

An Application

The director of the Franklin County Department of Social Services has been informed that the number of new cases of family violence, especially spouse abuse, has been increasing in the county over the past few months. After meeting with a number of community leaders, she establishes a task force to analyze the situation and recommend a course of action that would proactively address the community's "need." She has assigned

Table 4.1 Four Types of Need

Type of Need	Definition	Example
Normative	Need defined as falling below a standard or criterion established by custom, authority, or general consensus	The number of people in a community who live in substandard housing as defined by federal housing standards
Perceived	Need defined in terms of what people think their needs are or feel their needs to be	The number of people in a community who define themselves in a survey as being in poor health
Expressed	Need defined in terms of the number of people who actually have sought help	The number of people in a community who are on waiting lists to receive family counseling
Relative	Need measured by the gap between the level of services existing in one community and those existing in similar communities or geographic areas	The percentage of homeless people placed in shelters in community X compared to the percentage in community Y

one of the agency's professional staff members to assist the task force. After initial discussions, the task force decides to explore this need using the framework described above.

Normative Need

The staff member contacts the director of the National Coalition Against Domestic Violence as well as a number of people at the National Institute of Mental Health (both in Washington, D.C.) and finds that another state—New Jersey—has completed a similar planning exercise. The New Jersey plan includes guidelines for a comprehensive community service delivery system for women who have been abused. The staff member contacts the New Jersey Department of Human Services and requests any material that might be available on this issue; within a week she receives a copy of the New Jersey plan, *Physically Abused Women and Their Families: The Need for Community Services* (Department of Human Services, 1978).

At the next meeting of the task force, the staff member discusses her analysis of the New Jersey plan and its possible implications for Franklin County. First, the New Jersey planners, using a number of studies, estimate that 6.1% of all couples engage in serious violence in any given year. If this rate were applied to Franklin County, we would estimate that 6,100 women are being abused each year by their spouses (i.e., 6.1% of 100,000 people). The New Jersey report also discusses various theories of causation found in the literature and the problem of services needed by abused women and their children. Finally, the report outlines the components of a comprehensive system as developed in New Jersey system:

- crisis intervention
- 24-hour hotline
- 24-hour crisis intervention unit
- shelter
- crisis counseling
- crisis financial assistance
- crisis transportation
- crisis day care
- crisis medical care
- immediate police assistance
- crisis legal assistance
- ongoing services
- information, referral, and advocacy
- self-help groups
- short- and long-term counseling

PART II PROBLEM ANALYSIS/NEEDS ASSESSMENT

- transitional housing
- financial planning
- training and employment
- medical services
- long-term child care
- parent education
- children's services
- medical services
- education
- counseling
- recreation
- program development support
- public/community education
- training
- coordination
- preventive services
- education in schools
- law revision

If the task force concluded its efforts at this stage and recommended that Franklin County implement the above system for an anticipated 6,100 women each year for the near future (assuming that preventive efforts would reduce the numbers in the long term), the needs assessment would incorporate only the normative need approach.

Perceived Need

One of the task force members, a woman who has been abused and now serves as the president of Franklin County's major advocacy group, raises a number of questions at this point and suggests that, although the New Jersey program is an excellent beginning point, it may need to be modified to fit the particular needs of the area. She points out that because many women who are abused delay seeking help or do not seek help at all, the task force should attempt to identify specific reasons the abuse is occurring in the community and whether these barriers are related to cultural expectations and values; feelings of shame, embarrassment, powerlessness, or fear; or even previous negative experiences with human service agencies. This approach incorporates perceived need. In talking with women who have been abused, the task force will be able to design the program(s) so that clients' perceptions of what their needs are will be incorporated.

Expressed Need

At the next meeting, one of the task force members, an administrator from the Franklin County Mental Health Department, states that although he agrees with the strategy the task force has decided to use—that is, using the New Jersey plan and its estimates of the prevalence of spouse abuse (normative need) and undertaking a survey of women who have been abused (perceived need)—he suggests that the task force go beyond these two sources of information and collect data from the existing programs in the community. In this way, the task force will be able to assess the capacity of the existing system as well as to establish short- and long-term priorities. It is agreed that the programs will be asked to provide data on the numbers and characteristics of those on their waiting lists. A survey of the major community programs in the county shows that 2,000 women (and their children) were provided services during the past year. Specific services (e.g., shelters, counseling, child care, employment) and utilization rates were documented. This suggests that approximately 4,000 women were not receiving services and were “in need.” This approach incorporates expressed need in that it looks at demand for services.

