until the 1960s. At that time, a group of college academics started the new human services movement and began to promote the adoption of a new ideology about human service delivery and professionalism among traditional helping disciplines.[3] The movement's major goal was to make service delivery more efficient, effective, and humane. The other goals dealt with the reeducation of traditional helping professionals to have a greater appreciation of the individual as a whole person (humanistic psychology) and to be accountable to the communities they serve (postmodernism). Furthermore, professionals would learn to take responsibility at all levels of government, use systems approaches to consider human problems improvements, and be involved in progressive social change.

Traditional academic programs such as education, nursing, social work, law and medicine were resistant to the new human services movement's ideology because it appeared to challenge their professional status. Changing the traditional concept of professionalism involved rethinking consumer control and the distribution of power. The new movement also called on human service professionals to work for social change.[4] It was proposed that reducing monopolistic control on professionals could increase overall awareness, thus leading to said professionals counteracting dominant establishments and advocating on behalf of their clients and communities.[5] The movement also hoped that human service delivery systems would become integrated, comprehensive, and more accessible, which would make them more humane for service users.[6][7] Ultimately, the resistance from traditional helping professions served as the impetus for a group of educators in higher education to start the new academic discipline of human services.

Some maintain that the human services discipline has a concrete identity as a profession that supplements and complements other traditional professions.[8] Yet other professionals and scholars have not agreed upon an authoritative definition for human services.[9]

Academic programs[edit]

United States[edit]

Development[edit]

Chenault and Burnford argued that human services programs must educate and train students at the graduate or postgraduate level if human services hoped to be considered a proper professional discipline.[3] A progressive graduate human services program was established by Audrey Cohen (1931–1996), who was considered an innovative educator for her time. The Audrey Cohen College of Human Services, now called the Metropolitan College of New York, offered one of the first graduate programs in 1974.[10] In the same time period, Springfield College in Massachusetts became a major force in preserving human services as an academic discipline. Currently, Springfield College is one of the oldest and largest human services program in the United States.

Manpower studies in the 1960s and 70s had shown that there would be a shortage of helping professionals in an array of service delivery areas.[11][12][13] In turn, some educators proposed that the training of nonprofessionals (e.g., mental health technicians) could bridge this looming personnel shortage.[13][14][15] One of the earliest educational initiatives to develop undergraduate curricula was undertaken by the Southern Regional Education Board (SREB), which was funded by the National Institute on Health. Professionals of the SREB Undergraduate Social Welfare Manpower Project helped colleges develop new social welfare programs, which later became known as human services.[16] Some believed community college human services programs were the most expedient way to train paraprofessionals for direct service jobs in areas such as mental health.[15] Currently, a large percentage of human services programs are run at the community college level.

The development of community college human services programs was supported with government funding that was earmarked for the federal new careers initiatives. In turn, the federally funded New Careers Program was created to produce a nonprofessional career track for economically disadvantaged, underemployed, and unemployed adults as a strategy to eradicate poverty within society[18][19][20][21] and to end a critical shortage of health-care personnel.[22] Graduates from these programs successfully acquired employment as paraprofessionals,[15] but there were limitations to their upward mobility within social service agencies because they lacked a graduate or professional degree.[10]

Current programs[edit]

Currently, there are academic programs in human services at the associate, baccalaureate, and graduate levels. There are approximately 600 human services programs throughout the United States. An online directory of human services programs[23] lists many (but not all) of the programs state y state in conjunction with their accreditation status from the Council for Standards in Human Services Education (CSHSE).

The CSHSE offers accreditation for human services programs in higher education. The accreditation process is voluntary and labor-intensive; it is designed to assure the quality, consistency, and relevance of human service education through research-based standards and a peer-review process. According to the CSHSE's webpage there are only 43 accredited human services programs in the United States.

Human services curricula are based on an interdisciplinary knowledge foundation that allows students to consider practical solutions from multiple disciplinary perspectives. Across the curriculum human services students are often taught to view human problems from a socioecological perspective (developed by Urie Bronfenbrenner) that involves viewing human strengths and problems as interconnected to a family unit, community, and society. This perspective is considered a "whole-person perspective".[24] Overall, undergraduate programs prepare students to be human services generalists[25] while master's programs prepare students to be human services administrators,[3] and doctoral programs prepare students to be researcher-analysts and college-level educators. Research in this field focuses on an array of topics that deal with direct service issues, case management,[2] organizational change, management of human service organizations,[26] advocacy,[27]community organizing, community development, social welfare policy, service integration, multiculturalism, integration of technology, poverty issues, social justice, development,[28] and social change strategies.

