



FRAME WORKS INSTITUTE



“Handed to Them on a Plate”:

Mapping the Gaps Between Expert
and Public Understandings of
Human Services

A FRAMEWORKS RESEARCH REPORT

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I. Introduction

The field of “human services” is reappraising its core narrative and the effects that narrative has on public support for addressing the key social issues of our time. Many of the field’s experts and professionals critique what they call a “charity” model and its role in guiding the field and the public’s perception of its work. Experts cite the model’s problematic paternalistic stance in which “benefactors” give resources to help “needy” recipients. Members of the field suspect that this model contributes to a narrow focus on the “symptoms” of social problems and results in chronic inattention to the deeper causes that precipitate these issues. Human services experts argue that this charity model, often inculcated in funding patterns from public dollars, has driven the field to focus its resources on downstream effects rather than upstream causes—structuring a perspective on social problems that is remedial and reactive rather than preventative. Over time, this model has created a push for *more* services rather than for *more effective* approaches; it has given birth to a deeply competitive field where organizations must fight to win their share of a finite amount of charitable support or government contracts, instead of working together to address social problems. The fact that human services sustain cut after cut and are rarely mentioned in the media or political arena further attests to their marginality in the national conversation about how we can attain and sustain a satisfactory quality of life for all citizens.

There is considerable agreement in the field that the existing narrative has become embedded not only in the way human services organizations are perceived by the public, but also in how they function and how they perceive themselves. The research presented here comes as members of the field are actively discussing the role a new narrative could play in transitioning human services from the charity model to a more pragmatic and aspirational approach to providing all Americans with opportunities to succeed and live meaningful lives. The research was conducted by the FrameWorks Institute and sponsored by the National Human Services Assembly (NHSA) with support from the Kresge Foundation. It is part of a larger multi-method collaborative project designed to reframe the human services field and the work of human services organizations. The goal is to design and test communications strategies that can be used by members of the field to generate a broader public understanding of what the field is and does, and in turn, increase public support for the policies and programs necessary to improve the effectiveness of human services in the United States.

The research shows that the American public relies on an understanding of human services that closely approximates this charity model, with severe consequences for how people view the underlying causes of need, and the appropriate roles of and services offered by the organizations that address them. Members of the public view human services work as the provision of direct services to those who have fallen on hard times because of their perceived inability, and/or unwillingness, to pull themselves up and make it on their own.

From this individual and remedial perspective, personal irresponsibility, greed, laziness and poor choices loom large in the public's thinking about why people come to "depend" on human services. In turn, public thinking comes to focus unproductively on judging people's deservingness—questioning who deserves these services and who does not; who is abusing services and who is not; and who is "poor" by circumstance and who is willfully poor, or colloquially, "lazy poor."

Alongside these unproductive understandings, however, lie other more productive patterns of public thinking about human needs and services. For example, members of the public can see that differential access to opportunities and resources creates situations in which people require human services. Members of the public also place importance on strengthening communities and social networks as ways of improving outcomes, and can see this as important human services work. These ways of thinking, however, tend to be less top-of-mind and less exercised in daily thinking than the more dominant patterns that we suspect undergo constant invigoration from daily doses in media and discourse.

We here examine how expert perspectives on human services compare to the ways that the public reasons about concepts of well-being and human services. It should come as no surprise that the public brings a powerful set of cultural models¹—implicit, but shared, understandings, assumptions and patterns of reasoning—to thinking about these issues. Many of these ways of thinking are, at some level, consonant with perspectives from the field, while others are distinctly at odds with expert views. This report focuses on these two perspectives, and the gaps and overlaps that become apparent through their comparison. Only in this way can we evaluate public attitudes and chart a course for providing the missing perspectives that can help ordinary people make informed judgments over the allocation of public resources and the priority that human needs should be accorded on our national agenda.

II. Summary of Findings

The Expert View of Human Services

Experts working across human services sectors agree on the following set of key points:

What are human services?

- Human services are programs and support mechanisms designed to help people—many of whom are exposed to multiple societal stressors—achieve and maintain well-being and quality of life.
- Human services help people to meet needs across the lifespan. These include basic needs such as food, medical attention and shelter, as well as higher-order needs such as employment, education, community participation, transportation and access to public spaces.
- Human services comprise both direct service provision and advocacy. Direct services are the primary avenue through which the human services sector operates, though advocacy is also a key part of the field's work to address the social determinants—such as poverty and inequality—that create the need for direct services.

Why are human services important?

- Human services are designed to buffer the stressors and threats to social and physical well-being that all Americans face, such as aging or physical disability.
- Because of the highly interdependent nature of our society, working to assure the well-being of each American affects all members of society.
- Some people in American society, due to circumstances beyond their control, lack access to resources and opportunities to succeed. In the past, those facing such situations could depend on public resources for aid, whether at the national, state or community level. These sources of support are now unavailable to most. Human services now fill this role.

What are the challenges faced by the human services field?

- **Compartmentalization:** The field is divided into silos that compete for funds rather than collaborate for better outcomes.

- **Lack of funding:** This is especially limiting for the field's work on prevention and advocacy, and may constitute the biggest problem facing the field.
- **Lack of incentive to innovate:** Because the field relies on donors and other funding organizations that tend to be risk-averse, there is little incentive to innovate and create more effective prevention and intervention approaches.
- **Direct service focus:** The focus on direct service provision (and the funding structures that incentivize this work) can distract from higher-level preventative work and make the field reactive rather than proactive.

What are the tensions within the field?

- **Duration of aid:** For experts working with children and at-risk families, services are ideally temporary. By contrast, experts working with older Americans and/or those with disabilities have the goal of sustained service provision, possibly over the individual's lifetime, in order to address chronic issues.
- **Scope of services:** Some experts argue that the sector is best understood as focusing on vulnerable populations with specific and pressing needs. They thus exclude general services like policing, medical services, public education and public transportation. Others argue for a model of the sector as a universal provider of services for all members of the public, with the idea that everyone uses human services.
- **Measuring success:** Some experts insist that human services results should be quantifiable to demonstrate effectiveness. Others criticize this model, explaining that it places an unreasonable burden of proof on programs that may be unfunded or unable to collect evidence. This latter group argues that many programs produce long-term qualitative effects that are inherently difficult to quantify.

What can be done to improve human services?

- While maintaining its provision of direct services, the sector needs to look upstream and work more effectively at addressing "root causes" of human services needs.
- Focusing at a community level rather than on needs of specific individuals or populations can unite sectors, integrate services and improve outcomes.
- The field needs to be more collaborative in human services design and provision and in its communications with the public.

The Public's View of Human Services

WHAT IS WELL-BEING?

- Public informants conceptualized well-being primarily, and in some cases narrowly, as *financial self-sufficiency*. This implicit focus on *financial criteria* and *independence* has been observed in other FrameWorks research in areas such as education² and early child development³ and represents a foundational American cultural model.
- While informants focused primarily on financial aspects of well-being, there were times when they focused attention on the importance of sociality. At these times, informants emphasized social connections as basic human needs. However, when these social dimensions emerged, they were frequently discussed in relation to individual success—that is, informants saw social connections as necessary prerequisites for *an individual's educational, vocational and financial success*. In this way, these connections were more like social networks that enhance employability than they were like community; indeed, when sociality was viewed in terms of community, it became negatively valenced, as something that would likely impair well-being. In addition to pointing again to the dominance of financial elements in people's model of well-being, these discussions revealed the presence of another deep American cultural model—*Individualism*. Employing this model, Americans focus on the individual as the default unit, an assumption that shapes ideas of how phenomena work (caused by individuals), which solutions are effective (individual-level solutions) and who is responsible for addressing social issues (individuals). *Individualism* structures a conception of well-being that is highly atomized rather collectivized.
- Informants also considered physical health as an important dimension of well-being, but again tended to do so in relation to financial outcomes—discussing physical health as something that could impede financial success and independence. Importantly, notions of mental health were generally absent from health-based dimensions of well-being.
- Taken together, these findings suggest that Americans understand well-being as an individual attribute or attainment, assessed primarily in relation to financial success and independence and impeded or enabled by a limited set of factors.

Implications:

- The financial- and independence-based model of well-being makes certain services, like job training and temporary income support, easily “thinkable,” but limits people's ability to consider a wider set of human services, particularly non-financial ones.

- The highly individualized conception of well-being presents challenges to those wishing to communicate about *systems*-level causes and *social* solutions.
- The absence of implicit connections between ideas of well-being and mental health suggests the need to carefully frame this dimension to allow people to incorporate mental health into their concept of well-being.

WHY DO SOME PEOPLE DO WELL AND OTHERS DON'T?