Relative Need

At a later meeting, after the staff member has presented the results from the above data collection efforts, another member of the task force points out that she is concerned that whereas 94% of the women who received services or who were on waiting lists were White, 18% of the county population is Hispanic and 9% is African American. Moreover, in the task force’s survey of women who have been abused, it was found that a significant number of the respondents were from these two minority groups. On the basis of these and similar findings, the task force recommends that immediate priority be given to the development of two new shelters that will be accessible to neighborhoods where there are large numbers of Hispanics and African Americans, that these shelters be staffed with workers sensitive to the needs of minority women, and that bilingual workers be placed where needed. This approach incorporates relative need by diverting resources to those with lower availability of resources.

NEED CATEGORIES AND THE PLANNING PROCESS

It should be apparent that need cannot be measured adequately by selecting only one of these approaches. Because each is limited and provides insight into only one facet of the phenomenon, a serious exploration should account for all four dimensions.

Given that needs assessment is conceptually ambiguous, that need is elastic and subject to shifts in scale over time, and that most human service agencies are experiencing demand levels greater than the resources available at any one time, why should agencies and program planners spend scarce resources and energy on this activity? Despite these realities, there are clear and compelling reasons for utilizing the needs assessment process.

In practice, managers must constantly review the money and resources available to them and employ techniques that make the best use of this information. If they do not,

THE USE OF THEORY IN PROGRAM PLANNING

A reviewer in 1991 had this to say about this book:

A well organized discussion of an effectiveness-oriented approach to social service program design, management and evaluation. . . . Essentially it is a cookbook approach in which Step A must be completed before Step B, and each of the remaining activities follows from completion to the previous one. This is a very good cookbook.

While we appreciated this review of our first edition, we wondered over the years whether we should make a more explicit case that our book is more than an ordinary cookbook that identifies the ingredients that the cook needs to assemble as well as the order of their introduction and how much of each ingredient to use. We always assumed that our "cookbook" provided another dimension. It was more than just a methodology or a set of activities that, if followed, should result in the development of more effective programs. A professional wants to know *why* these activities in specified amounts and in a specified order produce the desired products.

We hoped that the reader would see that our approach was based on the assumptions that program planning is *theory* driven and that the methodology produces effective programs because it incorporates theory on at least two levels.

To paraphrase Karl Popper (1959), a preeminent social scientist of the 20th century, researchers who collect data without a road map are merely on a fishing expedition. They hope that if they collect enough data and examine them long enough, there will emerge not only answers but even questions. These researchers are often referred to as "rank empiricists," many of whom subject data to statistical techniques such as correlational analysis and seek to find answers by finding statistically significant correlations. Popper argued that social science research needs to begin not only with the development of hypotheses that will guide the collection and analysis of data, but with hypotheses that can be verified and falsified, tested and refuted. To develop hypotheses a researcher draws on existing theories. Testing hypotheses may also lead to a modification of those theories.

We agree with Popper and maintain that a *program*, which we define as a set of activities to produce some desired outcomes, is basically a hypothesis and that a hypothesis, which we define as a set of statements about the relationships between specified variables, is derived from an understanding of relevant literature and theory.

Faludi (1973), a well-recognized planning theorist, distinguished two types of theories informing the problem-solving process. The first theory is concerned with the process the planner uses, the *process* of problem solving. In program planning we need to introduce and implement a series of steps or activities that guide the planner. The second use of theory attempts to provide the planner with an understanding of the problem he or she is attempting to resolve, the *etiology* of the problem. While this language might seem to be tautological and confusing, the distinction is real and necessary. The distinction is, in fact, quite useful. A theory concerned with problem solving in general is concerned with choosing a model that will tell the planner what steps need to be carried out to achieve desired ends. *Theory of* provides

a blueprint for action. The second contribution of theory provides the problem solver with the means needed to fill out a problem-solving model guiding the process described above. It is concerned with generating the substantive understanding of the specific problem being addressed. Its contribution is one of moving beyond the "black box" of the problem-solving model by specifying what goes into that black box. Both of these types of theory are applied in this book. The problem-solving process provides the basic outline for the book and is followed from chapter to chapter. Theories helping to explain the human behavior factors that contribute to a specific problem being addressed are incorporated into the early steps of every program planning process.

Theory in Practice

The contribution of substantive theory dealing with a specific problem relates to that part of the assessment process that attempts to help the program planner understand the etiology (cause and effect) of the problem. This understanding is important in determining factors associated with the presence of the problem—it tells us *what* data need to be collected.

