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## CHAPTER 1

# An Introduction to Macro Practice in Social Work

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### WHAT IS MACRO PRACTICE?

*Macro practice* is professionally directed intervention designed to bring about planned change in organizations and communities. Macro practice, as all social work practice, is built on theoretical foundations, proceeds within the framework of a practice model, and operates within the boundaries of professional values and ethics. Macro-level activities engage the practitioner in organizational, community, and policy arenas.

These activities go beyond individual and group interventions but are often based on needs, problems, issues, and concerns identified in microactivities. Organizational activities include, but are not limited to, supervision of professional and paraprofessional staff, working with committees, participating in

budgeting, writing proposals, and developing programs. Community activities engage the practitioner in negotiating and bargaining with diverse groups, encouraging consumer participation in decision making, establishing and carrying out interagency agreements, conducting needs assessments, and advocating for client needs in a variety of community systems. Policy-related activities include coalition building, lobbying, testifying, tracking legislative developments that directly affect clients, and carrying out other efforts designed to affect legal or regulatory frameworks.

Typically, macro social workers occupy positions in social agencies and are involved in the agency's functioning. The agency may be a funding source, a planning organization, or a direct service provider, or it may perform multiple functions. The unifying concern of macro workers is how the agency relates to its environment and the forces that shape that environment. These forces include changing needs, shifting demographics, interest group politics, legislative influences, funding patterns, and a host of other factors. The macro worker, therefore, must understand the community within which an organization operates and the policies that affect the service delivery system within that community (Meenaghan 1987).

Although most practitioners will work within organizations and have some understanding of communities, it is clear that not all committee and task force work is macro practice, and not all people who serve on committees and task forces are doing macro social work practice. Macro practice is carried out by people operating in a sanctioned professional capacity, following a soundly based set of procedures, and focusing on planned change.

Social work practice is broadly defined and allows for intervention at the micro (individual, group, or family) level, and at the macro (organization and community) level. Given this division of labor, some professional roles require that the social worker be involved full-time in macro practice. These professional roles are often referred to by such titles as *planner*, *community organizer*, *manager*, or *administrator*. The direct service worker or clinical social worker, however, also bears responsibility for initiating change in organizations and communities. The direct service worker is often the first to recognize patterns indicating the need for change. If one or two clients present a particular problem, the logical response is to deal with them as individuals. However, as more persons present the same situation, it quickly becomes evident that something is awry within the systems in which these clients are interacting. It then becomes incumbent upon the social worker to help identify the system(s) in need of change and the type of change needed. The nature of the system(s) in need of change may lead to communitywide intervention or intervention in a single organization.

Given these statements, practitioners may begin to feel overwhelmed. Is it not enough to do good clinical work? Is it not enough to listen to a client and offer options? Professional practice focusing only on an individual's intrapsychic concerns does not fit the definition of social work. Being a social worker requires seeing the client as part of multiple, overlapping systems that comprise the person's social and physical environment. If the social worker is not willing to engage in some macro-practice types of activities relating to these environments, then he or she is not practicing social work.

Similarly, social workers who concentrate in macro practice must understand micro practice, which may be defined as intervention directed primarily at the individual or group level. Without this understanding, macro practice may be carried out in the absence of an adequate grounding in the nature of client needs. MBA and MSW administrators would act similarly in all situations, and cost alone—rather than an understanding of client need balanced with cost—would drive community planning. The interconnectedness of micro and macro roles are the heart of social work practice. In short, it is as important for social workers in macro-practice roles to understand the importance of individual and group interventions as it is for social workers in micro practice roles to understand the importance of organizational, community, and policy change.

Because we believe that all social workers are professional change agents, we use the terms *social worker*, *professional*, and *change agent* interchangeably throughout this text. Social workers are always change agents because they are constantly identifying changes that need to occur in order to make systems more responsive or sensitive to target population needs. Change is so much a part of social work practice that one cannot separate the two. Professional is a term that implies identification with a set of values and the judgment and skill to act on those values. In Chapter 3, we discuss the meaning of professional values that unite social workers across roles, arenas, and emphases.

## MACRO PRACTICE IN CONTEXT

This book is intended for all social workers, regardless of whether they specialize in micro or macro tracks within schools of social work. It is designed to be an introduction to the macro-practice roles social workers play. Although some practitioners will concentrate their efforts primarily in one arena rather than another, in some situations all social workers will engage in macro-level interventions as the appropriate response to a need or a problem.

This book is not designed to educate full-time agency administrators, program planners, community organizers, or policy analysts. Those social workers who assume full-time macro roles will need a more advanced understanding than what this text will provide. This is not a book on specialization. The roles discussed in this and the following chapters are those that competent social work practitioners will play during their professional careers.

In preparation for writing this text, we talked with a number of our former students who are now practicing social workers, some of whom work directly with clients and some of whom are planners, managers, or administrators. We asked them what they would say to current students about the differences between their expectations of social work practice when they were students and their actual experiences over the past few years. One student responded: "As a student, I have this very vivid memory of being idealistic. I liked social work's emphasis on serving clients as the primary focus of attention, and I thought that would carry over to my professional practice. Instead, I find that my professional life is

dominated by two things: fellow employees and money. In making decisions, we find that we have to deal much more with staff egos than with client needs. And the 'bottom line' mentality that pushes budget issues into every discussion and decision has been a real disappointment."

A second student said: "What makes this profession worthwhile for me is that there is a core of very committed people who really live up to the ideals of the profession. They're very talented people who could make a lot more money elsewhere, but they believe in what they're doing, and it is always a pleasure to work with them. Our biggest frustration has been that there are so many people (like state legislators, for example) who wield so much power over this profession, but who have no understanding of what social problems and human needs are all about. Even though professionals may have spent the better part of their careers trying to understand how to deal with people in need, their opinions and perspectives are often not accepted or respected."

A social worker recently employed by a community-based agency on an Indian reservation shared his experience: "Culture is so important to the work we do. I constantly have to ask indigenous people for advice so that I do not make assumptions about the people with whom I work. The concept of community and what it means to this tribe, even the value of the land as a part of their tradition, is so crucial. It is much more complex than I had assumed when I was in school."

Another former student reinforced the importance of community: "I guess I never realized how porous agency boundaries are. We have board members coming in and out and we see clients. But the thing that has surprised me is how much I need to know about the community—people's values, where funding comes from, how to assess community needs. Even though I do direct practice, I am constantly pulled onto task forces and committees that have to deal with the broader community issues."

Concerns about limited public resources combined with overwork were expressed by a program specialist in foster care: "A big problem is the workload—the sheer size of people's job responsibilities. The state can't or won't provide the money to keep workloads at reasonable levels. It never occurred to me the frustration there would be in working with policies you can't change because you don't have any input at those levels. Our organization has two separate parts—volunteers and professional staff—and there's often no clear definition of who does what. It's very difficult to know which issues should be brought to the board and which ones should be settled by staff." Despite these problems, though, this same person quickly added, "A real positive is the feeling you are having a role in helping people. Seeing progress on the part of individual clients is one of the main things that keeps you going. It's also very reinforcing to have the opportunity to be an advocate for kids."

Another former student was disappointed about the impact of limited resources on practice and employee morale: "It really wears you down after awhile when everything is decided in terms of money. Furniture in our waiting room is falling apart, the place needs to be painted, there are so many things we should do to improve our efficiency and effectiveness, but we can't because we can't afford them. Just once I'd like to have the resources to really do things right, the way they can in big corporations."

However, lest we begin to believe that the commercial sector does not have its own limitations, the clinical director of a private for-profit adoption agency had this to say: "Unlike a lot of social workers, I work in a for-profit agency, and business considerations always have to be factored into our decisions. We have a fairly small operation, and I think the agency director is responsive to my concerns about how clients are treated, but I've still had to get used to the tension that can arise between making a profit and serving clients. Our agency works primarily with adoptions, and I've been very surprised by the ignorance and prejudice that exist about adoption even among other social workers. A lot of these people are constantly imposing their values on women about how they should always keep their child, and they usually do this without knowing anything about the case."

A child protective services worker said: "It's really hard to describe. Within a few days last year in my caseload there was a death of a child, another of my kids was abandoned in our waiting room, and there were threats of violence against our staff from people who think we just indiscriminately take children away from their parents. I often think of going into other lines of work, but there are lots of intangible rewards in social work, and other professions have their headaches, too."

The director of a social services unit in a hospital talked about another client group, the elderly: "I have been here long enough to see the advent of diagnostic-related categories. This is the Medicare system's way of making sure older patients are discharged efficiently, and if they are not, the hospital has to pick up the tab. Social workers graduate from MSW programs ready to counsel patients in the hospital and they are sorely disappointed. What we have to do is work fast; counseling is done 'on the run,' and we are pushed and prodded by everyone from admissions to discharge planning to move these folks along. Many of these older persons don't have people who can help them when they are discharged and they are really vulnerable to being placed in a nursing home. It is as if policies and procedures make our decisions—where is the patient involved?"

On a final note, a direct practice student who recently graduated made this statement: "This may sound negative, but it is not meant to be. My education in social work taught me how little I know. I feel as if I have just scratched the surface. Learning is a long ongoing process. I work in a head injury center and what I learned from having had exposure to macro-practice roles is that you have to know the organization in which you work, particularly the philosophy behind what happens there. This is more important than I ever imagined."

These quotations tell their own stories. Many of the issues facing social workers in their daily practice are not only client problems but problems in agencies or communities that affect the worker's ability to serve their clients. We thank our former students for helping us raise these issues.

### THREE CASE EXAMPLES

Other aspects of social work macro practice that need to be understood by the student and the beginning practitioner can best be illustrated by case examples. We selected the following because they contain similar themes but focus on different target population groups: children, the aged, and women.

Much of the work done by functional noncapitulators is what we refer to as macro practice, and is carried out with widely varying degrees of skill. The purpose of this text is to present a theoretical base and a practice model designed to assist the professional social worker in bringing about change in organizations and communities. We encourage its readers to become functional noncapitulators within the organizations and communities in which they will work.

### WHY MACRO PRACTICE?

The beginning student will find that most social work literature reinforces the importance of practitioners' macro-level responsibilities. Why is this such an important issue? The answer has a great deal to do with the mission and history of the profession, and the development of a value base which has become the cornerstone of professional social work practice.

Although Chapter 2 will focus on historical development, understanding the professional mission of social work is essential to recognizing why macro practice is important. In a provocative argument, Specht (1990) challenges social work's contemporary interest in the "popular psychotherapies."

[They have] diverted social work from its original vision, a vision of the perfectibility of society, the building of the "city beautiful," the "new society," and the "new frontier." There is a yet unfulfilled mission for social work that might be resuscitated. It is a mission to deal with the enormous social problems under which our society staggers: the social isolation of our aged, the anomie experienced by our youths, the neglect and abuse of children, homelessness, drug addiction, and AIDS.

Our mission must be to build a meaning, a purpose, and a sense of obligation for the community, not one by one. It is only by creating a community that we establish a basis for commitment, obligation, and social support. We must build communities that are excited about their child-care systems, that find it exhilarating to care for the mentally ill and the frail aged. (pp. 354-56)

Earlier in this chapter we presented three case examples of what included seemingly unresolvable dilemmas. Yet, the lists of questions and concerns expressed by the three social work practitioners reflect their attempts to hold on to the mission described by Specht. This mission is built on a set of values.

Barker (1987) defines values as "the customs, standards of conduct and principles considered desirable by a culture, a group of people, or an individual" (p. 171). He goes on to explain that in 1982, social workers, as a professional group, stated some of the overriding values for their practice. These values were published in the *NASW Standards for the Classification of Social Work Practice*. They were:

- Commitment to the primary importance of the individual in society,
- Respect for the confidentiality of relationships with clients,
- Commitment to social change to meet socially recognized needs,

- Willingness to keep personal feelings and needs separate from professional relationships,
- Willingness to transmit knowledge and skills to others,
- Respect and appreciation for individual and group differences,
- Commitment to develop clients' ability to help themselves,
- Willingness to persist in efforts on behalf of clients despite frustration,
- Commitment to social justice and the economic, physical, and mental well-being of all in society, and
- Commitment to a high standard of personal and professional conduct. (Barker 1987, 171)

These values do not cover the entire NASW Code of Ethics, but they do provide a general orientation to the positions taken by the profession on the larger issues relating to responsible and conscientious professional behavior. In all social work practice, there is clearly an expectation that the social worker will, when the situation calls for it, become involved beyond the simple needs of a "case" or client and initiate change at the organizational or community level.

In many ways it is this commitment to the understanding and changing of larger systems that separates social work from other professional disciplines. Few other professions have adopted the same "systems perspective." Thus, while a committee or a task force might be made up of many disciplines, the professional social worker who is doing macro practice is operating from a knowledge and value base that includes a number of considerations:

*Informed Approach.* First, the macro practitioner approaches the need for change with an understanding and expectation that decisions will be based on as complete a set of data and information as time and resources allow. Informed decision making is pursued in a systematic and scholarly manner, utilizing the best available theoretical, research-based, and practice-based knowledge.

*Consumer Input and Participation.* Although it may be more time-consuming and take more energy to include clients in change processes, the social worker must always look for client input. Finding new and meaningful ways to facilitate citizen participation in organizational and community arenas is an ongoing challenge for the dedicated professional.

*Fit of Problem to Solution, Based on a Thorough Analysis.* Defining the problem to be changed requires integrating what clients have to say with scholarly research and practice results. This analytical process is dynamic and interactive, often causing the change agent to reframe the original problem statement. But once the problem statement is agreed upon, social workers must ascertain that their interventions make sense in relation to the problem at hand. Interventions often require a creative imagination that goes beyond traditional approaches.

*Goal Directed.* Goals are broadly defined aims toward which practitioners guide their efforts. They are usually long term and sometimes idealistic.

However, goals provide a vision shared by clients and colleagues—a hope of what can be—and they assist the practitioner in maintaining a focus.

*Outcome Oriented.* Outcomes are defined as quality of life changes in clients' lives, based on the interventions planned by social work practitioners. Outcomes can be determined by professionals, based on what they think clients would want, but the best test of an outcome is whether or not the clients themselves really see it as meaningful and valuable.

Social workers have the opportunity to facilitate change. Based on a set of values, macro social work practice progresses in an informed manner, incorporating clients into the dynamic process, designing interventions to meet well-analyzed problems. Broad goals and specific outcomes provide the focused direction.

## SUMMARY

In this chapter we have tried to provide the basic foundations on which students can build an understanding of social work macro practice. We defined macro practice as professionally directed intervention designed to bring about planned change in organizations and communities, and we began a discussion of the circumstances leading to the need for planned change.

To do this, we used comments from former students who are now practicing social workers. These comments illustrate how the circumstances that are often most troubling to social workers are not only the concerns of their clients but also the management of their organization or the resources available within their community. These points were reinforced through three case vignettes showing how policies, program structures, resource deficits, and other macro-related criteria have much to do with social workers' abilities to be effective in their jobs.

One way that social workers sometimes respond to these realities is to give up fighting against them. This is done through capitulation, withdrawal, self-martyrdom, or other approaches, all of which reduce the worker's professional effectiveness. However, social workers who are skilled in macro practice have another option, that of *functional noncapitulation*, in which they use their understanding of macro systems to bring about needed changes in these systems. These skills are not, and should not be, limited to those who are working in traditional macro-practice roles such as administration or planning. Instead, they are critical for all social workers to know, including those engaged mostly in micro practice.

Parts II, III, and IV of this textbook will provide a macro-practice model to guide social workers in undertaking change processes. But first, Chapters 2 and 3 will provide more detailed historical and values perspectives for macro practice in social work.

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Americans and the political order" (pp. 272-74). Other programs were less successful and in some cases resulted in harsh criticisms of social workers and their efforts. Within the field itself, however, accomplishments such as those of the CAP agencies helped to reestablish the importance of macro-practice roles.

Reflecting this trend, the Council on Social Work Education (CSWE), in 1962, recognized community organization as a method of social work practice comparable to group work and case work. In 1963, the Office of Juvenile Delinquency and Youth Development of the U.S. Department of Health, Education, and Welfare funded CSWE to develop curriculum for training community organizers. Between 1965 and 1969, the number of schools of social work providing training in community organization rose by 37 percent, eventually including virtually every school in the country (Garvin & Cox 1987). Community organization thus emerged as a legitimate part of social work practice.

### MACRO PRACTICE IN ORGANIZATIONS

Communities are macro systems in which all social workers interact and for which practice models have evolved. However, communities are comprised of networks of organizations, and it is these organizations that usually hold the direct responsibility for carrying out basic community functions. As such, organizations are a second type of macro system with which social workers must be familiar. With respect to human service organizations, one important consideration is historical patterns of shifting emphasis between centralization and decentralization of agencies and services.

England's Elizabethan Poor Law of 1601, the first written law establishing a governmental system of services for the poor, adopted a decentralized approach to providing services. Under this law, assistance to the poor was a local function (as was taxation to pay for the assistance), and responsibility for service provision rested with an individual "overseer of the poor." This model was retained more or less intact in the American colonies, and until the 1800s, relief efforts for the needy remained primarily local and small in scale.

The reformist movement of the early nineteenth century began a slow transition to larger-scale services in the form of state-run asylums for dependent children, the mentally ill, and others. Later, as population, urban concentration, and service needs increased, so did the diversity of both public and private programs. Eventually, it became apparent that some sort of coordinating mechanism was needed for these various efforts. As Trattner (1989) notes:

The situation in Massachusetts was typical. In 1859, the commonwealth had three state mental institutions, a reform school for boys, an industrial school for girls, a hospital, and three almshouses for the state or nonresident poor. In addition, four private charitable institutions—schools for the blind, the deaf and dumb, the feeble-minded, and an eye and ear infirmary—received state aid. Each of these was managed by its own board of trustees. So uncoordinated a system not only increased the cost of operation, but it did not provide for a channel of

communication between institutions; a reform in one, then, might not be implemented in the others. The situation obviously called for some method of state supervision. (p. 81)

The result was the creation of what became known as the State Boards of Charities, first in Massachusetts in 1863, then in another fifteen states by the mid-1890s. These boards represented the first real involvement of state governments in centralized coordination of welfare services, and they helped to establish standards for the administration of human service organizations.

For roughly the next sixty-five years, much of the development of human service organizations took place in the private sector. The formation of the COS agencies and settlement houses was a partial recognition of the advantages of establishing standard service practices within the framework of a strong organizational base. Efforts toward developing more comprehensive public agency involvement in social welfare services occurred during the Progressive movement in the early 1900s. One example was the creation of the first state public welfare department in Illinois in 1917. Still, the focus remained very much on decentralized service provision. There was relatively little growth among human service organizations in the public sector.

It was not until the Great Depression that public organizations for the provision of human services were established on a large scale. The New Deal programs created an infrastructure of organizations at the federal level that became both the foundations of the welfare state and the first large, governmental human service bureaucracies. In addition, a key function of these agencies was to distribute relief funds to various states, and this in turn helped to spur the creation of state-level public welfare organizations. Some programs, such as the Federal Emergency Relief Administration (FERA) and the Work Projects Administration (WPA) were established to respond directly to Depression-era problems and thus were relatively short-lived. Others, such as the Social Security Administration, formed the institutional basis of ongoing federal social welfare programs, and they continue to play major roles. With the creation in 1956 of the Department of Health, Education, and Welfare (now the Department of Health and Human Services), most of these agencies were combined into a single, cabinet-level organization through which governmental social welfare programs were centralized.

Since its early development, professional social work practice has been conducted within some type of organizational base. However, these organizations varied over time, and the skills needed for effective practice within them also changed. For example, in the early years of social work education, attention toward models of practice in social work organizations focused primarily on preparing a limited number of macro practitioners to assume roles as administrators of small agencies, usually in the private sector. The goal was to provide skills such as fund raising, working with voluntary boards, and supervising direct-service workers.