- Informants initially struggled to explain *why* there are individual differences in well-being—that is, why some people do well and others do not. Clearly, this question is not one that most people consider regularly. Despite this initial difficulty, there were several dominant patterns that informants fell back on when forced to respond to probing questions.
- Informants focused on differences in individual will-power and drive as the primary explanation for why some people do well and others do not. This evidences another foundational American cultural model referred to as *Mentalism* in past FrameWorks research.⁴ *Mentalism* refers to the implicit understanding that outcomes, and differences among outcomes, are the result of a narrow set of individual internal traits including motivation and will-power. FrameWorks has documented the effect of *Mentalism* in creating a blindness to the role of extra-individual or Material factors—like context and systems—in shaping outcomes. In relation to human services, this assumption structured a patterned view across informants that all people have opportunities to “achieve” well-being, and that the difference between those who do and those who do not is the difference between those who *choose* to seize these opportunities and those who do not.
- When informants thought specifically about why some *children* do well and others do not, they relied on a cultural model whereby children’s outcomes are understood to be shaped narrowly by parents and events in the home. This assumption—referred to as the *Family Bubble*⁵—has been well documented across a wide range of FrameWorks research, from early child development to criminal justice.⁶ In thinking about human services, the model was visible in the way that informants referred back to parents and “the way they were raised” to explain differences in well-being.
- Adding strength to the *Family Bubble* model was an assumption in which community is understood to be a site of danger that individuals need to be protected from, rather than a source of resources and opportunities that can improve outcomes. In this way, exposure to community served to explain why some people are not doing well, but community was rarely evoked in explaining positive well-being.

- This understanding of community as a risk to well-being is closely linked to a final causal model, what we call the *Community Nostalgia* model. When asked to think about differences in well-being, many informants adopted a generational perspective—explaining that well-being today is generally lower than it once was. In such explanations, informants lamented the loss of “traditional” communities where neighbors cared for one another, children roamed freely and families “always ate dinner together.” This nostalgic conception was used to explain the general view that there are more people today *not* doing well than in any other time in American history.

Implications:

- The *Mentalist* explanation for differences in well-being, like the *Individualism* model, impedes a contextual understanding of behavior and outcomes. If differences in individual well-being are seen as the result of differences in motivation and will, the notion that human systems and structures shape and constrain individual behaviors becomes decidedly difficult to appreciate and apply when thinking about human services work.
- The *Family Bubble* is yet another cultural assumption that narrows people’s views of outcomes and individual differences. When development is understood as a process narrowly dictated by parents, and parents are disassociated from the wider social context, this dramatically reduces the actions that people are able to see as potentially addressing human needs. It is particularly important for members of the field to be aware of this model as they attempt to communicate about preventative services aimed at children and families.
- The implicit notion of community as a source of danger makes it difficult to communicate about community as the level and site of services that improve well-being. As the idea of community as the site of resources and services provision is a key part of the expert account, reframing “community” will be key in reframing human services.
- While the nostalgic notion of past better times for communities now in decline sets up an important role for the human services field, it also carries a strong notion of fatalism—that the country is locked into an inevitable downward spiral. Such notions are highly unproductive in engaging the public in solutions-based thinking and cause people to disengage from considering many of the deep and difficult social issues that human services address.

WHAT ARE “HUMAN SERVICES” AND HOW DO THEY WORK?

- Informants were not familiar with the term “human services.” When asked to speculate about what the term might mean, they thought of a small set of national brands like the Red Cross and Big Brothers/Big Sisters.
- When the term was expanded and alternative definitions were offered, discussions focused exclusively on direct services provision. *Not one informant in our interviews discussed advocacy or prevention as part of human services.*
- In addition, driven by their model of well-being, members of the public recognized a relatively narrow set of direct services, primarily those concerned with finances (job training, income subsidization), social skills training (counseling to gain skills to get ahead) and health (basic physical health services).
- The *Individualism* and *Mentalism* models appeared to structure informants’ thinking of how human services work. Informants explained that human services provide temporary financial support to improve well-being, skills to allow eventual financial independence, motivation so that people try harder to achieve financial independence and physical health services to help people return to being financially independent.

Implications:

- Public conceptions of “human services” are narrow—both in terms of the field and its work. Expanding these understandings requires a wider concept of well-being, and more concrete public understanding of the field’s goals, the importance of these goals and how the field works to achieve them.
- Public perceptions of how human services actually work undermine public support for more funding. There is a powerful logic that creates resistance to increasing funding to human services organizations and the sector more broadly. According to this logic, the more money given to people, the more dependent they become. Therefore, increased funding to organizations providing services is seen as leading to more dependency, and ironically as exacerbating poverty.

WHO IS RESPONSIBLE FOR PROVIDING HUMAN SERVICES?

- Drawing on their models of *Individualism* and *Mentalism*, public informants’ most frequent first response to questions about responsibility was that people themselves are responsible for providing for their own needs. However, there were two other lines of reasoning that informants were able to deploy in considering issues of responsibility.

- Reasoning from the observation that communities have fallen apart and no longer provide what they once did for their members, informants saw various groups as responsible for stepping in and providing this missing support. Public informants highlighted the role of extended families, schools, churches and non-profits as potential providers of the support once furnished in a less formal way by community.
- Informants were conflicted about government involvement in human services. While they could imagine a productive role for government in an “ideal world,” they viewed human greed—both on the part of politicians and the recipients of services — as a major impediment to successful government provision of human services. When they reasoned through understandings of government as inept and corrupt (a dominant American cultural model of government⁷), informants became fatalistic about prospects to improve human services. Many informants also worried that the government’s provision of human services would promote dependency and impede self-sufficiency in recipients of those services.

Implications:

- One of the most powerful cognitive effects of the *Individualism* and *Mentalism* models is how strongly these assumptions structure notions of responsibility. By lodging perceptions of cause firmly at the individual level, these models entail strong notions of *individual* responsibility. These notions act against the work of human services, and likely depress support for it. .
- The public’s recognition of the missing supportive function of modern communities may play a productive role in reframing human services and invigorating senses of public responsibility. However, communicators should be aware of the potential for thinking about failed communities to invigorate unproductive notions of fatalism and to depress policy support across a number of progressive issues.
- The application of dominant American models of government as opaque, corrupt and inept is highly unproductive in thinking about human services and the messages that emerge from experts in this field. Past FrameWorks research has found ways to inoculate against these models and cue more productive notions of government.⁸ These recommendations will be important in creating more effective communications about the field of human services and its work.

III. Research Methods

Expert Interviews

FrameWorks researchers conducted a series of 12 one-on-one telephone interviews with experts on various issues related to human services in February and March of 2013. The interviews lasted approximately one hour and with the informants' permission were recorded and subsequently transcribed for review and analysis. To locate experts, FrameWorks solicited recommendations from the National Human Services Assembly.

Expert interviews consisted of a series of probing questions designed to capture the expert understanding of the field of human services as well as the specific populations served by the field. In essence, FrameWorks interviewers asked experts to identify what they felt the public needed to know about human needs and services in relation to children, families, the elderly and people with disabilities. In each interview, the interviewer went through a series of prompts and hypothetical scenarios designed to challenge expert informants to explain their research and experience, break down complicated relationships and simplify concepts and findings from the field. Interviews were semi-structured in the sense that, in addition to preset questions, interviewers repeatedly asked for elaboration and clarification, and encouraged experts to expand upon those concepts that they identified as particularly important.

Analysis employed a basic grounded theory approach. Common themes were pulled from each interview and categorized, resulting in a refined set of themes that synthesized the substance of the interview data. The analysis of this set of interviews resulted in the drafting of an initial summary of expert perspectives on the field of human services.

Cultural Models Interviews

Informants: The cultural models findings presented below are based on 20 in-depth interviews conducted in Kansas City, Missouri; Frederick, Maryland; and Philadelphia, Pennsylvania by three researchers in March 2013. A sizable sample of talk, taken from each of our informants, allows us to capture the broad sets of assumptions—cultural models—that informants use to make sense and meaning of information. Recruiting a wide range of people and capturing a large amount of data from each informant ensures that the cultural models we identify represent shared patterns of thinking about a given topic. And although we are not concerned with the particular nuances in the cultural models across different groups at this level of the analysis (an inappropriate use of this method and its sampling frame), we recognize and take up this interest in subsequent research phases.

Informants were recruited by a professional marketing firm and were selected to represent variation along the domains of ethnicity, gender, age, residential location (inner metro, outer metro and regional/rural areas up to three hours from city centers), educational background, political ideology (as self-reported during the screening process), religious involvement and family situation (married, single, with or without children, ages of children).

The sample included 10 men and 10 women. Of the 20 informants, 14 self-identified as Caucasian, five as African American and one as Latino. Nine informants described their political views as “middle of the road,” five as liberal and six as conservative. The mean age of the sample was 46 years old, with an age range from 21 to 65. Four informants had high school degrees, four had some post-secondary education, eight had college degrees and the remaining four had post-graduate degrees. Sixteen informants were married, and 15 had at least one child under the age of 18.

Interviews: Informants participated in one-on-one, semi-structured “cultural models interviews” lasting approximately two hours. Cultural models interviews are designed to elicit ways of thinking and talking about issues—in this case, what it means for populations to do well, how it happens that some do well and others do not and what role human services can or should play in this well-being. As the goal of these interviews was to examine the cultural models informants use to make sense of and understand these issues, it was key to give them the freedom to follow topics in the directions they deemed relevant. Therefore, the interviewers approached each interview with a set of areas to be covered, but largely left the order in which they were covered to the informant. All interviews were recorded and transcribed. More specific information about the interview can be found in Appendix A.

Analysis: Analytical techniques employed in cognitive and linguistic anthropology were adapted to examine how informants understand issues related to human services.⁹ First, patterns of discourses, or common standardized ways of talking, were identified across the sample. These discourses were analyzed to reveal tacit organizational assumptions, relationships, logical steps and connections that were commonly made, but taken for granted, throughout an individual’s transcript and across the sample. In short, our analysis looked at patterns both in what was said (how things were related, explained and understood) as well as what was not said (assumptions). In many cases, analysis revealed conflicting models that people brought to bear on the same issue. This is a normal feature of cognition, though frequently one of the conflicting models is given more weight than the other. FrameWorks researchers use the concept of dominant and recessive models to capture the differences in the cognitive weight given to these conflicting models.