We will attempt to illustrate how theory is applied by using the issue of domestic violence and then continuing with this example throughout the rest of the book. In this way, we hope that the reader will more clearly see how each activity builds on a previous activity, how a problem statement is translated into a hypothesis, how a hypothesis is translated into a hierarchy of goals and objectives, and so forth.

While there are many points of intervention in the case of domestic violence, such as (1) prevention, (2) early intervention when the abuse has begun, and (3) support for a woman who is seeking help to escape from her abuser, the following is an example of the last event. Each of these three will draw on different literature bases at times and offer different theoretical positions. Here we are looking at the literature that identifies the intrapersonal and external issues that often create barriers to her seeking help.

When a woman seeks help after being abused by her partner, she brings a number of issues that need to be addressed if she is to achieve a level of independence and self-sufficiency, as measured, for example, by her not returning to her abuser, holding a meaningful job, and obtaining a permanent place to live (Campbell & Lewandowski, 1997).

Women in abusive relationships often experience depression, generalized anxiety disorder, posttraumatic stress disorders (Schmidt, 2014; Tolman & Rosen, 2001), and lower self-esteem (Kirkwood, 1993). They may have been socially isolated, living in an environment controlled by their abusers to the point where they might feel stripped of a sense of self-worth and dignity (Johnson & Ferraro, 1998; Macy, Nurius, Kernic, & Holt, 2005). Often the consequences of being abused are substance abuse and chemical dependency (Fishback & Herbert, 1997). Finally, many have little or no income, little education, few marketable skills, and a sketchy employment history (McCauley, Kern, Koladron, & Dill, 1995).

Each individual client will not be experiencing all of these risk factors, and it is the task of the case manager to determine which of these are present. Once this is accomplished, a treatment plan can be developed to target these specific factors. Appropriate services (chosen from a list of services) can be provided, and progress can be monitored and eventually evaluated. While it is not often expressed in these terms, the therapist is testing a hypothesis.

ing Theory

Program planning as a methodology has its roots in a number of planning theory streams, some of which go back to the beginning years of the 20th century. This does not mean that planning did not occur before this time. The megaliths found at Newgrange (built around 3200 BCE), the Pyramids at Giza (2500 BCE), and Stonehenge (1800 BCE) were built by skillful workers following a plan. Even the canals built 2,000 years ago by the Hohokam Indians of the Southwest were carefully planned. But it was only recently that planners began to write about planning. Most planning efforts before the 20th century were developed in response to the then-current tensions. Laissez-faire economics dominated political decision making, allowing a few very powerful men to do as they pleased, with little outside interference by government. Uncontrolled development was the norm, and cities such as New York, Boston, and Chicago experienced the rise of slums.

For example, by 1910, there were 3 million people in New York living in tenement houses. Of these, 1 million had no bathing facilities in their homes, 250,000 used outside privies, and one family in two shared a bathroom. Surveys conducted by social reformers highlighted crime, overcrowding, inadequate water supplies and waste disposal systems, filth, and disease. Moreover, existing green space in these cities was taken over by developers to build more and more tenements.

Progressives in these cities formed coalitions and were able to convince city leaders that development needed to be regulated and controlled. Housing codes were introduced to require builders to meet certain standards of safety and public health. Comprehensive land use plans balanced residential and commercial interests and set aside land for parks. Government passed child labor laws, and factories were made safer for the worker. The initial planning was rudimentary, however, in that the reformers began their social investigations with the solutions as a given. They knew what to do and used data to persuade others to support their recommendations. For the first time, citizens argued that government needed to become involved when the public's interest was threatened. While we recognized that community leaders had vested interests—they wanted to personally benefit from any action—we now began to understand other interests were not part of the dialogue. Eventually this concern became the basis for planning, and the professions of city and regional planning as well as public administration emerged. Professionals were responsible for ensuring the broader community's broader interests were taken into account.

A second stream is referred to as the era of scientific management. In 1911, Frederick Taylor published *The Principles of Scientific Management*, which introduced, among other things, the idea that planning should be based on the notion that there always will be a single best way to achieve desired goals. Since he worked in a steel mill, he was primarily interested in meeting production goals with the least cost, finding the best fit between ends and means. He is best remembered as an early pioneer of the factory assembly line and the need to break down a task or function into its basic parts. He emphasized the importance of efficiency through "rational" planning.