With the growth of large public bureaucracies and nationwide networks of affiliated agencies in the private sector, the size and complexity of human service organizations changed. The role of macro practitioners within these organizations

was also forced to change. For example, trends such as the increased size of human service organizations, their increased complexity and diversity of services, and changes in standard budgetary policies forced administrators to seek new skills. Lewis (1978) calls particular attention to the growth of concern for fiscal accountability that first became a dominant issue in the late 1960s. He argues that these concerns forced social work administrators to shift from being "problem solvers" to being "managers." Implicit in this shift was a change in administrative orientation, moving away from external considerations of how best to deal with specific social problems and toward internal considerations of budgetary compliance and operational efficiency. Considerable concern was expressed that if social work administrators did not acquire these skills, leadership of human service agencies would pass to persons from other disciplines who did possess such training.

Concern has also arisen that administrative decisions in human service agencies have become overwhelmed by managerial concerns and no longer reflect the consideration of client needs. In response, Patti (1987) and others have called for the development of an *effectiveness-driven* model of administrative practice in which the achievement of desirable outcomes for clients becomes the primary criterion for decision making. The intent of this model is to view administrative practice in social work as a unique blend of managerial skills combined with broader knowledge of social problems and the means of addressing these problems.

Finally, just as views of the role of human service administrators have changed, so too have notions about the organizations in which they work. Since most social workers now operate within the context of some type of organization, their understanding of that organization may have much to do with the ability to do their job well.

For example, in a classic work entitled "The Good Bureaucrat," Robert Pruger (1973) made the point that social workers have two major roles. The helper role defines their activities as a social worker who assists clients with various problems. The organizational role defines the responsibilities the worker has for completing forms, making reports, attending meetings, and other organizational tasks. These roles may compete, and the clash between them may lead to a worker's inability to meet either satisfactorily. For example, a worker may have so many forms to fill out that he or she has little time for listening to detailed client problems. Pruger argues that a third role, the bureaucratic role, is possible, in which the worker develops skills in mediating the conflicts between the other two roles, learning to meet organizational demands without sacrificing professional skill. This is what the functional noncapitulator, discussed in Chapter 1, has to do in order to survive in a demanding environment. In subsequent chapters, we will discuss how Pruger's model of the good bureaucrat fits well within the larger framework of the modern macro practitioner.

## CONTEMPORARY TRENDS

At the beginning of this chapter, we discussed major historical trends affecting the development of the social work profession. These were: (1) broad social conditions, (2) ideological conflicts, and (3) oppressed populations. In this section,

we examine these same trends in terms of their influence on contemporary developments in the field.

## Broad Social Conditions

The combined effect of population growth, urbanization, industrialization, and changes in institutional structures have created communities that are very different today than during the early years of the profession. Though these changes have fostered improvements in areas such as health, income, transportation, and others, not all aspects of the transformation have been positive. Warren (1978) calls attention to these concerns, noting that "discerning Americans have come to the uneasy realization that all is not right with their community living, that undesirable situations appear with growing frequency or intensity and that these are not the adventitious difficulty of one community or another so much as the parts of a general pattern of community living" (p. 14). Warren calls this the *community problem*, and as an element of the contemporary society, it is an important concern for macro practitioners.

One aspect of this problem has to do with the consequences of *urbanization*. Though they offer many benefits, large, complex cities also breed large, complex problems, and the very size and complexity of a community can interfere with solving these problems. One casualty of metropolitan growth, for example, is a sense of solidarity within the community. Small-town shared views of the common good may, in large cities, devolve into narrow parochialism based on units such as a single apartment building, an area of gang turf, or family and ethnic group affiliations. The greater the number of these communities *within* communities, the more difficult it is to identify and serve the interests of the whole.

Closely tied to these consequences of urbanization is the *loss of geographic relevance* of many communities. In small-town America, communities were largely defined in terms of residents' physical proximity, as well as commonalities such as topography, soil conditions, water supply, and other circumstances of proximity. People lived in the same place they worked, frequently remained there throughout their lives, and shared with their neighbors both fortune and misfortune (droughts, floods, good and bad harvests, and so forth). In contrast, many cities are now so immense that residents in one area may share little with those in another in terms of their economic base, political environment, lifestyle, or even climate and terrain. Because geographic, legislative, and social boundaries often intermingle and evolve, it may be difficult even to define the boundaries of a given community.

As residents' identification with local connections has ebbed, the importance of *extracommunity affiliations* has greatly expanded. These affiliations define the relationships between community organizations and related organizations outside the community. For example, an auto plant may be essential to the economy of a particular community, but its most important ties may not be to the community but to the home office of its corporation in another city far away. A decision to close the plant might come entirely from the home office, yet it is the community that would bear the most severe consequences of this decision.



Loss of control over such decisions renders the community extremely vulnerable, yet an excessive concern for external affiliations may blind community members to critical local needs.

In addition to community issues, contemporary developments in the organizational structure of human services are also important to consider. One parallel between communities and organizations is that both have continued to grow and become more complex. In the organizational realm, this has given rise to the *bureaucratization* of service systems. The term *bureaucracy* has taken on a number of mostly negative connotations which, as we shall discuss in Chapter 6, may or may not always be accurate. Here we refer to bureaucratization as the growth in size and structural complexity of human service organizations. This has been especially true in public agencies, which have generally continued to expand since the New Deal.

Bureaucratic organization is a means of structuring tasks and relationships among organizational members in order to maximize operational efficiency. In many ways, this model has made possible the development of modern organizations, and its advent coincides with the vast increase in productive capacity associated with the Industrial Revolution. The problem with bureaucracies is that they often become as machinelike as the tools they employ, and the result can be a rigid and dehumanizing style of operation. This style usually grows more pronounced as the organization gets larger, and vast governmental human service agencies have become some of the most notorious examples of the negative aspects of bureaucratic structure.

Partly in response to this problem, *privatization* became a significant trend during the last two decades. Although the term can be used in many ways, we define privatization as "the deciding, financing, or providing of human services by the private sector to clients for whom the public sector is responsible" (Netting et al. 1990). The trend may be more accurately termed reprivatization because of its focus on returning to the private sector for responding to human need.

Beginning in the 1960s, recognition of the limitations of government bureaucracies prompted growth in *purchase of service contracting*. Public agencies paid for services but they were provided to their clients by private organizations. Between 1973 and 1984, for example, nonprofit purchase of service contracts grew from \$262.9 million to \$664.1 million (Kettner & Martin 1987). Decision-making and financing functions remained governmental responsibilities, whereas the function of providing services shifted to the private sector. This arrangement was probably well accepted in many communities, since going to a local nonprofit agency to receive services is often less stigmatizing for clients. However, other trends accompanying the move toward privatization complicated the community service delivery system.

During the early 1980s, conservative views toward human services, combined with an economic slowdown, led to decreased public funding and decentralization of decision making. This meant that many nonprofit agencies, which had previously grown larger on public dollars, were suddenly faced with stiff competition for very limited resources. For example, facing a shortage of patients, hospitals began diversifying into service areas other than primary health care (i.e., substance

abuse centers, home health, etc.). For-profit organizations began moving into human service provision, seeking clients who could pay for their own services.

The effect of this trend on community human service systems has been most acute in the provision of services to low-income clients. Formerly, many of these clients were served by nonprofit agencies either through contracts with public agencies or through excess revenues from clients who were able to pay. Now, government funds are more scarce and paying clients are often siphoned off by hospitals and for-profit providers. Many nonprofit agencies no longer have resources to pay for services to poor clients and there is increasing competition between nonprofits for the funds that are available (McMurtry et al. 1991).

A final trend is the advent of *computerization*. Society is moving toward a model in which information and services rather than manufactured goods are the most important commodities. As this takes place, communities will change. Heavy industries will diminish in importance and even the traditional character of the workplace will be altered, such as by workers remaining home and carrying out their tasks on computers. Moreover, the ability to tie into national and international computer networks will further enhance the importance of extra-community ties.

Social workers' roles will inevitably be affected by these changes. For example, Ginsberg (1988) discusses how computer technology has facilitated storage of vast numbers of client records by large public and private human service organizations. He cites government researchers who challenge social workers to use computer technology, noting that "social workers

write reports and progress notes

pull and read numerous files

take case histories and develop diagnoses

tap into local area resource networks

keep in touch with professional developments

provide factors and figures to contribute to agency accountability process."

(Parker et al. 1987, cited in Ginsberg 1988, 71)

Still, other writers argue that these changes pose grave dangers for the profession. For example, Fabricant (1985) asserts that the computer revolution is simply another manifestation of an ongoing process of "deskilling" social workers. One example he offers is the role of workers who determine eligibility for benefits such as AFDC and food stamps. These positions are often filled by poorly trained and poorly paid clerical employees who simply input data into computers, and these computers determine clients' eligibility. The point is that if social workers cannot learn to adapt to and control new technologies (as well as other social trends we have discussed) they risk being controlled by them.

### Ideological Conflicts

As with the discussion of broad social conditions, Warren's (1978) notions of the community problem also provide a starting point for addressing contemporary ideological trends. One issue concerns community members' increasing difficulty

understand something as complex as a community, much less propose ways to change it?

First, it should be made clear that there is no single accepted, orderly, systematic method that allows one to understand all the elements that go into making up a community. Understanding, for the macro practitioner, means gathering as much data and information as possible in a narrowly focused area of interest or concern and making the best informed decisions the information will allow.

There are three reasons why macro practitioners need a systematic approach to conceptualizing a community and its social problems. First, the person-in-environment view is critical to professional social work practice. The community in which one lives has a lot to do with who that person is, the problems he or she faces, and the resources available to deal with these problems. Professional social work prescriptions may not be feasible or realistic without an understanding of these community influences. The framework presented here for understanding community is designed to assist in conceptualizing the environment within which clients experience hope and draw strength, as well as face oppression and frustration.

Second, community-level macro change requires an understanding of the history and development of a community as well as an analysis of its current status. Without this knowledge, the practitioner has a limited grasp of the breadth and depth of values, attitudes, and traditions, and their significance in either maintaining the status quo or allowing for change.

Third, communities constantly change. Individuals and groups move into power, economic structures change, sources of funding change, and citizens' roles change. A framework for understanding community can be helpful in recognizing and interpreting these changes.

### A FRAMEWORK FOR CONCEPTUALIZING COMMUNITY

A first step toward understanding community is creating a framework that will help in comparing elements in one community to elements in another. Some communities are larger than others, some have different ethnic makeups, some are wealthier than others.

In searching for a framework to help understand community, we turn to Warren (1978). In his classic, *The Community in America*, Warren proposes that communities can be better understood if selected community variables are analyzed. Based on these variables, we have identified nine tasks that comprise a four-step framework to be used in conceptualizing and understanding a community. In subsequent chapters, we will present methods for planning change based on this understanding. This framework is shown in Table 4.1.

#### Focus A: Identifying Target Populations

Many approaches to community analysis propose that the community be understood in its totality to the greatest extent possible before intervention is planned. We propose, instead, that the definition of community be narrowed

TABLE 4.1 The Community Encounter Framework

Focus	Task
A. Identifying the Target Population	1. Understand characteristics of target-population members
B. Determining Community Characteristics	2. Identify community boundaries 3. Profile social problems 4. Understand dominant values
C. Recognizing Differences	5. Identify formal and covert mechanisms of oppression 6. Identify evidence of discrimination
D. Identifying Structure	7. Recognize locations of power 8. Determine resource availability 9. Identify patterns of resource control and service delivery

by first selecting a target population, and that the community be understood from the perspective of the concerns and needs of that population. The target population is defined as those individuals, families, and/or groups who are experiencing a problem or need, and for whose benefit some type of community change is being considered.

The choice of a particular target population is a choice of values. In every community there are multiple groups with varying needs. Therefore, the social worker must realize that in focusing on one target population, he or she is making a choice to examine the community from a specific perspective. It will be important, then, to go back and look at the community again from the perspective of more than one target population so that a richer understanding can develop. For example, existing reports on community issues and populations may predetermine what target group the practitioner will serve, with only limited opportunity to familiarize oneself with other community needs and concerns.

We suggest that a community be analyzed and understood from this limited perspective because (1) practically speaking, people who become involved in community change are generally people with full-time jobs, and it is not unusual that macro-level intervention responsibilities are added to those jobs; and (2) there is a limit to the amount of information that can be used in macro-level interventions. In short, we don't disagree with those who suggest that, in the ideal, everything possible should be known and understood about a community. We are simply suggesting that, with limited time and resources, responsible change efforts can be initiated by narrowing the parameters of community analysis.

Identifying a population in need can, in itself, be complex. None of us is part of only one community. Community can be defined in terms of ethnicity (e.g., the Latino community), religion (e.g., the Jewish community), commitment to a position (e.g., the pro-choice community), profession (e.g., the social work community), avocational interest (e.g., recreational and sports enthusiasts), and many other designations. Each of us, in fact, would be more realistically defined as a part of many different communities at once.

We recognize that there are differences in urban and rural communities and that this approach may be difficult in a rural community where members of the target population are geographically dispersed. We also caution the reader not to assume that the target population can be disengaged or isolated from the larger community, even though one may focus on the target population in order to manage this complex undertaking. In fact, members of the target population may already feel isolated from the larger community. Certainly, we do not want to reinforce this isolationism. Brager, et al. (1987), view communities as being:

composed of people who have relationships that are systematic, interactive, and interdependent. These relationships are based on shared history, mutual expectations, predictable roles, values, norms, and patterns of status differentiation. These relationships are part of what constitutes individual identity; these relationships may be neutral or positive or negative; they may involve low to high degrees of reciprocity and alienation. (p. 33)

Viewed graphically, a community would look like a series of overlapping circles. As an individual, any person from a community, pictured graphically, might look like a circle subdivided into many different reference groups, as illustrated in Figure 4.1.

By beginning with a population in need, we are suggesting that a person attempting to understand a community first identify the population of focus. This begins a narrowing-down process. Initial definitions of population can be broad, with the understanding that the more precise the definition selected, the more feasible a full understanding of the community context for this population.

For example, issues surrounding alcoholism prompt a concern for macro-level change, the population of focus for a particular community analysis could be "people with alcohol problems who live in Riverdale County" or "ethnic minority women alcoholics who have been convicted of driving while intoxicated within the past two years in Riverdale County." One is more inclusive, the other more focused. It is probably advisable, at this early stage, that a broader definition be adopted, with an understanding that it will become more precise as a clearer understanding of needed change emerges.

Once a population has been identified and the definition appropriately narrowed, all other dimensions of the community are explored and examined from the perspective of that population. For each dimension to be explored, we will identify a task intended to bring focus to the collection of data and information. We will next focus on questions about the population. Finally, we will propose some questions about a community that will aid in understanding each dimension, and in comparing it to other communities. Although this framework contains a number of tasks, the process of analyzing any community requires the social worker to go back and forth, returning to refine previous tasks as new information is gathered. The social worker is urged to use the framework as an interactive guide rather than a rigid formula for approaching community.

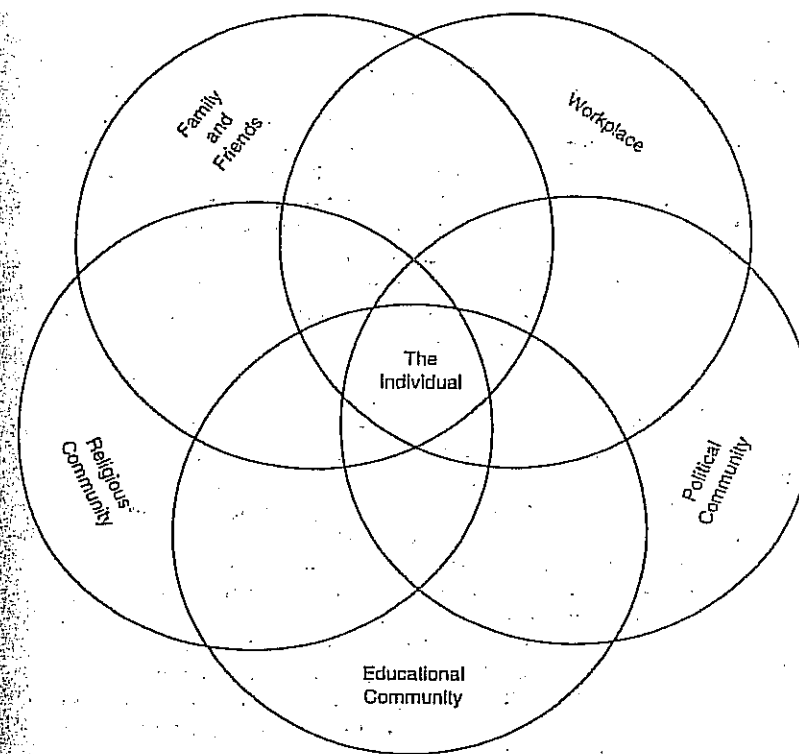


FIGURE 4.1 The Individual within the Community

**Task 1: Understand Characteristics of Target-Population Members.**  
Questions to be asked:

- What is known about the history of the target population in this community?
- How many persons comprise the target population and what are their characteristics?
- How do persons in the target population perceive their needs?
- How do persons in the target population perceive their community and its responsiveness to their needs?

In their book on community organization, Brager, et al. (1987), remind us that:

Demographic differences [do not] exhaust the variations among subgroups of the poor. Although attitudinal differences are more difficult to define and identify, a wide diversity of world views exists even within demographically homogenous

populations. Thus, some poor are more alienated than others, some more upwardly aspiring, and some angrier. Where they fall on these dimensions has a bearing on how they will respond to particular efforts to involve them in organizing projects. (p. 60)

It is precisely these shades of difference about the target population that the macro practitioner is attempting to understand. The study usually begins with an examination of available demographic data. Basic to any understanding is analysis of socioeconomic status, age, race, and gender by census tract. It is important to identify areas of poverty and high need, and to determine whether the target population is heavily concentrated in these areas or spread across an entire county.

In addition to gathering statistics, it is also important to talk with people who understand its history, as perceived by the target population. Bellah, et al. (1985), explain why this is important:

A community is a group of people who are socially interdependent, who participate together in discussion and decision-making, and who share certain practices that both define the community and are nurtured by it. Such a community is not quickly formed. It almost always has a history and so is also a community of memory, defined in part by its past and its memory of its past. (p. 313)

Examining the characteristics of the target population and identifying where they are located, together with gathering information from the perspective of people in the target population, completes the first step in the community encounter.

The following questions can be helpful in collecting and using data and information:

1. What are the key demographic characteristics of the target population and how do they compare to the demographic profile of the various political subdivisions (e.g. city, county, state, whichever is relevant) within which the community is located? Key demographic characteristics should include at least socioeconomic status variables, race, gender, and age, by census tract.
2. Generally, how do people in this target population (and others close to them) perceive their concerns, problems, issues, and/or needs? Do they tend to see them in terms of a need for empowerment and freedom from oppression? In terms of access to opportunity and removal of barriers? In terms of a need for resources, protection, or services?
3. Generally how do people in this target population perceive the community's responsiveness to their concerns, problems, issues, and/or needs?

### Focus B: Determining Community Characteristics

Size is an important characteristic of a community, and can be assessed in a number of ways. Size can be calculated in terms of the amount of space covered, by the number of people living within its boundaries, or both. It is an important

characteristic for the macro practitioner because geographical boundaries established for macro-level interventions can range from neighborhood to county and even larger. Clearly the size of the community as defined will affect the nature of the macro-level analysis, and ultimately the intervention.

**Task 2: Identify Community Boundaries.** Questions to be asked:

- What are the geographical boundaries within which intervention on behalf of the target population will occur?
- Where are members of the target population located within the geographical boundaries?
- What physical barriers exist for the target population?
- How compatible are jurisdictional boundaries of health and human service programs that serve the target population?

Space is the distance or area covered by a community. It is one dimension of a community's size. Focusing on space allows the practitioner to establish manageable boundaries. If resources are available to focus on the entire city or county, then these may be appropriate boundaries in that instance. If, however, the effort is to be undertaken by a small committee of volunteers who have limited time and resources available, then one may decide to focus the encounter on a limited part of the city where there appears to be the greatest need for intervention.