IV. Findings

Expert Interviews

During our interviews with experts—including practitioners, scholars and advocates—a set of themes emerged as most relevant to understanding the current state of the field. These themes can be categorized as responding to five foundational questions:

1. What are human services?
2. Why are human services important?
3. What are the challenges faced by the human services?
4. What are the tensions within the field?
5. What can be done to improve human services?

1. WHAT ARE HUMAN SERVICES?

- Human services are programs and support mechanisms designed to help people—many of whom are exposed to multiple societal stressors—achieve and maintain well-being and quality of life across the lifespan. The various existing human service organizations tend to specialize in working with one of several vulnerable populations: older adults, persons with disabilities, struggling families and children living in dangerous, abusive or impoverished circumstances. Some experts assert a broad definition of human services, explaining that any service or program that helps people is a human service, including policing, public transportation and scholarships.
- Human services help people to meet needs across the life span. These include basic needs such as food, medical attention and shelter, as well as higher-order needs such as employment, education, community participation, transportation and access to public spaces.
- The work of the human services sector encompasses both direct services and advocacy. Direct services are the primary avenue through which the human services sector operates. These direct services address immediate needs and may include job placement services, help accessing government welfare programs, or transportation. The field also works through advocacy to address structural issues such as poverty, inequality and other social problems that create the need for direct services. In general, experts regard advocacy, rather than direct services, as the more effective target for organizational resources because it is aimed at more upstream causal factors and conditions.

2. WHY ARE HUMAN SERVICES IMPORTANT?

- Human services are designed to buffer universally shared stressors and threats to social and physical well-being that *all* people face over the course of their lives.
- Because of the highly interdependent nature of our society, working to assure the well-being of each American affects all members of society. Human services benefit society as a whole by improving population health and ensuring that more people are able to productively contribute to economic, social and civic life.
- Due to circumstances beyond their control, some Americans lack access to resources and opportunities to succeed. This unequal distribution of resources is at least partially responsible for social problems, such as depression, alcohol and drug abuse, domestic violence and health problems. In the past, those facing such situations could depend on public resources for aid. However, for most, these sources of support are no longer available. Today, people have increased mobility, which disperses families and weakens social networks. There have also been demographic shifts—smaller families for example, which also lead to smaller social networks. Also, reductions in population growth have left a smaller generation to care for a growing elderly population. Human services are now expected to fill these support roles.

3. WHAT ARE THE CHALLENGES FACED BY THE HUMAN SERVICES FIELD?

- **Compartmentalization:** The field is divided into silos that compete for funds rather than collaborate for better outcomes. This not only means isolation for those working with specific populations (e.g., children, older adults and people with disabilities), but also that organizations dealing with the same populations seldom communicate with one another, and almost never collaborate. Experts blame this compartmentalization on distinct funding streams and competition for scarce resources, but cited other factors such as the time investment required for forming and maintaining collaborations and the fact that certain vulnerable populations did not want to be associated with other vulnerable populations. Experts judge compartmentalization to be a problem because it: a) exacerbates funding constraints by dividing resources among many small projects, leaving few resources for long-term structural social change efforts; b) undermines the ability of organizations to most effectively deliver services by ignoring the fact that the same people frequently have multiple needs that cross organizational purviews; and c) hinders knowledge-sharing regarding best practices and innovation.

- **Lack of funding:** Experts view lack of funding as the biggest problem facing the field. They cite the following ways in which increased funding could improve the field's effectiveness:
 - Support coordination within the sector and improve services by reducing duplication and compartmentalization and providing mechanisms for sharing knowledge about best practices;
 - Recruit, train and retain professional and knowledgeable staff who are capable of providing effective and evidence-based services and of ensuring reliable, on-the-ground evaluation of those services;
 - Fund the research and development necessary to design innovative programs and continually test outcomes to maximize efficacy; and
 - Devote more time and resources to population-level prevention efforts.
- **Lack of incentive to innovate:** Because the field relies on donors and other funding organizations that tend to be risk-averse, there is little incentive to innovate and create more effective prevention and intervention approaches. Some experts also argue that because organizations are accustomed to providing particular services in a particular way, there is institutional inertia that makes organizations hesitant to abandon established programs even if they are only minimally effective.
- **Direct-service focus:** The focus on direct-service provision (and the funding structures that incentivize this work) can distract from higher-level preventative work and make the field reactive rather than proactive.

4. WHAT ARE THE TENSIONS WITHIN THE FIELD?

- **Duration of aid:** The greatest divide among sub-sectors in the human services field appears to be related to the ideal duration of aid. For experts working with children and at-risk families, services are ideally temporary. The goal of these programs is to help families achieve a level of self-sufficiency and in these cases prolonged dependence on services suggests a lack of program effectiveness. By contrast, for those working with persons with disabilities or the elderly, the goal is sustained services provision, possibly over the individual's lifetime, in order to address chronic issues.
- **Scope of services:** Some experts argue that the sector is best understood as focusing on vulnerable populations with specific and pressing needs. They thus exclude general services like public safety, medical services, public education or public transportation. Others argue for a model of the sector as a universal provider of services for all, with the idea that everyone uses human services—thus avoiding the

marginalizing and stereotyping historically associated with poverty programs. The tension is particularly pronounced over issues of funding, with some experts arguing that prioritizing certain groups makes limited funding more effective. Others argue that extending the scope of services has the potential to “lift all boats.”

- **Measuring success:** Some experts insist that human services results should be quantifiable to demonstrate effectiveness. Others criticize this model, explaining that it places an unreasonable burden of proof on programs that may not be able or funded to secure this evidence. This latter group argues that many programs produce long-term qualitative effects that are inherently difficult to quantify. Despite this tension, experts agree that organizations should be judged by their impact, not just the number of services provided or people served.

5. WHAT CAN BE DONE TO IMPROVE HUMAN SERVICES?

- While maintaining its provision of direct services, experts believe that the sector needs to look upstream and work more effectively at addressing “root causes” of human services needs.
- Experts argue that focusing at a community level rather than on the needs of specific individuals or populations can unite sectors, integrate services and improve outcomes.
- Experts agree that the field needs to be more collaborative in human services design and provision and in its communications with the public.

Figure 1 provides a summary of the expert account presented above.

Figure 1:

Un-Translated Story of Human Services

What are human services?

- Human services are support mechanisms designed to help people—many of whom are exposed to multiple societal stressors—achieve and maintain well-being and quality of life.
- Human services help people meet needs across the lifespan.
- The work of the human services sector encompasses both direct services and advocacy.

Why are human services important?

- Human services are designed to buffer the stressors and threats to well-being that all people may face at some point.
- Human services have society-wide impacts—improving population health and the economy and preparing the nation’s workforce.
- Human services help those without access to resources, because of circumstances beyond their control.

What are the challenges that face human services?

- The field of human services is divided into silos.
- Lack of funding is the biggest problem, which is especially limiting for the field’s work on prevention and advocacy.
- The field lacks innovation because of its reliance on donors and other funding organizations who are risk averse.
- The focus on direct service provisions can distract from higher-level preventive work and make the field reactive rather than proactive.

What can be done to improve human services?

- While maintaining its provision of direct services, the sector needs to look upstream and work more effectively at addressing “root causes” of human service needs.
- Focusing on what communities need to be successful rather than myopically on specific needs or services can unite sectors.
- The field needs to be more collaborative; in service design and provision and in its communication with the public.

Cultural Models Interviews

The following section examines how members of the public think about various dimensions of human services and related issues. The challenge for FrameWorks researchers in eliciting cultural models on this topic was that most of the informants were unfamiliar with the term “human services.” Therefore, FrameWorks researchers elicited talk about what different groups of people need in order to “do well” and how services play a role in supporting well-being. This strategy allowed FrameWorks research to identify cultural models that informants brought to bear on these issues during the course of the interview and that Americans use to think about information related to human needs and services. The cultural models that emerged from this analysis are organized around four basic questions:

1. What is well-being?
2. Why do some people do well and others don't?
3. What are human services and how do they work?
4. Who is responsible for providing human services?

For each of these questions, we identify and describe the “cultural models”¹⁰—those deep, often implicit assumptions and patterns of understanding that are broadly shared among Americans— that structured informant thinking on that particular question. Many of these models contain multiple “nested” propositions and assumptions. A nested assumption is an issue-specific assumption that fits into a broader cultural model. When this is the case, we summarize the general model and then lay out its constituent assumptions. We also note the implications of these models for communicators working in the field of human services.

The main finding in this research is that, when forced to contemplate the work of the sector, the public is profoundly conflicted about human services. People conceive of two kinds of beneficiaries of human services. There are “the poor”—unfortunate people who are born into circumstances beyond their control and who require some kind of assistance to overcome these circumstances—and there are the “lazy poor,” who take advantage of human services not to improve their circumstances, but instead to cheat the system, living comfortably without earning their way. Informants frequently referred to the challenge of differentiating between these two groups of people—the poor and the lazy poor—in order to ensure that help went to those who would use it wisely and not to people interested only in abusing the services. As described below, both of these perspectives are seriously problematic for public understanding of the field and constitute major challenges for communicators.

