

3

Understanding Social Problems

CHAPTER OVERVIEW

The purpose of this chapter is to explain:

- The importance of carefully thinking through the social problem(s) to be addressed
- Common mistakes that have been made in the past in defining social problems
- A more productive way of defining social problems
- How standards are used in defining problems
- How a social problem can be better understood and more clearly defined by answering a series of questions about the problem and the population affected

The following topics are covered in this chapter:

- Addressing social problems
- Stating problems as solutions
- The limitations of this approach
- The need for a new approach
- Identifying a social condition
- Defining problems
- Social problems and standards

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- Frameworks for problem analysis
- Summary
- Review questions

Addressing Social Problems

Most social programs are justified on the basis of one intention: to address identified social problems, which become translated into the needs of a target or client population. Once implemented, programs often drift from their initial focus and are adjusted to meet the demands of agency and staff. Nevertheless, in their original design, it is important that programs develop a clear focus on client need and that the extent to which it is met becomes the barometer for measurement of program integrity and effectiveness. This is the “bottom line” for social service programs because we cannot use profit or loss as the measure of the success or failure of a program. Though considerations of profit and loss are important in business, in the social services we need to go beyond these and give primary consideration to meeting client need in a way that is cost-efficient and cost-effective. In the following pages, we explain how one develops an understanding of a social problem in a way that makes explicit the relationship of problem, client need, and program.

Problem analysis and needs assessment can be viewed as the first of a number of related activities that, in sum, constitute the planning process. Such a process, according to this perspective, would also include the formulation of a policy framework expressed in goals and objectives; the selection and implementation of a particular intervention or program; the calculation of resources needed to implement the program; and the management of monitoring, evaluation, and feedback procedures.

These activities often require the participation of many, including professionals familiar with the problem, administrators familiar with service capabilities, consumers or potential clients who have experienced the problem firsthand, and others knowledgeable and influential in this area of concern. We will frequently refer to this group as *program planners*. Most human service professionals, at one time or another during their careers, serve in the role of program planner. Perhaps in some large, well-funded

agencies there are professionals specifically designated as planners. For the most part, however, planners in human service agencies are those involved in the direct provision of services, supervisors, or administrators who have a special assignment to develop a program plan and who draw on a variety of people for their special talents and perspectives.

An orderly, systematic approach to program planning suggests that planners begin by asking: What is the problem? What are its facets, and what are its causes? What are the characteristics of those who can be defined as having the problem? How many people are affected? Can they be located geographically? Effectiveness-based planning presumes that needs can be responded to if, and only if, such questions can be answered.

Pursuing answers to these questions appears at first glance to be both logical and necessary. In a typical agency, however, both the phases of the process and the questions asked are often likely to be ignored or treated in a perfunctory fashion. Why might this be so?

Stating Problems as Solutions

The answer might be found in the following scenario. Whether it resembles your experience or not, it describes an all-too-common occurrence in many communities.

A planning agency concerned with the problems and unmet needs of women who have been abused (e.g., an interagency coalition on domestic violence) brings together representatives of all agencies offering services to these women. The convener hopes that the process will not only identify these problems and needs but also provide the basis for establishing priorities and a blueprint for long-range planning. After introductions are made and the purpose of the meeting is stated, each participant is asked to share with the group his or her perceptions of problems, needs, and priorities.

The first person, a program manager for a shelter, describes that agency's programs and the number of women and children it serves and concludes that, on the basis of these data, there is a pressing need for many more beds. The next person at the table, a social worker from a local counseling agency, speaks of the large numbers of women who are in need of individual and group counseling. She concludes with a plea that priority be given to recruiting and training social workers to more effectively work with this target population. A third person, a nursing

supervisor in the county hospital, points out that many of these women are brought to the emergency room by police officers who really know very little about how their initial contact can have a positive or, in many cases, a negative effect. She suggests that the plan give some priority to a series of training sessions. The next person, a representative from child protective services, speaks of the tragedy the children experience, even if they only observe the violence, and their need for specialized therapists. As the meeting progresses, a case for additional legal services is articulated by the representative of the county's legal aid services, and for job training by the local employment agency center. At the end of the process, the facilitator thanks the members and promises to draft a report based on their "planning."