Establishing boundaries for macro-level intervention, therefore, is initially done by focusing on a target population and, secondly, is further refined by selecting a geographical boundary. For most macro-level interventions we recommend beginning one's understanding of community by limiting boundaries to county or its equivalent, and focusing down from that level to more limited boundaries if appropriate. This is in no way intended to indicate that intervention at state, regional, or national levels is not appropriate. It is simply to recognize that, for the vast majority of interventions, a level of county or smaller will be most relevant.

Figure 4.2 illustrates the boundary-setting process. Knowing that one cannot address all target population needs within large arenas, the encounter focuses on the target population within a manageable portion of the broader community. This becomes the focus of the macro-level intervention.

A community may be a small section of the inner city or a fairly large expanse encompassing scattered farms in a rural area. For example, community as space is applicable to barrios in which groups of Hispanic people reside within a larger metropolitan area. Spatial concepts of community are also relevant in less population-dense areas but may be more difficult to determine. This was pointed out by a Navajo social worker who explained how difficult it was to determine spatial boundaries on a reservation. There were no street systems, property information or signs indicating county lines, or well-defined human service areas.

Another characteristic important in understanding community as space is jurisdictional units established by various government agencies for planning and

requires (1) focused and precise data collection, (2) analysis of historical trends, and (3) a thorough understanding of qualitative elements that reflect human experiences, interactions, and relationships.

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## APPENDIX

# Framework for Conceptualizing Community

### FOCUS A: IDENTIFYING TARGET POPULATIONS

#### Task 1: Understand Characteristics of Target-Population Members

- What is known about the history of the target population in this community?
- How many persons comprise the target population and what are their characteristics?
- How do persons in the target population perceive their needs?
- How do persons in the target population perceive their community and its responsiveness to their needs?

### FOCUS B: DETERMINING COMMUNITY CHARACTERISTICS

#### Task 2: Identify Community Boundaries

- What are the geographical boundaries within which intervention on behalf of the target population will occur?
- Where are members of the target population located within the geographical boundaries?
- What physical barriers exist for the target population?
- How compatible are jurisdictional boundaries of health and human service programs that serve the target population?

#### Task 3: Profile Social Problems

- What are the major social problems affecting the target population within this community?
- Are there subgroups of the target population that are experiencing major social problems?
- What data is available on the identified social problems and how is available data used within the community?
- Who collects the data, and is this an ongoing process?

#### Task 4: Understand Dominant Values

- What cultural values, traditions, or beliefs are important to the target population?
- What are the predominant values that affect the target population within the community?
- What groups and individuals espouse these values and who opposes them?
- What are the value conflicts surrounding the target population?

**FOCUS C: RECOGNIZING DIFFERENCES**

**Task 5: Identify Formal and Covert Mechanisms of Oppression**

- What differences are observed among members of the target population?
- What differences are observed between members of the target population and other groups within the community?
- How are target population differences viewed by the larger community?
- In what way is the target population oppressed because of these differences?
- What target population strengths can be identified and how might these strengths contribute to empowerment?

**Task 6: Identify Evidence of Discrimination**

- Are there barriers that inhibit the target population from becoming fully integrated into the community?
- What forms of discrimination are experienced by the target population within the community?

**FOCUS D: IDENTIFYING STRUCTURE**

**Task 7: Recognize Locations of Power**

- What are the primary sources of funding (both local and extracommunity) for health and human services designed for the target population within the community?
- Are there strong leaders within the segment of the health and human service community that serves the target population?
- What type of community power structure influences the service delivery network designed for the target population?

**Task 8: Determine Resource Availability**

- What are the existing community agencies and groups currently seen as major service providers to the target population?
- What are the major funding sources for services to the target population?
- What nonmonetary resources are needed and available?

**Task 9: Identify Patterns of Resource Control and Service Delivery**

- What groups and associations advocate for and provide assistance to the target population?
- How is resource distribution to the target population influenced by interaction within the community?
- How is resource distribution to the target population influenced by extra-community forces?

**CHAPTER 5**

**Understanding a Community Human Service System**

*Overview*

Introduction

A Framework for Analyzing Community Human Service Systems

- Focus A: Understanding Need
  - Task 1: Identify the Target Population
  - Task 2: Define a Continuum of Need
  - Task 3: Assess Target Population Needs
  - Task 4: Identify Collective Community Needs
- Focus B: Identifying Auspice or Sponsoring Organizations
  - Task 5: Examine Informal Service-Delivery Units
  - Task 6: Examine Mediating Service-Delivery Units
  - Task 7: Examine Formal Service-Delivery Units
- Focus C: Determining Systemic Competence
  - Task 8: Determine Linkages Between Units

Summary

References

Appendix:

**INTRODUCTION**

In any situation where an assessment is called for, whether it be an assessment of an individual, a family, or an entire community, it is helpful to use a framework. A framework aids in identifying each of the variables to be examined, just as was done in the previous chapter. Few such analytical frameworks are available for assessing local community human service systems. In this chapter, we will propose

a conceptual approach intended to permit a student or practitioner to examine a constellation of services within a given locale to determine adequacy of existing resources to deal with current or projected levels of need.

While we will use the term human service system to describe the focus of the assessment, we caution students and practitioners not to place too much emphasis or credence in the term "system." There is rarely a master plan. Human service systems are generally made up of loosely related or unrelated client-serving programs operating under a variety of auspices, rather than clearly planned parts that come together into a comprehensive whole. We will attempt to present a framework for assessing the extent to which this network of existing resources is capable of meeting need.

**A FRAMEWORK FOR ANALYZING COMMUNITY HUMAN SERVICE SYSTEMS**

We approach the assessment of a community's existing human service system with several assumptions: (1) that an entire human service system in most communities is too complex to analyze as a whole, and therefore services must be assessed for a specified target population, (2) that a community's human service system should be assessed and evaluated in relation to the extent to which it meets the needs of its people, and (3) that the needs of the people in a community should be examined not only in terms of individual need, but also in terms of collective need.

Following these assumptions, we propose a framework for analyzing and evaluating a community's human service system. The tasks that comprise this framework are shown in Table 5.1.

**Focus A: Understanding Need**

*Task 1: Identify the Target Population.* Questions to be asked:

- What target populations are identified within the community, and how are they categorized?
- What target population will be the focus of this assessment?
- What priority is given to the needs of the target population in this community?

People who are identified as being in a target population are consumers of services, and ideally the services provided are designed to meet their needs. However, it is important to recognize that people's needs are always changing. This requires a human service system that has flexibility to respond to changing needs: Gonzalez, et al. (1991), remind us that even cultural identity changes. "One can always expect to find both change and diversity within any community. In fact, even a community that appears to represent one culture or cultural group will actually be quite mixed, demonstrating a range of behaviors and beliefs that

TABLE 5.1 Framework for Assessing Community Human Service Systems

Focus	Tasks
A. Understanding Need	1. Identify the target population 2. Define a continuum of need 3. Assess target population needs 4. Identify collective community needs
B. Identifying Auspice or Sponsoring Organizations	5. Examine informal service-delivery units 6. Examine mediating service-delivery units 7. Examine formal service-delivery units
C. Determining Systemic Competence	8. Determine linkages between units

are common to that culture" (p. 2). Because the characteristics of community residents vary, there may be subgroups that require special attention. For example, if a community has a high proportion of retirees, one can expect that many of the services will address the needs of older people. If services are not available, the delivery system may not be adequately addressing community needs.

For the sake of discussion, consider the following seven target populations. They are frequently used for planning purposes, and funding tends to be clustered around these categories:

- Children
- Youth
- Families
- Older adults
- Adults
- Developmentally challenged
- Physically challenged

Obviously, these groups are neither exhaustive nor mutually exclusive. In addition, they do not specify the many subgroups that fall within each category. For example, if the target population is children, it is important to recognize that children come from families of all socioeconomic statuses, racial and ethnic groups, and locations within a community.

Although we have identified seven categories of people who may have common characteristics and needs, individual communities will have their own definitions of target populations. How does the community categorize client groups for planning purposes? Local and regional planning agencies, United Ways, community councils, and associations of agencies often produce agreed-upon classification schemes for data collection and planning purposes. Regardless of existing categories, it is ultimately the task of the individual or group conducting the community assessment to define the target population.

TABLE 5.2 Community Service Identification

Widows Aged 85+ Living Alone in West Kingston		
Type of Need	Services Typically Designed to Meet Need	Services Available in This Community
Self-actualization Needs	Education Programs Volunteer Opportunities	Available at Kingston Senior Center
Esteem Needs	Support Groups Psychosocial Counseling Mental Health Centers	Two support groups Mental health center has limited services
Social Needs	Recreational and Social Groups Senior Centers Home Visitors	One senior center
Safety and Security Needs	Emergency Response System Adult Family Homes Congregate Care Facilities Senior Housing Continuing Care Retirement Communities Wellness Clinics Telephone Contact	No emergency system Three unlicensed homes One congregate facility No senior housing No retirement community Public health department has wellness clinic Church runs telephone reassurance program
Survival Needs	Home Delivered Meals Senior Discounts Mobile Meals Transportation Homemaker Home Health Personal Care Medical Care	Limited delivered meals program Twenty mobile meals slots No bus system, one senior van available One licensed homemaker program No home health provider Two licensed personal care agencies One community hospital and one nursing home

such as art and language (cultural); for learning from the past (historical); for the use of power (political); for viewing the past, present and future through action words and movement (creative/spiritual); and for explanations that connect what happens in one's world through investigation and experimentation (intellectual).

**Task 3: Assess Target Population Needs.** Question to be asked:

- What are feasible and appropriate ways in which to find out how many people are in need in each of the areas identified as relevant to this target population?

Eight general methods of approaching a needs assessment have been discussed in the literature. They include (1) *general population surveys*, which consist of interviews with a sample of community residents; (2) *target population surveys*, which interview members of a select group; (3) *service provider surveys*, which interview those groups and organizations that serve the target population within

the community; (4) *key informant surveys* that focus on knowledgeable and influential community residents; (5) *secondary data analysis* of existing statistics on the target population; (6) review of *social indicators* such as income or occupational levels of the target population; (7) administrative or managerial *record review*; and (8) review of *information from other agencies* (Meenaghan et al. 1982).

The preferred approach in assessing need for a particular population is to use existing data. Original data collection is expensive and time-consuming, and is usually beyond the scope of the macro practitioner unless a particular change effort has widespread community and financial backing. Table 5.3 summarizes the advantages and disadvantages using each approach.

Ideally, the macro practitioner would like to know (1) the number of people in the target population who are experiencing each problem, and (2) the number of people that can be served using existing resources. The first number minus the second number presents the community's unmet need. Unmet need, inadequately met need, or inappropriately met need are frequently the focus of macro-level change efforts.

With special population groups that require multiple services, classification schemes are often based on the concept of a continuum of care. A continuum

TABLE 5.3 Needs Assessment Methods: Advantages and Disadvantages

Method	Description	Advantages	Disadvantages
General Population Surveys	Interviews with community residents	Provides broad overview of needs	Requires great time and expense
Target Population Surveys	Interviews with a select group	Obtains data directly from target	Often difficult to locate survey respondents, is time-consuming and costly
Service Provider Surveys	Interviews with providers that service target population	Gives perspective from those who serve the target group	Providers may be professionally biased
Informant Surveys	Interviews with knowledgeable/influential residents	Provides a community leaders' perspective	Community leaders may represent power structure, but may not represent target
Secondary Data Analysis	Analyzing existing data	Data is already collected and usually accessible	Analysis is restricted by what data was collected
Social Indicators	Reviews of data such as income, age, occupation	Data is available and provides broad overview of community	Indicators do not provide detailed information
Record Review	Review administrative/managerial documentation	Provides insights into major issues and concerns	Is subjective and may be difficult to access
Information from Other Agencies	Review any other data from county, state, local agencies	May provide new information not available elsewhere	May be difficult to locate



TABLE 5.4 Continuum of Long-Term Care Services by Category

In-home Services	
Outreach	Homemaker and Chore Services
Information and Referral	Household Repair Services
Comprehensive Geriatric Assessment	Personal Care
Emergency Response System	Home Delivered Meals
Companionship/Friendly Visiting	Home Health
Telephone Reassurance	In-Home High Technology Therapy
Caregiver Respite Services	Hospice
Community-based Services	
Case Management	Adult Care Homes
Transportation	Shared Housing
Senior Centers	Congregate Housing
Senior Discount Programs	Wellness and Health Promotion Clinics
Recreational Activities	Geriatric Assessment Clinics
Caregiver Support Groups	Physician Services
Self-help Groups	Adult Day Care
Counseling	Mental Health Clinics
Foster Homes	Outpatient Clinics
Institutional Services	
Alcohol and Drug Treatment	Swing Beds
Rehabilitation	Skilled Nursing Care
Psychiatric Care	Extended Care

of care consists of a broad menu of services from which items can be selected to address the specific needs of certain individuals or groups. Conceivably, each menu will vary based on what is needed for the target population served. Table 5.4 provides one method of classifying continuum of care services for those persons requiring long-term care.

**Task 4: Identify Collective Community Needs.** Questions to be asked:

- Are there needs in this community that require something other than a human service response?
- What data supports the existence of these needs?
- How are these needs expressed by the people of this community?

While understanding need and examining community responses to each level are important steps in conceptualizing a hierarchy, this is not enough. Need is an elusive, complex concept that must be understood from a variety of perspectives.

At the simplest level are needs experienced by individuals that require some type of response: a hungry person needs food; an unemployed person needs a job. If there are resources to meet these needs, the needy person is matched up with the resources and the need is met.

What we have discussed thus far is really individual need experienced by many people. When one person is hungry, it is an individual problem. When hundreds of people are hungry and the community is not prepared to feed them, it becomes a social problem. When needs clearly outstrip resources, it is a communitywide problem and may require a human service response. More food banks, more homeless shelters, and more employment training services may be needed. It is important to note, however, that just because social workers believe that a community should respond to a problem does not mean that this belief will be shared by everyone in that community.

There is yet another perspective on need that should be understood by the macro practitioner. It is a need that requires something other than a human service response. It may even require some fundamental redesign of structures and systems. As discussed in the previous chapter, structure and power are important variables for community analysis. When a whole community suffers from inferior housing, transportation, or schools, or from an inadequate economic base, these problems may be more than simply individual problems on a large scale. They should be understood as collective needs.

It is an assumption in the social work field that communities need adequately functioning basic systems to achieve at least a minimally acceptable quality of life. They need an economic base that will produce jobs and income. They need affordable housing, adequate transportation, sound community health practices, protection from disease, good quality and relevant education for their children, protection from harm and violence, and freedom to pursue obligations and interests without fear. When these conditions are absent, a service response (more money, more resources of any kind) may provide temporary relief without dealing with fundamental structural problems.

The long-term need may be for collective empowerment, a collective sense of dignity, full participation in decisions that affect the lives of people in the community, self-direction, and self-control. Assessing collective need requires an understanding of the history and development of the community, an ability to compare economic data and social problem data to other surrounding communities, and a sensitivity to the needs and aspirations of those who live in the community. Collective need may also need to be addressed at another level such as the state legislature or U.S. Congress. The focus can remain on the local community where actions can be taken, but the point of intervention may be outside the community.

When collective need for empowerment, participation, control and other such factors is identified or expressed, the role of the macro practitioner is different from the role taken when the need is for a human service response. These roles will be discussed in Part IV (Chapters 8 through 10).

### Focus B: Identifying Auspice or Sponsoring Organizations

In assessing and understanding a community's human service system, it is important to examine the sponsoring unit or organization. Table 5.5 identifies the types of units that should be considered when assessing service provision in a community.

TABLE 5.5 Units Within the Health and Human Service Delivery System

<b>Informal Units</b>
Household Units Neighborhood/Groups
<b>Mediating Units</b>
Self-help Groups Voluntary Associations
<b>Formal Units</b>
Nonprofit Agencies Public Agencies For-profit Agencies

These units, taken together, comprise the total health and human service delivery system within the community, each operating interdependently. A given community, depending on availability of resources, may emphasize the provision of services through one set of units more than another. For example, in a resource-poor community, reliance on informal units may be a necessity until publicly funded formal services can be obtained. However, in all communities, elements of informal, mediating, and formal service units will be found. The astute practitioner will carefully assess all avenues of service delivery for the target population.

**Task 5: Examine Informal Service-Delivery Units.** Questions to be asked:

- What informal units would typically assist the target population within a local community?
- What importance does the household unit have to the target population within this community?
- What importance do natural support systems or social networks have to the target population within this community?
- What informal units are actively engaged in service delivery to the target population within this community?
- Are race, ethnicity, or gender factors in the provision of informal services and support?

Informal units are those that are not publicly incorporated as legal entities to deliver health and human services. Often, these units have not been recognized for their importance in the service delivery system, whereas they in fact perform a vast assortment of mutual support tasks. They include the household unit, and natural support systems and social networks.

**Household Units.** The household unit consists of those persons who reside within a common dwelling, whether they consider themselves families, significant others, friends, partners, or roommates. "The concept of the family is roughly

equivalent to the household, but in recent decades more and more people have lived together in dwelling units without being related, making household a more broadly useful term" (Smith 1991, 138); Service provision in this unit generally takes the form of caregiving and tends to fall heavily on women in our society. The potential for caregiver burden or strain suggests that mutual support provided by the informal system may require assistance from others within the community. Respite services are often needed in the interest of sustaining the physical and mental well-being of the caregiver.

In assessing the extent of service provided in household units within a given community, one should look for indicators of what is happening within private dwellings for the target population. For example, are identified caregivers within the community overburdened? Is there an identified need for respite services for caregivers of the physically disabled, developmentally disabled, elderly, and/or young children? Are requests for live-ins and shared housing increasing? Answers to these and related questions will aid in the process of assessing the domestic dwelling as a service-delivery unit.

Of particular concern is identifying the importance of the household unit for the target population. For example, if the target population consists of frail widows living alone, the household unit does not contain others who can assist. Not only are caregivers not available, but formerly active older women may suddenly find themselves alone after years of providing care to children and spouses. On the other hand, target populations such as inner-city children, who often live in crowded households where privacy is limited and tension is high, may draw support from siblings, peers, and parents. Respite for single mothers may be difficult to locate; poverty may have reduced opportunities and life choices. Yet the household unit can be a critical source of support for these children, fragile as it may be. Recognizing the household unit as a source of community strength and developing services to support this unit can produce a double benefit in strengthening families and reducing the need for other support services.

**Natural Support Systems and Social Networks.** Often, an unstructured, informal approach to mutual support will evolve as natural or social support systems develop. Most people are part of social networks, but this in itself does not constitute a natural support system. A natural support system, according to McIntyre (1986), exists when resources have actually been exchanged.

The existence of natural support systems have been recognized for years. Recent studies and an emphasis on informal support have prompted a more intense examination, particularly among minority and aging populations (Specht 1986).

Because networks do not have established boundaries and depend upon interaction between informal individuals and groups, they are likely to extend beyond the local community. Mutual support tasks may be provided by geographically dispersed, as well as geographically close, network members. Dispersed networks will depend upon linkages such as transportation systems and telephones, and may, therefore, be vulnerable in times of crisis. Balgopal (1988) explains the importance of social networks:

Social networks such as kin, friends, neighbors, and coworkers are supportive environmental resources that function as important instruments of help,

especially during times of crisis. Social networks provide emotional resources and strength for meeting the need of human relatedness, recognition, and affirmation. They also serve as mutual aid systems for the exchange of resources such as money, emotional support, housing, and child care. Well-developed social networks often consciously and purposefully serve as helpers to families in crisis, making it unnecessary for these families to resort to institutionalized services through publicly and privately supported health and welfare agencies. The concept of a family's social network emphasizes the idea of the family with multiple affiliations, some of which overlap and some of which do not, as well as the idea of the family as an active selector, manipulator, and creator of its environment. (p. 18)

Within the local community there are indicators of the extent of informal neighborhood groups and support systems. Neighborhood associations, child-care exchanges, and neighbor-to-neighbor interaction are all indicators of the extent of support available within this unit.

The significance of natural support systems and social networks will depend on the target population. Networks that advocate for and provide ongoing support for the target population should be identified as a part of the human service system.