1. WHAT IS WELL-BEING?

Our interviews with members of the public included a set of broad and open-ended questions about wellness, with reference first to “children,” then “adults,” “families,” “the elderly” and finally “people living with disabilities.” Four cultural models dominate public thinking about well-being.

A. The *Financial Self-Sufficiency* model: The cultural model that overwhelmingly dominates definitional thinking about well-being is the *Financial Self-Sufficiency* model. This implicit focus on *financial criteria* and *independence* has been observed in other FrameWorks research in areas such as education¹¹ and early child development¹² and represents a foundational American cultural model. According to this model, all children should be raised to achieve financial self-sufficiency, and financial self-sufficiency is the primary criteria in determining whether an adult is doing well or not. According to this model, individuals should be able to meet all of their financial needs through employment, without relying on family, community members or the government.

Interviewer: What are the things that increase [a child’s] chances of doing well?

Informant: Going to school, getting an education, so that they can go on and get a good job, support themselves, support their family, and support whatever they want to do in life, pay their own rent, buy their own car.

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Interviewer: What does it mean to say a disabled person is doing well?

Informant: The same thing it does to say any person is doing well. Why would the bar be different? They’re self-supporting to the best of their ability. They are not in a dependency situation.

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Interviewer: An elderly person who’s doing well?

Informant: Just happy—has a car, good health, housing, all that stuff. They have a steady income and are self-sustaining.

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Interviewer: What does it look like for an elderly person to be doing well?

Informant: I think an elderly person that’s doing well probably has their mortgage paid off, or if they don’t have their mortgage paid off, they have a significant amount of money reserved where it doesn’t matter. They are relatively comfortable: they can afford to go on trips; they can afford to give to the charities of their choice; they can go and visit family members at their leisure.

Informants equated violations of the *Financial Self-Sufficiency* cultural model with a moral or constitutional weakness, invoking a related model that FrameWorks has previously referred to as *Mentalism* (described in more detail below).¹³ According to this model, those who receive assistance in some form or another cannot be considered to be doing well because they have failed to demonstrate the requisite discipline, willpower and drive necessary to become a self-made individual. Receiving money from others without working for it suggests a lack of these key attributes and personal weakness.

Informant: I work for what I have, my husband works for what we have. Nothing was handed to us on a plate. We work for it, that's what you're supposed to do. And some people don't feel as though they have to.

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Informant [Describing the mentality of someone receiving assistance]: "I'm going to rely on this, because I want to be lazy and not work."

The *Financial Self-Sufficiency* model also structures a powerful understanding of dependency. Just as children can fail to develop *Self-Sufficiency* with overly indulgent parents, adults can become dependent when the government or human services organizations indulge their needs through overly generous programs and services. In this way, programs intended to help people end up undermining the *Self-Sufficiency* model and creating dependency on those same programs. The perception is that when people know there is help, they are less willing to work hard to avoid poverty

Informant: When somebody gives you something — I liken it to — I tell everybody it's crack cocaine. Once the government gives it to you and you get used to it, you don't want it to stop.

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Informant: They give breaks to people with kids to help people. But I don't think that you're really helping so much as enabling people.

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Informant: Government is perpetuating the problem. We pay people for having babies, and they do it, making the problem worse. Second and third generation welfare recipients. I mean, come on, give me a break. It doesn't take a genius to figure that out.

B. The *Sociality is Key* model: Whether thinking about children, working adults, the elderly, or people with disabilities, Americans have a dominant model of sociality as a key feature of well-being. A person who is doing well is one who is able to maintain positive relationships with friends and family and function in the social world through exchanges with other people.

Interviewer: If you hear about a kid who's doing well, what does that mean to you?

Informant: I would say that they are doing their best in school, that they are applying themselves. That they have good friendships that they maintain and that they put effort into maintaining. That they talk to their parents, and their parents talk to them about what's going on in their lives.

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Interviewer: Can you say something about an older person who's not doing well?

Informant: When I think of an older person that's not doing well, I think of an older person that is alone, and doesn't have a support system in place. And that support system may be, maybe it's a 'Golden Girls' style support system, I don't know. Maybe their family is so crazy that that's not a healthy thing. But sitting alone and not having the ability to interact with people who care about you and are interested in your well-being, whatever that looks like, is the definition of a failing elderly person.

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Interviewer: And what about a person with a disability who's not doing well?

Informant: A person with a disability who's not doing well is a person that feels ostracized from everything that's going on. A person with a disability that's not doing well also probably feels a level of un-accessibility to things and people. Isolated. Alone.

For children and adults with children, the main locus of *Sociality* was the family unit.

Informant: [A family] communicates together and understands each other. They are all on the same page. You know, not one pushing for wants and trying to pull from the needs and things like that. I would say communication, a family that can communicate and sit and talk at supper and actually plans to sit down at supper together.

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Informant: There's four of us in my home. If there's no communications, we're going in all different directions, and that's not healthy. It's not healthy to our relationship, either.

However, when these social dimensions emerged, they were frequently discussed in relation to individual success—that is, informants had a tendency to see social connections as necessary prerequisites for *an individual's educational, vocational and financial success*. In addition to pointing again to the dominance of financial elements in people's model of well-being, these discussions revealed the presence of another deep American cultural model—*Individualism*. Employing this model, Americans focus on the individual as the default unit, an assumption that shapes ideas of how phenomena work (caused by individuals), which solutions are effective (individual-level solutions) and who is responsible for addressing social issues (individuals). *Individualism* structures of concept of well-being that is highly atomized rather than collectivized.¹⁴

In this way, *Sociality* affords an *Individual* the confidence and ambition to pursue an education and a rewarding career. Emotional support comes explicitly from other people, but it produces individual self-esteem and confidence, which encourages the recipient to pursue goals in life.

C. The *Health* model: Informants also considered physical health as an important dimension of well-being.

Interviewer: What does it mean to say that a young person is not doing well?

Informant: Well, unfortunately, when you say a person is not doing well, you usually think of their health status.

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Interviewer: What does it mean to say that there's an older person, 80 years old, and they're doing well?

Informant: I would say the person is happy and probably in good health. They still have their health, and still stay active, and updated with current events and still can get out a little bit, being able to just keep up with the conversation.

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Interviewer: What does it mean for an elderly person to be doing well? What do you think about?

Informant: Well, an elderly person, first of all, you think of their health. Because I think their whole outlook on life, you know, mostly depends on how well they feel.

For the elderly, both physical and deteriorating mental health were top-of-mind. However, for other groups, notions of mental health were generally absent from health-based dimensions of well-being.

Interviewer: So, what do people living with disabilities need in order to do well in this society?

Informant: You need access—physical access to buildings and facilities.

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Interviewer: So when you think about people with disabilities, what would it mean for a person with a disability to be doing well? Describe that person to me.

Informant: Well, I, I think a person with disabilities could be doing well. There's a few areas. One is naturally their accessibility to different services. Their mobility, or lack of mobility.

While health was viewed as an important dimension of well-being, there was again a tendency to see health in relation to financial outcomes and self-sufficiency—thinking about physical health as something that could impede financial success and independence.

Taken together, these findings suggest that Americans understand well-being as an individual concept, assessed primarily in relation to financial success and independence and impeded and enabled by a limited set of factors.

Implications:

1. *The Financial Self-Sufficiency model of well-being makes certain services more easily “thinkable.”* Job training and temporary income support, for example, are highly valued under the *Self-Sufficiency* model, since they afford people the opportunity to get back on their feet without much potential for abuse or creating dependency. This model, however, limits people's ability to consider a wider set of human services, particularly non-financial ones.
2. *The highly individualized conception of well-being presents challenges to those wishing to communicate about systems-level causes and social solutions.* This is a consistent problem for communicators in the US, resulting from the foundational *Individualism* model that underlies public thinking in a wide range of social issues, and it makes social determinants decidedly “hard to think.”
3. *The absence of implicit connections between ideas of well-being and mental health suggests the need to carefully frame this dimension.* Communicators need to think carefully about how to frame well-being to allow people to include mental health in this concept, especially as this is an important dimension of the field's work.

2. WHY DO SOME PEOPLE DO WELL AND OTHERS DON'T?

Informants initially struggled to explain *why* there are individual differences in well-being—that is, why some people do well and others do not. Despite this initial difficulty, there were several dominant patterns that informants fell back on when responding to these questions.

A. The *Mentalism* model: Informants focused on differences in individual willpower and drive as the primary explanation for why some people do well and others do not. This evidences a foundational American cultural model referred to as *Mentalism* in past FrameWorks research.¹⁵ *Mentalism* refers to the implicit understanding that outcomes, and differences between outcomes, are the result of a narrow set of individual internal traits including motivation and willpower. FrameWorks has documented the effect of *Mentalism* in creating a blindness to the role of extra-individual or Materials factors—like context and systems—in shaping outcomes. In relation to human services, this assumption structured a patterned view across informants that all people have opportunities to “achieve” well-being, and that the difference between those who do and those who do not is the difference between those who *choose* to seize these opportunities and those who choose not to.

Informant: They know how to work the system. Like the nurses that my aunt gets jobs for. They work the system, because they want their food stamps and their free health care. They're like, “Oh, I only worked five hours this week so I only made whatever amount of money,” so yes, they still qualify for food stamps. It's not fair.

