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# "No Wrong Door:" Data Sharing and Coordination in Nonprofit Social Services

Terrasse, Mélanie

Princeton, NJ : Princeton University

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“NO WRONG DOOR”

DATA SHARING AND COORDINATION  
IN NONPROFIT SOCIAL SERVICES

Mélanie Terrasse

A DISSERTATION  
PRESENTED TO THE FACULTY  
OF PRINCETON UNIVERSITY  
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## **ABSTRACT**

This dissertation examines the ground-level implications of two intersecting features of U.S. social policy: the local devolution of the American safety net and the growing enthusiasm for technological solutions to sociopolitical issues. Through ethnographic participant observation and qualitative interviews spanning a two-year period, I followed the implementation of data-sharing initiative among a group of local anti-poverty nonprofits in Central Pennsylvania. By sharing client data across organizations, participating organizations aimed to make it easier for clients to access services, to ameliorate the quality of services, and to give administrators tools to measure and improve organizational performance. In doing so, the initiative was based on the vision of a unified, rational system to effectively and efficiently combat local poverty. I show that the implementation of this project illuminated tensions between its underlying vision for anti-poverty work and other important aspects of service delivery. In many participating programs, technocratic goals of coordination and performance measurement came into conflict with interactional components of social work such as the case manager-client relationship and professional discretion in decision-making. In other settings, the initiative's outcome-oriented emphasis on "moving the needle" and meeting the ambitious goal of eliminating local poverty was at odds with more traditional programs' narrower goals of providing short-term services. As revealed through the implementation of the database, these tensions led to a reshaping and renegotiating of the technology in ways that affected both individual program operations and the success of the overall initiative. This dissertation contributes to the fields of social service administration and science and technology studies by describing the ground-level consequences of technological implementation in a fragmented and low-resource field.



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## **ABBREVIATIONS AND TERMS**

**Anti-Poverty League** – A large, anti-poverty nonprofit in Middlebury city funded primarily through federal and state grants. One of the four nonprofits in which I conducted participant observation. The Anti-Poverty League was one of the three nonprofits that initially funded and oversaw the MDSI, along with the United Way and the Housing Alliance.

**Continuum of Care Program (COC)** – The program structuring the allocation of grants from the federal Department of Housing and Urban Development (HUD). The COC allocated a pool of program funds for various homelessness programs to an intermediary, local agency that would then subcontract the delivery of these services to local providers.

**Faith Coalition** – A faith-based nonprofit in Middlebury city that primarily operated a high-volume, largely volunteer-run food and clothing bank. One of the four nonprofits in which I conducted participant observation.

**Federal Department of Housing and Urban Development (HUD)** – The federal department in charge of allocating national homelessness funds. Its programs operate largely through subcontracting of services to local organizations.

**Home Project** – A medium-sized housing and financial services nonprofit in Middlebury city, which ran many of the local HUD-funded housing programs. One of the four nonprofits in which I conducted participant observation.

**Homeless Management Information System (HMIS)** – Term used for the set of HUD-approved client databases that could be used by HUD-funded programs to record required performance data. In Middlebury, housing programs had switched to using the ServiceTech platform as their HMIS approximately one year prior to the start of the MDSI initiative.

**Housing Alliance** – An umbrella nonprofit in Middlebury city in charge of overseeing homelessness HUD grants for Middlebury county. The Housing Alliance was one of the three nonprofits that initially funded and oversaw the MDSI, along with the Anti-Poverty League and the United Way.

**Intensive Case Management Program (ICM)** – A program of the Anti-Poverty League structured around medium- to long-term, flexible case management for individuals “in crisis” with the goal of helping them become stable and out of poverty. One of the seven programs I observed during my fieldwork.

**Middlebury Data Sharing Initiative (MDSI)** – A data-sharing initiative among a network of social service nonprofits in Middlebury county. The database infrastructure for the MDSI was the ServiceTech software, the same web-based system used as HMIS by local housing agencies.

**Self-sufficiency matrix** – A needs assessment tool, many versions of which are used by homelessness and anti-poverty organizations across the United States. The tool is made up of 18 domains of life such as health, employment, housing, and is used to evaluate a client’s “self-sufficiency” in each area. In Middlebury, a previous paper, table version of the tool was digitized into an electronic survey as part of the expected MDSI intake.

**ServiceTech** – A commercial web-based case management software and client database that was used in Middlebury county by HUD-funded agencies as part of the HMIS requirement, and later adopted as the technological platform for the MDSI.

**United Way** – A community fundraising nonprofit that primarily collects funds through corporate employee-giving campaigns and then allocates grants to local nonprofits. The Middlebury chapter of the United Way was one of the three nonprofits that initially funded and oversaw the MDSI, along with the Anti-Poverty League and the Housing Alliance.

**Utility Assistance Program** – A high-volume program of the Anti-Poverty League that enrolled applicants in a utility assistance payment plan contracted out by the local utility company. One of the seven programs I observed during my fieldwork.

**Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT)** – The VI-SPDAT is a triage and prioritization tool used by homelessness organizations across the United States to help determine which housing programs are appropriate given a client’s “vulnerability score.” During my fieldwork, homelessness organizations in Middlebury had

begun using the tool to partially inform the order of the county-wide waiting list for rapid rehousing services for the homeless.

**Yorktown Mission** – A small, rural, faith-based anti-poverty nonprofit in Middlebury county. It operated, among other programs, a flexible, medium- to long-term case management program aimed at helping individuals develop and pursue an action plan to get them stable and out of poverty.

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## **Introduction The Middlebury Data Sharing Initiative: Technological implementation and resistance in nonprofit anti-poverty work**

The only homelessness day center in Middlebury city consisted of a large, cafeteria-like room furnished with eight plastic tables and chairs.<sup>1</sup> Its walls were lined with stacked shelter beds, tan plastic shells each containing a thin twin-sized mattress. Once its doors opened at 9am, day center clients – most of whom had spent the night sleeping on cots in this same room only a few hours earlier – lined up to have the plastic badges around their neck scanned one by one by an employee as part of the center’s intake process.

In addition to providing a place for people to shower, receive mail and do laundry, the day center also served as a natural meeting point for other service providers to connect with clients. One of these providers was the Home Project, a nonprofit that operated a range of services related to housing, from homelessness emergency assistance to savings programs helping individuals become homeowners. On January 25<sup>th</sup> of 2017, I accompanied Emily, a blonde case manager in her thirties working for the Home Project’s Coordinated Entry Program. The Coordinated Entry (CE) Program, which had started two years earlier in Middlebury county, served as the metaphorical “front door” for all other homelessness services, connecting individuals experiencing homelessness to available local services according to their level of need. CE case managers communicated

<sup>1</sup> All names of locations, local organizations, programs, and individuals have been anonymized and/or changed to preserve participant confidentiality.

closely with shelter staff about which residents needed to be entered into the CE program: even before arriving at the center, Emily had a list of people who had been instructed to meet with her that day before 10am and noon for an intake.

The first person to approach the plastic table where Emily and I had set up was Mike, a man in his twenties or thirties, who told us that he had been instructed by shelter staff to come see us. Emily began conducting the intake, asking him yes or no questions as they appeared on her computer screen: What was your last address? Are you on Medicaid or food stamps? Do you have a history of drug or alcohol abuse? Prior to asking these questions, she presented him a release of information form to sign. The form described the ways in which the client, by signing, would authorize the Home Project to share electronic client information with other service organizations in order to coordinate the delivery of services across various agencies. On the back of the sheet was a list of organizations who shared access to the Home Project's client database.