**Task 6: Examine Mediating Service-Delivery Units.** Questions to be asked:

- What mediating units would typically assist the target population within a local community?
- What self-help groups are available to the target population within this community?
- What voluntary associations have members from, or take an interest in, the target population within this community?
- What mediating units are actively engaged in service delivery to the target population within this community?

**Self-help Groups.** Self-help groups are one of the fastest growing elements of community support. They have been formed to deal with a variety of personal and social problems and needs including bereavement and loss, depression, parenting, and many other issues. A number of self-help groups (probably the best known being Alcoholics Anonymous) have formed national and international chapters and are recognized vehicles of service delivery.

Hutcheson and Dominguez (1986) acknowledge the importance of ethnic self-help groups in their research on Hispanics. Because language and cultural barriers can confront ethnic populations, self-help groups assist in maintaining community identity and involvement.

Self-help groups are often viewed as being compatible with a feminist perspective as well. Such groups are directed at widows, women who have been exploited or abused, and caregivers. Mutual support provided through self-help groups may assist in protecting the mental and physical health of caregivers.

Depending on the target population identified, self-help groups may be more or less important. For example, groups that already have access to the service system and its resources may find them less necessary, while populations that are struggling to have their needs recognized may find them extremely helpful in supporting their efforts.

**Voluntary Associations.** Voluntary associations often serve as a bridge between the informal and formal components of a human service system. Voluntary association is defined as "a structured group whose members have united for the purpose of advancing an interest or achieving some social purpose. Theirs is a clear aim toward a chosen form of 'social betterment'" (Van Til 1988, 8). Community groups such as neighborhood associations or local churches fall within this category. Similar to self-help groups, voluntary associations vary in their degree of formalization. Since they are membership groups, a dues structure will often be in place. Therefore, their boundaries become more clearly defined than informal groups in terms of those who are paying members and those who are not.

Voluntary associations have several characteristics. Members share a sense of community, which provides a collective identity. Social status may be enhanced by membership; social control may be exercised over members. A function of the association may be to enhance the well-being of its members in a supportive manner. If the association is strong, it may serve as a powerful force to non-members. This influence may be positive or negative (Williams & Williams 1984). For example, associations such as the Ku Klux Klan are powerful yet destructive forces within certain communities.

Voluntary associations are a study in inclusiveness as well as exclusiveness. Williams and Williams (1984) discuss the importance of the black church in the development and growth of mutual aid societies. Historically, many mainstream activities beyond the church were closed to blacks who migrated to urban centers. "Blacks organized voluntary associations in the church in such forms as sick and burial societies, economic self-help groups, mission societies, and various secret and fraternal orders" (Williams & Williams 1984, 21). Voluntary associations within the black church became an adaptive mechanism to deal with discrimination. Numerous studies report higher participation rates of blacks in voluntary associations than for any other groups (Florin et al. 1986). In fact, ethnic minorities, lesbians and gays, and other oppressed groups may generally use informal and mediating units to a larger degree than other populations. Neighborhood groups, self-help groups, and voluntary associations serve as means of mutual support, as a place for clarifying perspectives, and as a focal point for action. In some cases these activities lead to recognition and wider support, and to improved access to the existing formal units of human service delivery in a community.

In assessing available services for a target population, it is important that the macro practitioner identify voluntary associations. Churches, unions, and professional groups are all potential sources of support for the target population. They may not be listed in human service directories, yet they may be the first source to which some people turn when in need.

**Task 7: Examine Formal Service-Delivery Units.** Questions to be asked:

- What nonprofit agencies deliver services to the target population within this community?
- What public agencies deliver services to the target population within this community?
- What for-profit agencies deliver services to the target population within this community?
- Are there differences in service delivery across formal units that appear to be based on race or ethnicity, gender, affectional preference, disability, or age?

In this section, we are concerned with formal vehicles of health and human service delivery. Although these service providers are interconnected in numerous ways, we shall examine them according to three types of auspice:

- Nonprofit (voluntary)
- Public (governmental)
- For-profit (commercial)

**Nonprofit Agencies.** As voluntary associations become more formalized, they may become incorporated as nonprofit agencies, recognized as publicly chartered tax-free organizations (Van Til 1988). There are many types of nonprofit agencies, but here we will focus on nonprofit human service agencies, defined by Kramer (1981) as: "those [organizations] that are essentially bureaucratic in structure, governed by an elected volunteer board of directors, [and] employing professional or volunteer staff to provide a continuing human service to a clientele in the community" (p. 9).

Nonprofit agencies are formal vehicles of health and human service delivery. They are often viewed traditionally within local communities as the agency of choice—a voluntary initiative that targets a specialized clientele. This traditional view is based on the early welfare system in this country which arose from a profusion of agencies sponsored by various religious and secular groups.

Today, health services represents 51 percent of the operating expenditures within the nonprofit sector (Hodgkinson & Weitzman 1989, 22). Health services primarily includes hospitals, nursing and personal-care facilities, and outpatient care and allied services. The 1982 Census of Service Industries indicated that there were 52,571 nonprofit human service organizations in the United States (U.S. Department of Commerce 1984). Although expenditures within this sector had risen until the early 1980s, federal budget cuts caused some declines in growth. Many agencies reacted to budget cuts by increasing their revenues from dues, fees and charges (Hodgkinson & Weitzman 1986, 111). Therefore, nonprofit agencies often charge fees and have expanded over the years through the infusion of government funds.

Nonprofit agencies provide many different services within local communities. While all nonprofit agencies using government funding serve clients without

regard to race or gender, there is a growing trend toward agencies designed to serve the special needs of ethnic minority communities and families, women who are victims of discrimination and/or violence, and other groups underserved by more traditional agencies. The macro practitioner should identify which nonprofit agencies serve the target population and whether they have particular service emphases.

**Public Agencies.** The public sector consists of federal, state, regional, county and city government entities. When the mutual support function is performed by government, it is referred to as social welfare. The United States social welfare system has been described as a "patchwork quilt" which "does not represent a coordinated, comprehensive, integrated, and nonredundant series of social welfare services; instead, it is a helter-skelter mix of programs and policies that defy a systematic understanding of the welfare state" (Karger & Stoesz 1990, 167).

By the time federal programs are operationalized within the local community, they have usually gone through several levels of bureaucracy. Depending on the structure, which will vary by program type, there may be several extracommunity levels through which dollars have flowed. There may be regional as well as state mandates, rules, regulations, and procedures that instruct local providers regarding what they can and cannot do. Local decision making and autonomy will vary depending on the policies that drive a particular program. In short, extracommunity sources have a definite influence on the local delivery of public services.

In assessing a community's human service system, it is important to gain knowledge about policies and programs that affect the target population. For example, working with the elderly means that one must be familiar with the Older Americans Act. Familiarity with the Older Americans Act tells us that there is a designated state unit on aging in every state and a network of area agencies on aging (AAAs). Every state must have a three- to five-year plan for services to the elderly, and each AAA must have a more localized plan. Therefore, every community within the United States will be included in a plan that addresses the needs of the elderly. Experience suggests that this does not mean that every community meets the needs of their elderly members. Resources will be limited, and actually carrying out the plan will include the use of Older Americans Act dollars, in partnership with other public and private initiatives. In addition, many communities have waiting lists for services, and state commitments to carrying out the objectives of the federal legislation vary.

If one's target population is single mothers receiving Aid to Families with Dependent Children (AFDC), the social worker will need to know that states vary in what income is counted against benefits received. States also establish their own needs standard for families in that state. Therefore, although AFDC is a large public assistance program developed at the federal level, state-level decisions influence the benefits families receive. To be effective, the social worker will need to understand how federal and state governments interact and how community attitudes toward AFDC recipients influence clients.

In assessing the distribution of public resources across an entire community, including the funding of social service programs, it is important once again to examine community practices from the perspective of special populations.

Voluntary associations often serve as advocates for their members and have had varying degrees of success in influencing the allocation of resources. In many communities the elderly have been highly successful in these efforts, but attention to the needs of children varies. Ethnic minority groups have exercised increasing political power over the last few decades, but still find, in many communities, that their interests and needs are considered a low priority. Lesbian and gay groups have increasingly taken up causes such as funding for AIDS research, and have participated in the political arena to influence allocation of resources, but they still face widespread discrimination.

Understanding the political system within the community is a challenge. In the United States, jurisdiction over health and human service programs is "distributed across municipal, county, state, and federal governments, in addition to specialized governmental units such as school districts, housing authorities, and regional and metropolitan governments" (Brager et al. 1987, 20).

Assessing the public sector requires stamina. Not only are there federal statutes, regulations, administrative rules, and funding formulae to contend with, but there are state and local laws and funding procedures to identify. Professional colleagues, however, can provide perspectives on types of services and whether government is truly addressing the needs of the target population. For example, for macro practitioners working in a public housing development, social workers in other developments will be helpful in interpreting how regulations assist as well as constrain their efforts. Locating colleagues in similar settings is important to developing a professional support system to aid in coping with public policies, procedures, and rules.

*For-profit Agencies.* In the past, the for-profit or commercial sector assumed a lesser role in providing mutual support within the community than either the nonprofit or public sector. However, this does not discount the role corporate foundations have played in funding programs that benefit local communities or the many corporations that have provided employee benefits addressing health, human service, and retirement needs. Indeed, a growing number of social workers are involved in the corporate workplace through employee assistance programs (EAPs). These programs have developed as corporations realize that productive employees are those who are supported in all aspects of their lives (Abramovitz & Epstein 1983). In an aging society, some large corporations have created elder-care support networks for employees caring for aged parents.

In the last decade, the actual delivery of health and human services has been increasingly carried out by for-profit corporations. For example, the majority of nursing homes are now for-profit organizations (Margolis 1990, 154). According to Gronbjerg (1987), the entry of proprietary or for-profit organizations into any given service area is marked by a cooling effect on the relationship between the public and nonprofit sectors. Because proprietary organizations tend to dominate within the economy, patterns of interaction shift.

These shifting patterns were first noticed in the health care arena, when proprietary hospitals began competing with traditional nonprofit providers.

Marmor, et al. (1987), explain this shift in terms of a life-cycle model involving these steps:

- A new service is developed by nonprofits;
- the service is broadly accepted;
- use in the proprietary sector increases;
- policymakers become concerned about those unable to pay for this service.

First, a new service is developed through technical or social innovation. Typically, these efforts are initiated by nonprofits because new services are normally expensive and require subsidization from private or public sources. Second, once the service is well-received, broad acceptance follows. Third, interest from the proprietary sector is sparked and proprietary organizations enter the arena, competing with the nonprofit providers. In efforts to keep up with the competition, nonprofit providers begin behaving much like their for-profit competitors. Last, policymakers become concerned about those persons who cannot pay for the service because both for-profit and nonprofit organizations are competing for those who can pay. If the service is important enough, the public sector will finance the poor and uninsured, "which in turn tends to reduce the importance of charitable provision of care by private nonprofit agencies" (p. 229). Inevitably, some consumers fall into the gaps—not being able to purchase the service themselves, but not qualifying under the strict eligibility criteria set for public subsidy. This life-cycle model reflects patterns identified in the health care field, as proprietary corporations have begun competing with nonprofits in the community.

Public financing of health care through private mechanisms was only the beginning. Stoesz (1988) tells us more:

By the 1980s, human service corporations had established prominence in child care, ambulatory health care, substance abuse and psychiatric care, home care, and life care. Increasingly, proprietary firms obtained funds for facilities through commercial loans or sales of stock and met ongoing costs by charging fees to individuals, companies, and nongovernmental third parties. Insofar as resources for human service corporations were not provided by the state, firms were free to function independently of the government. (pp. 54-5)

As profit-making corporations bid for public contracts, competition with nonprofit organizations increases. Ten years ago our discussion of the health and human service systems would have focused almost entirely on the government and nonprofit sectors and their partnership. Today, as we approach the twenty-first century, the term *mixed economy*, including government, nonprofit, and for-profit services is clearly a more accurate description.

Given the complexity of the formal service delivery system, the purpose of this assessment is to gain a better understanding of what organizations are providing services to the target population in this community. Having a general idea of what nonprofit, public, and for-profit agencies are available leads to an examination of how they work together.

### Focus C: Determining Systemic Competence

Knowing what agencies are available does not go far enough. It is important for the macro practitioner to know whether or not those agencies actually work together so that target groups do not fall through gaps in the service-delivery system. The next two tasks in the assessment process thus examine the linkages that are evident to the practitioner and require a judgment as to whether these interacting units truly comprise a system that is responsive to multiple needs.

**Task 8: Determine Linkages Between Units.** Questions to be asked:

- How are the various types of service units generally connected within a community?
- What are the established linkages between units that serve the target population within *this* community?
- Where are linkages between service units obviously needed, but not currently established?
- Are the interests of ethnic minorities and women represented in the network established through linkages between units?

If there are multiple agencies with overlapping relationships and numerous types of services, is there a glue that holds the community delivery system together? Certainly there may be competition among units, but there will also be connections. Just as the individual is embedded in a social network, so are the group and organizational units within the community. These relational patterns may change over time.

Tobin et al. (1986), identify five levels of interaction between human service agencies within the community. Table 5.6 provides an overview of their interactional types.

**Communication.** Communication can be formal or informal. Information and referral exemplifies formal communication that occurs between units on a daily basis. Communication designed to increase interagency information and understanding may be enhanced through the use of brochures, pamphlets and media. Informal communication occurs between units as groups meet to discuss community issues or staff members talk about their programs at conferences. Although communication is assumed, breakdowns in the delivery system often occur because this process of sharing information between units is not nurtured. Frequently, written agreements are developed as a reminder of the importance of constant communication as staff changes within organizations and new groups are formed within the community.

**Cooperation.** Cooperation occurs when units within the community agree to work toward similar goals. A local private child day-care center may work closely with a public human service agency. Both want to provide supports for single

TABLE 5.6 Five Levels of Interaction Leading to Improved Programming

Level of Interaction	Type of Interaction
Communication	Verbal, written, or other forms of communication limited to sharing information or ideas between organizations. Includes consultation.
Cooperation	Two or more separate organizations plan and implement independent programs, but all work toward similar, nonconflicting goals. The organizations share information but act on it independently. Organizations advertise for each other and try to avoid unnecessary duplication of services.
Coordination	Two or more separate organizations work together to plan programs and ensure that they interact smoothly and avoid conflict, waste, and unnecessary duplication of services. Organizations share information, advertise for each other, and make referrals to each other.
Collaboration	Two or more separate organizations join together to provide a single program or service. Each organization maintains its own identity but resources are jointly shared.
Confederation	Two or more organizations merge to provide programs or services. None of the participating organizations maintains a separate identity or separate resources.

Source: *Enabling the Elderly*, by Sheldon S. Tobin, James W. Ellor, and Susan Anderson-Ray, Chart 9.1 Five Levels of Interaction Leading to Improved Programming, p. 149, State University of New York Press, 1986.

mothers with young children, yet these units provide different resources. Social workers at the day-care center meet with staff at the human service agency once a month to discuss common concerns and to maintain a sense of continuity for mothers who are clients of both agencies. If the target population is single mothers, the practitioner needs to know that these linkages are established.

Corporate volunteerism represents a cooperative linkage between the for-profit and nonprofit sectors. The Levi Strauss Company provides an example. In communities throughout the United States in which Levi Strauss factories are located, there are community involvement teams. In one southeastern city, the company encouraged its employees to become actively involved with a multi-county nonprofit home aide service for the elderly and physically handicapped. Employees donated time to painting and repairing the homes of older shut-ins, as well as providing friendly visits to the agency's clients. If the target population is older widows, the social worker needs to know that the corporate sector is willing to address client needs.

The concept of corporate volunteerism is manifested in a number of ways. A business may subsidize their employees by giving them release time to do community service work. Other companies will loan employees to human service agencies for a specified period of time so that the expertise required for a project can be provided at no cost to the agency. As employees near retirement, the for-profit sector often provides preretirement training in which postretirement volunteer opportunities are presented. In this way, the for-profit sector actually performs a recruitment function for the nonprofit service delivery system.

The interchange between the for-profit and nonprofit sectors also occurs in the form of corporate cash and in-kind contributions. Computer manufacturers may donate hardware to a local service agency, assisting in computerizing its information system. Restaurants may donate food to homeless shelters. A local for-profit nursing home may open its doors to older community residents who live alone in a large metropolitan area during a time of anxiety over a crime wave. In this community, what cooperative efforts exist between service units within different sectors that focus on the target population's needs? Are ethnicity, gender, or affectional preference factors that need to be taken into consideration in assessing service system interactions? Are any of these interests left out when they should be included?

**Coordination.** Coordination implies a concerted effort to work together. Often separate units will draft agreements, outlining ways in which coordination will occur.

In a continuum of care system that attempts to address the needs of such populations as older persons, those with disabilities, or AIDS victims within the community, coordination is necessary. As consumers exit the acute care hospital, discharge planners work to develop a care plan. This requires knowledge of and close coordination with local service providers. Service plans often include a package to support the client's needs—mobile meals, visiting nurses, and home-maker services. Depending on the level of disability and length of time expected for recovery, this service plan may make the difference between returning home or convalescing in a long-term care facility. Extensive coordination is required.

The growth of case management within local communities reflects the need for interunit oversight as consumers receive services from multiple units. Case management programs attempt to provide a coordination function so that service delivery flows across informal and formal providers of care. Where there are case managers serving the target population it is useful to learn how they view the relationships between service units that serve the target population and where they see gaps.

**Collaboration.** Collaboration implies the concept of a joint venture. Joint ventures are agreements in which two or more units within the community agree to set up a new program or service. This usually occurs when no one separate unit within the community is able or willing to establish the new venture alone.

For example, a local senior citizens center identified the need for repair services for many of its participants. Because older persons tend to own older homes, repairs were often needed. The center did not have the resources to begin this program alone, but by working with a community action agency within the community, a home repair service was sponsored jointly by the center and the agency. Eventually, the home repair service became a separate unit, incorporated as a nonprofit organization.

Coalition building is another form of collaboration. A coalition is a loosely developed association of constituent groups and organizations, each of whose primary identification is outside the coalition. For example, state coalitions have been formed as part of the National Health Care Campaign. Community organizations, voluntary

associations, public agencies, and interested individuals have joined forces to work toward a common goal—health care for all citizens. In coming together, a new voluntary association is formed. Even though the diverse members of this coalition represent various interests across community units, their collaboration on health care concerns provides a strong and focused network for change. In some communities, agencies created to serve the needs of a special population collaborate to assess need, to examine the fit between needs and services, and to present a united front and a stronger voice in pursuing funding for programs.

Albrecht and Brewer (1990) call for change agents within communities to move beyond coalition building, which is often temporary, and toward building alliances. The "concept of alliance as a new level of commitment that is longer-standing, deeper, and built upon more trusting political relationships" requires asking questions such as: "Who sets the agenda? What are the power differentials? What different skills do we bring to the table? What different visions of social change do we have? And what different leadership styles do we use and do we value?" (p. 4)

In this community, what coalitions are focused on target population needs? How active are coalitions in advocating for change? Are there joint ventures (new programs) developed by two or more service units? Are there coalitions that are moving toward building long-term alliances?

**Confederation.** Units within the community may actually merge, often when one or both units becomes unable to function autonomously. A horizontal merger occurs, for example, when two mental health centers consolidate into a single organization. A vertical merger occurs when a hospital absorbs a home health provider. A conglomerate merger occurs when units within the community form a confederation of multiple smaller units under a large umbrella agency. These situations are generally limited to nongovernmental agencies.

Agency interaction inevitably involves competition and conflict. Change agents learn to cope with competition and conflict on a regular basis. These types of interactions will be discussed in Part III.

## SUMMARY

In this chapter, we have endeavored to present a means for assessing a community's human service system. The assessment process begins with the definition of a target population, whose needs must then be conceptualized in a hierarchy according to their urgency. Following this, the human service response is explored and collective needs are considered. Sources of help are then addressed, including informal sources such as households and social networks and mediating sources such as self-help groups and voluntary associations. Formal sources of services include nonprofit, public, and for-profit providers, and both the nature and orientation of services may differ in important ways across these auspices. Determining the competence of these systems in combining to meet needs in an effective way is the final consideration.