Certification and continuing education[edit]

United States[edit]

The Center for Credentialing & Education (CCE) conceptualized the Human Services-Board Certified Practitioner (HS-BCP) credential with the assistance of the National Organization for Human Services (NOHS) and the Council for Standards in Human Service Education (CSHSE). The credential was created for human services practitioners seeking to advance their careers by acquiring independent verification of their practical knowledge and educational background.[29]

Graduates from human services programs can obtain a Human Services Board Certified Practitioner (HS-BCP) credential offered by the Center for Credentialing & Education (CCE). The HS-BCP certification ensures that human services practitioners offer quality services, are competent service providers, are committed to high standards, and adhere to the NOHS *Ethical Standards of Human Service Professionals*, as well as to help solidify the professional identity of human services practitioners.[30] HS-BCPE Experience Requirements for the certification: HS-BCP applicants must meet post-graduation experience requirements to be eligible to take the examination. However, graduates of a CSHSE accredited degree program may sit for the HS-BCP exam without verifying their human services work experience. Otherwise experience requirements for candidates not from a CSHSE accredited program are as follows: Associate degree with post degree experience requires three years, including a minimum of 4,500 hours; Bachelor's Degree with post degree experience requires two years, including a minimum of 3,000 hours; Master's or Doctorate with post degree experience requires one year, including a minimum of 1,500 hours.[29]

The HS-BCP exam is designed to verify a candidate's human services knowledge. The exam was created as a collaborative effort of human services subject-matter experts and normed on a population of professionals in the field. The HS-BCP exam covers the following areas:

1. Assessment, treatment planning, and outcome evaluation
2. Theoretical orientation/interventions
3. Case management, professional practice, and ethics
4. Administration, program development/evaluation, and supervision

Tools and methodology[edit]

There are numerous different tools and methods utilized in human services. For example, qualitative and quantitative surveys are administered to define community problems that need addressing. These surveys can narrow down what service is needed, who would receive it, for how long, and where the problem is concentrated. Additional necessary skills include strong communication and professional coordination- since networking is crucial for obtaining and transporting resources to areas of need. Lack of these skills could lead to dangerous consequences as a communities needs are not adequately met.[31] Furthermore, research is a key component to the successful conduct of human service. Both theoretical and empirical research is required if one is to pursue a career in human services because being uninformed can leave communities in confusion and disarray- thus perpetuating the problem that was supposed to be resolved. In relation to social work, a professional must be unbiased and patient because they will be closely working with a vast and diverse population who are often in extremely dire situations. Allowing one's personal beliefs to bleed into their human service profession could negatively impact the quality of and or limit the scope of potential outreach.[32]

Employment outlook[edit]

United States[edit]

Currently, the three major employment roles played by human services graduates include providing direct service, performing administrative work, and working in the community.[33] According to the Occupational Outlook Handbook, published by the US Department of Labor, the employment of human service assistants is anticipated to grow by 34% through 2016,[*needs update*] which is faster than average for all occupations.

There are several different occupations for individuals with post-secondary degrees. Specialization is crucial when applying for a human service career because many different job occupations and skills fall under the broad scope of human services, especially if said job is related to social work. This is because many different types of people require different types of aid.[34] For example, a child would need special attention compared to an adult- and would visit a professional who has trained directly with younger people. Furthermore, an alcoholic or addict would specifically need a professional rehabilitation counselor. On the other hand, a victim of a natural disaster would need a crisis support worker for immediate assistance. Other examples of human service jobs include but are not limited to; criminology, community service, housing, health, therapy, and sociology.[35]

Professional organizations[edit]

North America[edit]

There are several different professional human services organizations for professionals, educators, and students to join across North America.[36][37]

United States[edit]

The National Organization for Human Services (NOHS) is a professional organization open to educators, professionals, and students interested in current issues in the field of human services.[38] NOHS sponsors an annual conference in different parts of the United States. In addition, there are four independent human services regional organizations: (a) Mid-Atlantic Consortium for Human Services, (b) Midwest Organization for Human Services, (c) New England Organization for Human Service, and the (d) Northwest Human Services Association. All the regional organizations are also open to educators, professionals, students and each regional organization has an annual conference in different locations throughout their region such as universities or institutions.