Reading through the names of the participating programs, Mike asked why all these agencies had to have access to his information. Emily replied that these were the agencies that the coordinated entry program typically referred clients to, and that they would not have access to his information unless they were actively working with him. "Because at [the local hospital], if they know you're homeless, they treat you like shit," Mike said, still hesitant to sign. In response, Emily assured him that if he went to the emergency room, they would not have access to the database. Mike spent a few more seconds contemplating the form, but eventually looked up and signed it. With a smirk, he told Emily he was not going to make this any more difficult for her, and signed the form.

...

Whereas previous works have studied the consequences of data integration in public services (education, police, welfare), fewer have examined how comparable initiatives unfold at the local, nonprofit level. This dissertation follows the implementation of a data-sharing initiative among social service nonprofits in Middlebury, PA. In doing so, I examine the social, political, and organizational characteristics of this new emphasis on data in an understudied but important area of U.S. social policy: nonprofit social services.

Middlebury city is a small city of between 40,000 and 70,000 residents, located in a primarily rural and suburban county of Central Pennsylvania. Though most associate the area with its many surrounding farms, people are often surprised to learn about the demographics of Middlebury city: in stark contrast with the rest of the county's predominantly white, rural population, whites made up less than half of the city's inhabitants, with approximately 40 percent of residents identifying as Hispanic or Latino. Despite recent economic growth, the city's poverty rate was more than twice the countywide rate. This demographic divergence between city and county fueled negative local rhetoric about the city's distinct set of social problems: nonprofit leaders in Middlebury city frequently cited the need to rebuke the stereotype that poverty was just a "city problem", and to show that it also existed in surrounding towns and rural areas.

I first began studying nonprofit social services in Middlebury by attending meetings of the Anti-Poverty Coalition, a group of local community leaders that had been selected by the Middlebury city mayor to develop a plan to combat poverty in the city. The coalition aimed to coordinate the actions of local organizations to cut the city's poverty rate in half over 15 years. Federal and state government agencies were remarkably absent from the coalition's steering committee, which gathered members of

city government, nonprofit leaders and one representative for the state's department of education. In the foreword of its final report, the coalition emphasized that the main issue hindering the elimination of local poverty was not the lack of effective programs, but rather a need for a more coordinated system of services:

The truth is, almost every time someone suggested a program that would help, someone else would point out that their idea already existed and which church, nonprofit or government office already offers it. Some of the most impressive evidence-based practices we reviewed were firm believers that specific programs, while necessary tools, are less important than the strength and connectivity of the community and the systems that are established to solve problems.

By invoking the need for community-wide “connectivity” as prescribed by “evidence-based practices,” the report legitimized coordination as the key solution to local poverty through an appeal to expert knowledge and recommendations from “evidence-based practices.” In doing so, the report channeled two prominent themes in the Middlebury social services field: collaboration and rationalization. To tackle poverty, the field would have to work together towards concrete, measurable goals and progress informed by “best practices.” Local community leaders often told me about the vitality of Middlebury's nonprofit sector, of its unique spirit of collaboration, and of the many innovative initiatives that were already underway across the county. The director of the Middlebury United Way, for example, told me about how the fundraising nonprofit had created a county-wide hotline for anyone seeking social assistance in Middlebury county. By calling 211, anyone located in the county would reach a United Way employee who could inform them of all available social service programs in the area. I also heard about an initiative from the local city hospital, which was pairing “frequent utilizers” of health

services with social workers who would refer them to local organizations in an effort to address “the social determinants of health” at the community level. These initiatives all built upon one or both themes of integrating local services and developing a more rational, “evidence-based” way of allocating resources.

One such project particularly caught my attention: the Middlebury Data Sharing Initiative (MDSI). The MDSI began when three social service nonprofits - an anti-homelessness coalition, a large anti-poverty nonprofit, and a nonprofit fundraising organization - came together in the Spring of 2016 to develop and privately finance a shared case management system. Their hope was that the database would be used by as many social service agencies in the county as possible. To illustrate the need for the software, participating nonprofits leaders drew on the hypothetical example of a low-income mother’s struggle through the draining and convoluted process of receiving social services. “A single mother who has two kids, working two full time jobs, she doesn’t have time to go to four different offices and bring piles of paperwork with her every time to do a three-hour intake only to be told that you don’t qualify,” explained an administrator involved with the MDSI. Under the shared ServiceTech database, this same mother would only have to provide her information once; ServiceTech would allow programs to share client records with other agencies, automatically calculate one’s eligibility for various participating programs, and send electronic referrals to programs she was interested in. In the Anti-Poverty Coalition’s report, the initiative was described as follows:

County-Wide ServiceTech [is] a shared intake, assessment and data tracking tool for all Middlebury County social service providers. This system will serve as a sort of “electronic medical record” for people needing social services and will include a universal intake and assessment form that will be shared across participating providers so people seeking help will:

- only have to provide intake information once for all providers in the system
- be informed of every program using the system for which they and their household are eligible at their first visit anywhere
- see how far any services are from their homes
- have the option to do an instant referral from one provider to another

In addition to customer convenience, providers will be able to:

- create individualized goal plans for customers
- track progress both individually and across communities
- easily run meaningful reports for funders and others
- identify gaps in service and unnecessary service duplication throughout the county”

The MDSI was therefore presented as a solution to organizational problems across three sets of actors. First, it would improve the way services were provided to *clients*. By sharing data and enabling electronic referrals across programs, it would save clients’ time and make it easier for them to access available services. Secondly, it would enable *frontline staff* to help clients more effectively: by sharing intake information across the organizational network, case managers would have a “fuller picture” of a client’s situation, communicate more easily across programs, and address client needs more comprehensively. Lastly, the MDSI would also improve the work of nonprofit *administrators*: ServiceTech would generate more complete client data across space (throughout the county’s participating agencies) and time (over an individual’s service

history). With this level of wide-ranging, integrated data, administrators would be able to analyze client outcomes across the system of participating services, and to evaluate the performance of individual programs. This data then, could be used to demonstrate impact to funders, policymakers, and the general public. It also could serve an important sense-making role by looking at system-wide trends and patterns to identify service gaps, and justify the creation of new initiatives addressing these needs.

The Middlebury Data Sharing Initiative (MDSI) is notable because it serves as an early instance of data sharing across a local group of anti-poverty nonprofits. Nonprofit organizations are often seen as supplementary agents of charity, but a large proportion of public social services are contracted out to nonprofit and for-profit organizations.<sup>2</sup> Local nonprofit organizations play an essential role in a social safety net involving “the increasing use of third parties, often nonprofits, to deliver social services and generally act in the name of the state” (Milward and Provan 2000, 359). Fragmentation, in the current U.S. welfare landscape, is a feature rather than a bug: the neoliberal movement towards the devolution and privatization of welfare has resulted in a patchwork-like system of federal, state and local services, each with their own set of eligibility criteria, organizational practices, and program rules.

In this environment, competition is seen as the best way for public and private funders to efficiently fund high-performing programs. Increasing pressures towards demonstrating accountability, effectiveness and efficiency of nonprofit organizations

<sup>2</sup> In 2013, human service organizations received 52.9 percent of 2013 contracts and grants from federal, state or local government to nonprofits, and 58.6 percent of total funds (Petitjohn et al. 2013).

have led to a rise of performance measurement and standardization practices in the field (Lynch-Cerullo and Cooney 2011). Private foundations and other donors have quickly followed the lead of government agencies in expecting grant recipients to demonstrate their legitimacy and accountability through data, standard practices and quantified program outcomes. In many ways, the MDSI exemplifies the almost complete devolution of the state in terms of social welfare programs: the initiative was not borne out of any governmental (or even private funder) requirements to receive funding, but rather it aimed to precede any coercive demands from the state and demonstrate the legitimacy and accountability of participating nonprofits. Private organizations were engaging in a form of bottom-up organizational surveillance, using technology data as currency to demonstrate value to powerful field actors and garner additional resources. In this dissertation, I begin with the MDSI as a concrete manifestation of these macro-level field pressures and examine the consequences of its implementation on the way nonprofit organizations administered and delivered services at the local level.

