Reframing Human Services: Why and How

By Irv Katz and Karen Heller Key



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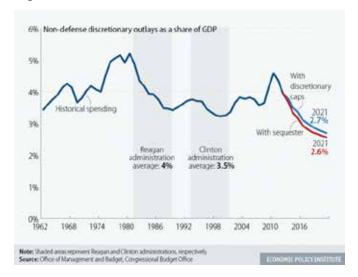


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hat does the public think of human services and why does it matter? It matters because public officials collectively play the most prominent role in how we as a nation address human needs and provide human services. And while party affiliation and ideology are major factors in the decisions that public officials make, public sentiment—even when it is divided—represents the opinions of constituents, and those opinions matter a great deal to elected officials.

What citizens, and their elected officials, think about human services matters now more than ever, for a variety of reasons, all of which are very familiar to the readers of *Policy & Practice*. First and foremost, funding is stressed at all levels, as evidenced by the fact that the percentage of the gross domestic product (GDP) devoted to non-defense discretionary spending is at historically low levels (see Figure 1). Among the other factors that are readily apparent are sustained high levels of poverty and sustained un- and underemployment. These are just some of the economic indicators. There is also the aging of the population, the unmet challenges of many people with disabilities, lack of affordable housing, and more.

Figure 1

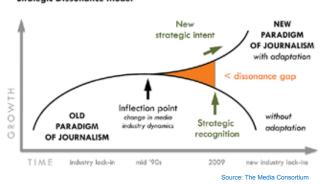


Why does it matter now? It matters because many aspects of our societal response to human needs, including human services, are at a point of inflection—a point at which changes in the external environment are so dramatic that current practices achieve diminishing returns and the choice for an industry or area of human endeavor is to either change course or become irrelevant. Consider journalism and mass media a dozen years ago and now. Today there are fewer daily newspapers, fewer readers, and the papers are smaller. Traditional broadcast media play a much smaller role than cable and web communications and even they are losing ground to streaming and instant media of all sorts available to us on a variety of devices 24/7. The factors leading to these changes—the technology explosion, changes in the media marketplace, etc.—transformed the communications landscape. New media emerged, replacing the old, and traditional media either changed or became irrelevant.

What are the factors causing a point of inflection for the human service "industry?" (See Figure 2.) The public funding crunch is a major factor, but there are others:

- While charitable giving, which funds a portion of human services, tends to rise in total from year to year, giving as a percentage of GDP has been fixed at plus-or-minus 2 percent for decades.
- Charitable dollars for human services and other causes are spread thin as the number of nonprofits rose dramatically over several decades.

Figure 2
Strategic Dissonance Model



■ There are immense expectations of and pressures for entrepreneurial approaches and innovation, today. In the human services, such efforts tend to happen on a small scale and there are few dollars available for taking such innovations to scale. Put another way, major providers and systems must continue to serve the masses and simultaneously transform to become hyper-effective and highly efficient ... without development capital.

Various states and localities and individual nonprofit agencies are considering or in the throes of transformation, but, given the very major interdependence of federal policy and dollars and the realities of the state, local, and agency levels, some degree of common understanding of desired outcomes and evidence-based strategies needs to happen nationwide. Otherwise, we have only "random acts of transformation," not changed systems.

As leaders in public and private nonprofit human services, we need to begin with the end in mind—with shared aims. What is it that we as a nation agree on, in terms of our goals and aspirations for all or the majority of children, families, older adults, and people with disabilities? To borrow from the Forum for Youth Investment's Ready By 21® construct, perhaps we agree as a nation that we want every youth ready for college (or post-secondary education), work, and life by young adulthood. Then as a nation, we would adopt that as a desired outcome and identify the strategies necessary to achieve that outcome.

The National Human Services Assembly (NHSA) and its members believe that there is an underlying sense of what the desired outcomes are for kids, families, older adults, and people with disabilities in America and that we can be bold enough to articulate and strive for them, collectively, between the two major forces in human services—the public authorities and the nonprofit agencies in the human services (or, we would suggest, human development) space. The American Public Human Services Association (APHSA) and its members have begun this work with the *Pathways* initiative.

Again, applying the construct of Ready By 21® to these four segments of the population; NHSA suggests that an overall outcome-focused framework for human development might look something like the following (see Figure 3, using Children & Youth). And from such a framework, evidence-based strategies could be identified and pursued in policy and practice.