Many planning efforts are initiated with the implicit assumption that the problems are fully understood and their solutions known. In fact, the problems are frequently stated in terms of solutions and are often qualified by the word *more*, as in "more physicians" (or nurses, social workers, counselors, day care facilities, hospital beds, or training slots). The common denominator to this approach, regardless of the problem in the community or the target population, is a strong belief that the major problem is basically a lack of resources. We know what to do and would be able to solve most, if not all, problems if we had sufficient resources.

The Limitations of This Approach

Additional resources are not necessarily always the solution. Times change, conditions change, people change, and problems change. The assumption that "business as usual" with additional resources is what is needed may well prove to be faulty. A fresh analysis of condition and problem may well lead to a number of different interventions or programs.

Commitment to business as usual is certainly understandable. As human service professionals, we have come to believe in the efficacy of our profession and therefore advocate for an increase in numbers. But these services tend to take on lives of their own, thereby reducing the potential for flexible approaches to problem solving and inhibiting efforts to initiate change through experimentation.

The emphasis on planning is too often on organizational survival or program maintenance and expansion. Administrators who are responsible for the management of programs often structure their agencies in such

a way that the purpose of the organization becomes defined as the sum total of the services provided. Staff members tend to view potential clients in terms of those services the staff are in a position to offer. The elderly, for example, are often grouped into those “needing” homemaker services, meals on wheels, institutional care, and other services. Likewise, persons who are mentally disabled may be seen as those who “require” institutional care, special education, training, and other services. Such views may continue long after these approaches have outlived their relevance for these groups.

Whatever the system, this labeling has the potential to begin at intake and to continue throughout the client’s contact with the agency. All too often, services that were initially introduced as “possible” mechanisms to assist people in need quickly become the “only” way to do things. Services initially developed and seen as potentially beneficial for certain people with particular needs take on a life of their own and are rarely questioned. There is a universal tendency when we approach planning with a focus on the existing service delivery system to emphasize management aspects—the efficiency of our system. We rarely step back and examine the purposes of these services or question their effectiveness.

Looking only at existing programs and services serves to maintain the status quo, and the process generally discourages experimentation. Change, when it does occur, offers minor modifications to the existing system. The problem with the approach, however, is that although the system has grown exponentially over the past 30 to 35 years, and although expenditures have mushroomed, many of the social problems that these expenditures were to alleviate remain unchanged. The persistence of serious problems despite monumental financial efforts has brought renewed pressure for experimentation with new processes and changes in the existing system. The expectation that resources will continually expand to meet need as defined in the existing system is not realistic.

The critical considerations in developing an understanding of a social problem, then, are these:

- Problem analysis should be seen as the first of a series of related activities in the planning process.
- Problem analysis initially should focus on understanding the problem—not on generating the solutions.
- Problem analysis should involve a fresh look at issues, free of assumptions about services.

The Need for a New Approach

These pressures, in part, have stimulated a growing recognition that there must be a better way to understand and address problems. The need for data to justify predetermined service-planning decisions is being replaced by a need for data that will lead to a clearer understanding of social problems and will help in identifying the most effective directions for planning decisions. This, in part, has been the impetus for developing a model for effectiveness-based program planning.

Current decision making is not, and probably will never be, a purely technical process removed from the political environment. This does not mean, however, that decisions should not be influenced by sound technical analysis. Attempts need to be introduced that establish more rational decision-making processes that take into account both the political and the technical.