Human services special interest groups also exist within the American Society for Public Administration (ASPA) and the American Educational Research Association (AERA). The ASPA subsection is named the Section on Health and Human Services Administration and its purpose is to foster the development of knowledge, understanding and practice in the fields of health and human services administration and to foster professional growth and communication among academics and practitioners in these fields. Fields of health and human services administration share a common and unique focus on improving the quality of life through client-centered policies and service transactions.

The AERA special interest group is named the Education, Health and Human Service Linkages. Its purpose is to create a community of researchers and practitioners interested in developing knowledge about comprehensive school health, school linked services, and initiatives that support children and their families. This subgroup also focuses on interpersonal collaboration, integration of services, and interdisciplinary approaches. The group's interests encompass interrelated policy, practice, and research that challenge efforts to create viable linkages among these three distinct areas.

The American Public Human Services Association (APHSA) is a nonprofit organization that pursues distinction in health and human services by working with policymakers, supporting state and local agencies, and working with partners to promote innovative, integrative and efficient solutions in health and human services policy and practice. APHSA has individual and student memberships.

Canada[edit]

The Canadian Institute for Human Services is an advocacy, education and action-research organization for the advancement of health equity, progressive education and social innovation. The institute collaborates with researchers, field practitioners, community organizations, socially conscious companies—along with various levels of government and educational institutions—to ensure the Canadian health and human services sector remains accountable to the greater good of Canadian civil society rather than short-term professional, business or economic gains.[39]

See also[edit]

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Источник: https://en.wikipedia.org/wiki/Human_services

The U.S. Department of Health and Human Services (HHS) released the 15th Report on Carcinogens on December 21, 2021. The Report on Carcinogens is a congressionally mandated, science-based public health document that NTP prepares for the HHS Secretary. This cumulative report now includes 256 listings of substances — chemical, physical, and biological agents; mixtures; and exposure circumstances — that are known or reasonably anticipated to cause cancer in humans.

Discover more details about the report and its new listings below. Also, check out the Data Exploration Dashboard, which provides an easy-to-understand visual breakdown of all substances listed in the document and their associated cancers.

The 15th Report on Carcinogens is the latest edition published December 2021 and replaces any previous report.

The U.S. Department of Commerce's National Technical Information Service (NTIS) may have copies of previous versions of the Report on Carcinogens.

To find a specific edition of the report, search for publication number, at the NTIS website (https://www.ntis.gov). Alternatively, you can contact NTIS at 800-553-6847 or 703-605-6000.

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Professional Development, Training, and Supervision in Human Services Organizations provides the latest research on Human Service Organizations (HSO) groups, both public and private, and their use of the Organizational Behavior Management (OBM) model for effective designing, implementing and maintaining services within HSOs. Each volume in this series highlights key concepts and applications pertinent to each division of HSOs, with this release providing program directors and supervisors with the tools they need to develop an efficient and effective training program for onboarding, performance evaluation and professional development for their staff.

Professionals in organizational psychology, behavioral psychology, applied behavior analysis, trainees, program directors of mental health organizations. Social workers

Helena Maguire

Helena Maguire serves as the Executive Director of Melmark New England. She oversees the development and implementation of programs and services, as well as the daily operations for Melmark New England. She develops strategic objectives for the Massachusetts division, and provides leadership to direct reports in order to assure the achievement of these objectives. Ms. Maguire supports the CEO and Board of Directors through various committees and activities, and assumes responsibility for policy development, quality assurance, risk management, regulatory compliance, fiscal integrity, and excellence in care and delivery of all services. Ms. Maguire has worked extensively in the field of community-based human service delivery systems in Massachusetts. She has served as a Program Director at Vinfen Corporation and as the Director of Adult Services at the May Institute. In both positions, Ms. Maguire was responsible for the development and implementation of staff orientation curriculum, as well as supervisory personnel education and in-service training for all staff. Ms. Maguire has presented numerous papers on staff management and staff training techniques, both at the local level and at the national level. Ms. Maguire is an Adjunct Professor at Endicott College, where she teaches all Applied Behavior Analysis (ABA)-based courses for its Master's program, and the University of Massachusetts-Boston, where she leads a five-course graduate series on ABA.