NHSA and a growing number of its partners, including APHSA and several state and local human service coalitions, have concluded that examining the frame Americans use to understand "human services" is a critical step in the journey to identifying and achieving the over-arching outcomes we all want for all Americans. It is not just about common language, images, and messaging; it is about knowing the extent to which the people and leaders of the country understand, value, and envision the contributions of human services (or human development strategies, if you will).

Health care, which started out as a wide array of professions, disciplines, institutions, and practices, has come to be seen as a single, unified field or industry that is the subject of public discussion as we struggle with how we want it

Figure 3

Population-Level Outcome/Aspiration	Outcomes by Developmental Competency	Strategies
Children & Youth (e.g., Ready for college, work	Learning, e.g., age-appropriate proficiency	Learning , e.g., learning approach coordinated across formal and informal education settings
and life) Note: college or post- secondary education	Working, e.g., children know and follow career paths; have competencies in skills that cut across careers	Working, e.g., career exploration and experimentation, learning/reinforcement of cross-cutting skill acquisition in school and out of school
	Thriving, e.g., children are healthy, nourished and fit Connecting, e.g., children relate positively to others, within and beyond family;	Thriving , e.g., wellness, fitness and healthy eating integrated and specifically programmed in all aspects of learning, child care and play
	participate in ways that build community Leading, e.g., children exhibit attitudes and behaviors of civic responsibility, exercise	Connecting, e.g., family connection/engagement an element of periodic in- and out-of-school assessments; civic engagement and relationship building are integrated in learning
	leadership	Leading , e.g., personal and community leadership is practiced and integrated in formal learning and community activities

designed, financed, and delivered. NHSA believes that for the nation to make significant progress on meeting human needs (and preventing those needs and challenges that can be prevented) and on making it possible for the maximum number of Americans to achieve the best possible outcomes at every stage of the life cycle, human services/human development must become an aggregated whole as is now the case with health care.

There are two important early steps in this journey. One is for the public authorities with responsibility for human services and the nonprofit human service providers—and their intermediaries—to recognize and leverage their interdependence. The budding partnership between NHSA and APHSA reflects the growing recognition by both parts of the equation that we can and should strive together to transform human services.

The other crucial early element is understanding how "human services" as a construct or sector is "framed." By the term, framing, and its variations, we mean a disciplined approach to identifying and/or creating a mind-construct by which people understand a concept like human services. Framing is not about looking for words that sound better but doing the research necessary to find out what "average citizens" associate with, say, human services—what words, images, and metaphors they associate with it; how those associations compare with the reality; and testing and establishing alternative language and imagery that more accurately reflect the concept and that resonate with the millions of average citizens who care about the well-being and development of their families, neighbors, and co-workers.

The work of framing can get pretty complicated (especially as contrasted with mere messaging) because it relates to neuroscience and brain architecture. Neuroscientists have found that concepts are lodged in the brain as they were originally understood by an individual. Once lodged, a concept is pretty well fixed and all information received relating to the concept is viewed through the mind's frame for it. The scientists have found, in addition, that changing that frame is very, very difficult. Yet, framing specialists, who tend to come from a variety of the sciences (including neuroscience) and communications disciplines, indicate that what might be an inaccurate or undesirable frame can be replaced with another, if it is well crafted (i.e., resonates

with values that really matter to the greater public) and repeated often over a considerable length of time. (This last aspect speaks to the importance of "all" in human services adopting and using the same language and imagery for human services and perhaps other core common concepts.)

Let's ask first how the sector understands human needs and human services. The "word cloud" in Figure 4 is meant to suggest what "we" in the sector (i.e., public authorities and providers of human services) mean by the term human services—a disaggregated mix of needs, programs, problems, strategies, populations, entitlements, and more.

Figure 4



That's the layman's version of how the experts view human services. Thanks to the understanding and support of The Kresge Foundation, NHSA engaged The FrameWorks Institute (TFI or FrameWorks) to find out how public understanding of human services compares with those of the experts, i.e., people associated with or a part of the human services.

FrameWorks, with its team of experts from nearly two dozen relevant disciplines and sciences, is among the leading experts and practitioners of the discipline of framing. Its methodology is rigorous (and can be found on its web site: http://www.frameworksinstitute.org/methods.html). Central to its methodology are in-depth interviews with samples of lay people and subject experts, whose responses are then synthesized and compared. By applying these steps and others,

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TFI has played a major role in crafting frames that enable society to understand many complex concepts; with terms they have developed, like brain architecture and toxic stress.