## Framework for Analyzing Community Human Service Systems

### FOCUS A: UNDERSTANDING NEED

#### Task 1: Identify the Target Population

- What target populations are identified within the community, and how are they categorized?
- What target population will be the focus of this assessment?
- What priority is given to the needs of the target population in this community?

#### Task 2: Define a Continuum of Need

- How can target population needs be conceptualized so that a determination can be made about the extent to which they are (or are not) being met?

#### Task 3: Assess Target Population Needs

- What are feasible and appropriate ways in which to find out how many people are in need in each of the areas identified as relevant to this target population?

#### Task 4: Identify Collective Community Needs

- Are there needs in this community that require something other than a human service response?
- What data supports the existence of these needs?
- How are these needs expressed by the people of this community?

### FOCUS B: IDENTIFYING AUSPICE OR SPONSORING ORGANIZATIONS

#### Task 5: Examine Informal Service-Delivery Units

- What informal units would typically assist the target population within a local community?
- What importance does the household unit have to the target population within this community?
- What importance do natural support and social networks have to the target population within this community?

- What informal units are actively engaged in service delivery to the target population within this community?
- Are race, ethnicity, or gender factors in the provision of informal services and support?

#### Task 6: Examine Mediating Service-Delivery Units

- What mediating units would typically assist the target population within a local community?
- What self-help groups are available to the target population within this community?
- What voluntary associations have members from, or take an interest in, the target population within this community?
- What mediating units are actively engaged in service delivery to the target population within this community?

#### Task 7: Examine Formal Service-Delivery Units

- What nonprofit agencies deliver services to the target population within this community?
- What public agencies deliver services to the target population within this community?
- What for-profit agencies deliver services to the target population within this community?
- Are there differences in service delivery across formal units that appear to be based on race or ethnicity, gender, affectional preference, disability, or age?

### FOCUS C: DETERMINING SYSTEMIC COMPETENCE

#### Task 8: Determine Linkages between Units

- How are the various types of service units generally connected within a community?
- What are the established linkages between units that serve the target population within *this* community?
- Where are linkages between service units obviously needed, but not currently established?
- Are the interests of ethnic minorities and women represented in the network established through linkages between units?



## Framework for Analyzing a Human Service Organization

### FOCUS A: IDENTIFYING THE AGENCY'S TASK ENVIRONMENT

#### Task 1: Identify Funding Sources

- What are the agency's funding sources?
- How much and what percentage of funds are received from each source?
- Which funds are earmarked for certain programs or services and which are flexible?

#### Task 2: Identify Sources of Noncash Revenues

- Does the organization use volunteers? If yes, how many and for what purposes?
- What material resources (e.g., food, clothing, physical facilities, etc.) does the organization receive?
- What tax benefits does the organization receive?
- How important are noncash revenues to the organization's operation?

#### Task 3: Identify Clients and Client Sources

- What client groups does this organization serve?
- How many unduplicated clients are served by each program?
- How are client needs determined?
- Within each client group, how many (or what percentage) are able to pay? Contract eligible? Unable to pay (low-pay or no-pay)?
- What percentage of clients are ethnic/racial minorities, women, gays or lesbians, or members of other oppressed groups?
- How and by whom (i.e., self, family, provider) are clients referred to this organization?
- How and to which agencies does this organization refer clients?

#### Task 4: Identify Other Constituents

- What state and federal regulatory bodies oversee programs provided by this organization?
- What agencies contract with this organization for service delivery?

- What professional associations, labor unions, or accrediting bodies influence agency operations?
- Is this organization affiliated with or sponsored by religious, ethnic, or fraternal bodies?
- How does this organization define its "public," and what groups are part of this definition?

### FOCUS B: RECOGNIZING THE DYNAMICS OF AGENCY/ENVIRONMENT RELATIONS

#### Task 5: Observe Relationships with Clients

- Has this organization targeted new or different clients within the last five years?
- What is the organization's domain (specifically, what types of clients does the organization serve)?
- Are these clients ones who bring resources to the agency or for whose services resources must be obtained elsewhere?
- Does the organization claim a larger domain than it serves, and are significant numbers of clients turned away?
- What types of clients does the organization refuse (e.g., are most of these the poorest or most troubled clients; are most of these minorities as opposed to nonminorities)? What happens to these clients?

#### Task 6: Observe Relationships with Resource Sources

- How good are the relationships between funding sources and organizational leaders?
- How does the organization use and work with volunteers?
- How good are the relationships between important external various constituencies and organizational members?
- What types of changes have recently affected the organization, particularly in the area of access to resources?

#### Task 7: Observe Relationships with Competitors

- What other agencies provide the same services to the same clientele as this organization?
- Are there mechanisms for interagency cooperation and are they used?
- With whom does the organization compete?
- With whom does the organization cooperate? Are these relationships formal or informal (e.g., is the organization part of a coalition or an alliance)?

**FOCUS C: ANALYZING THE ORGANIZATION****Task 8: Identify Corporate Authority and Mission**

- Is the organization operating in a manner that is consistent with its mission and authority?
- To what extent is the mission supported by staff who perform different roles within the organization?
- Are policies and procedures consistent with mission and authority?

**Task 9: Understand Organizational Structure**

- What is the organizing theme for the basic organizational structure (e.g., bureaucratic, organized around programs, organized around professional disciplines, alternative or nontraditional, etc.)?
- Is this the most logical structure? Is it consistent with and supportive of the mission?
- Are staff clear about reporting lines and accountability?
- Is supervision logical and capable of performing expected functions?
- Is there an informal organization (people who carry authority because they are respected by staff, and thus exert influence outside those in formally designated positions)?
- Are there clear distinctions between staff and line functions?

**Task 10: Understand Administration, Management, and Leadership**

- How is the workplace organized and work allocated?
- Is appropriate authority assigned along with responsibility?
- How close is supervision and what, exactly, is supervised? Is it tasks, or is it functions, or is it the employee, depending on need?
- How are people treated in the workplace, including the very lowest level employees?
- Do employees feel valued at every level? Do they believe they are making a contribution to the success of the organization?
- How are decisions made? Is information solicited from those affected? Is it used? Are there individuals or units within the organization that are left out of decision making? If so, why?
- How is conflict handled?

**Task 11: Recognize the Organization's Culture**

- How would one begin to describe the organization's culture?
- What are the organization's artifacts and creations?
- What are the organization's stated values and what is actually valued within the organization?

- How do leaders within the organization influence organizational values and assumptions?
- What are the taken-for-granted patterns within this organization?
- Is behavior consistent with culture?
- Are there minorities or others who feel left out of the accepted organizational culture?

**Task 12: Assess the Organization's Programs and Services**

- What programs are offered? What services are offered within each program? Are the services consistent with the goals and objectives of the program?
- Is there a common understanding among management and line staff within each program about problems to be addressed, populations to be served, services to be provided, and outcomes to be achieved?
- Are staffing patterns appropriate to the services to be provided? Are any staff over or under qualified? Are workload expectations reasonable given expectations for achievement with each client and within each service and program? Is consideration given to cultural and racial understanding of workers and clients?
- What data is collected on clients and how is it used?
- What evaluative information is expected from the evaluation plan? Is there a plan to gather information about clients and the extent of improvement at the point of termination and in a follow-up survey or interview? Is there an effort to determine level of client satisfaction with services? What do the findings reveal to date?

**Task 13: Assess Organizational Technology**

- What are the job expectations for each level of staff within the organization? What background education and experience is required to perform these jobs? Do those who hold these jobs have the appropriate credentials?
- Are staff members performing competently in their positions? Are they meeting expectations? Are they effective (do they get good results) in working with clients?
- Is each discipline supervised and evaluated by someone with appropriate knowledge, values, skills, and professional identification?
- In what ways are various units representing different disciplines (e.g., social work, psychology, medical, data processing, etc.) linked with each other for the purposes of collaboration and communication?

**Task 14: Locate Personnel Policies and Procedures**

- How diverse is the workforce? Are differences valued in this organization?
- How do managers and administrators view staff? As people who carry out tasks? As members of teams or units? As creative problem solvers who have an important stake in organizational success?
- What formal and informal criteria are used for evaluating performance?
- What kinds of behaviors does the organization reward?

- What is the organization's philosophy and policy about staff development and training? What resources are invested in it?
- How attractive are wages, hours, working conditions, and fringe benefits? How attractive is the facility and the work environment?
- What are the affirmative action policies and how are they implemented?
- To what extent does the organization groom people for higher level positions, and to what extent do they promote from within?

#### **Task 15: Recognize How the Organization Deals with Community Relations**

- Is there a clearly defined public image, and is there a strategy for communicating this image to the public? What kinds of resources, including funding, does the organization invest in promoting its public image?
- What is the reputation of the agency, its programs and services, its board, executive, management, and line staff with the general public, other agencies, funding sources, clients, and other relevant constituencies such as minority communities?
- Do the agency's facilities and published materials contribute to its desired public image?
- Does the agency respond when needed by other community agencies for political activities, fund raising, dealing with community social problems, or other issues?

#### **Task 16: Recognize Methods of Financial Management and Accountability**

- Is the budget prepared in accordance with accepted standards of accounting and financial reporting? Are annual audits conducted?
- Are program staff involved in a meaningful way in preparing the budget, and do they get useful feedback about expenditures and unit costs during the year? Do program staff use budget data as a measure by which they attempt to improve efficiency?
- Do resources appear to be adequate to achieve stated program goals and objectives?
- What are the major sources of revenue for the organization? What demands and restrictions does each funding source place on the organization and its programs?

#### **Task 17: Assess Facilities, Equipment, Computer Utilization, and Records Management**

- Do employees feel that they have enough space? Is the physical work environment attractive and conducive to high productivity?
- Have problems been identified with current facilities and equipment? Is there a plan to address the problems and to fund solutions?

- Are there conditions related to facilities or equipment that appear to act as barriers to productivity or work flow?
- Is the agency able to produce data that will answer important questions about clients, programs, and services? Does the agency have a computerized record-keeping and management information system that includes client data?

## INTRODUCTION

Social work is a profession oriented toward action and change. People who practice social work commit themselves to serve as a resource for those who have problems, who have limited or no control over the changes that need to be made in order to resolve their problems, and who request or are willing to accept help.

The majority of social workers deal with change directly with clients, usually working with individuals one to one or with families or small groups. Some practitioners focus on communitywide problems. Others practice in the areas of planning, management, and administration of organizations. Regardless of the professional social worker's practice orientation, it is crucial that practitioners of all types understand that, while some problems can be resolved at an individual or family level, others will require intervention at higher levels, including the need to effect changes in organizations and communities.

Managing macro-level change requires a good deal of professional knowledge and skill. Poor management and flawed decision making in the change process can result in serious setbacks, sometimes making things worse for those already in need. On the other hand, many very positive changes in organizations and communities have been orchestrated by social workers and others who have carefully planned, designed, and carried out the change process.

It is not unusual for direct practitioners to have clients ask for help with problems that appear to be individual or interpersonal but, upon further probing are clearly macro-level problems. A family that loses its primary source of income, is evicted, and finds that there is a three-month waiting list to get into a homeless shelter represents a symptom of a community problem. Clearly their immediate shelter problem must be resolved, but just as obviously the communitywide lack of emergency housing must be addressed. A mother may describe the pressures put on her son to join a gang and become involved in the drug trade. While the immediate need for this family can perhaps be met by building a support system for the boy designed to keep him in school, in a part-time job, and in constructive activities, this casework approach would not solve the problem for the many other families who must live daily with the same threats.

Identifying and dealing with organizational and community conditions, problems and needs presents a complex set of challenges to a social worker. Over the years, the image of the change agent has developed around some of the early social change pioneers—people like Dorothea Dix or Florence Kelley. Others view change agents as superorganizers like the late Saul Alinsky, or as high profile individuals like Ralph Nader who has had great success in bringing about social change through nationwide organization and exceptional political skill. In reality, most social workers have neither the resources, the media exposure, the charisma, the experience, the following, or the power that these leaders have had available to them. Yet, in spite of seemingly overwhelming challenges, social workers have been effective in bringing about changes in organizations and communities.

Effectiveness, however, does not necessarily come from the power of personality or the ability to mobilize thousands to a cause. It comes from careful, thoughtful, and creative planning undertaken by a group committed to change.

The change effort may be led or coordinated by a professional social worker, but those involved will represent a broad range of interest groups.

## GUIDELINES FOR PLANNING CHANGE

The three tasks and their accompanying steps outlined in Table 8.1 represent guidelines for planning an organizational or a community change. The tasks described in this chapter will require input from knowledgeable and experienced people. They are also tasks that fall within the capacity of a professional social worker who can skillfully draw on various talents present among a group of committed professionals, volunteers, and consumers.

### Focus A: Identifying the Population and the Problem

Although many macro-level interventions seem to begin at the point of proposing solutions, they should begin with a focus on developing a clear understanding of the problem. While this may sound simple and straightforward, in practice it can become quite complex. Take, for example, a community in which highway deaths due to alcohol are up 37 percent in the last two years. How might the problem in this case be defined? One group will be convinced that the problem is the lack of strict enforcement of existing laws prohibiting driving under the influence of alcohol. Another group will describe it as a problem of easy availability of alcohol to teenagers. Another will see alcohol abuse as a symptom of increasing stress. Still another will see it as a symptom of family breakdown. These represent just a few of the perspectives that might be introduced in an attempt to understand some of the reasons behind drunk driving, even when there is agreement that the increase in alcohol-related highway deaths is the problem.

TABLE 8.1 Framework for Planning Change

Focus	Tasks
A. Identifying the Population and the Problem	<ol style="list-style-type: none"> <li>1. Identify organizational or community conditions</li> <li>2. Collect supporting data</li> <li>3. Identify barriers to condition resolution</li> <li>4. Determine whether a condition is a problem</li> </ol>
B. Analyzing the Problem	<ol style="list-style-type: none"> <li>5. Identify relevant historical incidents</li> <li>6. Identify and apply relevant theoretical perspectives</li> <li>7. Apply findings from research, program evaluation, and practice</li> <li>8. Examine ethnic, gender, and target-population perspectives</li> <li>9. Speculate about the etiology of the problem</li> <li>10. Refine the problem statement</li> </ol>
C. Developing the Intervention Hypothesis	<ol style="list-style-type: none"> <li>11. State a hypothesis</li> <li>12. Propose relationships between changes and results</li> </ol>

The important point is that identifying and defining the problem in different ways leads to very different interventions. The way the problem is conceptualized and defined, therefore, can be critical in achieving the desired result—reducing the number of alcohol-related highway deaths. For this reason, quick responses should be resisted while the necessary discipline is employed to conduct a careful study and documentation effort.

We propose that change agents proceed through a series of steps designed to gather as much useful information about the problem as can be made available. The steps involved in compiling this information include: (1) identifying an organizational or community condition; (2) collecting supporting data; (3) identifying barriers to condition resolution; and (4) determining whether the condition is seen as (or can be made to be seen as) a problem.

**Task 1: Identify Organizational or Community Conditions.** A condition is a phenomenon that is present in an organization or a community that may be troublesome to a number of people, but that has not been formally identified or publicly labeled as a problem. Every organization and community is full of both conditions and problems. Social consequences of urban living such as traffic, air pollution, crime, drug abuse, broken families, and suicide can all be considered social or community conditions. Similarly in rural communities isolation, inaccessible health care, or a declining economic base can all be considered social conditions.

The same concept applies to organizations. Troublesome phenomena are also present in organizations, but they have not always been formally identified or labeled as a problem. For example, staff in a long-term care facility for the elderly may be concerned about what they consider to be overmedication of some of the residents. Similarly, program managers may recognize a troublesome trend to extend services to those who can pay and to put those who cannot pay on a waiting list.

To be recognized as a problem, a condition must in some way be incorporated into a community's or an organization's agenda for action. This may mean that elected officials propose formal programs or policy solutions. It may mean that a task force within an organization is officially sanctioned to address the condition. Whatever the proposed action, formal recognition is important for legitimization.

The distinction between a condition and a problem is significant to a social worker planning a macro-level intervention. If a condition has not been formally recognized in some way, the first task must be to obtain that formal recognition. For example, for many years homelessness was dealt with as a personal employment problem and AIDS was dealt with as a personal health problem. Most communities simply viewed these as existing conditions, not as social or community problems. When these conditions began to affect greater segments of society and reached the point where they could no longer be ignored, national, state, and local community leaders began to perceive them as problems. Once formally recognized and acknowledged as problems (usually as a result of persistent media

attention), these conditions become candidates for organized intervention efforts. The creation of task forces for the homeless in cities across the country and federal funding for AIDS research are results of recognizing conditions and defining them as problems.

The first step in problem identification, then, is to develop a condition statement. A condition statement must include a target population, a geographical boundary, and the difficulty facing that population. Statements should be descriptive and free of qualifying or judgmental words or phrases, such as *poor* or *disadvantaged*, as possible.

Statements will be adapted depending on whether the condition exists within a community or in an organization. For example, a condition statement might be, "Suicide among teenagers in Preston County is increasing." Generally speaking, the more precise the statement, the greater the likelihood of a successful intervention. The above statement, for example, could vary from extremely general to very precise, as depicted below.

#### Sample Condition Statements

**General** Teen suicide is increasing.

Teen suicide in Preston County is increasing.

Teens from lower socioeconomic families in Preston County have shown increasing suicide rates.

Teens from lower socioeconomic families in Preston County, primarily in the Washington and Lincoln High School attendance areas have shown increasing suicide rates.

**Specific** Etc.

A similar process within an organization would begin with a general statement. For example, an organizational condition might involve an increasing dropout rate among low-income families in a family counseling program. Data and information would need to be compiled to help pinpoint the condition as precisely as possible.

Condition statements are made more precise through a process of research and documentation of the nature, size, and scope of the problem. As one proceeds with the steps in Task 1, the condition statement may be refined many times as new facts arise.

**Task 2: Collect Supporting Data.** There was a time when a community could become sensitized to a condition and recognize it as a problem based on a few incidents. Churches started orphanages and counties started poor houses with little or no data beyond personal knowledge of a few people in need and the expectation that there would be more.

Today, however, with so many social and community problems competing for limited resources, data must be compiled to justify the existence of a problem or need. Collecting data on a community social problem can be a challenge.

TABLE 8.4 Identification of Barriers to Condition Resolution

Condition Statement	Barriers	Resolution Statement
The incidence of teen suicide is increasing in Preston County	An increasing number of teens suffer from low self-esteem in Preston County Many parents are only minimally involved with their teenage children Teens are experiencing increased stress Teen depression is increasing Many teens feel increasingly isolated and alienated from their peers Use and abuse of drugs and alcohol is increasing among teens	Teen suicide should be declining or non-existent in Preston County
Examples of supporting data: The number of suicides increased from two in 1984 to seven in 1990 Stress related illness in high-school students increased 48 percent in five years		

of the factors that appear to be associated with the condition. A more thorough study will be undertaken in the problem analysis phase. Examination of data supporting the existence of the condition together with identification of barriers helps to build an understanding of the scope and complexity of the condition. This is useful in bringing sufficient attention to the condition that it becomes recognized as a problem by those whose support is needed to bring about change.

**Task 4: Determine Whether a Condition Is a Problem.** There is no precise definition of when a condition becomes a problem in terms of time of appearance, size, or severity. Except in crisis situations, problems are identified and labeled gradually due to shifting perspectives, changing political positions, or increasing awareness. Is homelessness a problem in any given community? Drug abuse? Crime? Air pollution? The answer to all these questions is, "It depends."

A condition becomes a problem when it receives enough public attention that it can no longer be ignored by community leaders, or when one or more leaders declare a condition unacceptable and decide that something must be done. For example, when a city councilperson's son is arrested for possession of crack, a community leader may suddenly become very interested in what others have long perceived as the "drug problem." Note that people may suffer from a condition long before it is recognized as a problem. However, for the macro practitioner, recognition of the problem is important because it is only with such recognition that efforts to solve the problem can be mounted on a meaningful scale.