## **Main Findings and Dissertation Outline**

Previous research has described the complex, fragmented and contested field of nonprofit social services, along with the set of assumptions and beliefs underlying the provision of social assistance in the United States. This dissertation seeks to take these macro-level insights and examine their meso- and micro-level implications in the context of technological implementation among a network of social service nonprofits. The MDSI aimed to use data as the infrastructure for *rationalization* and *coordination*, in order to create a more *effective* and *efficient* system to combat local poverty. These

aspirations for the initiative constituted “imagined futures” that brought together a set of local actors, values and goals (Beckert 2016).

Over the course of this two-year ethnographic study, which included nine months of full-time participant observation and 54 qualitative interviews with members of the nonprofit social services field, I found that the stated vision of the MDSI differed quite considerably from what would be enacted in practice. The MDSI carried a specific vision of anti-poverty work that came into conflict with important aspects of social services, a tension that ultimately affected the way the technology was received and used by those on the frontline of service delivery. The MDSI embodied a *technocratic* approach, emphasizing the need for programs to collaboratively meet and demonstrate long-term anti-poverty outcomes using shared standardized measures and practices. While this vision encouraged nonprofits to improve the performance of the Middlebury social services field as a whole, it also underemphasized *interactional* components of service delivery. These components included the important role of the relationship between the case manager and the client, and the value of situated knowledge and professional in decision-making. In addition, its *outcome-oriented* nature was largely incompatible with the *service-oriented* approach of some low-resource nonprofits focused on delivering point-in-time services to as many people as possible regardless of outcome.

While cultural tensions in the field of social services have already been described and analyzed by previous scholars, this dissertation offers an analytical portrait of how these differing approaches to social work were *negotiated and enacted over the course of the MDSI’s implementation*. In doing, this study seeks to contribute to the fields of organizational sociology, the study of inequality, and science and technology studies. I

argue that the design and implementation of the MDSI prioritized certain goals over others, reflecting differences in power across the different stakeholders involved. The priorities embedded in the MDSI's features promoted the technocratic goals of funders and nonprofit administrators over that of individual programs, clients and frontline staff. This mismatch in goals led to staff resisting the MDSI's technocratic vision in favor of more interactional and service-oriented practices. By examining the unfolding of the MDSI, we can understand how field-level forces such as increased competition, fragmentation and techno-optimism can coalesce into local initiatives that aim to pursue initiatives that appeal to widely shared ideals of rationalization and coordination, yet in the end fall short of meeting many of their original goals.

In Chapter 1, I describe the Middlebury vision of a coordinated anti-poverty system, and introduce some of the tensions between this *technocratic* approach to social services and some of the more *interactional* elements of street-level social work. I show that, through funder initiatives and prominent field rhetoric, discourse in the Middlebury nonprofit field coalesced around coordination and data collection as culturally resonant themes that conveyed increased rationality, effectiveness, and efficiency. These themes shaped the “imagined futures” of MDSI leaders and were embodied in the infrastructural features of the initiative (Beckert 2016). I then introduce the ways in which this technocratic focus on the inherent value of coordination and performance measurement ran the risk of underemphasizing necessary interactional elements of social work such as the case manager-client relationship and the role of professional discretion in shaping the service delivery process.

Chapter 2 introduces the concept of *sedimented rationalization*, a process through which growing demands towards data collection lead to a layering of documentation practices on top of each other at the micro level. I start by examining the nature of performance measurement pressures in the field, and show that funders and grant recipients often engaged in a process of negotiation of funding requirements resulting in a softening of funder demands. Given the complexity of disparate funder demands, the constantly changing nature of nonprofits' funding streams, and their own limited administrative capacity, individual data collection requirements became decoupled from a meaningful assessment of program performance and instead adopted a record-keeping role. While MDSI leaders hoped that the use of a single shared database would eliminate duplication across these different data collection requirements, this overlooked the fact that each documentation method mapped onto a different set of organizational goals and sociotechnical constraints. I argue that this seemingly redundant decoupling and layering of organizational routines – a process of *sedimented rationalization* - in fact allowed frontline workers to insulate their client-oriented work from growing pressures towards performance measurement. This, in turn, insulated the workers themselves from pressures to modify the way they interacted with clients to “make the metric,” but it also prevented performance measures from taking on a formative role that could lead to organizational learning and improvement.

In Chapter 3, I draw upon the MDSI's central standardized needs assessment to show how tensions between technocratic and interactional approaches to anti-poverty work ended up shaping the implementation and use of ServiceTech in consequential ways. I examine the evolution the self-sufficiency matrix, an assessment tool aiming to quantify

individual poverty outcomes. As a central feature of the database initiative, the self-sufficiency matrix evolved from a flexible, paper-based goal-planning tool to a standardized, electronic assessment to reliably measure client outcomes. I find that the development of this new tool exemplified a larger tension in social services between *interactional* and *technocratic* approaches to social work. Street-level case managers saw the tool as a potential threat to the worker/client relationship, and in doing so negotiated its use in ways that limited its potential as a reliable measurement instrument.

Conversely, the ambiguous, heterogeneous and often conflicting nature of anti-poverty work significantly challenged the assessment's ability to reliably measure outcomes. Through the example of the self-sufficiency matrix, this chapter demonstrates how implementation decisions can prioritize particular organizational goals over others, but also how end users of the technology can mediate the way it is enacted on the ground.

Chapter 4 describes how the technocratic approach embodied by the MDSI and ServiceTech redefined not just the goals of the software, but also the goals of social service delivery. I introduce the MDSI's *outcome-oriented* approach to anti-poverty work, one that viewed poverty as a multifaceted issue spanning multiple domains of social life and requiring a sustained, comprehensive treatment. I argue this approach contrasted with more traditional social service organizations' *service-oriented* model, which focused on delivering point-in-time assistance to as many individuals as possible with lesser concern for the long-term consequences of receiving services. I then describe the additional risks introduced by the outcome-oriented model, arguing that a broader purview for social service agencies combined with widespread access to client data likely increased the potential for client discrimination and marginalization within the system.

In Chapter 5, I draw on the example of the Faith Coalition, a high-demand and low-resource food bank in Middlebury city, to illustrate the challenges involved with implementing an *outcome-oriented* anti-poverty tool like ServiceTech in a *service-oriented* organization structured around the short-term, high-volume delivery of services. I argue that an outcome-oriented approach required considerable organizational slack, administrative resources, well-trained staff along with extensive time and resources. In contrast, organizations structured around the high-volume delivery of point-in-time services such as food and clothing were able to operate under very limited resources. The introduction of an outcome-oriented tool in this strained environment made it impossible for Coalition staff to integrate ServiceTech into their service delivery process. Instead they continued to engage in a process of sedimented rationalization to superficially address both their own organizational goals and that of the MDSI, resulting in imperfect outcomes for both the nonprofit and the data-sharing initiative.