These streams of thought merged in the middle of the 20th century, when academicians and practitioners began to offer different theoretical formulations about the "theory" of planning. Based on Taylor's research, Banfield and Meyerson (1955) concluded that effective planning must be comprehensive in its scope. Analysis needs to identify the cause or

etiology of the problem. When this is completed, the planner needs to identify *all* possible means to solve the problem and evaluate each alternative in terms of its efficiency and effectiveness (later this was translated into benefit-cost analysis). Once the alternative has been chosen (Taylor's single best way), the planner needs to develop goals and objectives, which in turn lead to the design of a program and so forth.

Other theorists, such as Herbert Simon (1957) and Charles Lindblom (1959), basically agreed with this process but recognized the impracticality of identifying and analyzing all the alternatives. They suggested that comprehensive planning, although ideal, was neither feasible nor useful. Simon argued that *suboptimizing*, the selection of an alternative that achieves some of the desired goals, was a more reasonable criterion than *optimizing*, the selection of the single best solution after examining every possible alternative. He further argued that decision makers look for a course of action that is good enough to meet a minimal set of requirements. Lindblom introduced the concept of *incrementalism* and suggested that, in practice, the decision maker be concerned with improving the shortcomings of the existing system. Our basic approach to program planning in this book can be characterized as suboptimizing or incremental rather than as the more demanding comprehensive approach, with its requirement to identify and analyze all possible alternatives.

Types of Planning

Three major types of planning are used in the human services: (1) strategic planning, (2) management planning, and (3) program planning. While the three are used for different purposes, they all build on the above discussion of *theory of planning*. All three assume a rational approach to decision making or problem solving. They are concerned with the relationship between ends and means, goals and intervention strategies. Furthermore, to act rationally, the planner needs to identify a course of action that lays out the most efficient means—the best solution.

The first type of planning is *strategic planning*. To be effective, organizations periodically need to step back, examine what they are doing, and determine whether changes should be considered if they are to be effective, especially in ever-changing environments. Strategic planning involves a process of deciding on the future of an organization, setting goals and objectives, and identifying resources needed to achieve these goals and objectives and what policies are needed to govern the acquisition and disposition of these resources. This process often produces, among other products, the following:

- a vision statement
- a mission statement
- a statement of strategic direction
- strategic analysis
- strategic goals

Strategic planning takes a long-range view and may establish a vision for as much as 10 years ahead, with detailed plans for about a 3- to 5-year period.

The second type of planning is *management planning*. Here, the focus is on the process by which managers ensure that the resources, once obtained, are used efficiently and effectively in the accomplishment of the goals identified in the strategic plan. The focus is on the entire organization, with the manager being able to expand, modify, or terminate programs as needed.

The third type of planning is *program planning*. Here, the focus shifts from the organization as a whole to the development of a discrete set of activities that focus on one aspect of the overall mission of the organization. Program planning to address a specific problem or need is the focus of this book.

We recognize that many newer theoretical aspects of management planning, reflective practice, marketing theory, networking, and even critical theory are important in exploring the full range of management and planning theories. However, our primary concern is to create a model of program planning that can enable students and practitioners to understand and incorporate effectiveness-based principles into client-serving programs. We recognize that broader concerns, such as agency-wide administration, management planning, and developing community partnerships, are critical in human services, but we consider them to be important in their own right and beyond the scope of this book.

Still, most problem-solving approaches do have common themes. Two of these are the concepts of *efficiency* and *effectiveness*. Unfortunately, these concepts are often ill defined or even misused. Moreover, all too often, primacy is given to one (efficiency) at the expense of the other (effectiveness). As we discuss in later chapters on design, evaluation, and budget, efficiency is concerned with the ratio between effort and output, that is, the cost of delivering services and the amount of services we are able to provide with those resources.

Being reasonable (rational) means finding a solution/strategy that costs the least because such a choice would allow us to provide more services. For example, if one strategy allows us to provide counseling services at a cost of \$100 per hour and another at a cost of \$125 per hour, all things being equal, I can provide one additional hour for every four hours of counseling provided if I choose the former. Or if I can deliver one type of training program to 1,000 clients at a cost of \$1,000 each, compared with a second program that can provide training to 1,000 clients at a cost of \$750 each, by choosing the latter, I can serve more than two additional clients for the same amount of resources. All things being equal, one program is more efficient than the other.