Affiliations and Expertise

Executive Director, Melmark, New England, Pennsylvania, USA

Rita Gardner

Rita M. Gardner, Rita Gardner is the President and CEO of Melmark, and leads operations and management of Melmark service divisions in New England, Pennsylvania and the Carolinas. Prior to her appointment as President and CEO in2015, Ms. Gardner served as Executive Director of Melmark New England, based in Andover, Massachusetts, which she co-founded in 1998. In 2018, Ms. Gardner and Melmark New England were honored to be named #35 on The Commonwealth Institute's (TCI's) list of the Top 100 Women-Led Businesses in Massachusetts. She is a Board Certified Behavior Analyst® (BCBA) and has devoted over 35 years of her professional career to the field of community-based services for children and adults with the diagnosis of Autism Spectrum Disorder(ASD), acquired brain injuries, neurological disorders and severe challenging behaviors. Ms. Gardner has provided project consultation to the Pediatric Alliance for Coordinated Care (PACC), under the direction of the Chief of General Pediatrics at Boston Children's Hospital. In addition, she has provided organizational consultation to a program for children with Asperger syndrome at McLean Hospital and the Crossroads Center for Children, a school for children with autism. Prior to her work at Boston Children's Hospital, Ms. Gardner directed the service center of Behavioral Health and Rehabilitative Services for The May Institute in Massachusetts. Ms. Gardner is an accomplished legislative advocate, and her work has positively impacted services for individuals diagnosed with autism throughout the United States. One of her most notable accomplishments asan advocate is her involvement in the establishment of the Autism Medicaid Waiver through the Division of Autism. Ms. Gardner also serves on advisory committees with the Massachusetts Advocates for Children (MAC) and Advocates for Autism of Massachusetts (AFAM). She is an Advisory Board member to Autism Speaks and a founding Board member of the National Council of Autism Providers (CASP). Ms. Gardner also serves on the Advisory Board of the Virginia Institute of Autism. She is an appointed member of the Governor's Autism Commission in Massachusetts and is Vice President of the Board of Directors for the Massachusetts Association of Approved Private School (MAAPS). Ms. Gardner is an Adjunct Professor at the University of Massachusetts-Boston, leading a five-course graduate series on Applied Behavior Analysis.

Affiliations and Expertise

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Frank Bird serves as Vice President and Chief Clinical Officer for Melmark. He oversees clinical services at our service divisions in New England, Pennsylvania and the Carolinas. Mr. Bird is a Board Certified Behavior Analyst® (BCBA) with over 35years of experience in developing behavioral programming for challenging behaviors for children and adults with the diagnosis of autism, mental retardation and developmental disabilities, acquired brain injury and mental illness. He has developed over 50 programs of treatment in support of individuals with disabilities over the course of his career. His research focusing on the evidence-based practices of Applied Behavior Analysis has been published in numerous peer-reviewed journals, impacting systems of care not only at Melmark, but at providers around the world. Mr. Bird, with Ms. Rita Gardner and Mr. Peter Troy, was instrumental in the establishment of Melmark New England in 1998.

Affiliations and Expertise

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James Luiselli

James K. Luiselli, Ed.D., ABPP, BCBA-D is a licensed psychologist, diplomat in cognitive and behavioral psychology, and board certified behavior analyst. He currently serves as Director of Clinical Development and Research at Melmark New England and Adjunct Faculty within the School Psychology Program at William James College. Dr. Luiselli has published 16 books, 50 book chapters, and more than 260 journal articles in the areas of applied behavior analysis, organizational behavior management, performance improvement, professional training, and clinical practice. He is an Associate Editor for the Journal of Child and Family Studies, and serves on the Board of Editors for several other journals such as Education and Treatment of Children, Journal of Developmental and Physical Disabilities, Advances in Neurodevelopmental Disorders, and

Mindfulness.