This ethnographic study of the MDSI's implementation therefore describes and analyzes the challenges involved with the implementation of shared information infrastructure in a heterogeneous, fragmented organizational field with conflicting stakeholder goals. I now turn to describing the research methods I used to study the development of infrastructure in this environment.

## **Methods**

Technological innovations like the MDSI are often portrayed as revolutionary or path-breaking. Yet, technology does not appear in a vacuum, it is itself shaped by current economic, political and social forces. Technology serves as a lens refracting pre-existing

factors that led to its development and use. Through a new medium, previous social forces can become warped or reshaped, but they remain an extension of past dynamics rather than being remade anew. In this analysis of the MDSI, technology occupies a dual role. First, it is the main object of study, enabling us to examine *its impact on the delivery of nonprofit social services*. Secondly, it also serves as a methodological tool: by reconfiguring previous field dynamics, it can reveal *which social, economic, and political forces shape organizational action*. Infrastructure itself is embedded in a larger system of social, economic, and political relationships (Bietz et al. 2010). As Star and Ruhleder (1996, 113) state, “it is ‘sunk’ into, inside of, other structures, social arrangements, and technologies.” In the context of the MDSI, one cannot understand the ways in which a shared client database modified previous dynamics of service delivery without a larger comprehension of the institutional relationships that structure the field of nonprofit social services. By examining the role of technological change within a broader sociopolitical landscape, this dissertation aims to provide answers to the following question: *how do changes in American social policy and the resulting emphasis on data collection affect the delivery of nonprofit social services at the community level?* This project aims to examine the social, political, and organizational characteristics of this new emphasis on data in an understudied but important area of U.S. social policy: nonprofit social services. Through the study of infrastructure, we can examine the way specific technologies or designs organize social action and relationships between actors.

This dissertation primarily draws on ethnographic and interview data collected over the course of the MDSI’s implementation. From June 2016 to March 2018, I followed the implementation of a new client database among a group of organizations with previous

workflows and routines to collect and distribute program information. Studies of quantification in social policy often proceed retrospectively, analyzing new initiatives after they are fully implemented. This can obscure the social, political, and economic processes that led to initiatives' development and adoption (Bowker and Star 1999). Indeed, one the key features of infrastructure is that it becomes taken for granted once it has stabilized. Following the *implementation process* of the MDSI from its very start has allowed me to examine the factors that influenced its development and molded its enactment on the ground. In doing so, this project sought to make the invisible work of infrastructure development visible, revealing the ways in which infrastructure can come to embody a set of tensions over social, political, and economic values (Bowker and Starr 1999).

Infrastructure is fundamentally relational, in that it is part of human organization and often embodies the structure of relationships in a field (Star 1999). This study began with a technological initiative – the MDSI – and followed the thread of its component parts: the technology itself, the organizations that founded the initiative, the programs that would enact the technology and its goals. Data collection for the study proceeded from the Spring of 2016 to the Spring of 2018. I first conducted exploratory fieldwork consisting of one-on-one meetings with agency administrators and program managers, observation at MDSI steering committee meetings, and early software trainings from May to December 2016. I then conducted the bulk of my ethnographic observation at four nonprofit sites from January to September 2017, at an approximate rate of one day per week at each site (with the exception of one organization for which observation lasted only three months). My primary materials largely consisted of fieldnotes detailing my

observations from administrative meetings and day-to-day nonprofit work, along with transcripts of 54 interviews with community leaders (n = 7) , employees of funding organizations (n = 9) nonprofit leaders (n = 9), nonprofit administrators (n = 3), program managers (n = 9) and case workers or managers (n = 14). I supplemented this data with administrative documents obtained during the course of my fieldwork such as program handbooks, meeting agendas, and intake forms, along with screenshots and written descriptions of the ServiceTech database in its various forms. My goal in capturing and analyzing this data was two-fold. First, collecting this information across multiple parts of the field gave me a meso-level picture of the organizational procedures – both formal and in practice – of the system of nonprofit social services in Middlebury. Secondly, examining the behaviors and perspectives of administrators and nonprofit staff allowed to gain a micro-level understanding of local actors’ own priorities and understanding of their field. Administrators’ discourse around the goals of social service organizations varied in important and illuminating ways. Analyzing this variation allowed me to identify whose ideas became embedded into the implementation of the MDSI, and to understand the underlying cultural models shaping frontline resistance to administrative decisions.

### *Defining the administrative and frontline levels*

Regarding distinctions between nonprofit personnel, this dissertation largely groups agency employees into two groups: administrators and frontline staff. Administrators include upper-level management of nonprofits, those with titles such as Chief Program Officer or Vice President of Programs, who were typically present in greater numbers at

large- to medium-sized nonprofits such as the Anti-Poverty League or the Home Project. These nonprofit employees typically had little professional interaction with program beneficiaries, instead focusing on the work of overseeing programs and grants. I also consider the employees of funding-related organizations such as the United Way or the Housing Alliance to be administrators, in that their day-to-day work consisted largely of shaping grant-related practices and overseeing grant recipients' activities. Frontline staff include a variety of employees such as program managers, case managers and case workers. Program managers were included in this category because they often oversaw the cases assigned to their subordinates, or had their own caseload of clients. As such, they also had regular interactions with program beneficiaries.

When it comes to employees working directly and primarily with clients, the social service field has a high degree of heterogeneity in terms of education level and employee training. Some programs in Middlebury required a bachelor's degree or even a master's degree in social work for employees working directly with clients, whereas others hired from a wide range of professional profiles. Some programs may have had a preference for employees with social work degrees, but they also hired other individuals if their competencies and prior experience meet the program's needs. As a result, I differentiate case managers and case workers according to the characteristics of their job rather than their own professional training. Employees in programs that engaged in low-discretion, highly prescribed procedures such as processing applications for financial assistance or simply updating a client's record before receiving food or clothing are described as case workers in this dissertation. Programs that provided workers with greater flexibility in how they interact with workers such as case management programs seeking to help

individuals become “more stable” or improve their socioeconomic in order to secure permanent housing are referred to as case managers. These employees typically engaged with clients for more extended periods of time (e.g., one hour meetings instead of 15 minutes) that were repeated over the medium to long term, and their work required them develop greater rapport with their clients than case workers. This distinction generally maps onto my comparison of *outcome-oriented* and *service-oriented* programs described in Chapter 4, and case managers were more likely to have received formal social work training than case workers.

### *Organizations studied*

The four nonprofits I studied were selected to provide organizational variation (in size, culture, location, funding sources) and due to their varied levels of involvement in the ServiceTech initiative. This allowed me to understand the day-to-day rules, understandings, and practices of each organization, and to observe how ServiceTech was brought into the organizations’ culture, preexisting infrastructure, and routines. Table 1 and the following section provides a more detailed summary of the characteristics of each program.