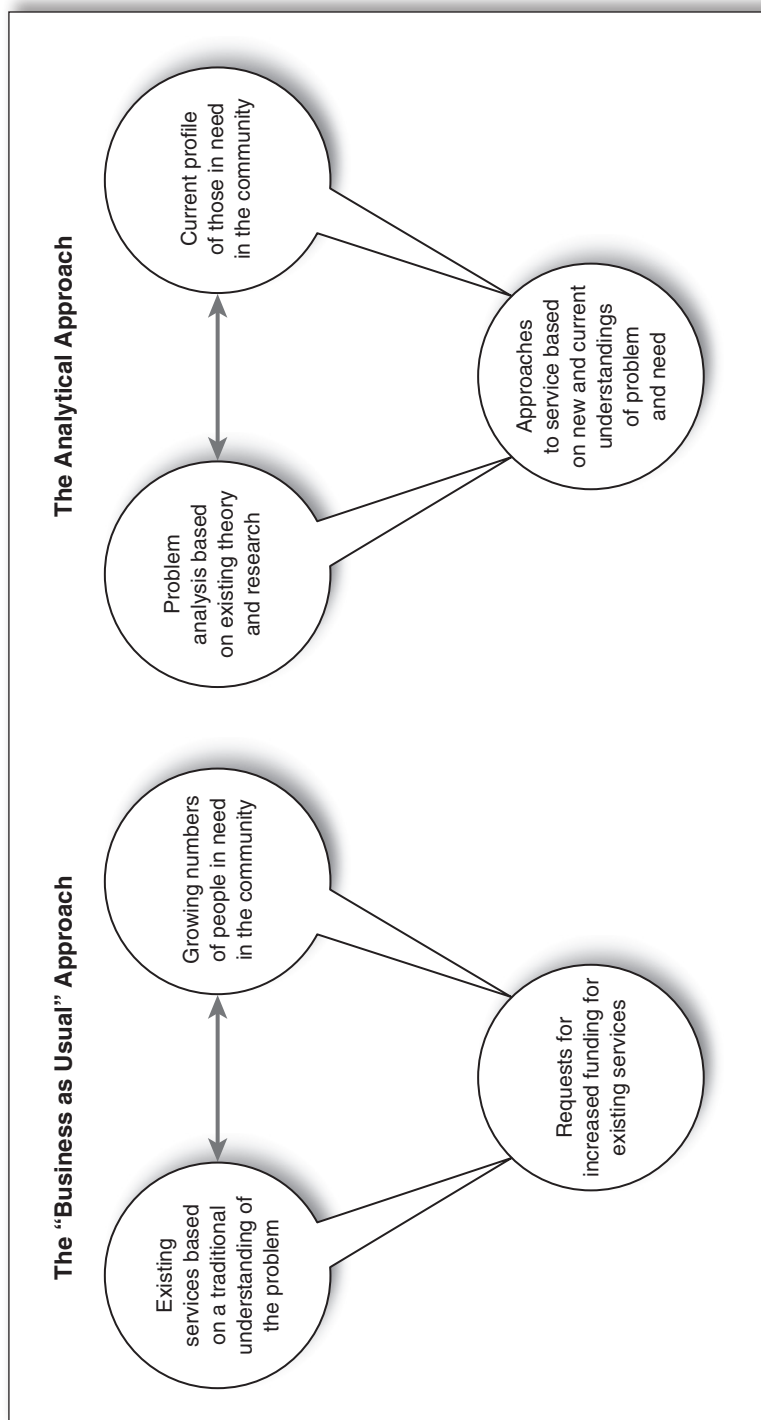
The appropriate first activity, then, is problem analysis and the assessment of need. It is one that seeks to stimulate independence from the status quo by focusing on the problems and needs of people rather than on the existing network of human service programs. Figure 3.1 illustrates the differences between the “business as usual” approach and planning based on current problems and needs. This activity begins with the recognition of a social condition.

Identifying a Social Condition

The temptation in problem analysis is to move directly to a definition of a problem. Premature definitions, however, can lead to premature conclusions about the nature of the problem. Instead, program planners should begin with an understanding of a condition: the facts or a statistical representation of the phenomenon under study. The facts may tell us, for example, how many people are experiencing the condition; who they are; where they live; and for how many the condition is mild, moderate, or severe. This begins to present a profile or portrait of a condition. From there we can move to an understanding of a problem.

The concept “social problem” needs to be understood as relative, in that an individual brings a frame of reference, shaped by a value system, to a condition and labels a condition as a problem. *Webster’s* defines a problem as a “source of distress.” A condition, on the other hand, can be defined as a social fact: that is, a datum that stands independently and is

Figure 3.1 A Comparison of Two Approaches to Problem Analysis



without value interpretation. An example may clarify this distinction. To report that a particular family's income is \$20,000 for the year 2011 is to describe that family's income condition only. An income of \$20,000 is a social fact and only a social fact. To label a family's income of \$20,000 as a social problem requires bringing some frame of reference to that social fact.