Affiliations and Expertise

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Rita Gardner

Rita M. Gardner, Rita Gardner is the President and CEO of Melmark, and leads operations and management of Melmark service divisions in New England, Pennsylvania and the Carolinas. Prior to her appointment as President and CEO in 2015, Ms. Gardner served as Executive Director of Melmark New England, based in Andover, Massachusetts, which she co-founded in 1998. In 2018, Ms. Gardner and Melmark New England were honored to be named #35 on The Commonwealth Institute's (TCI's) list of the Top 100 Women-Led Businesses in Massachusetts. She is a Board Certified Behavior Analyst® (BCBA) and has devoted over 35 years of her professional career to the field of community-based services for children and adults with the diagnosis of Autism Spectrum Disorder (ASD), acquired brain injuries, neurological disorders and severe challenging behaviors. Ms. Gardner has provided project consultation to the Pediatric Alliance for Coordinated Care (PACC), under the direction of the Chief of General Pediatrics at Boston Children's Hospital. In addition, she has provided organizational consultation to a program for children with Asperger syndrome at McLean Hospital and the Crossroads Center for Children, a school for children with autism. Prior to her work at Boston Children's Hospital, Ms. Gardner directed the service center of Behavioral Health and Rehabilitative Services for The May Institute in Massachusetts. Ms. Gardner is an accomplished legislative advocate, and her work has positively impacted services for individuals diagnosed with autism throughout the United States. One of her most notable accomplishments as an advocate is her involvement in the establishment of the Autism Medicaid Waiver through the Division of Autism. Ms. Gardner also serves on advisory committees with the Massachusetts Advocates for Children (MAC) and Advocates for Autism of Massachusetts (AFAM). She is an Advisory Board member to Autism Speaks and a founding Board member of the National Council of Autism Providers (CASP). Ms. Gardner also serves on the Advisory Board of the Virginia Institute of Autism. She is an appointed member of the Governor's Autism Commission in Massachusetts and is Vice President of the Board of Directors for the Massachusetts Association of Approved Private School (MAAPS). Ms. Gardner is an Adjunct Professor at the University of Massachusetts-Boston, leading a five-course graduate series on Applied Behavior Analysis.

Affiliations and Expertise

President and CEO, Melmark, Berwyn, Pennsylvania, USA

Frank Bird

Frank Bird serves as Vice President and Chief Clinical Officer for Melmark. He oversees clinical services at our service divisions in New England, Pennsylvania and the Carolinas. Mr. Bird is a Board Certified Behavior Analyst® (BCBA) with over 35years of experience in developing behavioral programming for challenging behaviors for children and adults with the diagnosis of autism, mental retardation and developmental disabilities, acquired brain injury and mental illness. He has developed over 50 programs of treatment in support of individuals with disabilities over the course of his career. His research focusing on the evidence-based practices of Applied Behavior Analysis has been published in numerous peer-reviewed journals, impacting systems of care not only at Melmark, but at providers around the world. Mr. Bird, with Ms. Rita Gardner and Mr. Peter Troy, was instrumental in the establishment of Melmark New England in 1998.

Affiliations and Expertise

Vice President and Chief Clinical Officer, Melmark, New England, Pennsylvania, USA

James Luiselli

James K. Luiselli, Ed.D., ABPP, BCBA-D is a licensed psychologist, diplomat in cognitive and behavioral psychology, and board certified behavior analyst. He currently serves as Director of Clinical Development and Research at Melmark New England and Adjunct Faculty within the School Psychology Program at William James College. Dr. Luiselli has published 16 books, 50 book chapters, and more than 260 journal articles in the areas of applied behavior analysis, organizational behavior management, performance improvement, professional training, and clinical practice. He is an Associate Editor for the Journal of Child and Family Studies, and serves on the Board of Editors for several other journals such as Education and Treatment of Children, Journal of Developmental and Physical Disabilities, Advances in Neurodevelopmental Disorders, and Mindfulness.

Affiliations and Expertise

Director of Clinical Development and Research, Melmark New England, Andover, MA, USA

Write a review

There are currently no reviews for "Training, Supervision, and Professional Development in Human Services Organizations"

Источник: https://www.elsevier.com/books/training-supervision-and-professional-development-in-human-services-organizations/maguire/978-0-323-85564-8

The U.S. Department of Health and Human Services (HHS) released the 15th Report on Carcinogens on December 21, 2021. The Report on Carcinogens is a congressionally mandated, science-based public health document that NTP prepares for the HHS Secretary. This cumulative report now includes 256 listings of substances — chemical, physical, and biological agents; mixtures; and exposure circumstances — that are known or reasonably anticipated to cause cancer in humans.