**The Faith Coalition:** On Mondays, I conducted observation at the food bank of the Faith Coalition, a high-volume, low-resource faith-based nonprofit in Middlebury city that would be one of the first local nonprofits outside of the Anti-Poverty League to adopt ServiceTech after the start of the MDSI. The Coalition’s food bank serves as an important example of a *service-oriented* anti-poverty program in which client volume was the primary performance metric. The organization’s mission was to address clients’ basic

needs, such as shelter, food, utilities. This stood in stark contrast to the philosophy underpinning the ServiceTech initiative, which emphasized the need for an *outcome-oriented* and integrated approach to working with clients, one that would get them out of poverty rather than serving as “a bandaid.” As an organization with a high degree of staff, leadership, and volunteer turnover, the Faith Coalition represents an extreme case of the challenges faced by nonprofit organizations in negotiating new, demanding projects under very limited organizational capacity. From February to April 2017, I also spent my Monday evenings at the Faith Coalition’s women’s winter shelter, a program that used ServiceTech HMIS to log who was coming to the shelter every night. The Coalition was the only organization for which I took part in participant observation, rather than strictly being an observer. Indeed, the climate of uncertainty and lack of staff would have made it highly unrealistic (and ungenerous) for me to take up time with observation and interviews without participating in some of the nonprofit’s operations. I gained valuable research insights through this process, as it gave me the occasion to use ServiceTech firsthand and to be an active participant in the service delivery process as the new software was being implemented. Studies of digital ethnography can be challenging because of how difficult it is to obtain a full picture of the technology as an observer. Entering data myself into ServiceTech for the Faith Coalition allowed me to gain in-depth first-hand knowledge of how the database was structured, but also to experience the process of data collection myself.

**The Yorktown Mission:** On Tuesdays from June to September 2017, I shadowed case managers at the social services department of the Yorktown Mission, a rural, faith-based nonprofit funded by the United Way. The Mission initially was one of the United Way

“early adopters” for ServiceTech, a group of three United Way funded agencies slated to begin using ServiceTech first in the Summer of 2017. As they learned more about the components of the MDSI, they decided to delay the adoption of ServiceTech for at least a year, explaining that the software’s features did not fit their organizational needs and culture. Given its refusal to be an “early adopter” of ServiceTech, the Yorktown Mission provides another illustrative example of tension between organizational and software values, this time due to concerns that ServiceTech would make the organization’s work less “relational,” a dynamic that I explore further in Chapter 3.

I began conducting observation at the Mission in June of 2017, six months after the start of my fieldwork. This was because I had initially intended to conduct organizational observation at another agency funded by the United Way, but had difficulties in obtain research access which resulted in my delaying observation for the program, and ultimately switching my focus to the Yorktown Mission. Before spending my Tuesdays at the Mission, I used those days as a time to schedule meetings, attend community events, or to spontaneously conduct additional observation at the other three organizations I was following.

**The Anti-Poverty League:** On Wednesdays, I spent my time at the Anti-Poverty League, one of the largest nonprofit organizations in Middlebury County. Located in Middlebury City, it ran ten anti-poverty programs ranging from child care, utility assistance, intensive case management, and a few government-contracted programs. In 2015, government grants and fees accounted for 95% of the organization. In many ways, the Anti-Poverty League spearheaded the countywide ServiceTech project, in addition to being one of the original four funders for the software contract.

I first observed work at the agency's utility assistance programs – the first program to transition to ServiceTech during my time in the field. I shadowed case workers in their day-to-day operations, and was able to observe their meetings with clients, data entry practices, software trainings, and staff meetings. The program began using ServiceTech in February of 2017, and I was able to observe the transition from their previous case management software to the new system. This was one of two programs, along with the Faith Coalition, for which I was able to observe the full transition to ServiceTech. I then switched in June to their intensive case management program, which was the first program to use ServiceTech under the MDSI, transitioning a few weeks before the start of my fieldwork. The intensive case management program offered a good example of a program with an easier transition to ServiceTech due to its smaller number of clients and its more flexible, comprehensive and outcome-oriented approach to anti-poverty work.

**The Home Project:** Finally, I spent my Thursdays at the Home Project, a large housing services nonprofit that had been using ServiceTech as its HUD-mandated client database in many of its programs for approximately one year prior to the start of the MDSI. At the Home Project, I conducted observation for five weeks at the homelessness Coordinated Entry (CE) Program, a program serving as the “front door” to receiving services for anyone experiencing homelessness in Middlebury county. While I was there, I shadowed the programs' case managers and sat in on client meetings as they occurred. In addition, I observed staff meetings within the program as well as other Home Project meetings. I was also able to observe case review meetings between coordinated entry case managers and other housing providers in the community on a regular basis. Observation at the coordinated entry program allowed me to be situated at one of the

most central programs of the Middlebury housing services system, and to observe how ServiceTech was being used as HMIS prior to the MDSI. In early February of 2017, management turnover at the program prompted administrators to ask me to switch to another program at the Home Project while incoming employees got adjusted to their new positions. I switched over to observing at the Home Project's family emergency shelter program, a single-room occupancy program offering transitional housing for homeless families, veterans, and formerly incarcerated individuals. I typically sat at the front desk staffed by volunteers and observed the daily routines of program managers, case managers, and residents. I would regularly ask for updates from staff and sit in on their meetings with clients, other case managers, or staff meetings.

After the nine-month fieldwork phase, I conducted a large portion of the interviews with nonprofit leaders and staff from September to November 2017, which also allowed me to keep up with the ServiceTech initiative and check in with local program staff regularly. I continued attending quarterly MDSI steering committee meetings until the Spring of 2018.

**Table 1: Summary of Main Organizational Characteristics**

|                                                | <b>The Faith Coalition</b>                                                                                                            | <b>The Yorktown Mission</b>                                                                                                                     |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Founding year*</b>                          | 1947                                                                                                                                  | 1994                                                                                                                                            |
| <b>Number of employees &amp; volunteers*</b>   | 17 employees, 675 volunteers in 2016                                                                                                  | 18 employees, 23 volunteers in 2015                                                                                                             |
| <b>Organization type</b>                       | Faith-based nonprofit                                                                                                                 | Faith-based nonprofit                                                                                                                           |
| <b>Location</b>                                | Middlebury city                                                                                                                       | Yorktown, rural area of Middlebury county                                                                                                       |
| <b>Programs</b>                                | Food and clothing bank; Women's winter shelter; Financial assistance program; Program selling cars to low-income individuals;         | Youth center; Case management; Food pantry                                                                                                      |
| <b>Funding sources</b>                         | Primarily private donations and grants from local individuals and businesses. FEMA Emergency Shelter & Food Grant for Winter Shelter. | Primarily private donations and grants from local individuals and businesses. United Way partnership grant.                                     |
| <b>Programs observed</b>                       | 1) Food and clothing bank 2) Women's winter shelter                                                                                   | Case management                                                                                                                                 |
| <b>ServiceTech status at time of fieldwork</b> | Observed full transition from decades-old in-house software to ServiceTech.                                                           | Using other case management software for social services department. Observed onboarding ServiceTech process & decision to delay implementation |
|                                                | * From IRS 990 Form                                                                                                                   |                                                                                                                                                 |
|                                                | ** From organization's annual report                                                                                                  |                                                                                                                                                 |

