

- The first point of focus is conditions or social facts.
- Conditions become problems when they are judged to be negative, harmful, or pathological.
- It is important to know who is judging the condition as a problem and why.

## **FRAMEWORKS FOR PROBLEM ANALYSIS**

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The framework used in this book generates a number of questions as guides in this phase of the planning process. In general, they deal with the nature of the situation, the social values being threatened, the extent to which the situation is recognized, the

scale of the problem, and the etiology of the problem. These concerns can be reduced to the questions listed below:

*1. What is the nature of the situation or condition?*

In pursuing an answer to this first question, program planners need to collect facts and impressions from as many different individuals and groups as possible—including service providers, community leaders, and those affected by the problem—to ensure that all perspectives are considered and that the problem is not labeled prematurely. If, for example, we are concerned with the increase in the incidence of domestic violence, we will want to collect information not just from human service professionals but also from others who are affected—for example, the abused women and their children, community leaders, police, and clergy.

*2. How are the terms being defined?*

One of the reasons that many planning efforts either terminate prematurely or result in ineffectual programs is that the problem is not clearly understood in the same way by all who participate in the planning. For example, the planning effort might be concerned with the problem of unemployment in the community. The term *unemployment*, however, may refer only to those actively looking for work or may include “discouraged jobseekers” and the “underemployed,” that is, those working part-time or fewer than 50 weeks each year. Similarly, terms such as *child abuse*, *domestic violence*, and *homelessness* would need to be defined. Common understandings must be achieved on all terms so that there is a shared definition of the problem and the target population.

*3. What are the characteristics of those experiencing the condition?*

This question closely follows the previous question. In answering it, we are able to describe those experiencing the problem in sociodemographic terms. Who are they, and what do they look like? If the planners are concerned with the domestic violence problem, for example, and have achieved agreement on their definitions, their next task will be to describe who these women are. In most communities, we are likely to find that many different subpopulations make up this group. They cannot be thought of as a single homogeneous group. A percentage is likely to be families with young children, another group will probably have psychological problems, and still another will be individuals with substance abuse problems. Without these data, the planning effort is likely to produce programs and services that may be appropriate to only one or a few of the subgroups experiencing the problem of domestic violence.

*4. What is the scale and distribution of the condition?*

This question addresses the need to estimate the numbers affected and the spatial distribution of the condition under study. These data provide two figures: (a) an estimate of the numbers, which is important for deriving some notion of the level of effort needed to deal with the condition, and (b) the distribution of the condition, whether it is concentrated in specific geographic areas or spread out. This might give program planners some beginning direction in terms of intervention strategies.

*5. What social values are being threatened by the existence of the condition?*

There is a need to explore, to the extent possible, how people in the community would respond to the presence of the condition if they knew that it existed. For example, how would the general community react if the situation involved the number of abused women and their children? Would people be concerned enough with the safety of these families that they would be willing to make it a high priority for the city or county in terms of resource allocation? Would they support the position that anyone who is being abused needs protection and assistance to achieve a stable life for themselves and their children? Perspectives of community people, community leaders, the media, and various special interest groups are important for later use in determining whether this particular condition will be seen as a problem that should be addressed.

*6. How widely is the condition recognized?*

It is valuable to have some idea of potential community support for later action. Furthermore, if the situation is not widely recognized, there may be a need for community education before an intervention can be implemented. If the condition is known only to some professionals or agencies and those who have experienced it, it is unreasonable to expect the larger community to respond favorably to a request for support. The problems of homelessness and AIDS demonstrate this point. In the early 1980s, few people were concerned with these problems; many saw them as both small in scale and involving narrowly defined populations. Community action occurred only when the general public and community leaders became more aware of and knowledgeable about these conditions. Such is the case for domestic violence as more and more people recognize it as a growing problem.

*7. Who defines the condition as a problem?*

A corollary of this is the question: Who would support and who would oppose resolution of the condition? It should be apparent that problem analysis in a planning context is different from problem analysis in a traditional research framework. It includes an analysis not only of who, what, and where but also of the political environment. This assessment of the readiness to deal with the problem and to commit resources to its resolution is an important part of problem analysis.