For the change agent, it is then important to consider the question of who will support and who will oppose the proposed change. If it is already recognized as a problem by many community or organizational leaders, or by community

citizens or agency staff members, then a proposed change may be readily accepted. If not, it must first receive enough attention that decision makers cannot ignore it. This raises a pivotal question for the change agent. Has the problem been acknowledged and does a commitment exist to address the need, or must efforts first be directed toward having the organization or community in some way formally acknowledge its existence and agree that intervention is appropriate? The answer will affect the immediate and long-range focus of the change effort. Ultimately significant decision makers must be persuaded that the condition is a problem. If this cannot be done, the chances of successfully bringing about change are slim. For this reason, the focus of a change effort is sometimes shifted from the substantive change to an effort to bring attention to the problem.

**Summary of Steps Involved in Problem Identification.** In summary, the following important points have been made so far about identifying a condition and creating an awareness that it is a problem.

1. Initiating macro-level interventions in organizations and communities begins with the identification of a condition or problem.
2. For a condition to be considered a problem, some type of formal recognition is necessary. Securing this recognition may become a subsequent step in the intervention process.
3. When a condition statement has been framed, relevant data should be collected to support the contention that a problem exists and to aid in understanding its nature, size, and scope.
4. Data displays should be carefully designed to illustrate the perspective on the problem that the change agent wishes to convey. Displays can illustrate comparisons to other conditions, changes in conditions over time, relationship of conditions to standards, or relationship to contributing factors.
5. Identification of barriers to condition resolution help to make clear the complexity of the condition and the sources of support needed for change.
6. The purpose of the presentation of data is to convince the appropriate individuals or systems that the condition is a problem in need of attention and intervention.

### Focus B: Analyzing the Problem

Human problems are complex phenomena and, as such, often require a good deal of study and thoughtful consideration. While the lay public may have simple answers to many social problems, the professional can afford no such luxury.

Analyzing social or community problems is undertaken in an attempt to understand *why* the problem exists. Why are some people chronically unemployed? Why do some parents neglect their children? Why do some teens attempt suicide? This is no time for simplistic answers! It is a time for the most thorough study and analysis that time and resources will allow.

Some students drop out of school because there is such intense discord in their home and family life that they are incapable of dealing with the added stress of academic demands.

The decision that must then be made is not one of choosing the "correct" perspective on etiology, but rather on selecting the subgroup to be served. As with many (probably all) target populations and problems, one understanding of etiology and one intervention does not fit all.

**Task 10: Refine the Problem Statement.** When the above activities have been accomplished, the *working draft* of the condition statement can be refined into a problem statement. A simple, clear statement that includes a target population, boundary, and problem is most appropriate. Explanatory statements or supportive documentation may follow, but the statement should provide a consensus position for all those who are expected to support the change effort. The following might be used in the high school dropout example: Dropouts from the Washington, Lincoln, and Jefferson attendance areas of the Preston City school district have been increasing steadily over the last five years and have reached a level that is unacceptable to the citizens of this community.

Additional statements might be added highlighting whatever is considered necessary to build consensus and support, such as specific dropout rates for the five-year period and a listing of what are considered to be the major causes. This statement will serve as a focal point around which a support system will be built.

**Summary of Steps in Problem Analysis.** The following is a summary checklist reviewing all the important points made so far about developing a thorough understanding of the problem and gaining consensus from the participants about a common or shared understanding.

1. Analysis is undertaken in the interest of gaining a better understanding of the problem. The professional practitioner never jumps directly from problem identification to intervention.
2. Thorough problem analysis requires an understanding of problem history, theory, research, ethnicity, gender, target population perspectives, and problem etiology.
3. The focus of a study of problem history is on understanding how it has been framed in the past, what are the critical incidents in the history of the problem, how it has been addressed, and how the community has responded to various attempts to deal with it.
4. The use of theory brings to the problem contexts or frameworks within which various explanations can be explored. In the selection of theoretical frameworks one should be aware of the potential for bias in whatever explanation is drawn from the theory.
5. Journal articles on research and program evaluation from a variety of interdisciplinary journals are useful in developing an understanding of what has worked and not worked in other attempts to address the same or similar problems.

6. Ethnic and gender perspectives are sought in the interest of learning how various ethnic groups may perceive a problem differently from each other or women differently from men.
7. Target population perspectives are solicited as directly as possible from people considered to be in a position to represent this group. Perspectives developed through data analysis or through the use of theory and research should be put to the test in direct contact with target population representatives.
8. All knowledge, information, and value perspectives gathered are weighed, and cause/effect relationships are postulated. A shared understanding of causes is pursued in the interest of bringing focus to a proposed intervention.
9. Finally, the working draft of the condition statement is rewritten into a clear, concise problem statement which, together with supporting documentation, is used to provide direction, build consensus, and lead to proposing a change or recommending a specific intervention.

### Focus C: Developing the Intervention Hypothesis

During the early phases of problem identification, many people involved in change efforts, both professionals and volunteers, are eager to propose a specific intervention. Many have experienced the frustration of working in what they perceive to be flawed programs or under what they perceive to be oppressive organizational policies, and they are eager to propose immediate change.

A disciplined, scholarly approach to macro-level change requires that the foregoing tasks associated with problem identification and analysis be addressed. However, it is the unusual change agent who is not constantly mindful of a preferred intervention and who is not continually molding and shaping it as the analysis unfolds.

Decisions about the nature, shape, and design of the intervention should wait until the problem analysis has been completed. When an acceptable degree of consensus has been achieved about the nature of the problem and its etiology, an intervention hypothesis is proposed.

**Task 11: State a Hypothesis.** Based on all the information gathered in the problem identification and analysis phases, an intervention hypothesis is developed. The hypothesis is a declarative statement (or series of statements) that proposes a relationship between a specific intervention and a result or outcome. The statement identifies the following: (1) a target population (or specific subgroup) and problem, (2) the change or intervention proposed, and (3) the results expected from the intervention. These elements combine to form a complete sentence that makes clear the expected relationship between problem, intervention and result. For example, a hypothesis for a program to prevent teens from dropping out of high school might read: If teens with economic problems are placed in a work study program which allows them to earn at least minimum wage for at least 30 hours a week and take evening classes, then the dropout rate among this group will decline at least 10% per year for the next five years.

This would be considered a testable hypothesis, and the expectation would be that the intervention would be designed to provide the features specified in the hypothesis. One method of developing this statement is discussion and brainstorming among a representative group of participants who are knowledgeable about the information produced in the process of problem analysis. Representatives should also be included from groups that can be crucial to the success of the change effort, such as ethnic groups, women, and target population members.

**Task 12: Propose Relationships Between Changes and Results.** A proposed policy change might be hypothesized to affect the target population in the following way: If family counseling by a licensed clinical social worker is required as a condition for readmission of all students expelled for behavioral problems, then the readjustment rate of these students will improve and the dropout rate will decline.

It is not necessary at this point to flesh out the intervention in detail. However, for the change effort to proceed, it is necessary to make at least a preliminary decision about the nature and form of the intervention so that planning a strategy to introduce the change may proceed.

**Summary of Steps in Developing the Intervention Hypothesis.** The following is a summary checklist reviewing all the important points made so far about developing an intervention hypothesis:

1. The macro practitioner should reexamine data, history, theory, research, ethnicity, gender, target population perspectives, and shared understanding of etiology.
2. Drawing on the knowledge base built on the above content areas, ideas about interventions that appear to be relevant to the need as it is currently understood should be discussed.
3. Using these proposed interventions, a set of intervention hypotheses (and possibly subhypotheses) should be developed. These statements should lay out a clear set of understandings about the population and problem, the nature of the intervention, and the expected outcomes.
4. These hypotheses and subhypotheses should be spelled out in a series of if/then statements; for example: If (*population*) with (*problem*) can be identified and recruited into this program and if they receive (*services*), then we expect that they will achieve (*outcomes*).

## SUMMARY

This chapter has proposed a methodology for planning macro-level change in organizations and communities. The methodology begins with a thorough examination of the current condition in the organization or community that has led to the perception that there is a problem. Condition is seen as a more neutral and objective term; its use recognizes that not everyone agrees on the existence

of a problem (or negatively defined condition). Someone must first identify the negatives that make this condition a cause for concern. This is accomplished by developing a clear statement of the condition, by collecting data about the incidence and prevalence of the condition, by assisting individuals whose support is needed to see the condition as a problem, and by identifying barriers to problem resolution.

As a clear picture of the problem begins to emerge, problem analysis is undertaken. This requires drawing on knowledgeable individuals for their insights and on the existing literature in order to understand history, theory, research, and the perspectives of various special populations on the subject. Gathering information from these sources leads to a shared understanding of etiology—cause(s) and effect(s)—which, in turn, leads to a refinement of the problem statement.

The final task is to propose, based on information gathered during problem identification and analysis, an intervention hypothesis which identifies a population, a problem, a proposed change, and an outcome, and speculates on their relationship in a series of if/then statements. This methodology is intended to maximize the professional social worker's understanding of a problem and the relationship between problem, change, and result, thereby increasing the possibility that the proposed changes, if implemented, will be successful in achieving the desired results.

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## GUIDELINES FOR DEVELOPING AN INTERVENTION STRATEGY

As in previous chapters, we will present the process of developing a strategy in terms of a number of areas toward which the macro practitioner must focus his or her attention. These foci include: (A) defining participants, (B) examining system readiness for change, (C) selecting a change approach, (D) assessing political and interpersonal considerations, (E) assessing economic considerations, (F) weighing the likelihood of success, (G) setting goals and objectives, (H) selecting appropriate tactics, and (I) preparing a written plan. This chapter is organized around the first seven foci, whereas Focus H and Focus I will be discussed in Chapter 10. Table 9.1 summarizes the major foci and relevant tasks involved in developing an intervention strategy.

### Focus A: Defining Participants

Up to this point in the change process it is not unusual for the people involved to be a small core of committed individuals, possibly even close friends or fellow employees, who recognize a condition or problem and are concerned enough

TABLE 9.1 Framework for Developing an Intervention Strategy

Focus	Tasks
A. Defining Participants	<ol style="list-style-type: none"> <li>1. Identify the initiator system</li> <li>2. Identify the change agent system</li> <li>3. Identify the client system</li> <li>4. Identify the support system</li> <li>5. Identify the controlling system</li> <li>6. Identify the host and implementing systems</li> <li>7. Identify the target system</li> <li>8. Identify the action system</li> </ol>
B. Examining System Readiness for Change	<ol style="list-style-type: none"> <li>9. Assess general openness to change</li> <li>10. Identify anticipated or actual response</li> <li>11. Determine availability of resources</li> <li>12. Examine outside opposition to change</li> </ol>
C. Selecting a Change Approach	<ol style="list-style-type: none"> <li>13. Select a policy, program, project, personnel, or practice approach</li> </ol>
D. Assessing Political and Interpersonal Considerations	<ol style="list-style-type: none"> <li>14. Address public image and successful change</li> <li>15. Identify alternative perspectives</li> <li>16. Assess duration and urgency</li> </ol>
E. Assessing Resource Considerations	<ol style="list-style-type: none"> <li>17. Determine the cost of change</li> <li>18. Determine the cost of doing nothing</li> </ol>
F. Weighing the Likelihood of Success	<ol style="list-style-type: none"> <li>19. Assess support from individuals, groups, and organizations</li> <li>20. Assess support from facts and perspectives</li> </ol>
G. Setting Goals and Objectives	<ol style="list-style-type: none"> <li>21. Identify goals</li> <li>22. Formulate outcome and process objectives</li> <li>23. Plan activities</li> </ol>

to take action. It is perfectly appropriate for this small group to undertake some of the early activities of problem identification and analysis, as long as they do not become totally committed to a particular perspective on the problem.

In order for effective macro change to occur it is necessary to have allies. A good deal of strategy development involves the building of coalitions. People willing to commit themselves to change rarely accept someone else's definitions and perspectives without some revision. (If full participation of all critical actors was accomplished in the problem identification and analysis phases, then achievement of consensus on the problem and proposed solution should not be a barrier to progress at this point.)

One method of identifying, in an orderly, systematic manner, the participants critical to the success of a change effort is to identify people who are affiliated in some way with certain groups or organizations that make up the many systems and subsystems of the change effort.

We will use the term *system* to describe these critical participants. This term is used in the context of systems theory, implying that participants should be viewed as more than simply a collection of individuals who happen to have some common interests and characteristics. As a system or subsystem critical to the success of the change effort, they represent a complex set of interrelationships having system-like attributes that must be recognized and attended to by the core planning group. One of these attributes, for example, is called entropy and refers to the natural tendency of systems to expire without input and regeneration from outside the system. The concept is directly applicable to the types of systems involved in planned change. (For further discussion of systems theory, see von Bertalanffy 1956, or Katz & Kahn 1987.)

The systems to be considered include (1) an initiator system, (2) a change agent system, (3) a client system, (4) a support system, (5) a controlling system, (6) a host system, (7) an implementing system, (8) a target system, and (9) an action system (see also Kettner et al. 1985). It is worth noting here that these terms are used strictly for conceptual purposes to assist in understanding who should be involved and why. They are not terms commonly used among people involved in change efforts. It is more likely that terms like *committee* or *task force* will be used to designate groups, but the professional person who coordinates the effort should be aware, conceptually, of what systems are represented by the significant participants.

**Task 1: Identify the Initiator System.** The initiator system is made up of those individuals who first recognize the existence of a problem and bring attention to it. This could be a group of parents raising concerns with a school board about increasing violence in their schools or a group of staff members concerned about a lengthening waiting list for service in the counseling program. Individuals who first raise the issue may or may not also become a part of the initial planning process.

It is sometimes necessary and worthwhile to work with a group of individuals who fill appropriate roles and have a thorough knowledge of the problem, but see themselves as powerless to affect the system. Empowerment strategies such

as teaching, training, group counseling, or consciousness-raising efforts at this point can pay rich dividends in the long run, and can place appropriate spokespersons into leadership positions rather than substituting less appropriate leaders.

**Task 2: Identify the Change Agent System.** From the initiator system, the issue moves to identification of the change agent system. In a professionally assisted change effort this involves an individual designated as the leader of the change effort. We will refer to this person as the change agent. The change agent, together with an initial core planning committee or task force, comprises the change agent system. If the change activity will require drawing on the resources of an organization, it is essential that the organization sanction the change and also be identified as part of the change agent system. This may involve getting formal approval from executive or board, and may require released time from other duties, secretarial support, and other allocation of resources.

The makeup of this system is critical to the change effort because much of what is accomplished will be framed in the perspectives of these individuals. Ideally this system will include representation from the initiator system, people who have experienced the identified problem, people who have had experience in trying to solve the problem, and people who can be influential in getting the change accepted.

The function of the change agent system is to act as a central coordinating point. Many participants in the change effort will be taking on different activities at the same time. It is the job of the change agent system to insure that the change effort is properly organized and carried out from its early conceptualization to the point where it is turned over to others for implementation. As the major systems and perspectives are identified and the action system (discussed in a later section) is formed, the coordinating functions are shifted to the action system.

The work of the change agent system begins with carrying out the problem identification and analysis described in Chapter 8. This planning effort continues as each of the systems and participants is defined and a strategy is developed for getting the change accepted.

**Task 3: Identify the Client System.** The client system is made up of those individuals who are asking for and will become the direct beneficiaries of the change if it is implemented. In Chapter 8, we pointed out that macro change efforts begin with identification of a target population and a problem. The client system would be a subset of the target population for whom the specific change effort is being undertaken. In some cases it is possible that the target population and the client system could even be synonymous. For example, if the target population is all homeless people in the town of Liberty, and the purpose of the community change effort is to provide housing and services for all homeless people in Liberty, then the target population and client system are the same.

Different terms are used for conceptual purposes. A target population brings focus to the problem analysis and usually represents a broader spectrum of people. A client system refers to the people who are intended to benefit from the change effort. In the town of Liberty, for example, for a specialized project, the client system could be homeless women and children.

In defining the client system, the change agent should resist the temptation to jump to the easy and obvious definition of the primary beneficiaries, and should patiently and carefully analyze details. For example, if the identified problem is drugs in the schools, several potential beneficiaries could be considered as the client system. A partial list of people who would benefit from eliminating drugs from the schools would include students, teachers, administrators, parents, local police, campus security, neighbors, the school board, and the community as a whole. The question, then, becomes one of establishing priorities for direct benefits, and distinguishing between primary and secondary beneficiaries. The decision will have an important impact on the change effort. If "students who want a good education in a drug free environment" are identified as primary beneficiaries, then the intervention may well be directed toward tighter security and stricter discipline. If, on the other hand, primary beneficiaries are described as "students who use drugs and are unable to maximize their educational opportunities due to impairment," then the intervention may be directed toward treatment.

However the primary beneficiaries are defined, the remaining groups should be identified and listed as secondary beneficiaries. Secondary beneficiaries may be important and may need to be called upon when the change effort needs public support. We will refer to this group as the support system.

**Task 4: Identify the Support System.** The support system refers to that segment of the community or organization who have an interest in the success of the proposed change and who may receive secondary benefits. This group is expected to be involved in supporting and advocating for the change if they are needed. The boundaries for macro-level changes tend to be defined in a way that the primary focus is on a segment of a community or organization. Total communities as defined by political boundaries (entire towns, cities, counties) or total organizations are rarely the focus of a change effort.

The support system is defined largely by the target population (or client system) and the problem. People have an interest in certain populations and problems for a variety of reasons: a loved one is afflicted with the problem, their employment brings them into close contact, their church or service organization has selected this population for assistance. They are sometimes described by the related concern or issue, such as the "mental health community," or the "foster care community." These are the people the change agent will count on to become involved if decision makers need to be persuaded that the change is necessary. Figure 9.1 illustrates the relationship between initiator, change agent, client and support systems.

Initiator, change agent, and client systems can be seen as incorporated within the boundaries of the support system in that they all have an interest in addressing the need for change. Initiator, client, and change agent systems may overlap, or may represent separate and distinct constituencies.

**Task 5: Identify the Controlling System.** The controlling system is defined as that group of individuals with the formally delegated authority and the power to approve and order the implementation of the proposed change. Macro-level

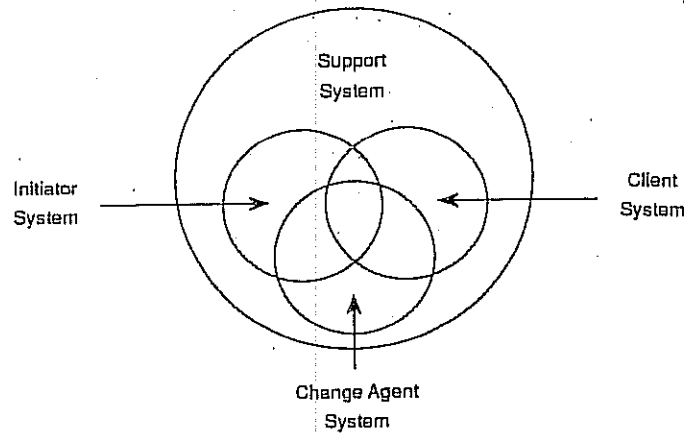


FIGURE 9.1 Relationship of Systems

change invariably involves approval by some formally designated authority. If the change involves a public agency or publicly funded or regulated services, control may rest with a body of elected officials. If the change involves a private agency, control may rest with a board of directors. These bodies are significant to acceptance and implementation of the change effort, and their positions on the proposed change must be known and considered.

**Task 6: Identify the Host and Implementing Systems.** The host system is the organization or group responsible for implementation of the change. Within the host system is a smaller group who will have day-to-day responsibility for carrying out the change. We refer to this as the implementing system. Implementers are employed by or volunteer for the host system. In most instances of macro-level change the host system will be an organization that will be expected to implement a policy change, a new program, or a project. The listing of systems in Table 9.2 identifies controlling, host, and implementing systems in a school system and in a law enforcement system.