Discover more details about the report and its new listings below. Also, check out the Data Exploration Dashboard, which provides an easy-to-understand visual breakdown of all substances listed in the document and their associated cancers.

The 15th Report on Carcinogens is the latest edition published December 2021 and replaces any previous report.

The U.S. Department of Commerce's National Technical Information Service (NTIS) may have copies of previous versions of the Report on Carcinogens.

To find a specific edition of the report, search for publication number, at the NTIS website (https://www.ntis.gov). Alternatively, you can contact NTIS at 800-553-6847 or 703-605-6000.

Edition	Publication Number (PB Number)
1st	PB84122852 Volume I; PB84122860 Volume II
2nd	PB82229808
3rd	PB83135855
4th	PB85134633
5th	PB89231914
6th	PB92120666 Volume I and II
7th	PB95109781
8th	PB99128746 Volume I and II
9th	PB2000107509
10th	PB2013100250
11th	PB2005104914
12th	PB2011111646
13th	PB2015500015

Part I. Leadership Development and Organizational Management at Work in the Human Services Professions

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Источник: https://us.sagepub.com/en-us/nam/developing-human-service-leaders/book245493

Human services

Human services is an interdisciplinary field of study with the objective of meeting human needs through an applied knowledge base, focusing on prevention as well as remediation of problems, and maintaining a commitment to improving the overall quality of life of service populations.[1] The process involves the study of social technologies (practice methods, models, and theories), service technologies (programs, organizations, and systems), and scientific innovations designed to ameliorate problems and enhance the quality of life of individuals, families and communities to improve the delivery of service with better coordination, accessibility and accountability.[2] The mission of human services is to promote a practice that involves simultaneously working at all levels of society (whole-person approach) in the process of promoting the autonomy of individuals or groups, making informal or formal human services systems more efficient and effective, and advocating for positive social change within society.

Human services practitioners strive to advance the autonomy of service users through civic engagement, education, health promotion and social change at all levels of society. Practitioners also engage in advocating so human systems remain accessible, integrated, efficient and effective.

Human services academic programs can be readily found in colleges and universities, which award degrees at the associate, baccalaureate, and graduate levels. Human services programs exist in countries all around the world.

History[edit]

United States[edit]

Human services has its roots in charitable activities of religious and civic organizations that date back to the Colonial period. However, the academic discipline of human services did not start until the 1960s. At that time, a group of college academics started the new human services movement and began to promote the adoption of a new ideology about human service delivery and professionalism among traditional helping disciplines.[3] The movement's major goal was to make service delivery more efficient, effective, and humane. The other goals dealt with the reeducation of traditional helping professionals to have a greater appreciation of the individual as a whole person (humanistic psychology) and to be accountable to the communities they serve (postmodernism). Furthermore, professionals would learn to take responsibility at all levels of government, use systems approaches to consider human problems improvements, and be involved in progressive social change.

Traditional academic programs such as education, nursing, social work, law and medicine were resistant to the new human services movement's ideology because it appeared to challenge their professional status. Changing the traditional concept of professionalism involved rethinking consumer control and the distribution of power. The new movement also called on human service professionals to work for social change.[4] It was proposed that reducing monopolistic control on professionals could increase overall awareness, thus leading to said professionals counteracting dominant establishments and advocating on behalf of their clients and communities.[5] The movement also hoped that human service delivery systems would become integrated, comprehensive, and more accessible, which would make them more humane for service users.[6][7] Ultimately, the resistance from traditional helping professions served as the impetus for a group of educators in higher education to start the new academic discipline of human services.

Some maintain that the human services discipline has a concrete identity as a profession that supplements and complements other traditional professions.[8] Yet other professionals and scholars have not agreed upon an authoritative definition for human services.[9]

Academic programs[edit]

United States[edit]

Development[edit]

Chenault and Burnford argued that human services programs must educate and train students at the graduate or postgraduate level if human services hoped to be considered a proper professional discipline.[3] A progressive graduate human services program was established by Audrey Cohen (1931–1996), who was considered an innovative educator for her time. The Audrey Cohen College of Human Services, now called the Metropolitan College of New York, offered one of the first graduate programs in 1974.[10] In the same time period, Springfield College in Massachusetts became a major force in preserving human services as an academic discipline. Currently, Springfield College is one of the oldest and largest human services program in the United States.