In any situation, there is likely to be one group of people who define the condition as a problem, another who have no opinion, and still another who oppose any resolution or change in the situation. When facing demands to improve substandard housing, for example, those opposing change may include landlords and others who are benefiting from the status quo.

A recent example of this conflict is this country's response to the immigration of tens of thousands of children from Central America. While one group wanted to help the children, others physically stopped the buses carrying the children to processing centers and wanted them deported immediately. Whenever money is involved, which includes almost all areas of social services, there is likely to be competition for scarce resources and therefore opposition.

Whatever the situation, it is critical to identify these possible opposing forces. To do otherwise could result in failure during later stages of the planning and implementation processes. Force field analysis offers one strategy to carry out this task (for discussions of this strategy, see Netting, Kettner, & McMurtry, in press).

### 8. *What is the etiology of the problem?*

This question raises concerns that are the most critical part of these frameworks—the need to identify the cause(s) of the problem. Some interventions that target the causes of the problem will result in positive outcomes; others may not.

Typically, etiology emerges from a review of the theoretical and research literature on the topic and from an understanding of the history and development of the problem. The epidemiological model can be helpful in determining etiology. An epidemiological approach hypothesizes the existence of causal chains and assumes that if a link in that chain can be altered or broken, the problem can be dealt with, at least with partial success.

Two classic examples are found in the literature on communicable diseases: response to a cholera outbreak in the 19th century and the yellow fever campaign of the early 20th century. In the first case, John Snow, a physician, noticed that those who contracted cholera in London were likely to have used water from a single source: the Broad Street pump. The epidemic abated after the source was sealed and closed (Summers, 1989). In the second example, Walter Reed and his associates found that yellow fever existed only when three essentials were present: a human to contract the disease, a mosquito to carry the disease, and a swamp to breed the mosquitoes. Assuming a causal chain, efforts were initiated to eradicate the breeding grounds, and the incidence of yellow fever was dramatically reduced. More recently, epidemiological thinking has helped us better understand current communicable and infectious diseases such as sexually transmitted diseases and AIDS.

Although the model has been less successful in dealing with multicausal problems and problems that do not involve infection, it has great value as a framework for understanding the etiology of social problems. Cloward, Ohlin, and Piven (1959) incorporated this approach in their proposal dealing with juvenile delinquency. They hypothesized that delinquent behavior resulted from “blocked opportunity” and that “blocks” included a nonresponsive educational system, an inaccessible health care system, discrimination, poverty, and substandard housing. Their intervention, then, focused on removing these blocks. However, unlike the above communicable and infectious disease examples, to use this approach on social problems is to rely on correlations, associations, and probabilities between intervention and outcomes and not cause and effect in the classic sense. In the classic sense, cause and effect requires that the presence of one factor *always* produces another event, and without the first, the second will not exist. For example, we say that smoking causes lung cancer, yet not all people who smoke get lung cancer and others who do not smoke get lung cancer.

Some risks may have to be taken in speculating about etiology in multicausal social problems. The amount of knowledge and information program planners have about the problem will have a major influence on the accuracy and validity of their common understandings of cause and effect. Reaching agreement is extremely important in that it is around these common understandings of cause and effect that interventions are designed.

### 9. Are there ethnic and gender considerations?

Although not a part of the early analytical frameworks, this question has taken on a new significance in the past few years. As the bodies of literature on culture and gender grow, it is important that program planners be aware of the ways in which the problem and the proposed intervention will affect and be affected by ethnic and gender considerations.

Though the general intervention may be the same for many different groups, the way the intervention is packaged is shaped by these considerations. Several authors have developed feminist and ethnic-sensitive interventions (see, e.g., Anderson & Carter, 2003; Appleby & Colon, 2007; Cross, Bazron, Dennis, & Isaacs, 1989; Lecca, Quervalu, Nunes, & Gonzales, 1998; Locke, 1992; Weil, Gamble, & Williams, 1998). Where programs will affect and be affected by these populations, this literature should be explored.

In summary, it should be apparent that problem analysis in a planning context is different from problem analysis in a traditional research framework. It includes not only an analysis of the who, what, and where issues but also an analysis of the political environment, an assessment of a community's readiness to deal with the problem, and a measure of the resources the community is willing to commit to its solution. Finally, it is critical that

Figure 3.2 Framework for Problem Analysis