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Informant: These people that never worked a day in their life, and they just keep on having kids and they get a lot of food stamps. They get help with their electric bill and stuff. So, where is the line drawn for people that go to work? And they're struggling and don't work, but we struggle and we work. So, that's like a slap in the face to us.

The *Mentalism* model depends upon one basic assumption—that success or failure is solely attributable to individual agency. Just as an individual's current circumstances are the result of that person's past choices, a person with enough determination can overcome and improve their outcomes at any time. Therefore, when people are poor it is because they continually choose to be poor.

Interviewer: If you're not doing well, what do you do?

Informant: Well, you get a job. You get off your lazy butt and work.

Interviewer: And is it usually that simple?

Informant: To me it is. Too many people make too many excuses in life not to do better.

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Informant: He was a third-generation murderer. His mother killed two people, his uncle was one of the serial killers here in Kansas City and he had just been convicted of a murder. They basically said he was destined to be a murderer.

Interviewer: Do you believe that?

Informant: No, I don't believe that. Because I should have been a murderer, I could have been many times, I should have been, but by the grace of God, so I don't know. You can grow up to be opposites. I could have grown up to be like my dad but I remember saying I wasn't going to. I was determined not to. So no, he didn't have to be.

Interviewer: Yeah but the odds were against him...

Informant: The odds were against him, yeah, the odds were against me, but I joined the Marine Corps, my friend, and chose a different path.

Informants also drew on the *Mentalism* model to make determinations about who legitimately deserved human services. This model structured a patterned logic in which those who were trying deserved help and those who were not trying did not.

Informant: There's poor and there's lazy poor.

Interviewer: So, in your judgment, is it a right role of government to support people who have genuine disabilities?

Informant: Of course, yes.

Interviewer: Okay. Now you say of course, so?

Informant: If they're genuine. It's just so many people take advantage of the system.

It is important to note that the *Mentalism* model was invoked across the populations discussed—adults, persons with disabilities and children. Previous FrameWorks research on the scientific concept of resilience has demonstrated this idea powerfully—the perception that children in difficult circumstances can overcome and “get out” through the application of willpower—a perspective that creates a cognitive blindness to the influences of context and social supports in outcomes.¹⁶

B. The *Family Bubble* model. When informants thought specifically about why some *children* do well and others do not, they relied on a cultural model whereby children's outcomes are understood to be shaped narrowly by parents and events in the home. This assumption—referred to as the *Family Bubble*¹⁷—has been well documented across a wide range of FrameWorks research, from early child development to criminal justice.¹⁸ In thinking about human services, the model was visible in the way that informants frequently referred back to parents and “the way they were raised” to explain differences in well-being.

Informant: If you're screwed up at home, chances are you're going to be screwed up. Family is essential and important to a person's ultimate growth and what they become in society. Whether they are a good employee or a good businessperson, entrepreneur, whatever the case may be... teacher, philosopher, whatever.

Informant: A child that's not doing well? I think a child that can't focus because the child that doesn't come from a good home and they're worried at the end of the day that they're going to go home to God knows what, their outlook is not going to be the same as a kid that's looking forward to going home.

Adding strength to the *Family Bubble* model was an assumption in which community is understood to be a site of danger that individuals need to be protected *from* rather than a source of resources and opportunities that can improve outcomes. In this way, exposure to community was an explanation for why some people are not doing well, but community was rarely evoked in explaining positive well-being.

Informant: [You have to find] something that drives them, that makes them happy. That's important, especially at that age. Because they can go off, and just get distracted with peer pressure, so you have to keep—I kept my children doing everything: drill teams, sports, but they have to find something at that point in their life, or they can easily just go off course. So that's very important.

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Informant: We weren't in a real bad neighborhood. We had our share of problems obviously. Out of three of my best friends, two of them are doing life in prison for murder. One of them is dead. [Joe] has been in prison for 30 years. He got a life sentence—illiterate. And my other best friend, he's in prison. He got two life sentences for a double murder. I think if it wasn't for my grandmother and my mom, I would have turned the same way. I left the neighborhood; they stayed there.

As the quotes above show, the solutions to a bad neighborhood and/or delinquent peer group involve protecting children in the *Family Bubble* or providing activities to distract and keep kids out of the community.

C. The *Community Nostalgia* model: The understanding of community as a risk to well-being is closely linked to a final causal model. When asked to think about differences in well-being, many informants adopted a generational perspective—explaining that well-being today is generally lower than it once was. In such explanations, informants lamented the loss of “traditional” communities where neighbors cared for one another, children roamed freely and families “always ate dinner together.” This nostalgic conception was used to explain the general view that today there are more people not doing well than in any other time in American history. These perceptions structured how informants thought about both the causes of social problems (“people don't watch out for each other any more”) and the solutions—because families and communities can no longer meet the responsibilities of caring for those who need help, we now need organizations and institutions to provide these services.

Informant: Some people today don't even see a neighbor. Our kids sometimes— we have to take our kids places. You can't just go out and play. There's no kids in the neighborhood, so they have to be involved in activities where they're outside the home. There are people that have moved in since we moved in that we don't even know exist.

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Informant: We're so disconnected. We have all these huge developments. There's no core to a community anymore. Everything is separate now. It's like you do your own thing. You don't really belong to a community. You don't connect to other people. There's not even a respect for other people even in your own neighborhood who you see all the time—people who you see and they don't wave—you know, people who don't care about their dog barking or those kinds of things. There's this disconnect because it's so separate. There's not much connection in our communities anymore like there used to be in neighborhoods.

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Informant: The neighborhood where I grew up was so small, and everybody knew each other. And we used to do Christmas where we would get families that didn't have—and our whole grade would buy presents for these kids. You know, stuff like that is what makes a difference to me.

According to this model, as people have become increasingly disconnected from their neighborhoods and communities, they have also become more selfish—particularly those with extreme wealth. The net result is that we seem to care less about each other than in times past.

Informant: I get mad when I think about how our country has survived but we're now at the point where we're at the meanest of meanest...me, me, me, all about me. We're not about community any more.

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Informant: So I see a lot of people that have made it in the world. You know, in quotations, "they've made it." But they turn a blind eye to their neighbor.

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Informant: School, churches, scouts, service organizations, your local Audubon society, go out there and build bluebird boxes, I don't care...Their parents never got them involved like that; they just let them have money and they go to the malls, and they shop. And then they watch TV and they play games, and it's all about me.

Implications:

1. *The Mentalist explanation for differences in well-being, like the Individualism model, impedes a contextual understanding of behavior and outcomes.* If differences in individual well-being are seen as the result of differences in motivation and will, it becomes decidedly difficult when thinking about human services work to appreciate and apply the notion that the systems and structures into which all individuals are embedded shape and constrain behaviors.
2. *The Family Bubble is yet another cultural assumption that narrows people's views of outcomes and individual differences.* When development is understood as a process narrowly dictated by parents and parents are disassociated from the wider social context, the actions people are able to see as potentially addressing human needs are dramatically reduced. It is particularly important for members of the field to be aware of this model as they attempt to communicate about preventative services aimed at children and families.
3. *The implicit notion of community as a source of danger makes it difficult to communicate about community as the level and site of services that improve well-being.* As the idea of community as the site of resource and service provision is a key part of the expert account, reframing community will be key in reframing human services.
4. *While the nostalgic notion of past better times for communities now in decline sets up an important role for the human services field, it also carries a strong notion of fatalism—that the country is locked into an inevitable downward spiral.* Such notions are highly unproductive in engaging the public in solutions-based thinking—they inspire a powerful sense of determinism and cause people to disengage from considering many of the deep and difficult social issues that human services address.

3. WHAT ARE “HUMAN SERVICES” AND HOW DO THEY WORK?

When asked directly, most informants were not familiar with the term “human services.” In these cases, FrameWorks interviewers asked informants to speculate what the term *might* mean. After considerable difficulty and hesitation, most informants offered responses like, “they provide services to help people.” When asked what these services might be, how they would help people and who would provide them, informants listed a common but limited set of organizations including Boys and Girls Clubs, Big Brothers/Big Sisters, Salvation Army, the Red Cross and GoodWill.

Interviewer: So, I want to start out by asking if you’ve heard of “human service organizations”?

Informant: Uh...not by that term.

Interviewer: Okay, what do you imagine that that means?

Informant: I would imagine that would mean organizations that look at um...uh... human-related social, economic, financial issues, and look at providing services in those areas.

Interviewer: What are some examples of organizations that come to mind?

Informant: Um... like Red Cross...perhaps.

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Interviewer: I want to start out asking if you have ever heard of human services or human services organizations.

Informant: Um, I don't know that I've ever heard the phrase, but I can imagine they would be something like Red Cross, um...And I know USAID is a government services ... I guess, that kind of organization.

The group most frequently identified by informants as recipients of human services programs was “the poor.” People did not associate such organizations with older adults, children or persons with disabilities until asked about these groups explicitly.

Informant: Human services...I think of people who help the lower income or the homeless. You know human services helping out people in need. Not necessarily the homeless but people who are hurting or down on their luck.