Manpower studies in the 1960s and 70s had shown that there would be a shortage of helping professionals in an array of service delivery

areas.[11][12][13] In turn, some educators proposed that the training of nonprofessionals (e.g., mental health technicians) could bridge this looming personnel shortage.[13][14][15] One of the earliest educational initiatives to develop undergraduate curricula was undertaken by the Southern Regional Education Board (SREB), which was funded by the National Institute on Health. Professionals of the SREB Undergraduate Social Welfare Manpower Project helped colleges develop new social welfare programs, which later became known as human services.[16] Some believed community college human services programs were the most expedient way to train paraprofessionals for direct service jobs in areas such as mental health.[15] Currently, a large percentage of human services programs are run at the community college level.

The development of community college human services programs was supported with government funding that was earmarked for the federal new careers initiatives. In turn, the federally funded New Careers Program was created to produce a nonprofessional career track for economically disadvantaged, underemployed, and unemployed adults as a strategy to eradicate poverty within society[18][19][20][21] and to end a critical shortage of health-care personnel.[22] Graduates from these programs successfully acquired employment as paraprofessionals,[15] but there were limitations to their upward mobility within social service agencies because they lacked a graduate or professional degree.[10]

Current programs[edit]

Currently, there are academic programs in human services at the associate, baccalaureate, and graduate levels. There are approximately 600 human services programs throughout the United States. An online directory of human services programs[23] lists many (but not all) of the programs state y state in conjunction with their accreditation status from the Council for Standards in Human Services Education (CSHSE).

The CSHSE offers accreditation for human services programs in higher education. The accreditation process is voluntary and labor-intensive; it is designed to assure the quality, consistency, and relevance of human service education through research-based standards and a peer-review process. According to the CSHSE's webpage there are only 43 accredited human services programs in the United States.

Human services curricula are based on an interdisciplinary knowledge foundation that allows students to consider practical solutions from multiple disciplinary perspectives. Across the curriculum human services students are often taught to view human problems from a socioecological perspective (developed by Urie Bronfenbrenner) that involves viewing human strengths and problems as interconnected to a family unit, community, and society. This perspective is considered a "whole-person perspective".[24] Overall, undergraduate programs prepare students to be human services generalists[25] while master's programs prepare students to be human services administrators,[3] and doctoral programs prepare students to be researcher-analysts and college-level educators. Research in this field focuses on an array of topics that deal with direct service issues, case management,[2] organizational change, management of human service organizations,[26] advocacy,[27]community organizing, community development, social welfare policy, service integration, multiculturalism, integration of technology, poverty issues, social justice, development,[28] and social change strategies.

Certification and continuing education[edit]

United States[edit]

The Center for Credentialing & Education (CCE) conceptualized the Human Services-Board Certified Practitioner (HS-BCP) credential with the assistance of the National Organization for Human Services (NOHS) and the Council for Standards in Human Service Education (CSHSE). The credential was created for human services practitioners seeking to advance their careers by acquiring independent verification of their practical knowledge and educational background.[29]

Graduates from human services programs can obtain a Human Services Board Certified Practitioner (HS-BCP) credential offered by the Center for Credentialing & Education (CCE). The HS-BCP certification ensures that human services practitioners offer quality services, are competent service providers, are committed to high standards, and adhere to the NOHS *Ethical Standards of Human Service Professionals*, as well as to help solidify the professional identity of human services practitioners.[30] HS-BCPE Experience Requirements for the certification: HS-BCP applicants must meet post-graduation experience requirements to be eligible to take the examination. However, graduates of a CSHSE accredited degree program may sit for the HS-BCP exam without verifying their human services work experience. Otherwise experience requirements for candidates not from a CSHSE accredited program are as follows: Associate degree with post degree experience requires three years, including a minimum of 4,500 hours; Bachelor's Degree with post degree experience requires two years, including a minimum of 3,000 hours; Master's or Doctorate with post degree experience requires one year, including a minimum of 1,500 hours.[29]

