PROBLEM ANALYSIS/NEEDS ASSESSMENT



THE CONTRIBUTION OF THEORY TO PROGRAM PLANNING

CHAPTER REVIEW

The purpose of this chapter is to explain

- Why the use of theory is important in understanding social problems
- Why and how theory is used in program planning
- How to differentiate between theory of practice and theory in practice
- How to differentiate between theory of program planning and theory in program planning
- The differences between strategic, management, and program planning

The following topics are covered in this chapter:

- The Use of Theory in Program Planning
- Theory in Practice
- Planning Theory
- Types of Planning
 - O Application of Planning Theory to Clinical Practice
 - O Application of Planning Theory to Macro Practice
- Summary
- Review Questions

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, not only will there emerge 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 they are attempting to resolve, the etiology of the problem. While this language might seem to be tautological and confusing, the distinction is real and necessary. They are, 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 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 et al., 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 et al., 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. This section discusses the role theory plays in organizing the steps the planner takes to describe what needs to be done to achieve successful outcomes.

Planning 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, three million people in New York lived in tenement houses. Of these, one 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 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 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 private interests (e.g., those of the developers) threatened the public's interest. 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 dialog. 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 1917, Frederick Taylor published his work, *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 and the notion that we are primarily concerned with generating and evaluating different means to achieve the given ends.

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 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.

We are not suggesting, however, that comprehensive planning is never appropriate. It often depends on how broadly the problem is defined. Some problems are too complex to use the less comprehensive strategies mentioned above. War, poverty, massive immigration from central America, and discrimination would require commitments from many leaders of the private and public sectors; an acceptance of a more radical changes than we have been willing to entertain politically would be needed. The term radical describes an approach that discovers the root cause(s) of the problem and not the systems. In Chapter 6, we offer an example of each approach.

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 decisionmaking 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 referred to as *strategic planning*. To be effective, organizations as a whole 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,

- a vision statement,
- a mission statement.
- a statement of strategic direction,
- strategic analysis, and
- strategic goals.

Strategic planning takes a long-range view and may establish a vision for many years ahead, with detailed plans for about a 3- to 5-year period, and usually involves the organization's board of directors, advisory board members, and senior staff members.

The second type of planning is referred to as *management planning*. Here, the focus is on the process by which managers evaluate all the organization's existing programs to assure 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 or 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 to 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 do discuss a number of the elements of asset mapping in Chapter 5, Needs Assessment: Approaches to Measurement, in the sections labeled 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 or 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 INPUT
- Assessment of the problem based on data collected INPUT
- Development of a treatment plan THROUGHPUT
- Implementation of that plan THROUGHPUT
- Monitoring of progress OUTPUT/OUTCOME
- Evaluation **OUTCOME**

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 are collected to understand who the client is. These often include

- 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 RO 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, the framework used in planning is a systems framework developed initially in the business sector.

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 Monitoring and Evaluation Plan

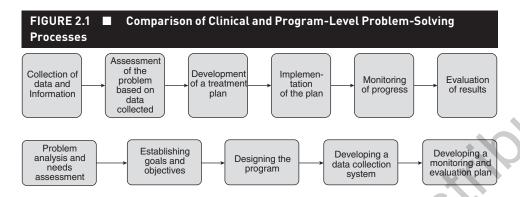
The data collection system also provides the data needed to monitor and evaluate the effectiveness of the program. This section also needs to address the evaluation design that will be used.

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 but also an essential component. We used the concept in two ways, *theory of planning* 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 approach provides the planner with an understanding of what the intervention should be—what services should be provided. 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 that 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.

REVIEW QUESTIONS

- 1. Why is the concept of theory critical to any discussion of planning?
- 2. How are the concepts "theory of" and "theory in" different from each other?
- **3.** What does the phrase *rational planning* mean?
- **4.** What is the difference between efficiency and effectiveness?
- 5. How is a "problem-solving" approach different from a "strengths" approach?

REFERENCES

Banfield, E., & Meyerson, M. (1955). *Politics, planning and the public interest: The case of public housing in Chicago*. Free Press.

Campbell, J., & Lewandowski, L. (1997). Mental and physical health effects of intimate partner violence on women and children. *Psychiatric Clinics of North America*, 20, 353–374.

Faludi, A. (1973). Planning theory. Pergamon Press.

Fishback, R., & Herbert, B. (1997). Domestic violence and mental health. *Social Science Medicine*, 45, 1161–1176.

Johnson, M., & Ferraro, K. (1998). Research on domestic violence in the 1990's. *Journal of Marriage and the Family*, 62, 948–960.

Kirkwood, C. (1993). Leaving abusive partners: From the scare of survival to the wisdom of change. SAGE.

Lindblom, C. (1959). The science of muddling through. Public Administration Review, 19, 79–88.

Macy, R., Nurius, P., Kernic, M., & Holt, V. (2005). Battered women's profiles associated with services helpseeking efforts: Illuminating opportunities for intervention. *Social Service Research*, 29(3), 137–150.

McCauley, J., Kern, J., Koladron, D., & Dill, L. (1995). The battering syndrome: Prevalence and clinical characteristics of domestic violence in primary care. *Annals of Internal Medicine*, 123, 737–745.

Popper, K. (1959). The logic of scientific discovery. Basic Books.

Schmidt, I. (2014). Addressing PTSD in low-income victims of intimate partner violence: Moving toward a comprehensive intervention. *Social Work*, *59*(3), 253–260.

Simon, H. (1957). Administrative behavior. Macmillan.

Taylor, F. (1917). The principles of scientific management. Harper & Row.

Tolman, R., & Rosen, D. (2001). Domestic violence in the lives of women receiving welfare. *Violence Against Women*, 141–158. *h7*