While this line of thinking is critical to planning, it is only one half of the equation. Unfortunately, it often becomes the only part of the equation or at least the dominant part of the equation. The second and equally important concept is effectiveness. One program might be cheaper (more efficient) than another, but less successful (effective) than the other. We might conclude that if the more expensive training program is twice as successful in improving parenting skills and this can be shown to result in fewer cases of child abuse, it should make us pause before we choose that other more efficient program.

While the above section makes the case that fundamental similarities do exist between program planning and other theoretical approaches to planning, there is a growing interest in another approach that has emerged recently: *asset planning* or *asset mapping*. Admittedly, program planning assumes a *problem* exists, and this becomes the starting point in the problem-solving process. Some planners suggest this emphasis be turned on its head and that the process begin with a *strengths* perspective. Such an approach assumes that in

some cases this perspective provides a positive approach rather than a more narrow approach emphasizing problems and needs. It begins with an effort to identify not problems but community leaders, agency and organizational efforts, and resources. The planning process develops an inventory of community strengths useful in community development and community building. And, as side benefits, it promotes community involvement and, eventually, ownership in whatever strategy the process produces. As above, we recognize the limitations of planning as a problem-solving process, but it has its place just as a strengths perspective has its place. It depends on the task at hand. Finally, there are some commonalities between the two. We discuss a number of the elements of asset mapping in Chapter 5, "Needs Assessment: Approaches to Measurement," in the sections "Using Resource Inventories" and "Conducting a Social Survey."

The approach to program planning described in the following chapters is concerned with finding a solution that balances these two objectives—a program that offers the best opportunity to achieve our objectives at the most reasonable cost.

APPLICATION OF PLANNING THEORY TO CLINICAL PRACTICE: PROBLEM SOLVING AS APPLIED TO PRACTICE WITH CLIENTS

When working with a client/patient, a case manager (this term is being used in a general sense that includes any human service worker who has direct contact with a client) carries out a set of activities or a process:

- collection of data and information
- assessment of the problem based on data collected
- development of a treatment plan
- implementation of that plan
- monitoring of progress
- evaluation

Initially there is gathering of data and information and an assessment of the situation to better understand what the problem is and what might be done to resolve it. Intake data, which often include the following, are collected to understand who the client is:

- *demographic data*, such as age, gender, ethnicity, marital status, education, income, and so on
- *social history data*, including information relevant to the presenting problem such as previous substance abuse, mental illness, and so on
- *etiology of the problem information*, which is collected when the therapist attempts to identify those factors that either cause the problem or place the client at risk for developing it

These assessment data help the therapist make a diagnosis, develop a treatment plan, and so forth. The six activities in this process—collection of data and information, assessment of the problem based on the assessment data, development of a treatment plan, implementation of that plan, monitoring of progress, and evaluation—make up the *problem-solving methodology*.

APPLICATION OF PLANNING THEORY TO MACRO PRACTICE: PROBLEM SOLVING AS APPLIED TO PROGRAM PLANNING

While the terms are different, the following theory of planning is basically the same as that described above in the clinical example:

Problem Analysis and Needs Assessment

The first planning task is to assess the state of the system. Moreover, all conceptual approaches of problem analysis emphasize the need to identify the causes of the problem. Needs assessment follows the problem analysis step. The planning task is to estimate the target population, the numbers at risk. A final phase of this activity is to develop a hypothesis, a series of "if-then" statements that provides a road map of what you hope to achieve and how this will be accomplished.

Establishing Goals and Objectives

The second planning task is to translate the hypothesis into goals and objectives. Note that the extent to which these objectives are measurable will determine the extent to which the program can be evaluated. Moreover, just as the hypothesis is a series of statements in hierarchical form, so also are the goals and objectives, demonstrating that the accomplishment of higher level objectives is dependent on the achievement of lower level objectives.

Designing the Program

The third task is to develop the intervention—the program. Just as the goals and objectives section is a translation of the hypothesis in another format, the description of the actual program is a reformulation of the goals and objectives. However, rather than using a descriptive narrative, a systems framework is used to define and describe each element of the design.

Developing a Data Collection System

Once the program design section of the plan has been completed, program elements listed in the design section need to be translated into a data collection system that allows managers to monitor what is happening in the program on an ongoing basis.

Developing a Monitoring and Evaluation Plan

The data collection system also provides the data needed to monitor and evaluate the effectiveness of the program. This section also needs to address the evaluation design that will be used.