*Table 1 (cont.): Summary of Main Organizational Characteristics*

|                                                | <b>The Middlebury Anti-Poverty League</b>                                                                                                                                                                                                                                                                                                                                                                     | <b>The Home Project</b>                                                                                                                                                                                                            |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Founding year*</b>                          | 1966                                                                                                                                                                                                                                                                                                                                                                                                          | 1968                                                                                                                                                                                                                               |
| <b>Number of employees &amp; volunteers*</b>   | 356 employees, 1,711 volunteers in 2015                                                                                                                                                                                                                                                                                                                                                                       | 60 employees, 200 volunteers in 2015                                                                                                                                                                                               |
| <b>Organization type</b>                       | Secular nonprofit                                                                                                                                                                                                                                                                                                                                                                                             | Secular nonprofit                                                                                                                                                                                                                  |
| <b>Location</b>                                | Middlebury city                                                                                                                                                                                                                                                                                                                                                                                               | Middlebury city                                                                                                                                                                                                                    |
| <b>Programs</b>                                | 13 official anti-poverty programs, including: Child care services; Nutrition services; Utility assistance; Domestic violence services; Intensive case management                                                                                                                                                                                                                                              | Approximately 15 programs, including: Financial education programs; Coordinated entry & homelessness referral; Rapid re-housing case management & subsidies; Transitional housing; Emergency shelter; Permanent housing programs   |
| <b>Funding sources</b>                         | 95% of 2015 total revenue from government (federal & state) contracts and grants**                                                                                                                                                                                                                                                                                                                            | 43% of 2016 total revenue from government (federal & state) contract and grants, remainder from donations and grants from foundations, businesses, individuals, and rental revenue**                                               |
| <b>Programs observed</b>                       | 1) Utility assistance 2) Intensive case management                                                                                                                                                                                                                                                                                                                                                            | 1) Coordinated entry & homelessness referral program 2) Single Room Occupancy (SRO) facility: Emergency shelter (for families) & transitional housing (for veterans and individuals exiting prison)                                |
| <b>ServiceTech status at time of fieldwork</b> | Was in the process of transitioning all programs to ServiceTech (typically from a different case management software), with the exception of two programs with separate government-mandated databases. Observed the full transition from previous case management to ServiceTech at Utility Assistance, and observed the beginning of new Navigation program (with entry of new clients anew in ServiceTech). | In many housing programs, particularly those funded by HUD, double entry in both in-house software and ServiceTech. Coordinated entry program was using ServiceTech exclusively, whereas the SRO programs were doing double entry. |
|                                                | * From IRS 990 Form                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    |
|                                                | ** From organization's annual report                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |

*Positioning myself in the field: ethnography from the “office side”*

When it comes to describing the mechanisms of social action, ethnography provides the advantage of “being there” and witnessing empirical events firsthand (Vertesi 2015). This also means that ethnographer’s own socioeconomic characteristics will shape exactly where they can be in the field and how they perceive it (Lichterman 2015). As a white woman in her mid-twenties studying at a well-known university, my own position in the field shaped the way I experienced the Middlebury social services field in important ways. My institutional affiliation, gender, race, and class likely facilitated my access to individual nonprofit organizations along with MDSI and other interagency planning meetings. I first gained access to my field site by attending local community meetings related to anti-poverty work. It was at these meetings that I met local nonprofits leaders, who then invited me to attend steering MDSI committee meetings. I was then able to obtain research access by meeting with individual nonprofit leaders and being introduced to frontline workers I could shadow one day per week. I also attended staff meetings and was witness to employee discussions about clients and their circumstances. Observing both administrative meetings and street-level work allowed me to understand which organizational priorities were emphasized through MDSI, along with how they were received and negotiated by frontline staff.

In parallel, this ease of access to the office side also meant that nonprofit clients often perceived me as directly or indirectly affiliated with the programs I studied. Despite introducing myself as a graduate student conducting an independent study of social services in Middlebury, it was clear to me that nonprofit clients rightfully identified my position in the field as primarily “on the office side.” I quickly had to consider the ethical

implications of turning my ethnographic focus onto the “client side” given my own position within the Middlebury nonprofit field. By attending staff meetings and observing employee conversations about regular clients, I came to know much more about their lives and circumstances than they may have suspected. Interviewing them under these circumstances raised a range of ethical challenges in my mind. First, I would be entering the interview with a previous knowledge of the client’s story, one that had been defined not by themselves but through their case manager’s understanding of the situation. Secondly, the fact that clients saw me as an extension of the organizations that provided them access to valuable resources would further shift the balance of power in my favor. This raised concerns about the extent to which they would feel free to refuse to participate in an interview. For this set of reasons, I decided not to include client perspectives and experiences as a central empirical component of my study. When I did include clients in my study (through situated conversations in the field or when shadowing client intakes), I took additional steps to protect their privacy by never noting down their names and avoiding detailed descriptions of their circumstances.

This way of structuring my fieldwork shaped the set of insights that were most accessible to me. My position in the field mapped onto the main methodological goal of this study: although I became interested in the topic of street-level bureaucracies because of their impact on clients’ lives, the primary contribution of this dissertation is to analyze how the MDSI implementation unfolded at the administrative and frontline level. This study therefore focuses on the “office side” of technological implementation in nonprofit social services. Through the dissertation, I occasionally gesture at my own interpretations of what the service delivery process must have felt like for clients. These observations

were derived from repeated ethnographic observation of interactions between clients and nonprofit employees. Nevertheless, these insights should be seen as hypotheses that grew out of from my observations in the field and were then compared against the extensive literature on client experiences of welfare programs such as Morgen et al. (2010), Gilliom (2001), Gustafson (2011), Eubanks (2018), and Fernández-Kelly (2015). These sources already make up essential contributions to our understanding of client's experiences of the U.S. social safety net. It is my hope that this dissertation provides useful insights into the process of technological implementation among nonprofit social services and its implications for the way services are delivered, and that other studies will further this area of study by examining the way clients themselves experience these organizational dynamics.

## **Chapter 1 “Right-sizing the system:” A technocratic vision of local social services**

### **I. Introduction**

“Where did you sleep last night?” Samantha asked Tim, her 2pm appointment. Tim, a man in his twenties, answered that he had stayed at a friend’s place. “And you can’t continue staying with a friend?” Samantha asked. “No mam’,” he replied matter-of-factly. “Before staying there, where did you stay?” Tim replied that he had been renting an apartment in a neighboring town, but that it had gotten condemned because of black mold. Even though his last offense in his criminal record dated back five years, he explained, it meant that many property management companies did not want to rent to him. Upon his friend’s recommendation, he had called 211, the county’s social service referral line run by the United Way, which had led him here. After being asked a series of questions designed to determine if Tim fit the Middlebury homelessness system’s eligibility criteria, the phone operator transferred him to Samantha’s agency, the Home Project, which ran the coordinated entry (CE) program for individuals experiencing homelessness. The CE program was Middlebury county’s “front door” for receiving homeless services. This meant that anyone experiencing homelessness in the county had to first meet with a worker at the CE program in order to receive housing services, whether these were placement in an emergency shelter, transitional program, or permanent housing. Local social service providers were instructed to tell anyone who

said they were homeless to call 211, which had a contract with the CE program to pre-screen caller's eligibility for homeless assistance. In their appointment, Samantha explained that for now, Tim's best option was to stay at the local emergency shelter, and that she would let a case manager at the shelter know that he was on his way there after their meeting. Samantha asked more questions to complete the intake, and then exited the room to get an additional form. Upon returning, she told Tim that she also called the shelter, adding that the staff there had let her know Tim had been there in 2012. "Yes mam'," Tim immediately responded. Having secured a place for Tim to stay that night, Samantha explained the rest of the process for homeless services in Middlebury: while Tim stayed at the shelter, his name would be placed on a waiting list for rapid rehousing. Once his turn came along, the rapid rehousing program would first pair him with a case manager to find an apartment, which would then be subsidized through the program for up to approximately one year. After securing a lease, the program would pair him with another case manager that would support him while in permanent housing to help ease the transition. In the meantime, Samantha continued, he could also look for housing on his own, in which case he and his case manager at the emergency shelter could apply for program funds to assist with application fees and the security deposit. If Tim's case proceeded as planned, he would go through the full continuum of homelessness services in Middlebury, a formal system of programs and referral streams that sought to take individuals from the bureaucratic categories of "literally experiencing homelessness" to "permanently housed."

...