When the interviewer asked about human services for specific populations (families, children, the elderly and persons with disabilities), a slightly wider range of services emerged. For children, the dominant programs mentioned were education, after-school activities and mentorship programs. For families, informants thought about human services programs that provided counseling and financial support services. For the elderly, the dominant programs were health care and Meals on Wheels. For persons with disabilities, the dominant programs were transportation and job support.

When the term “human services” was explained and alternative definitions were offered, informants used five cultural models to understand how human services do and should work.

A. The *Human services = direct services model*: Informants overwhelmingly assumed that human services entail the provision of direct services.

Informant: I guess that's [human services organizations] everybody who does a service. Human services help people at the time that they are struggling.

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Informant: I picture nonprofits because those are the ones generally setting up the food pantries and helping with housing.

Informant: [Human services] help people get back on their feet. It would be nice if they didn't have to be there, if everybody could be self-sufficient, but there's got to be something to help out. It would be temporary, though.

It is important to note that not one informant in our interviews discussed advocacy or prevention as part of human services.

B. The *Kindness and Charity* model. There was a common assumption that human services work is about individual acts of kindness.

Informant: It goes back to the Bible. The elderly, widows and orphans. Widows don't have the means because their source of income is gone. Orphan children don't have anybody who can provide for them. And the elderly, those who have paid, they have paved the way for everybody else, you can't leave them hanging.

Informant: I believe that everybody should be involved in them [human services organizations] and I think that that should be the number one goal in everyone's life, just to help each other out and make sure that everyone is doing ok. But you have to start out focusing on yourself so you can survive and thrive. Not to get sappy or anything.

C. The *Only the Basics* model: Informants shared an assumption that human services should provide *only* enough for the "basics." These necessities were clearly distinguished from "wants" or "extras" by cost, quality and especially associated status. When recipients of services are seen as able to acquire these "extras," it is perceived as evidence of corruption and "working the system." Typically, these wants were described in brand-name terms (e.g., Lexus, Blackberry or Oreos). There was a common understanding among informants that unlike "basic" needs to which everyone is entitled, "wants" are reserved for people who are successful on their own and should *not* be provided by human services.

Informant: They don't get to go out and pick and choose, and get a food-stamp card to go buy Oreos and stuff that they *want* to eat. Oreos aren't a necessity. Some kind of nutrition is. So you've got the Best Choice brand and then you've got the name brand. Name brand, I would say, is what you get if you are of good social standing. Best Choice is what you're going to get if you're given it by somebody else.

Informant: There was this woman in front of me [with] steaks and seafood and all kinds of stuff, and [she] takes out her little card, which was her food-stamp card. And I'm thinking, "You know what? I'm buying chicken that's on sale and counting on my calculator to see what my total is. And you are eating like a queen...with my money!" I mean, come on...really?

D. The Austerity model: Informant discussion evidenced an assumption in which people working in human services organizations are expected to live an austere lifestyle, earning little and avoiding ostentatious displays. It was thought that violations of this austerity principle was evidence of corruption or waste.

Informant: There's just corruptness there [in some non-profits]. Like, why is the CEO of Red Cross or whatever making 400 grand a year. You're a nonprofit! Why are you making 400 thousand dollars a year? You need to cut yourself down to an average wage for the amount of work that you have to do.

People who receive help from human services are also expected to live austere. As described earlier, informants made a strong distinction between basic necessities and things considered "wants" or "extras." When someone receiving services either has or is getting something considered to be an "extra," it is interpreted as an abuse and they are seen as gaming the system.

Informant: But that's something that every once in a while comes up, so-and-so or certain people, certain groups or certain individuals can be on welfare and yet they are driving a Lexus or they got the laptop computers or whatever. Or their cell phones, it seems like everybody has got to have a cell phone. Well you know, where do you draw the line? Everybody's got the \$400 or \$500 Blackberry and then the service, which is probably \$100 a month, and yet they are getting welfare checks. It just seems like a contradiction there. I haven't bought my kids phones yet because I just can't afford them and they don't need them yet. I've got a pay-as-you-go type of phone.

Implications:

1. *Public conceptions of "human services" are narrow—both in terms of the field and its work.* As long as people think narrowly about human services organizations, attempts to professionalize staff, dedicate funds to research and development and lobby for structural change will be viewed as inappropriate, because these efforts reduce the amount of money that can be given directly to those in need. Expanding these understandings requires a wider concept of well-being, a more upstream perspective on social issues and a more concrete public understanding of human services work to improve well-being and prevent social problems before they happen.

2. *Public perceptions of how human services actually work undermine public support for more funding.* There is a powerful logic structured by the models described above that creates resistance to increasing funding to human services organizations and the sector more broadly. Money given to people in need is thought to have a corrupting influence on their motivation to become self-sufficient, leading to a cycle of reliance. According to this logic, the more money that is given to people, the more dependent they become. Therefore, increased funding to organizations providing such services is understood to lead to more dependency, and thus ironically to exacerbate poverty. This is a key cultural script, and future communications research must find a way of interrupting and replacing it with more productive ways of thinking about human services and support.

4. WHO IS RESPONSIBLE FOR PROVIDING HUMAN SERVICES?

Drawing on their models of individualism and *Mentalism*, public informants' most frequent first response to questions about responsibility was that the people *themselves* are responsible for providing for their *own* needs. However, there were two other lines of reasoning that informants were able to deploy in reasoning about issues of responsibility.

A. The *Distributed Responsibility* model: Reasoning from the understanding that communities have fallen apart and no longer provide what they once did for their members, informants saw various groups as responsible for stepping in and providing this missing support. Public informants highlighted the role of extended families, schools, churches and to a lesser extent, non-profits in potentially providing the support once furnished less formally by community.

Interviewer: Are there places where a kid who's not doing well can go to get help?

Informant: I'm sure that the Boys and Girls Clubs, and a therapist, school, the counselors at school.

Interviewer: And how do you think those people help?

Informant: Well you know, the counselors usually—when a teacher notices something's wrong with a student, they send a memo to the counselor and they're counseled—try to give them extra attention to try to build trust and—to the point where they'll start coming and feeling that they can trust them.

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Informant: There are church organizations that do help, like food pantries. I know that because I passed one one day, and I was like, "what is that line?" It was around Thanksgiving. It was this little house and then I went by another time just to see what this huge line was about. It was a church and they were helping people I guess who couldn't afford Thanksgiving dinner.

B. The *Government is Inept and Corrupt* model: Informants were conflicted about government involvement in human services. In an “ideal world,” informants asserted that since the government is there “for the people,” it has the responsibility to create, fund and regulate organizations that address social problems. However, they viewed human greed—both on the part of politicians and the recipients of services—as a major impediment to successful government provision of human services. When they reasoned through understandings of government as inept and corrupt (a dominant American cultural model of government¹⁹), informants became fatalistic about prospects to improve human services more generally.

Informant: The problem is, you throw money into a situation like that and then all of a sudden you got some guys in charge of skimming off the top.

Interviewer: Do you think governments should be providing support services for seniors, for children, for families, for all these groups?

Informant: Yeah. Sure. That’s what the government’s supposed to be for—the people.

Interviewer: And how’s that going?

Informant: Yeah, right. They can’t even get it together for the economy. Come on, it’s terrible right now. America’s the pits. It’s just terrible. It makes no sense. They’re acting like kids. They’re not acting like responsible adults and trying to run a country, they’re acting like children. I’ve never seen anything like it in my life.

The public is deeply conflicted about the contrast between the way the government should operate and the way that government programs operate in reality. As can be seen above, this conflict is evident in the way that our informants reasoned about government involvement in human services funding and delivery. The quick default from issues of government to partisan politics is one that has been documented in FrameWorks’ past research.²⁰

Implications:

1. *One of the most powerful cognitive effects of the Individualism and Mentalism models is the strength with which these assumptions structure notions of responsibility.* By lodging perceptions of cause firmly at the individual level, these models entail strong notions of *individual* responsibility. These notions work against, and likely depress, support for human services work as enacting collective responsibility for social problems.
2. *The public’s recognition of the missing supportive function of modern communities may play a productive role in reframing human services and invigorating senses of public responsibility.* However, communicators should be aware of the potential for

thinking about failed communities to invigorate unproductive notions of fatalism and depress policy support across a number of progressive issues.

3. *The application of dominant American models of government as opaque, corrupt and inept is highly unproductive in thinking about human services and the messages that emerge from experts in this field.* Past FrameWorks research has found ways to inoculate against these models and cue more productive notions of government.²¹ These recommendations will be important in creating more effective communications about the field of human services and its work.

III. Mapping the Gaps and Overlaps in Understanding

The goals of this analysis have been to: (1) document the way experts talk about and understand human needs and human services; (2) establish the ways that the American public understands these same issues; and (3) compare and “map” these understandings to reveal the gaps and overlaps between the perspectives of these two groups. We now turn to this third task.

Comparing the expert and public views of human services reveals significant gaps in understanding as well as areas of overlap.

Overlaps in Understanding

Research identified the following overlaps between the ways that the general public and human services experts understand issues related to well-being, and the provision and improvement of human services. These overlaps suggest ripe areas to explore in future prescriptive communications research, but communicators should keep in mind that many of these high-level overlaps reveal, upon closer inspection, deeper conceptual gaps. That is, without careful attention to strategies for maneuvering through public understanding on this issue, many of these overlaps can backfire and morph into conceptual gaps.