The change agent should be careful not to assume that the positions of the controlling system, host system, and implementing system are identical. It is not unusual for those involved in the execution of policy to disagree with the policymakers

TABLE 9.2 Examples of Controlling, Host, and Implementing Systems

	Controlling	Host	Implementing
School System	School Board	A particular school and its principal	Teachers in the school involved in the change
Law Enforcement System	City Council	Police Chief and department	Police officers involved in the change

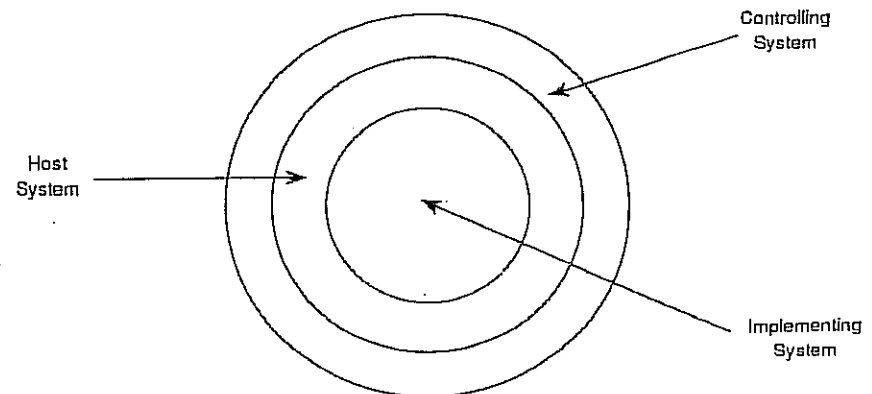
and vice versa. Each system should be assessed separately. Figure 9.2 depicts the typical relationships of the controlling, host, and implementing systems.

**Task 7: Identify the Target System.** The target system is the individual, group, structure, policy, or practice that needs to be changed for the primary beneficiaries to achieve the desired benefits. The target system is a complex concept that cannot always be defined in clear and simple terms. Often what needs to be changed may include philosophy, values, attitudes, practices, and policies as well as the provision of services. Another complicating factor is that many change efforts must address multiple targets. For example, in addressing the high school's drug problem it may be necessary to educate the faculty and staff about what is happening before they are willing to allow the change to occur. They are targeted for change first. Next, it may be necessary to target the school board to gain their approval to intervene. Finally, having gained the approval and support of teachers and school board members, the intervention, focusing on the "real" target group—high school students using drugs—can be implemented.

Two questions need to be answered in defining the target system: (1) what change (or series of changes) needs to take place in order for the primary beneficiaries to achieve the desired benefits? and (2) what individuals or groups need to agree to the change (or series of changes)? We have defined these individuals or groups as controlling, host, and implementing systems. The target system may lie within the boundaries of any or all of these systems, or it may lie entirely outside of any of them. Target could include, for example, selected school board members, a principal and assistant principals, or a subgroup of teachers, or the target system could be a selected group of students.

**Task 8: Identify the Action System.** As all other systems are being defined and participants selected, an action system is being formed. The action system is made up of those individuals from other systems who have an active role in

FIGURE 9.2 Relationships between Controlling, Host, and Implementing Systems

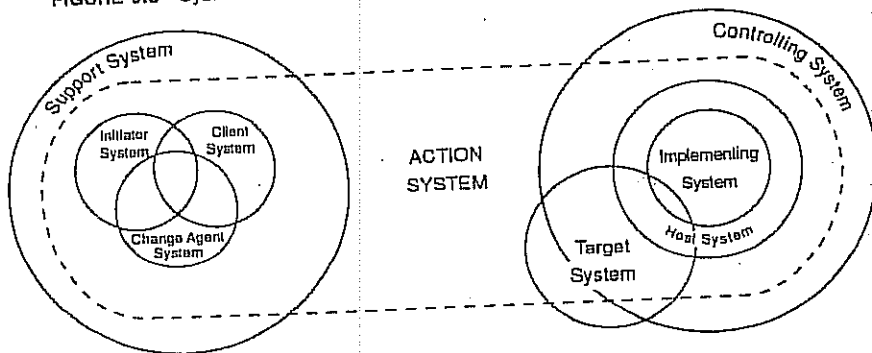


planning the change and moving it toward implementation. Clearly there is a good deal of overlap here with the change agent system, earlier defined as the professional change agent, sanctioning organization, and sometimes a core planning group. While the change agent system forms the core of the action system, other actors also have important roles in providing input into decision making. The action system should include, whenever possible, representatives from all other systems, including those systems in need of change, if the relationship is not excessively adversarial.

For example, if the social problem under consideration is the unmet needs of the homeless, the concern might first be raised by a person who passes by a few old men sleeping in doorways every day on her way from the bus to her place of work (initiator). She finds that several other employees at her place of work have the same concern and raises the issue to the city council (controlling system), where it is assigned to the City Department of Human Services (change agent system and host system). The social worker (change agent and possibly implementer) forms a task force which includes those who brought the issue to the council. As the condition is researched and analyzed, more people are added to the task force. Professionals who work with the homeless (support system) would be asked to join, as would some current or former homeless people (client system) and someone from the city's political or administrative structure who understands the potentialities and limitations of the city's participation (controlling system). When all the significant participants have been identified, this group would become the central decision-making body in the change effort and would be defined as the action system.

**Systems in Interaction.** In examining these systems in interaction, it is important to remember that we distinguish among them and define them separately for conceptual purposes only. In actual practice, all systems could be within one organization, and it is highly probable that many systems will overlap. The interrelationships of all systems is depicted in Figure 9.3.

FIGURE 9.3 Systems in Interaction



One side of the diagram includes those systems proposing and favoring change. The larger system is the support system, and includes all systems favoring change. Contained within the support system we find the initiator, client, and change agent systems, all with possible varying degrees of overlap. On the other side of the diagram we find those systems identified as in need of change. The controlling, host, and implementing systems are represented by concentric circles in that each subsystem is typically contained within the span of control of the next larger system. The target system may lie within any of these systems or even outside all three. The action system may overlap any or all of these systems.

An example illustrating all systems within one organization would be a situation in which an organizational change is proposed. For example, a human service agency may have a special program for "crack babies" and their mothers (the client system) which includes detoxification, rehabilitation, counseling, and parent training. After six months, a supervisor (initiator system and change agent system) notices that the case managers (implementing system) have been practicing "creaming," providing the bulk of services to the most highly motivated clients and ignoring the needs of the least motivated. In this example, this practice of "creaming" would be the target—that which is to be changed. The supervisor calls the problem to the attention of the executive director (representing the host system) and the executive director raises it with the board (the controlling system), and recommends that incentives (the proposed change) be developed for case managers to work with less motivated clients. A task force (action system) made up of the supervisor, a case manager, a board member, administrator, and an ex-client now volunteering for the agency examine the problems and possibilities of directing more service to unmotivated clients.

All this has taken place within the boundaries of a single organization with essentially no input from extraorganizational sources. This illustrates the nature of the shifting boundaries of systems, while demonstrating the value of retaining conceptual clarity in defining the systems. Even though the terms *controlling*, *host*, and *implementing* may never be used, it is important that the change agent understand the domain, authority, and power of each, and keep roles, responsibilities, and expectations for each clear and distinct.

**Focus B: Examining System Readiness for Change**

As the change process unfolds, each of the systems defined above should be assessed for its readiness to support the proposed change. An assessment of readiness should include consideration of an openness to change in general, commitment to the proposed change, availability of resources to implement the proposed change, and the degree of outside resistance to the proposed change. These considerations will most likely be assessed differently for different systems. However, it is likely that there will be some similarities among those systems promoting change (initiator, change agent, client, support, and action systems) and among those with whom they are hoping to bring about change (controlling, host, implementing, and target).

etiology, interpersonal and political factors, or resource considerations. Each should be examined for its potential driving or restraining effects on the change effort. Figure 9.6 illustrates examples of support from facts and perspectives.

Using this format, action system participants next initiate a discussion session focused on making the "go/no-go" decision. An option, of course, is to gather more facts or to postpone the decision to a more opportune time. Additional fact gathering, if absolutely necessary, is considered advisable only if it is highly focused and time-limited. If, however, fact gathering is proposed as a delaying tactic or intended simply to avoid making a difficult decision, it should be recognized for what it is and rejected. It should also be recognized that this may be the point where some participants will believe the proposed change to be unattainable and will decide to drop out, while others may choose to pursue the effort. Here again, it should be emphasized that the professional person acting as change agent must make as rational, non-emotional a decision as possible. Necessary changes that have a good chance of success should be supported. Causes that are likely to be defeated as currently conceptualized should be tabled until they are more fully developed or the timing is better.

**Focus G: Setting Goals and Objectives**

Goals are brief, one sentence or phrase, general statements of expected outcomes (e.g., To reduce the number of dropouts in the Jefferson district). Objectives spell out the details for each goal in measurable terms, including expected outcomes and the processes to achieve them. Activities are lists of tasks that must be undertaken and completed in order to achieve each objective.

If the decision is made to proceed, the final step before selecting tactics is to establish a set of goals, objectives, and activities for the change. Goals and objectives are intended to act as a beacon to aid in keeping the change effort on track. Activities specify precisely what is to be done, by whom, and within what time frame.

Setting goals and objectives is probably as much art as it is science. The purpose is to take what can be a very large and complex undertaking and to break it up into manageable subsets. Each subset has its own set of goals, objectives, and activities.

FIGURE 9.6 Support from Facts and Perspectives on the Problems of Homeless Teens

Driving/Supporting Forces	→ ← Restraining/Opposing Forces
1. Teen homelessness is increasing by 20 percent per year 2. Homeless teens have been drawn into drug trafficking, prostitution and many property crimes 3. Media have increased coverage of the problem; the public increasingly favors some action	1. Resources are already inadequate to meet existing needs of homeless families. 2. No federal or state funding is available; homelessness is considered a local problem 3. Suburban cities are not willing to contribute needed support; major urban city council feels it should be considered a regional problem

The process begins with re-examining the change effort and organizing it into categories or sections. This takes some practice and requires knowledge of the subject area, which is why problem analysis is so important in macro-level change. The problem, as analyzed and conceptualized in the problem analysis phase, becomes a theme that is repeated throughout the change episode. The following examples illustrate how one might go about this first step of breaking a large and complex change effort into subsections or categories. They are built on the assumption that the preceding community or organizational analysis and the problem analysis work have been completed.

*Example 1*

The proposed change is a three-year project to reduce teen pregnancy and enable at-risk teens to graduate from high school.

*Project Subcategories*

1. Building self-esteem
2. Providing health, hygiene, and sex education
3. Providing academic support
4. Providing financial support

In the example, we have depicted a four-part program designed to achieve the purpose as stated above. In both examples, each of the four areas listed above would have its own set of goals, objectives, and activities.

*Example 2*

The proposed change is a policy change that provides for financial incentives for programs demonstrating measurable improvement with alcohol-abusing clients.

*Project Subcategories*

1. Developing valid and reliable indicators
2. Developing the fiscal incentive package
3. Developing quality assurance measure

By dividing the change effort into subcategories, each part of the effort can proceed toward achieving its own set of goals and objectives in a way that is more concentrated and focused than if all objectives and activities were organized under a single goal. The exception to this principle of subdividing is when the change effort is so clear and simple that it does not require subcategories. For example, a project to conduct a client satisfaction survey might be a project that requires only a single set of goals, objectives, and activities. It is often true, however, that simple, unopposed change efforts come about without complications, and

do not require the type of change process described in this book. If one follows the steps recommended in this book, it is likely that one is dealing with relatively complex change.

Once the subcategories are selected, a set of goals, objectives, and activities should be developed for each. They should always be thought of as a set or package, not as items that stand alone, even though they are occasionally used alone.

**Task 21: Identify Goals.** A goal is a general statement of expected outcomes or a desired future state (Kettner et al. 1985). It need not be observable or measurable. It is simply a statement of hopes or expectations, stated in a positive and general enough way to get agreement and support. Continuing with the above examples, the following goal statements would be appropriate.

#### *Teen Pregnancy Project*

- Goal 1: To improve client self-esteem.
- Goal 2: To increase client knowledge of health, hygiene, and contraception.
- Goal 3: To strengthen client academic abilities.
- Goal 4: To increase client financial resources.

#### *Measuring Client Outcomes*

- Goal 1: To develop indicators of client change.
- Goal 2: To develop fiscal incentives to promote client improvement.
- Goal 3: To develop methods for assuring service quality.

**Task 22: Formulate Outcome and Process Objectives.** Once a goal statement is written, the next step is to specify objectives. Objectives are intended to move the change effort toward the goal. They are highly specific and measurable. There are two types: (1) outcome objectives, and (2) process objectives. One outcome objective is written for each goal, and specifies the results or outcomes to be achieved. One or more process objectives then specify the process to be followed in order to achieve the result. When the outcome objective and all its related process objectives are completed and written out, it should be evident that the process objectives, when completed, will lead to achievement of the outcome objective, and that the outcome objective, when accomplished, will move the effort toward the goal. A complete objective, whether outcome or process, has four parts: (1) a time frame, (2) a target, (3) a result, and (4) a criterion for measuring or documenting the result (Kettner et al. 1985). In the following pages, examples will be given of both outcome and process objectives.

The time frame is stated in terms of the month, day, and year by which the result will be achieved. In situations where a project's start date is unknown, the time frame may be specified in terms of time elapsed from the beginning of the project (e.g., "within three months of the beginning of the project,"

or "by the end of the first year"). Once a start date is known, it is wise to go back and fill in actual dates, since objectives are often also used as monitoring tools.

The second part of an objective, the target, specifies the individuals or focal point for which the objective is written. Outcome objectives are focused on a quality of life change and will identify the individuals for whom the change is intended. Process objectives may have an object (such as a program or a department) as a target, instead of a population.

Statements should be as precise as current knowledge will allow. A drug treatment program, for example, might specify "twenty-four cocaine addicts at least eighteen years of age and currently employed" as its target. A process objective might specify "the counseling program" or the "performance evaluation system" as its target or focal point. For reasons stated in earlier chapters in this text, the more precise the target, the greater the likelihood of a successful intervention. As an example, the teen pregnancy program mentioned above will be used to illustrate how outcome and process objectives fit together to form a plan of action. The following diagram illustrates partial objectives, including a time frame and a target.

#### *Outcome objective:*

[ time frame ]  
By June 30, 19XX,  
[ target ]  
at least fifty teens considered to be at risk of pregnancy . . .

#### *Process objective:*

[ time frame ]  
By February 1, 19XX,  
. . . will be developed for  
[ target ]  
a group of teens considered to be at risk of pregnancy . . .

In this illustration, the target is the same. The reason will become evident as the objectives are developed further.

The third part of an objective is a phrase that specifies the expected outcome or result to be achieved when all activities are completed. This phrase differs depending on whether the objective is an outcome or a process objective. An outcome objective focuses on a quality of life change for the target population. Outcome objectives refer to such factors as improved knowledge and skill, improved relationships with spouse, reduction of alcohol abuse and other such changes. Process objectives focus on the result expected at the completion of the process. Results might include such objects as a report, a plan, or a new data collection form. Continuing with the example of the outcome and process objectives used above, we add the following outcome and result.

*Outcome objective:*

[ time frame ]  
By June 30, 19XX,  
[ target ]  
at least fifty teens considered to be at risk of pregnancy . . .  
[ outcome ]  
will increase their knowledge of health, hygiene, and contraception . . .

*Process objective:*

[ time frame ]  
By February 1, 19XX,  
[ result ]  
a training curriculum on health, hygiene, and contraception will be developed  
[ target ]  
for teens considered to be at risk of pregnancy . . .

The final part of an objective is the criterion which will be used to determine whether or not the objective has been achieved. Objectives must be precise and measurable, yet sometimes the result to be achieved seems vague and elusive. Some programs, for example, are designed to improve self-esteem. The question is, how does one know whether or not self-esteem has been improved? The criterion specified in the objective insures that only one standard will be used. If improving self-esteem is the result, then it must be measured by a standardized test designed to measure self-esteem. The criterion for an outcome objective usually begins with the phrase, ". . . as measured by . . ." Increased self-esteem might be measured by the Index of Self-Esteem (Hudson, 1982). Process objectives generally produce products or achieve milestones in a process, and use a different type of criterion to measure the result. In most cases, process objectives will use the phrase, ". . . as documented by . . ." indicating some formal product or result that will be accepted as documentation that the process objective has been completed. Continuing examples of outcome and process objectives on the teen pregnancy project follow.

*Outcome objective:*

[ time frame ]  
By June 30, 19XX,  
[ target ]  
at least fifty teens considered to be at risk of pregnancy . . .  
[ outcome ]  
will increase their knowledge of health, hygiene and contraception . . .  
[ criterion ]  
as measured by a pretest/posttest developed for the course.

*Process objective:*

[ time frame ]  
By February 1, 19XX,  
[ result ]  
a training curriculum on health, hygiene, and contraception will be developed  
[ target ]  
for teens considered to be at risk of pregnancy . . .  
[ criterion ]  
as documented by receipt of a completed training package.

When all four parts—time frame, target, result, and criterion—have been written, the objective is complete. The foregoing examples are reproduced in Table 9.4 to reinforce the understanding of the differences between outcome and process objectives.

Typically a set of goals and objectives will include one goal, one outcome objective, and several process objectives. For example, in the program outlined in Table 9.4, the following might be the focus of goals and objectives.

*Goal*

To increase knowledge about health and pregnancy for teens at risk.

*Outcome Objective*

By June 30, 19XX, to increase knowledge of health, hygiene, and contraception for fifty teens considered to be at risk of pregnancy as measured by a pretest/posttest developed for the course.

*Some possible process objectives:*

1. Develop training curriculum
2. Develop and reproduce training materials
3. Recruit fifty teens at risk of pregnancy
4. Secure a suitable training location
5. Hire trainers
6. Implement the program
7. Evaluate the program

**Task 23: Plan Activities.** The final step in Focus G is to itemize activities. Activities represent the highest level of detail incorporated into the plan. Each activity represents a step which, when accomplished, moves the project closer to achievement of a process objective. Activities should specify the work to be done, the person responsible, and a time frame. The Gantt chart, originated early in the century by management pioneer Henry L. Gantt, has proved to be a useful format for setting up activities. A Gantt chart is made up of columns and rows.

TABLE 9.4 Sample Outcome and Process Objectives

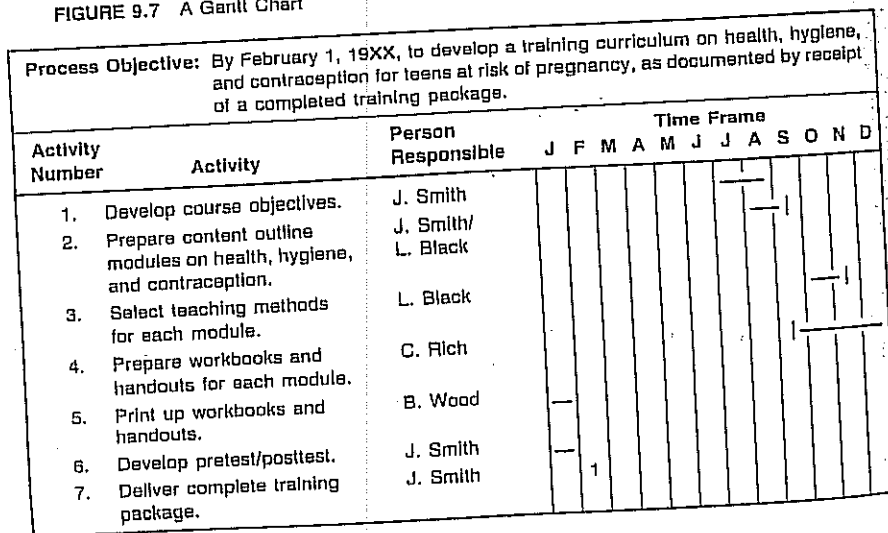
	Outcome	Process
Time Frame	By June 30, 19XX	By February 1, 19XX
Target	50 teens considered to be at risk of pregnancy	for teens considered to be at risk of pregnancy
Outcome/Result	will increase their knowledge of health, hygiene, and contraception	a training curriculum on health, hygiene, and contraception will be developed
Criterion	as measured by a pretest/posttest developed for the course.	as documented by receipt of a completed training package.

Each row represents an activity, and columns are used to identify activity number, person responsible, and the beginning and ending month. Illustrated below is an example of a Gantt chart applied to one of the process objectives for the pregnancy prevention program.