This process of referrals through the Middlebury homeless services system, in many ways, was a pre-existing template for the coordination of social services in the county prior to the MDSI. Structured primarily through grants from the federal department of Housing and Urban Development (commonly known as HUD), the system of nonprofits, funding streams, and case management programs for individuals experiencing in Middlebury county sought to allocate housing resources based on individual need and organizational priorities such as the local elimination of “chronic” or veteran homelessness.<sup>3</sup> In order to do so, individuals would first be assessed through the coordinated entry (CE) program, which aimed to be the “single point-of-entry” into the system for those who were eligible. The information gathered during this intake process would then determine which agencies clients would be referred to, which in turn determined the level of resources clients could access. This system, which was called “Continuum of Care” in HUD parlance, used coordination and rational allocation of services as a way to manage the homelessness crisis in Middlebury and in many other communities in the country.

Before and during the MDSI’s implementation, Middlebury social service programs operated in a field that held up collaboration and the rational use of program data as necessary in order to effectively improve community outcomes. The initial proponents of the MDSI built on this rhetoric of rational coordination to introduce the benefits of

<sup>3</sup> At the time of my fieldwork, the local homelessness system in Middlebury would prioritize housing individuals in three key categories that had been highlighted as national priorities by HUD: chronically homeless, veterans, and families.

implementing a shared client database across social services in the county. This chapter describes what I call a *technocratic* approach to social service administration and introduces the meso-level implications of this organizational model. I argue that the *technocratic* approach, which emphasized the need for cross-agency coordination and data-informed processes, often led to a deemphasizing of the *interactional* components of social service work such as the client-case manager relationship and the role of worker discretion in decision-making.

This chapter first describes the technocratic approach to social services through the examples of the Middlebury homelessness system and the local United Way's collective impact structure. I then show that the MDSI, far from initiating this model, built on pre-existing influences in the field and incorporated themes of coordination and data into its key features. Then, in the second half of the chapter, I turn to discussing how this model undermined interactional components of social work that could not easily be formalized or quantified. First, I show that increased specialization and formalized program rules often made it difficult for case managers and case workers to develop meaningful working relationships with their clients. Secondly, I show that the use of strictly defined program categories to allocate resources made it harder for workers to make programmatic decisions themselves when clients' circumstances did not fit the parameters of the system. In doing so, I describe how administrative pressures on the system of Middlebury social services ended up exacerbating the tension between technocratic and interactional approaches to service delivery.

## II. A technocratic approach to social services

Proponents of the MDSI presented the initiative as one that would increase coordination in the social services field for the benefit of clients, frontline staff, individual organizations and the system as a whole. In an interview, one of the leaders of the MDSI described the service goals of initiative as follows:

Imagine the power of Amazon or Netflix, but applied to poverty. So, having a centralized intake and assessment that allow for a single mom to walk in one door and find out everything that she needed to know within that one door [...] and be able to work within a unified system that functioned much more like the ideal of a good medical system where I have an EMR. All of my providers aren't competitors, they're colleagues who are sharing my information in order to put together the best possible wellness plan for me,

Later in the conversation, the MDSI leader turned to the administrative benefits of implementing a shared client database across local organizations:

Being connected, being strategic as a system, and then ultimately for the community, being able to see more detailed data that lets us see what's working and what isn't. What should be scaled up? What's wasting our time and our money as a community? Have we been investing in things that don't work? Let's examine that. If they can be fixed, let's fix them. If they can't, then we should let them go.

In describing his hopes for the initiative, this MDSI leader invoked themes of coordination, efficiency, and effectiveness through data sharing. The rhetorical themes and technological features embedded in the MDSI reflected a *technocratic* vision for social services. Under the technocratic vision of social services in Middlebury, anti-poverty work was understood as a bureaucratic project involving the rational coordination of organizational activity to achieve demonstrable (and measurable)

outcomes. This approach emphasized two necessary components for effective organizational action: *coordination* and *performance measurement*.

### ***Collaboration as synonymous with efficiency and effectiveness***

For a long time, collaboration and coordination have been hailed as solutions to the fragmented, patchwork-like nature of the U.S. social safety net (Weiss, 1981). Community-led social change has been a recurring theme in local social policy and continues to shape local rhetoric today (Christens and Inzeo 2015). As a result, social service administrators and funders across the U.S. have turned to “shared governance” models at the local level, as organizations accountable to different stakeholders must work together to efficiently accomplish broader goals through “collaborated, integrated and systems-based approaches” (Smith and Phillips 2016:66). Local communities such as counties or cities are trying to emphasize the value of working together as opposed to competing for the same stream of funding (Austin 2003; Nandan, London, and Bent-Goodley 2015).

As Smith and Phillips (2016) have noted, local government initiatives have already encouraged and taken part in collaboration, particularly in the fields of homelessness, mental health and early childhood education. This was the case in Middlebury, where the Housing Alliance, an umbrella organization coordinating the work of anti-homelessness organizations in the county, was often cited as the earliest local example of effective nonprofit collaboration. The Middlebury Housing Alliance originally began as a loose collaborative of community leaders, funded by United Way, to develop a collaborative plan against homelessness among housing organization. Over the years, it became more

formal and transitioned from being housed within county government to an independent nonprofit housed at the local hospital in 2015. That same year, it was recognized by the White House for ending veteran homelessness in Middlebury county, a goal the organization had set for itself starting in 2009. The director of the Middlebury Housing Alliance, described her organization's mission as follows: "Our mission is to eradicate homelessness in Middlebury County, simply stated. I think, beyond that, our role is to make sure that that's done as collaboratively as we can." Later in the interview, she elaborated that, "the collaborative work is really integral to using the resources effectively, because the last thing we're trying to do is to duplicate effort and jobs." Through its work, the Alliance sought to help improve the coordination between its partner organizations. This view of coordination however, required structuring organizational behavior along common organizational principles. The Housing Alliance's role then, as seen by its staff, was to identify "best practices" derived from outside research and set the agenda for the community to act together in the most effective way possible. "We set forth policies or procedures that help to move service providers, sometimes against their will, sometimes in partnership towards more evidence-based practices rather than the way it's always been done," explained another Alliance administrator.

Such an emphasis on collaboration mapped on the structure of funding, programs, and organizational philosophy of the field of homelessness work. The Middlebury Housing Alliance served as the lead agency for the Middlebury County Continuum of Care (COC) grant, providing much of the HUD funding for homelessness services in Middlebury. Through the COC grant, HUD also encouraged communities to set up a "coordinated

entry system,<sup>4</sup>” to serve as the single-point-of-entry for homeless individuals seeking housing assistance. HUD, as a federal agency, was instrumental in shaping the emphasis on local collaboration and coordination in housing policy. In 2009, it restructured three separate homeless assistance programs into the CoC program, which the agency described as follows:<sup>5</sup>

The COC Program is designed to promote community-wide planning and strategic use of resources to address homelessness; improve *coordination and integration* with mainstream resources and other programs targeted to people experiencing homelessness; improve *data collection and performance measurement*; and allow each community to tailor its program to the *particular strengths and challenges within that community*. [emphasis added]

The COC program thus drew upon values of coordination and accountability at the community level. This approach to subcontracting at the local level reflects HUD’s arrangement of what Willse (2015, 94) calls “metagovernance,” “a grid of control overlaid on top of already existing networks, knowledges, and practices” of local social service nonprofits. HUD does not directly manage shelters or rapid rehousing programs. Instead, the federal agency contracts with nonprofit or local governmental entities that then allocate funds to local social service organizations for the delivery of services such as case management or housing assistance. As the main funding source for homelessness

<sup>4</sup> HUD. N.d. “COORDINATED ENTRY POLICY BRIEF”  
<https://www.hudexchange.info/resource/4427/coordinated-entry-policy-brief/>  
<https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>

<sup>5</sup> HUD. 2012 “Introductory Guide to the Continuum of Care (CoC) Program.”  
<https://www.hudexchange.info/resource/2036/introductory-guide-to-the-coc-program/>  
<https://www.hudexchange.info/resources/documents/CoCProgramIntroductoryGuide.pdf>

programs in Middlebury, HUD therefore was a powerful influence in shaping local rhetoric and action centered around coordination.