- **People have a common set of needs.** Both experts and members of the public laid out sets of factors that influence well-being, and explained that these factors were common across individuals. However, between experts and members of the public, the specific factors understood to constitute well-being varied, which constitutes a deeper gap discussed below.
- **Social connections are key.** Both groups made frequent reference to the importance of social connections as a dimension of well-being. Again, this apparent overlap morphs into a gap when examined at a deeper level. While there was a shared recognition of the importance of social connections, the reason *why* these social connections are important differed dramatically between these groups. For example, the public focused narrowly on connections that enhance employability, whereas experts noted the expansive impact of connections on population-level mental health and community stability.
- **Government has a responsibility to support citizens.** Experts and members of the public generally agreed that government ought to play a role in providing services to those struggling to meet basic needs—though for many members of the public, this assumption of responsibility was problematic, as concerns about

corruption, greed, abuse and dependency led people to question whether government provided-services were effective or advisable.

- **Services can be improved.** Public informants often criticized human services programs as ineffective. Experts generally echoed this criticism, citing the potential for abuse, high rates of recidivism and problems in the efficiency, effectiveness and equity of service delivery. This is another overlap, which reveals an important gap upon closer inspection. The public's critique is based narrowly on notions of nefarious government ineptitudes, whereas expert critiques were based on a wider set of concerns that focused on program approach, design and implementation.
- **Programs should help people help themselves.** Experts and the public agree that programs ought to afford people access and opportunities to gain agency over their own lives. Both groups emphasized programs like education, job training and economic development. However, for the public, the desired outcome of such programs was *independence*, and for the experts, goals were *interdependence* and *collective* benefits at the population level.
- **Communities should be strong.** Notions of community played major roles in both expert and public perspectives. Informants from both groups blamed the loss of community resources for a wide range of social problems and recognized the need for organizations to help people out of difficult times. However, there was a tension in the public view between community and the family bubble, with the community often cited as a source of threat to the family or to children, while experts saw community almost exclusively as a resource. Thus, it is important that the idea of "community" be well framed if it is to avoid this tendency to conceptually degrade into notions of predation, bad influences, fatalism and decline.

Gaps in Understanding

In addition to high-level overlaps, a set of conspicuous gaps emerged between expert and public understandings. These gaps are likely to impede the public's ability to consider new and wider perspectives on human services.

- **A Concept of Well-Being: Quality of Life vs. Financial Success and Independence.** While experts had a broad concept of well-being defined in relation to fulfilling human potential, members of the general public had narrower concepts of well-being that were conceptualized primarily in relation to ideas of financial resources and independence.
- **Social Connections: An End in Itself vs. a Means to an End.** Experts described social connections as an inherently rewarding and integral component of the human condition—as a goal unto itself. Members of the public also emphasized the

importance of social connections but tended to understand these connections as a means to achieve success in other domains such as education, vocation and finances.

- **The Scope of Human Services: Services, Advocacy and Prevention vs. Direct Services.** When experts considered the scope of human services, they thought both about services and advocacy, and about remedial and preventive approaches. The public was entirely focused on the services side of the sector and narrowly on remedial services, with little to no conception of a preventative approach to addressing social problems.
- **The Charity Model: Problematic vs. Status Quo:** Experts argued that the charity model of human services is outdated and needs a new calibration to meet contemporary needs. For public informants the charity model dominated thinking about how the field operates, and constrained visions about how the field could be improved. It was, moreover, perfectly satisfactory to people and exhibited no self-perceived deficiencies in explaining current problems.
- **Increased Funding: Necessary vs. Problematic:** For expert informants, more funding is necessary to create and sustain more effective services. Public informants believed that more money spent on human services is not likely the answer because of government corruption and the potential to create dependencies in service recipients.
- **Causes: Structural vs. Individual:** Experts considered access to resources—both financial and social—as critical to understanding individual and group well-being and differences in quality of life. People who do not have access to resources are at a disadvantage compared to those who do, they asserted. Unlike experts, public informants for the most part saw individual actions—primarily the presence or absence of will-power—as the primary factor undergirding well-being.
- **Solutions: Structural vs. Individual.** Following from their vision of the causes of social problems, experts argued that solutions must address structural issues that create outcome disparities. In contrast, public informants considered individual motivation and enlightenment through incentives and education as appropriate and effective solutions.
- **Responsibility: Government vs. Individuals.** While both experts and the public talked about responsibility for social problems as distributed across individuals, families, communities, non-profits, churches and government, the weight given to each factor in this set differed between experts and members of the public. Experts saw the underlying problems as systemic, requiring governmental intervention. By contrast, public informants saw problems as stemming from individual choices, dysfunctional families or disintegrating communities, with government and non-government organizations playing a secondary role.

- **Government Assistance: Necessary vs. Problematic.** Experts considered government assistance to be necessary for the human services sector to function. Government provides funding for services, sets policy and provides a safety net. For the public, government assistance was frequently seen as ineffective and dependency-producing attempts to help via a narrow set of services, including welfare, food stamps and disability payments.
- **Benefits of Human Services: Everyone vs. Recipients of Direct Services.** Experts explained that human services allow people to improve their situations, which boosts the economy, lowers crime and generally leads to a stronger society. Structured by the cultural models discussed above, members of the public assumed that the benefits of human services affect only those who directly receive remedial services.

IV. Conclusion and Future Directions

This report lays out the deep challenges inherent in communicating about the field of human services and the work of the organizations that comprise this field. The overarching challenge identified here is that public understanding of human services is both simplified—the field is understood in terms of thin conceptions of charity and welfare—and riddled with misperceptions about the organizations that comprise the sector, the problems that the field addresses and the ways it addresses them.

Another meta-challenge this research finds is that the public is highly conflicted about human services organizations. People believe strongly in the ability and responsibility of individuals to overcome adversity through willpower, while recognizing that some lack the opportunities or the skills to take advantage of existing opportunities. The public wants to help people who are less fortunate, while simultaneously resisting what they see as the very real danger of enabling people to live comfortable lives without earning their own way.

Future prescriptive research must generate tools and strategies to address these as well as more specific challenges that the research has identified. The following list represents a preliminary outline of key tasks for this research:

- **Develop tools that expand conceptions of well-being in a way that allows people to think about the breadth and reach of human services work.** As discussed above, the public is focused on a narrow concept of well-being. This perspective prevents people from seeing the full scope of work in which the human services sector is engaged. If the public could understand a wider range of human needs and see the human services sector in relation to these needs, the field and its work would become more visible, clearly understood and salient.
- **Develop tools that move people beyond direct services.** The public's current focus on direct services limits the ability of the human services field to communicate about prevention and advocacy work. Tools are required that structure thinking about root causes of the issues to which direct services respond. These tools should tell a causal story about these needs and help people see the wisdom in diverting resources upstream to deal with them before they arise.
- **Develop and test values to help people think more collectively and structurally.** The public thinks about human needs in individual terms while experts think in highly structural terms. Developing and testing values to reorient the public to think more collectively about the issues to which human services respond is a promising direction for future research.

- **Determine the best way to shift people away from thinking about what makes someone “deserving” of support and towards the collective benefits of ensuring that all people do well.** An appreciation for the collective benefits derived from the human services sector’s work has the potential to channel people’s thinking away from the unproductive tendency to judge the worthiness of human services recipients. Future research should explore the most effective ways to concretize these collective benefits and to document this perspective’s effect on support for human services issues and policies.
- **Consider ways to redefine “Community” as more than the aggregate of individuals.** There is clear “togglng” going on in people’s minds about the idea of Community—a predator, the locus of bad influences, etc., versus a support structure that yields benefits for all. Reclaiming this concept and reviving it to provide a clear material focus for the value of interdependence may prove helpful in motivating people to temper the strong pull of individualism as an explanation for all human outcomes.

Pursuing this research agenda will provide a strong foundation for effective messaging about policy measures needed to respond to the wide variety of human services problems and solutions. Without this research, however, thinking about human services is likely to continue to be imbued with numerous problematic detours and distractions, chronically accessible only from habits of viewing poverty, success, families, communities and government that quickly and perniciously map onto this issue in people’s reasoning.

APPENDIX A: Research Methods

We were careful to recruit a sample of civically engaged persons for this project to increase the likelihood that informants could speak to the issues at hand with some degree of knowledge and opinion. Because cultural models interviews rely on our ability to see patterns of thinking (the expression of models in mind) through talk, it is important to recruit informants who are more likely to actually talk about the issues in question, but who are not experts or practitioners in the field. Moreover, to help ensure that informants were likely to have ready opinions about these issues without having to be primed by asking them directly about the target issue²²(in this case, human services), the screening procedure was designed to select informants who reported a strong interest in news and current events, and an active involvement in their communities through participation in community and civic engagements.

Cultural models interviews require gathering what one researcher has referred to as a “big scoop of language.”²³ Thus, a sufficiently large amount of their talk allows us to capture the broad sets of assumptions and understandings that informants use to make sense of information. These sets are referred to as “cultural models.” Recruiting a wide range of people allows us to ensure that the cultural models we identify represent shared, or “cultural,” patterns of thinking about a given topic.

As the goal of these interviews was to examine the cultural models Americans use to make sense of and understand issues of human services, a key to this methodology was to give informants the freedom to follow topics in directions they deemed relevant and not in directions the interviewer believed most germane. Therefore, the interviewers approached each interview with a set of topics to be covered and questions to ask, but left the interview sufficiently open to thoroughly follow each informant’s train of thought.