TFI and NHSA are pleased to share the report of the findings of the TFI human services perceptions research with readers of Policy & Practice. The report of the findings can be found at http://bit.ly/1bRUC4v. Let us summarize, at a very high level, for the purposes of this article. The terms, "the public" and "experts" refer to the interviewed samples of lay persons and people in the human service field. Note that this summary is presented by NHSA not TFI; the reader should read the full TFI report for a more in-depth presentation and interpretation.

- The public does not understand human services. To the extent that it does, it views human services as short-term, direct services only, while experts tend to include prevention and advocacy as a part of human services as well.
- Replacing "human services" with "well-being," the experts view well-being broadly related to fulfillment of human potential, while the public tends to define and think about well-being as, essentially, achieving financial self-sufficiency.
- Experts tend to think of structural causes for social needs, while the public tends to think of the individual's inadequacy or failing.
- On the matter of public funding, experts see the need but the public finds it problematic due to perceived corruption and inefficiency in government.
- Asked about who benefits from human services, the public thinks of the recipients of direct services, while the experts think that all benefit through a strengthened society.

They are different "world views." When it comes to gaining support for effective policies, practices, and funding, it is the public's perceptions that matter, particularly in contrast with those of the experts (i.e., people in the human service field). The frame in which the public holds this area of human activity is concrete (financial, the individual's failing and responsibility), it is conceived of as rightly centered on the family (as the locus of both blame and change) and is skeptical of government involvement, and it is about fixing problems, not developing people. For experts, it is more about the totality of human potential/ development, the societal/ecological context of human needs, and community solutions, not just individual fixes.

FrameWorks identifies four "dominant American frames" that come into play in the public's take on human services:

- Individualism and "self-making" (i.e., our outcomes are a function of our willpower and choices)
- Well-being defined as financial autonomy
- Government as corrupt and ineffective
- Nonprofits as charities

None of these frames are affirming or encouraging for public authorities and nonprofit agencies striving to help people understand the value and contributions of human services and to transform human services so that they are more efficient and effective. Yet, they suggest that the field can seek ways to better connect with the public on shared beliefs/perceptions, such as more effectively communicating how getting people to financial autonomy is an integral part of human service strategies; and they suggest that there may be opportunities to help the public replace stereotypes relative to government and charity with information on how the sectors function and join forces to achieve positive outcomes for people and communities.

TFI also identifies recessive or non-dominant frames that Americans could access—and that the field can employ—to better understand the value in human services:

- Shared value—equality of opportunity, fairness between places
- Pragmatism—we can fix problems with common-sense, practical solutions
- Connectedness (social connections) matters
- The value of prevention

These frames and what they connote are arguably a part of whatever frame public- and nonprofit-sector human service leaders hold in common. TFI suggests that these concepts, though not dominant, are present in our culture and can be lifted up in the development of a new frame (and intermediate applications) for public understanding of human services (or, as NHSA wonders, perhaps a replacement term for human services, such as human development).

The journalist, Ian Frazier, captured our dilemma as human service policymakers, practitioners, and advocates in his recent article on homelessness in New York City in The New Yorker (October 28, 2013). Frazier notes that there are two philosophies in play in the public mind and public discourse, and which one is dominant depends on who holds the keys to Gracie Mansion. One philosophy is that homelessness is a behavior that has to be changed ... through requirements, standards, and the like. The failing is with the individual, even if he or she is a child. The other philosophy is that homelessness is about people needing a stable place to live and that housing access and supply are what need to be fixed.

These conflicting views—of one aspect of the human condition that we as human service leaders are responsible for dealing with—reflect long-held frames. Because they appear as diametrically opposed views, "solutions" tend to the either/ or, when causes and solutions may well exist on a continuum. Our challenge in this and other aspects of human needs is to help the public understand the facts of cause-effect-andsolution in the context of frames that reflect our shared values of equality of opportunity, pragmatism, prevention, connectedness, and more. Finding an appropriate and accurate frame for human services (or human development or whatever we end up labeling this important area of human endeavor), that resonates with the values and beliefs we share as a people, is a critical step in the journey to transform human services.