THEORY IN PROGRAM PLANNING

In an earlier section we discussed theory from a clinical perspective and suggested that a clinician needs to understand the problem that a client brings to the encounter. In the example of domestic violence, the therapist will explore those factors that are standing in the way of the client's achieving self-sufficiency and then will provide services that target these factors. The process that helps a therapist understand the problems an individual experiences is essentially the same process the program planner uses—examining human behavior theories to help in understanding the etiology of the problem. The specific services provided to the client are then drawn from a larger list of services, since not all program participants will have the exact same needs. The attempt is to match services as closely as possible to the program participants' needs. Those barriers identified in the earlier section can then be translated into a set of services a community might develop:

- shelter
- case management
- crisis counseling
- medical care
- legal services
- child care
- financial planning
- training and employment services
- short- and long-term counseling

This chapter introduced the notion that theory not only is an important aspect of program planning; it is an essential component. We used the concept in two ways, *theory of* and *theory in* planning. The former provides the planner with an approach to problem solving, a series of activities that begins with problem analysis and ends with a strategy for evaluating the program once it is implemented. The latter is concerned with identifying those factors that cause or are related to the presence of the problem. This provides the planner with an understanding of what the intervention should be—what services should be provided.

Figure 2.1 Comparison of Clinical and Program-Level Problem-Solving Processes

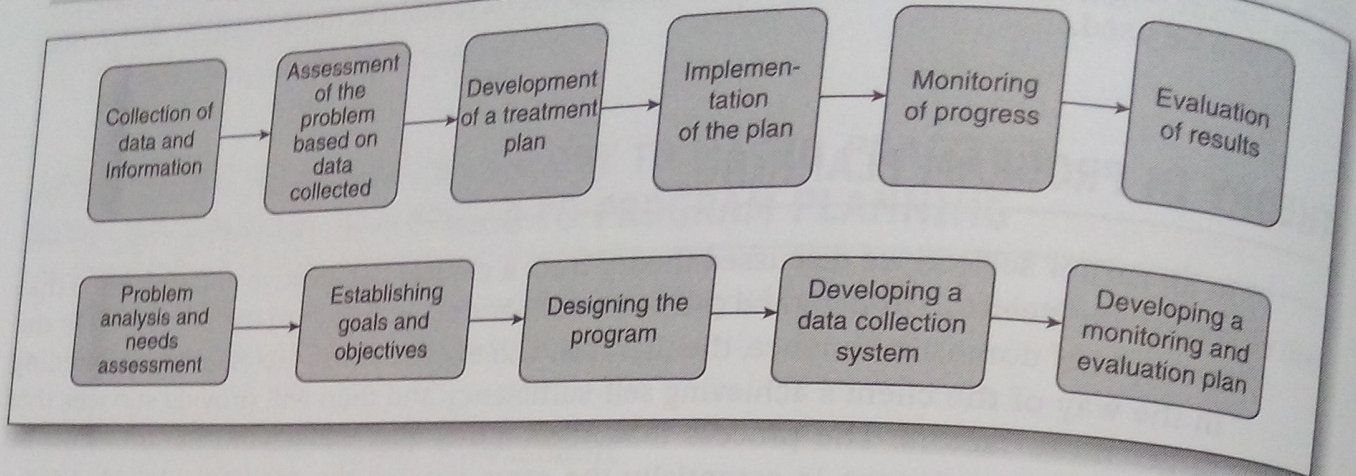


Figure 2.1 attempts to illustrate the similarities between the clinical application and the program-planning application of the problem-solving process. The next chapter will begin laying out those sets of activities related to problem analysis.

SUMMARY

This chapter introduced the theoretical underpinning for the program-planning model or framework used in this book. This model is not new. It is basically the rational-planning model (RPM) that has dominated problem solving for the last century. Its staying power is its dual objective of balancing a need for efficiency (the maximization of scarce resources) with a corresponding need for effectiveness (achieving desired outcomes).

One caveat needs to be recognized. The RPM tends to be seen as a linear problem-solving model. It should be seen as an iterative model. Granted, one step follows the previous step, but the previous work is not cast in stone, never to be changed. As the process evolves the planner recognizes at times that earlier steps will need to be modified.

In addition, this chapter discussed the importance of developing a program that is guided by an informed understanding of the specific problem we are addressing—both descriptive (the characteristics of the target population, the scale of the problem, etc.) and explanatory (the etiology of the problem, including the factors related to the presence of the problem). Finally, the chapter placed program planning within the larger framework of planning in general and demonstrated the interdependency of three major types: (1) strategic planning, (2) management planning, and (3) program planning.