Defining Problems

A problem that is inadequately defined is not likely to be solved. Conversely, a problem that is well defined may be dealt with successfully, assuming that adequate resources are made available and appropriate services are provided. Still, it must be understood that problem analysis is by nature more an art than a science. If it were a science, there would be only one approach to it, and no matter how many program planners were involved in this phase, collectively or individually, the analysis, grounded in objective methods, would always result in the same conclusion.

Although it involves a good deal of creative activity, problem analysis still has its foundation in an orderly approach based on proven principles. What we find, however, is that different program planners can assess the same situation and produce quite different analyses insofar as each shapes the problem in terms of his or her background, training, experience, and values.

Scientific objectivity in the analysis of a community's problems would be, in fact, an unrealistic and possibly undesirable goal. It would be unrealistic in the same way that social science has recognized that objectivity in science is not possible. It would be undesirable, moreover, in that existing attempts to translate this "scientific objectivity" tend to result in the application of dominant values under the guise of neutrality when labeling a situation as a "problem."

Social Problems and Standards

One way to move from fact to problem is to bring some standard to assessing the individual situation. If the family with the \$20,000 income in 2011 was made up of four or more members, they would be defined as living below the federally defined poverty level with that income in that year. A family of four was judged to be poor if their income fell below

\$22,350. If, on the other hand, the family was made up of a parent and a child, or two parents and no children, their income of \$20,000 in 2011 would place them above the poverty level. A family of two was considered to be poor if their income was less than \$14,170 (Annual update, 2011). The fact of the income has not changed, only the size of the family and, thus, the label that applies to that level of income. The standard by which we determine whether a particular family is poor, or living in poverty, is a judgment that there is a level of income under which a family of a particular size cannot meet basic needs.

A second way of looking at this labeling of an income level (a social fact) as constituting poverty (a social problem) is to go beyond the absolute definition, using an income figure and demonstrating how poverty is related to a number of other conditions that have been labeled as problems, such as ill health, poor school performance, substandard housing, dependence on welfare, and teen pregnancy. Conditions become problems when they are judged by someone or some group to be negative, harmful, or pathological. Furthermore, whereas one individual or group may label a condition to be a social problem, another individual or group may argue the opposite. One group may describe the existing housing stock in a neighborhood as “substandard” because the social facts or conditions fall below the published standards (the federal definition of substandard relates to various aspects of plumbing, heating, electricity, and space as it relates to overcrowding). Another group may look on that same housing and draw a different conclusion; in fact, that housing may be viewed by the homeless as superior to their existing situation. A third group may feel that if the owners (assuming they are absentee owners) were required to upgrade the housing, they might raise the rents to the point that some low-income families might find themselves forced to vacate.

Given varying perspectives on social conditions, therefore, it is critical that all views be taken into account during the planning process. To do otherwise opens up the possibility of an incomplete analysis and the probability of future political backlash during the implementation phase.

In summary, in problem analysis it is important to remember the following:

- The first point of focus is on 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

The framework used in this book offers 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, each of which is discussed in turn.

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. 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 with the safety of these families? 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. 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. 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 (see www.wramc.amedd.army.mil/welcome/history). 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 thinking about 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 non-responsive educational system, an inaccessible health care system, discrimination, poverty, and substandard housing. Their intervention, then, focused on removing these blocks.

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; and 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 program planners understand history, theory, and research related to the problem so that cause-and-effect relationships can be hypothesized and areas of need for gender and ethnic sensitivity can be identified.

Summary

In this chapter we discussed the real importance of *not* underestimating the importance of spending a considerable amount of time in defining the problem you hope to (re)solve. All too often, program developers jump to solutions that tend to strengthen the existing system, whether this assumption is valid or not. More often than not, additional resources to maintain current practices do not reflect a realistic understanding of the problem we are hoping to address. Instead, we argue the value of initially focusing on the problem and not the solution.

A number of approaches are discussed, approaches that encourage the planner to develop a more comprehensive understanding of the problem, an understanding that shapes the intervention. These approaches help us to refine our understanding of the target population and the possible factors that are related to the problem's existence. The next two chapters outline various conceptual frameworks and methodologies to define the target population.

Review Questions

1. What are the major problems in defining problems as a lack of resources?
2. How does a social condition differ from a social problem?
3. In what ways is the introduction of standards useful for defining problems?
4. What is the unique contribution of epidemiology in the analysis of problems?
5. In what ways is a problem analysis process both technical and political?

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