The HS-BCP exam is designed to verify a candidate's human services knowledge. The exam was created as a collaborative effort of human services subject-matter experts and normed on a population of professionals in the field. The HS-BCP exam covers the following areas:

1. Assessment, treatment planning, and outcome evaluation
2. Theoretical orientation/interventions
3. Case management, professional practice, and ethics
4. Administration, program development/evaluation, and supervision

Tools and methodology[edit]

There are numerous different tools and methods utilized in human services. For example, qualitative and quantitative surveys are administered to define community problems that need addressing. These surveys can narrow down what service is needed, who would receive it, for how long,

and where the problem is concentrated. Additional necessary skills include strong communication and professional coordination- since networking is crucial for obtaining and transporting resources to areas of need. Lack of these skills could lead to dangerous consequences as a communities needs are not adequately met.[31] Furthermore, research is a key component to the successful conduct of human service. Both theoretical and empirical research is required if one is to pursue a career in human services because being uninformed can leave communities in confusion and disarray- thus perpetuating the problem that was supposed to be resolved. In relation to social work, a professional must be unbiased and patient because they will be closely working with a vast and diverse population who are often in extremely dire situations. Allowing one's personal beliefs to bleed into their human service profession could negatively impact the quality of and or limit the scope of potential outreach.[32]

Employment outlook[edit]

United States[edit]

Currently, the three major employment roles played by human services graduates include providing direct service, performing administrative work, and working in the community.[33] According to the Occupational Outlook Handbook, published by the US Department of Labor, the employment of human service assistants is anticipated to grow by 34% through 2016,[*needs update*] which is faster than average for all occupations. There are several different occupations for individuals with post-secondary degrees. Specialization is crucial when applying for a human service career because many different job occupations and skills fall under the broad scope of human services, especially if said job is related to social work. This is because many different types of people require different types of aid.[34] For example, a child would need special attention compared to an adult- and would visit a professional who has trained directly with younger people. Furthermore, an alcoholic or addict would specifically need a professional rehabilitation counselor. On the other hand, a victim of a natural disaster would need a crisis support worker for immediate assistance. Other examples of human service jobs include but are not limited to; criminology, community service, housing, health, therapy, and sociology.[35]

Professional organizations[edit]

North America[edit]

There are several different professional human services organizations for professionals, educators, and students to join across North America.[36][37]

United States[edit]

The National Organization for Human Services (NOHS) is a professional organization open to educators, professionals, and students interested in current issues in the field of human services.[38] NOHS sponsors an annual conference in different parts of the United States. In addition, there are four independent human services regional organizations: (a) Mid-Atlantic Consortium for Human Services, (b) Midwest Organization for Human Services, (c) New England Organization for Human Service, and the (d) Northwest Human Services Association. All the regional organizations are also open to educators, professionals, students and each regional organization has an annual conference in different locations throughout their region such as universities or institutions.

Human services special interest groups also exist within the American Society for Public Administration (ASPA) and the American Educational Research Association (AERA). The ASPA subsection is named the Section on Health and Human Services Administration and its purpose is to foster the development of knowledge, understanding and practice in the fields of health and human services administration and to foster professional growth and communication among academics and practitioners in these fields. Fields of health and human services administration share a common and unique focus on improving the quality of life through client-centered policies and service transactions.

The AERA special interest group is named the Education, Health and Human Service Linkages. Its purpose is to create a community of researchers and practitioners interested in developing knowledge about comprehensive school health, school linked services, and initiatives that support children and their families. This subgroup also focuses on interpersonal collaboration, integration of services, and interdisciplinary approaches. The group's interests encompass interrelated policy, practice, and research that challenge efforts to create viable linkages among these three distinct areas.

The American Public Human Services Association (APHSA) is a nonprofit organization that pursues distinction in health and human services by working with policymakers, supporting state and local agencies, and working with partners to promote innovative, integrative and efficient solutions in health and human services policy and practice. APHSA has individual and student memberships.

Canada[edit]

The Canadian Institute for Human Services is an advocacy, education and action-research organization for the advancement of health equity, progressive education and social innovation. The institute collaborates with researchers, field practitioners, community organizations, socially conscious companies—along with various levels of government and educational institutions—to ensure the Canadian health and human services sector remains accountable to the greater good of Canadian civil society rather than short-term professional, business or economic gains.[39]

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