Informants were first asked to respond to a general issue (“What do you think about X?”) and were then asked follow-up questions, or “probes,” designed to elicit explanation of their responses (“You said X, why do you think X is this way?”; “You said X, tell me a little bit more about what you meant when you said X”; “You were just talking about X, but before you were talking about Y; do you think X is connected to Y? How?”). This pattern of probing leads to long conversations that stray (as is the intention) from the original question. The purpose is to see where the informant draws connections from the original topic, and which ones. Informants were then asked about various valences or instantiations of the issue at hand and were probed for explanations of these differences (“You said that X is different than Y in this way, why do you think this is?”). Thus the pattern of questioning begins very generally and moves gradually to differentiations and more specific topics.

Informants were first asked a series of open-ended questions about different populations and what they need to do well. These provided them the opportunity to speak to whatever associations came to mind about the needs of different groups, and about where

responsibility lies for making sure that people in those groups do well. A subsequent line of questioning then asked about the organizations specifically: what organizations help people, how do they do it, where their funding comes from and how could they do it better. Informants were then asked detailed questions about associations with the specific term “human services.”

As every interview has to begin somewhere, we started from the position that the order of questions was likely to have some biasing effect on the responses offered. For example, we suspected that discussions of human services would bias those of the needs of populations, and lead to more frequent connections between the two concepts that would not otherwise have been made. Therefore, approximately half of the interviews asked for this association first, while the other half asked about human services later in the interview. As such, interviews provided all the needed information about both the term “human services” and the models underlying thinking about related issues. Despite our opportunistic harnessing of the biasing effect, there is no easy or absolutely “clean” solution to this effect in interviews. That said, consideration of these effects was built into the analysis and in this case they were found to have negligible priming or biasing effects. Furthermore, some of the biases associated with question-ordering can be overcome by the fact that the object of analysis in cultural models work is implicit and tacit assumptions, rather than explicit views. Additionally, an advantage of the multi-method, iterative design of Strategic Frame Analysis™ is that subsequent research, using both other qualitative methods and quantitative experiments, will allow FrameWorks to triangulate results, examining possible biasing effects and verifying the results presented here.

APPENDIX B: Theoretical Foundations

The following are well-accepted characteristics of cognition and features of cultural models that figure prominently in this report's results and in FrameWorks' research more generally.

1. Top-down nature of cognition.

Individuals rely on a relatively small set of broad, general cultural models to organize and make sense of information about an incredibly wide range of specific issues and information. Put another way, members of a cultural group share a set of common, general models that form the way they think and make sense of information pertaining to different issues. Or as Bradd Shore notes, "Culture doesn't determine reality for people. It provides a stock of conventional models that have a powerful effect on what is easily cognized and readily communicated in a community. Cultural codes socially legitimate certain ways of thinking and acting. They also affect the cognitive salience of certain experiences."²⁴

This feature of cognition explains why FrameWorks' research has revealed many of the same cultural models being used to think about seemingly unconnected and unrelated issues—from education to health to child development. For example, FrameWorks' research has found that people use the *Mentalist* model to think about child development and food and fitness—seemingly unrelated issue areas. For this reason, we say that cognition is a "top-down" phenomenon. Specific information gets fitted into general categories that people share and carry around with them in their heads. Or again, as Shore notes, "You could reason from the part to the whole."²⁵

2. Cultural models come in many flavors but the basic ingredients are the same.

At FrameWorks, we are often asked about the extent to which the cultural models that we identify in our research, and use as the basis of our general approach to social messaging, apply to ALL cultures. That is, people want to know how inclusive our cultural models are, and to what extent we see, look for and find differences across race, class or other cultural categories. Because our aim is to create messaging for mass media communications, we seek out messages that resonate with the public more generally and, as such, seek to identify cultural models that are most broadly shared across society. We ensure the models are sufficiently broad by recruiting diverse groups of informants in our research who help us to confirm that the models we identify operate broadly across a wide range of groups. Recruiting diverse samples in our cultural models interviews often confounds people. They may think we are interested in uncovering nuances in the ways the models take shape and are communicated across those groups, or that we are interested in identifying different models that different groups use. To the contrary, our aim is to locate the models at the broadest possible levels (i.e., those most commonly shared across all cultural groups within

a large social group), and to develop reframes and simplifying models that advance those models that catalyze systems-level thinking. The latter does not negate the fact that members of different cultural groups within a larger cultural group may respond more or less enthusiastically to the reframes. This is one reason that we subject the recommended reframes to rigorous experimental testing using randomized controls that more fully evaluate their mass appeal.

3. Dominant and recessive models.

Some of the models that individuals use to understand the world around us are what we call “dominant” models, while others are more “recessive” or latent in shaping how we process information. Dominant models are those that are very “easy to think.” They are activated and used with a high degree of immediacy, and are persistent or “sticky” in their power to shape thinking and understanding. Once a dominant model has been activated, it is difficult to shift to or employ another model to think about the issue. Because these models are used so readily to understand information, and because of their cognitive stickiness, they actually become easier to “think” each time they are activated—similar to how we choose a well-worn and familiar path when walking through a field, leading it to become even more well-worn and familiar. There is therefore the tendency for dominant models to become increasingly dominant unless information is reframed to cue other cognitively available models (or, to continue the analogy here, other walking paths). Recessive models, on the other hand, are not characterized by the same immediacy or persistence. They lie further below the surface, and while they can be employed in making sense of a concept or processing information about an issue (since they are present), their application requires specific cues or primes.

Mapping recessive models is an important part of the FrameWorks approach to communication science and a key step in reframing an issue. It is often these recessive patterns of thinking that hold the most promise in shifting thinking away from the existing dominant models that often inhibit a broader understanding of the role of policy and the social aspect of issues and problems. Because these recessive models in shifting perception and patterns of thinking hold promise, we discuss them in this report and will bring these findings into the subsequent phases of FrameWorks’ iterative methodology. During focus group research in particular, we explore in greater detail how these recessive models can most effectively be cued or “primed,” as well as how these recessive models interact with and are negotiated vis-à-vis emergent dominant models.

4. The “nestedness” of cultural models.

Within the broad foundational models that people use in “thinking” about a wide variety of issues lay models that, while still general, broad and shared, are relatively more issue-specific. We refer to these more issue-specific models as “nested.” For example, in our past research on executive function, when informants thought about basic skills, they employed

a model for understanding where these skills come from, but research revealed that this more specific model was nested into the more general *Mentalist* cultural model that informants implicitly applied in thinking this issue. Nested models often compete in guiding or shaping the way we think about issues. Information may have very different effects if it is “thought” through one or another nested model. Therefore, it is helpful to know which models are nested into which broader models when reframing an issue.

About FrameWorks Institute:

The FrameWorks Institute is an independent nonprofit organization founded in 1999 to advance science-based communications research and practice. The Institute conducts original, multi-method research to identify the communications strategies that will advance public understanding of social problems and improve public support for remedial policies. The Institute's work also includes teaching the nonprofit sector how to apply these science-based communications strategies in their work for social change. The Institute publishes its research and recommendations, as well as toolkits and other products for the nonprofit sector, at www.frameworksinstitute.org.

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- ¹ Holland, D., & Quinn, N. (1987). *Cultural models in language and thought*. New York, NY: Cambridge University Press.
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- ⁷ Bales, S. N. (2006). *How to talk about government*. Washington, DC: FrameWorks Institute.
- ⁸ Ibid.
- ⁹ See Quinn, N., ed. (2005). *Finding culture in talk: A collection of methods*. New York, NY: Palgrave Macmillan.
- ¹⁰ Quinn, N., & Holland, D. (1987). Culture and cognition. In D. Holland & N. Quinn (Eds.), *Cultural models in language and thought* (pp. 3-40). Cambridge, England: Cambridge University Press.
- ¹¹ Chart, H., & Kendall-Taylor, N. (2008). Op. cit.
- ¹² Kendall-Taylor, N. (2011). Op. cit.
- ¹³ Kendall-Taylor, N., & McCollum, C. (2009). Op. cit.
- ¹⁴ Literature in anthropology has found considerable variation in the way that concepts of well-being are constructed across cultures—with some cultural conceptions of well-being being highly individualized and others being collectively conceptualized. For more see: Mathews, G., & Izquierdo, C. (2008). *Pursuits of happiness: Well-being in anthropological perspective*. Oxford UK: Berghahn Books.
- ¹⁵ Kendall-Taylor, N., & McCollum, C. (2009). Op. cit.
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- ¹⁹ Bales, S. N. (2006). Op. cit.
- ²⁰ Ibid.
- ²¹ Ibid.

²² Priming informants with the content can be problematic in these interviews. The ability to identify and describe cultural models relies on getting “top-of-mind” answers and explanations from informants, rather than carefully thought-out and pre-constructed responses to the issue in question. If primed with the focus of the interview, informants tend to “prepare” by doing “research” on the subject, yielding results that are actually not representative of their own understandings and explanations of issues.

²³ Quinn, N. (2005). *Finding culture in talk: A collection of methods* (p. 16). New York, NY: Palgrave Macmillan.

²⁴ Shore, B. (1998). *What culture means, how culture means* (p. 31). Worcester, MA: Clarke University Press.

²⁵ Ibid. (p. 32).