The Gantt chart in Figure 9.7 depicts a training project beginning July 1, phasing in each activity sequentially over the next seven months, and delivering the completed training package as promised on February 1. The horizontal lines across the columns indicate the approximate anticipated beginning and ending times for those activities. The 1 in the February column next to activity number 7 indicates that the completed training package is due on that specific date.

In preparing an action plan for a macro-level change, each subsection of the intervention should include a set of goals, objectives, and activities. When these are developed at an acceptable level of precision, with responsibilities and time

FIGURE 9.7 A Gantt Chart



frames clearly specified, the action plan is complete. The last steps in macro-level change involve the selection of tactics and the development of a written plan. These final steps are discussed in the next chapter.

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## CHAPTER 10

## Selecting Appropriate Tactics

*Overview*

## Introduction

## Focus A: Selecting Appropriate Tactics

## Collaboration

## Implementation

## Capacity Building

## Campaign

## Education

## Persuasion

## Mass Media Appeal

## Contest

## Bargaining and Negotiation

## Large Group or Community Action

## Class Action Lawsuits

## Considerations in Selecting Tactics

## Objectives

## Controlling and Host Systems

## Primary Client

## Resources

## Professional Ethics

## Focus B: Preparing a Written Plan

## Conclusion

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## Appendices

## INTRODUCTION

Chapter 9 addressed strategy, which refers to the development of a written plan directed at bringing about the proposed change. Deciding on a strategy can be a time-consuming and detailed process. Although many may agree that a problem exists, getting agreement on just how the situation should be changed is seldom easy. Special efforts must be concentrated on tactics designed to get the change accepted.

Tactic selection tests the professional judgment of the change agent, particularly in how to approach the target system. Certain tactics can raise ethical dilemmas. Selecting tactics calls for mature, professional judgment in community and organizational change. Social workers should be open to the possibility that practices in many of the arenas in which they operate are well entrenched and there will be a natural tendency to resist. The fact that agency missions are stated in inspiring words does not mean that all agencies carry out those missions. Practitioners must be aware that they are a part of legitimized systems that often contribute to the oppression experienced by the client group they are trying to serve. Selecting appropriate tactics requires one to think critically and to carefully analyze the target system.

## FOCUS A: SELECTING APPROPRIATE TACTICS

The choice of tactics is a critical decision point in planned change. Tactics have been defined as "any skillful method used to gain an end" (Brager et al. 1987, 288). Whereas strategy is the long-range linking of activities to achieve the desired goal, tactics are reflected in day-to-day behaviors (Brager & Holloway 1978). As the change agent engages in tactical behavior, it is important not to lose sight of the goal toward which these behaviors are directed.

Brager, et al. (1987), identify four essential properties of tactics used by professional change agents: "(1) they are planned . . . (2) they are used to evoke specific responses . . . (3) they involve interaction with others . . . and (4) they are goal-oriented" (p. 288). In addition, it is our contention that a fifth property must be in place in professional social work change efforts: (5) the tactic will do no harm to members of the client system and, whenever possible, members of that system will be involved in tactical decision making.

Change almost always involves influencing the allocation of scarce resources—authority, status, power, goods, services, or money. Decisions about tactics, therefore, must take into consideration whether the resources are being allocated willingly or whether someone must be persuaded to make the allocation. If there is agreement on the part of the action and target systems that the proposed change is acceptable and that resources will be allocated, a collaborative approach can be adopted. If there is agreement that the proposed change is acceptable but a reluctance or refusal to allocate resources, or if there is disagreement about the

need for the proposed change, then a more coercive approach may be necessary if the change effort is to proceed.

For example, a change effort may focus on the inability of physically disabled people to get around the city and travel to needed service providers. A thorough study documents the problem, and a dial-a-ride transportation service is proposed. The planning commission and city council graciously accept the report, agree on the need, and thank the Transportation for the Disabled Task Force. Three city council members favor funding, three are opposed, and one is undecided. If the undecided council member can be persuaded to favor funding, then collaborative tactics can be adopted. If, however, he or she decides to oppose funding or if a compromise would undermine the change effort, then tactics designed to coerce support must be adopted. For collaborative approaches to be adopted, there must be agreement on both the proposed change and the allocation of needed resources.

In the social work literature, tactics have been divided into three broad categories: collaboration, campaign, and contest (Brager & Holloway 1978; Brager et al. 1987). In this chapter, we use these terms to describe the relationship between the action and target systems. *Collaboration* implies a working relationship where the two systems agree that change must occur, whereas *contest* tactics indicate disagreement between the two systems. *Campaign* tactics are used when the target must be convinced of the importance of the change, but when communication is still possible between the two systems. The effectiveness of the "campaign" may determine whether collaboration or contest follows. *Contest* tactics are used when neither of the other two are possible any longer. Change efforts that begin with one set of tactics may progress to other sets, depending on the evolving relationship between the action and target systems. The continuum along which these tactical categories fall is as follows:

Collaboration ↔ Campaign ↔ Contest

Although we categorize these relationships, success may hinge on the change agent's ability to keep the action and target systems in a state of continual interaction. It is possible that what begins as a collaborative relationship will move to conflict when new issues arise during the change process. It is equally likely that the relationship will vascillate between various gradations of communication, with both systems uncertain about the other, even when compromise can be reached. In short, these relationships ebb and flow, sometimes unpredictably, given the political situation, and sometimes all too predictably, given the change agent's prior experience with the target system.

Our concern is that the social worker never take the relationship between the action and target system for granted. To assume that the target is immovable before communication has been attempted demonstrates poor use of professional judgment. To assume that the target will embrace the cause once the facts are known is naive. Assumptions have little place in assessing the relationship between the action and the target system. We believe that regardless of what types of tactics are used, communication should be maintained with the target system if at all

possible. If communication ceases, it should be because the target system refuses to continue interaction.

Within each of the three categories are tactics that are typically used. The framework in Table 10.1 guides our discussion. Some of the following conceptualization is drawn from previous literature (Brager & Holloway 1978; Brager et al. 1987). In some areas, we offer slightly different perspectives and add new tactics. Throughout the following discussion, we attempt to provide an analytical framework to guide an action system in selecting the most appropriate mix of tactics.

## Collaboration

**Implementation.** Collaborative approaches include instances when the target and action systems agree that change is needed. Under collaboration, we place (1) implementation and (2) capacity building tactics.

Implementation tactics are used when the action and target systems work together cooperatively. When these systems agree that change is needed and allocation of resources is supported by critical decision makers, the change simply needs to be implemented. Implementation will most likely involve some problem solving, but it is not expected that adversarial relationships will be a concern in these type of collaborative efforts.

**Capacity Building.** Capacity building includes the tactics of participation and empowerment. Participation refers to those activities that involve members of the client system in the change effort. Empowerment is the process of "helping

TABLE 10.1 Tactical Behaviors

Relationship of Action and Target Systems	Tactics
<i>Collaboration</i> Target system agrees (or is easily convinced to agree) with action system that change is needed and supports allocation of resources	1. Implementation 2. Capacity building a. Participation b. Empowerment
<i>Campaign</i> Target system is willing to communicate with action system, but there is little consensus that change is needed; or target system supports change but not allocation of resources	3. Education 4. Persuasion a. Cooptation b. Lobbying 5. Mass media appeal
<i>Contest</i> Target system opposes change and/or allocation of resources and is not open to further communication about opposition	6. Bargaining and negotiation 7. Large-group or community action a. Legal (e.g., demonstrations) b. Illegal (e.g., civil disobedience) 8. Class action lawsuit

a group or community to achieve political influence or relevant legal authority" (Barker 1987, 49).

For example, a problem may be defined as exclusion of a neighborhood from decisions that affect them. The focus of the intervention is on building a capacity for greater self-direction and self-control—that is, actually teaching people how to get involved in the decision-making processes in their communities and taking greater control over the decisions that affect their lives. This approach often emerges in situations where disenfranchised communities become targets for development, freeways, airport expansion, and other such encroachments.

Through professionally assisted change efforts, perhaps led by a neighborhood social service organization (change agent system), neighborhood resident (client system), and city council (controlling system and perhaps target system) agree that community citizens should have a greater voice in developments that affect their community. The focus of the change or intervention, however, is not on the target system (city council/planning commission) but on educating, training, and preparing community citizens for a fuller participation in decisions that affect their communities. Tactics would include education, training, and actual participation in civic organizations and activities.

Empowerment involves enabling people to become aware of their rights, and teaching them how to exercise those rights so that they become better able to take control over factors that affect their lives. Mobilizing the efforts of self-help groups and voluntary associations identified in Chapter 5 as well as the client system's informal support structure may be used to assist in guiding the target system toward consensus with the change effort.

### Campaign

Campaign implies a group effort to convince target system members that a cause is just or a change is needed, and that resources should be allocated. Campaign tactics require a good deal of skill on the part of the change agent and action system. Lack of consensus rules out collaboration, yet a firm disagreement has not been established. Under this heading we include the use of education, persuasion, and mass media appeals designed to influence public opinion.

**Education.** Educational tactics can be an integral part of campaigns. Therefore, we use educational tactics to describe those interactions in which the action system presents perceptions, attitudes, opinions, data, and information about the proposed change with the intent of convincing the target system to think or to act differently. The objective is to inform. The assumption is that more and better information will lead to a change in behavior. It is a difficult tactic to use because opponents of the change can also be expected to inform decision makers armed with different sets of data and information, and there is seldom an absolute "truth" in dealing with complex organizational and community problems. In many cases where education fails to produce the desired result or falls short of having the desired impact, the change agent turns to persuasion.

**Persuasion.** Persuasion refers to the art of convincing others to accept and support one's point of view or perspective on an issue. Social workers must frequently use persuasive tactics in addition to collaboration because their causes are not always embraced by decision makers, who often must be convinced through persuasion that the change is worth pursuing. This means that the change agent must understand the motives and reasoning of the target system in order to identify what incentives can be used to negotiate an agreement.

Skillful communication requires that the action system must carefully select its leadership from those persons who have the ability to persuade. Persons who are seen as nonthreatening to the target system and who can articulate the reasoning behind the planned change are particularly useful. For example, in a change effort, particular actors may be perceived as unreasonable, as troublemakers, or as chronic complainers by members of the controlling system. It is not in the best interest of the client system for those persons to be the only spokespeople for the change. Clients themselves can also be powerful spokespersons, providing information and a viewpoint that persuades people of the need for change.

Framing the problem statement to make it more palatable to target system members is a persuasive technique. This requires the ability to think as the target thinks. For example, a social worker hired as a long-term care ombudsperson was working closely with a coalition of advocates for nursing-home reform to end abuse in long-term care facilities. Nursing-home administrators were very upset over the nursing-home reform coalition and perceived them as not understanding the difficulties with which they coped on a daily basis. They sincerely wanted to provide quality care, but were frustrated by staff who were not properly trained to work with geriatric populations. By framing the problem as a training problem designed to better prepare employees and reduce turnover, the ombudsperson was able to persuade administrators to cooperate with the action system. When the ombudsperson met with the local nursing home association, she acknowledged that she was aware that the administrators wanted to operate high-quality facilities. She also noted that recent studies revealed that high staff turnover rates often contributed to lack of continuity and lower patient care, sometimes leading to abuse. She explained that she and her colleagues would be willing to develop training for nurses aides because they interacted most intimately with patients, yet were most vulnerable to high turnover. Essentially, one of the contributing factors leading to abuse was being addressed, but it was framed as reducing an administrative nightmare—high staff turnover.

Cooptation is defined as minimizing anticipated opposition by absorbing or including members of the target system in the action system. Once target system members are part of the planned change effort, it is likely that they will assume some ownership of the change process. Persuasion is used to coopt new persons into the action system. This is valuable to the success of the change effort because it is important to include persons who are viewed as powerful by the target system. These persons may be relatively neutral and may have little interest in obstructing the change effort. However, if they can be convinced to support the change effort (or even to allow their names to be used in publicity), their participation may

sway others who respect their opinions. Cooptation is most effective as a tactic when opponents or neutral parties can be helped to recognize a self-interest in the proposed change.

Cooptation can be formal or informal. Coopting individuals is called informal cooptation, whereas coopting organized groups is referred to as formal cooptation. Formal cooptation means that an entire group agrees to support a cause. Because their governing structure agrees that the change effort is worthwhile, the group may issue a statement to that effect. This formalizes the commitment, even though there are always members of any group who may, as individuals, disagree with the proposed change.

Formal cooptation of a number of groups leads to coalition building. A coalition is a loosely woven, ad hoc association of constituent groups, each of whose primary identification is outside the coalition (Haynes & Mickelson 1986). For example, the purpose of the National Health Care Campaign is to provide health care coverage to all American citizens. This change effort brings together hundreds of organizations such as the National Association of Social Workers and the American Public Health Association. On a state by state basis, health care campaign chapters are forming. Interested change agents have encouraged local groups to join in the efforts—forming a coalition dedicated to the stated goal. The diversity of the coalition contributes to a powerful alliance of individuals and groups that vacillate between collaboration and campaign tactics as they attempt to address health care needs.

Lobbying is a form of persuasion that addresses policy change under the domain of the controlling system. The action system will have to determine if it is necessary to change agency policy, to amend current legislation or to develop new legislation in order to achieve their goal. Haynes and Mickelson (1986) delineate three essential concepts for social work/lobbyists to consider. First, one should always be factual and honest. Trying to second guess or stretching the facts to support one's position is devastating to one's professional reputation as well as to the change effort's credibility. Second, any presentation should be straightforward and supported by the available data. The problem identification and analysis process discussed in Chapter 8 will assist the change agent in organizing the rationale for change. Third, any discussion should include the two critical concerns of decision makers—cost and social impact of what is proposed. If the cost is high, the social worker is advised to calculate the costs of allowing the identified problem to remain unresolved.

**Mass Media Appeal.** Mass media appeal refers to the development and release of newsworthy stories to the print and electronic media for the purpose of influencing public opinion. This tactic is used to pressure decision makers into a favorable resolution to the identified problem. The expectation is that if the proposed change can be presented to the public in a positive way and decision makers' refusal to support the proposed change can be presented as obstructionist or somehow negative, then decision makers will feel pressured to change their position. Where decision makers are high-profile people like elected representatives who depend on a positive public perception, this can be an effective tactic. Use

of mass media depends on news reporters' agreement that the proposed change is a newsworthy story, and assurance that one's cause will be presented accurately. Use of any media must always include consideration of clients' rights to privacy.

### Contest

Under the heading of contest we include the use of bargaining and negotiating, the use of large group or community action, or class action lawsuits. Large groups in community action can be further divided into legal and illegal tactics. Contest tactics are used in situations where: (1) the target system cannot be persuaded by the action system, (2) the target system refuses to communicate with the action system, or (3) it is perceived that only lipservice is being given to the proposed change. Contest tactics mean that the change effort becomes an open, public conflict as attempts are made to draw broad support and/or to pressure or even force the target system into supporting or at least accepting the change. Once this occurs, the action system must be prepared to face open confrontation and to escalate its coercive techniques.

Conflict is inevitable in social work practice. There will be times in the experience of every macro practitioner when incredible resistance is encountered in addressing the needs of oppressed population groups. Social work as a profession developed in response to a basic societal conflict—the persistent antagonism over individualism and the common good. Conflicts over the rights of various population groups have spawned violent confrontations rooted in basic value systems and beliefs. We believe that physical violence and terrorism can not be condoned in any change efforts in a civilized society. Nonviolent confrontation, however, including civil disobedience, is an option when there is a communication stalemate between the target and action systems.

Contest tactics will require widespread commitment and possible participation from members of the support system. It is critical to the success of these tactics that the support system and its subsystems—initiator, client, and change agent—are comfortable with contest tactics because there are risks that are not present when using collaboration and campaign tactics. It is likely that the time and energy necessary for effective change will increase and relationships can become disrupted. When collaborative and campaign tactics are employed, tactics can move toward contest. However, once contest tactics are employed it is not likely that one can return to collaborative or campaign tactics. Without a clear understanding of what contest tactics involve and without full commitment from the support system, contest tactics are not advised.

**Bargaining and Negotiation.** Bargaining and negotiation refer to those situations in which the action and target system confront one another with the reasons for their opposition. Bargaining and negotiation occur when there is a recognized power differential between parties and a compromise needs to be made. These tactics are more formalized than persuasion, often involving a third-party mediator. Members of the target system will typically agree to negotiate when the following factors are in place: (1) there is some understanding of the

intentions and preferred outcomes of the action system, (2) there is a degree of urgency, (3) the relative importance and scope of the proposed change is known, (4) there are resources that facilitate the exercise of power, and (5) they perceive the action system as having some legitimacy. In order to negotiate, both the action and the target systems must perceive that each has something the other wants, otherwise there is no reason to come together (Brager et al. 1987).

Bargaining and negotiation can result in a win-win situation, where both target and action systems are pleased with and fully support the outcome. The result can be a win-lose where one system is clearly the victor, or a lose-lose where both systems give something up and are disappointed in the results.

**Large Group or Community Action.** Large group or community action refers to the preparing, training, and organizing of large numbers of people who are willing to form a pressure group and advocate for change through various forms of such collective action as picketing, disruption of meetings, sit-ins, boycotting, and other pressure tactics. Peaceful demonstrations are legal activities, often used by both groups at either extreme of an issue, to express their views. Civil disobedience activities intentionally break the law. When action system members deliberately engage in illegal activities, they must be ready to accept the consequences of their actions. The change agent is responsible for making potential participants fully aware of these risks before the decision is made to proceed.

**Class Action Lawsuits.** Class action lawsuits refer to those instances where an entity is sued for a perceived violation of the law and it is expected that the finding of the court will apply to an entire class of people. These tactics are often used with highly vulnerable populations such as the chronically mentally ill, the homeless, or children, where it is unlikely that they have the capacity or the resources to protect their own rights. Public interest law organizations may be resources for the action system in developing class action tactics.

**Considerations in Selecting Tactics**

A few salient considerations need to be weighed in selecting the best tactic or mix of tactics. These considerations include:

1. What are the current *objectives* of the change effort?
2. What is the perception (by those promoting change) of the *controlling and host systems*?
3. What is the perception (by those promoting change) of the role of the *client system*?
4. What *resources* are needed and available for each tactic?
5. What are the *ethical* dilemmas inherent in the range of tactical choices?

**Objectives.** Objectives often tend to evolve as the change process moves along, and a re-examination prior to selection of tactics is in order. For example, with the problem of domestic violence, the condition may have been brought to public

awareness by the perceived need for additional emergency shelter space for battered women. However, as the problem is analyzed and better understood, the objectives may shift toward consciousness raising for all women in the community who are perceived to be at risk of violence. Thus strategy and tactics would move from advocating for service provision to educating for empowerment. Since tactics can change as objectives change, it is worthwhile to make one last check to insure that all are clear and in agreement on current objectives. The following questions can be used to guide the action system's re-examination of the change objectives.

1. What are the stated objectives of this change effort?
2. Given what has been learned in the change process thus far, do the stated objectives need to be revised?
3. Which best describes the intent of the current objectives?
  - a. to solve a substantive problem or provide a needed service
  - b. to increase self-direction or self-control of the client system
  - c. to influence decision makers
  - d. to change public opinion
  - e. to shift power
  - f. to mandate action
4. Do members of the action system have any concerns about the intent of the current objectives that require further discussion?

The range of objectives and likely accompanying tactics are indicated in Table 10.2.

TABLE 10.2 Relationship of Current Objectives to Tactics

Current Objective	Relationship of Target and Action System	Possible Tactics
1. Solving a substantive problem; providing a needed service	Collaborative	Implementation through joint action
2. Self-direction; self-control	Collaborative	Capacity building through participation and empowerment
3. Influencing decision makers	In disagreement but with open communication	Education, and persuasion through cooptation, lobbying, etc.
4. Changing public opinion	In disagreement but with open communication	Education, persuasion, mass media appeal,
	Adversarial	Large group or community action
5. Shifting power	Adversarial	Large group or community action
6. Mandating action	Adversarial	Class action lawsuit