Across the United States, private funders have also made collaboration a priority. A clear example of this in Middlebury was the local chapter of the United Way, a national fundraising nonprofit collecting funds largely through local employee giving campaigns. From community planning councils to the collective impact movement, United Ways across the nation have sought to establish themselves as a central yet nongovernmental source of funds and planning in the pursuit of community-level social change (Brilliant 1990). In 2015, the Middlebury United Way announced that it would stop funding individual organizations and move to a “Collective Impact” model. The concept of “Collective Impact” was formalized in a 2011 Stanford Social Innovation Review article by John Kania and Mark Kramer, to characterize partnership “initiatives [that] involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants” (Kania and Kramer, 2011). During my time in the field, Middlebury United Way employees routinely referenced the article to describe their new model of funding. The idea behind collective impact was to create an integrated system out of individual agencies working together towards clear, measurable community outcomes. As one United Way employee explained to me:

If we want to be effective social change agents and actually create this impactful systemic social change, we have to do it in a collaborative way. It can't be one policy. It can't be one agency, one person. It takes a team effort, the whole ‘it takes a village’ kind of thing.”

The success of the Housing Alliance, which had been recognized by the White House in 2015 for meeting its goal of eliminating veteran homelessness in the community, created an opening for the United Way to modify its approach from funding several dozen non-profit organizations to exclusively supporting seventeen “collective impact partnerships.”<sup>6</sup> In restructuring its funding groups of nonprofits working in concert, the United Way envisioned that durable, in-depth partnerships across organizations would be more effective in achieving concrete change than independent programs.

Perhaps because of these efforts encouraging interagency partnerships, individuals working in the nonprofit field often characterized Middlebury as possessing a uniquely collaborative spirit. Discourse on the inherent benefits of collaboration permeated the Middlebury social services field. In discussions about local anti-poverty work, some nonprofit leaders stressed the need to shift from a focus on organizational survival to prioritizing the elimination of poverty in the community. To truly be successful, they argued, nonprofits would have to set aside reputational or professional concerns and work together towards a concrete goal, even if this meant the closing of ineffective programs. One MDSI leader explained:

We've got to start, as a community, saying, if the nonprofit sector is about solving our most important social challenges, why would we want there to be a bunch of ineffective actors taking away board talent, sucking up dollars, writing a decent grant every now and again and getting money that could have gone to something effective, why would we allow that as professionals to continue to exist within a system?

<sup>6</sup> In an article in the local newspaper, the United Way CEO explained that United Way chapters had no choice but to change, given decreasing contribution levels to United Way over the past decade. The collective impact model, she explained, would allow local chapters to compete for funding from national foundations.

As prevalent field rhetoric greatly encouraged collaboration as an inherently desirable organizational value, local agencies felt pressure to, at least symbolically, demonstrate that they too valued and engaged in collaboration with other nonprofits. For example, when discussing ServiceTech, a nonprofit director explained that her organization (which ran a transitional housing program) had begun to use the software to exchange client information with other housing agencies. This, she explained, was not because they were required to do so (they did not receive any HUD funding) or because she particularly liked the software (she had said that preferred a different software system the organization was also using), but because her philosophy was “to play in the sandbox.” In an interview a few months later, she explained her thinking regarding the role of collaboration a bit further:

The nonprofit world has changed. It used to be everybody had their little silo, and nobody really wanted to play ball with anybody else, or, I call it “play in the sandbox.” You never played in the sandbox with anybody else. This was your little fiefdom. [...] And now, if you're smart, you do what you do well, and you find collaborative partners for all the other things that you're interested in bringing into your overall organization. [...] So now you write a grant for anything, and now you're talking in that grant about the collaborative partnerships that also help you be able to provide the service that you're providing.

Collaborations were seen as opportunities to appeal to prevalent field values while also expanding the nonprofit’s realm of action with low cost or effort. Rhetoric about the value of coordination was therefore omnipresent among Middlebury social services. Local nonprofit leaders associated increased collaboration across agencies with greater effectiveness of services. I show in Chapter 4, this idea stemmed from a view of poverty as a systemic issue spanning multiple domains of life - and therefore multiple kinds of social services ranging from early childhood education to mental health care. The field’s

focus on coordination also implied a need for greater efficiency: United Way staff would frequently mention that coordinating work across agencies would lead to more effective work, but also to fewer “silos and duplication of services.” This focus on effectiveness (in terms of long-term outcomes) and efficiency (in terms of resource allocation) required a rational approach to social service administration, in other words, it required for each component of the system to be systematically assessed to see if adequately met the needs of the community, and if it did so without wasting precious local resources. This need for an informed picture of program performance meant that data was viewed as an important tool to keep local programs accountable and improve the system of poverty services as a whole.

### ***Data collection as infrastructure for rationalization and coordination***

The focus on coordination in Middlebury could have at first glance been described as largely bureaucratic rather than technocratic, due to its focus on changing the structure of the system rather than the content of individual programs. What made it technocratic was its reliance on scientific and technological legitimacy: for an initiative to be legitimate, it had to derive from “evidence-based” practices and seek to objectively evaluate its own performance. As Centeno describes, “technocratic legitimacy is based on the appeal to scientific knowledge” (1993, 313). In the case of Middlebury, scientific knowledge as it related to anti-poverty derived from two separate sources: expert knowledge and recommendations (as often formulated by policy researchers or nonprofit think-tanks) grouped under the label of “best practices,” and an evaluation process emulating the scientific method to assess the individual-level, average benefits of local interventions.

Innovation was also a prominent theme in Middlebury social services, one that echoed similar ideas of increased rationality and efficiency.

Appeals to the benefits of information technology in Middlebury were rooted in the same thematic ideals as rhetoric around the value of coordination. As Weiss states (1981, 39) the concept of coordination often appeals to shared ideals of rationality and the search for order:

Coordination strategies carry an authoritative ring of technical and planning. They are not helter-skelter. They are reasonable. They seem to be focused on objective, systematic analyses of resources and capabilities.

Collaborative efforts in Middlebury, in order to be rational, had to be guided by *information* about the needs of a community, its available resources, and how best to allocate them. Recall, from this chapter's introduction, one of the MDSI leaders' description of the initiative as a sort of "Amazon or Netflix for Poverty" that would automatically inform a client of their eligibility across local programs. Although it was unclear exactly how the MDSI would resemble Amazon or Netflix, the comparison conjured up the idea that the widespread collection of individual- and program-level data would turn the current patchwork system of services into a fast, efficient and seamless system capable of sending people to the right place immediately. Under this framing, MDSI leader presented the problem of complex eligibility requirements across programs as one that could be solved through a technical solution, by channeling and solidifying the field's collaborative orientation through innovative technology.

This information-focused approach to governance has further raised to prominence through popular discourse about the promise of "Big Data" and its ability to provide answers to enduring social questions (Rieder and Simon 2006). Though rhetoric on the

benefits of big data analytics often praise its revolutionary and innovative nature, the hype around the concept can be traced back to a long-standing use of information as a symbol of knowledge, legitimacy and authority (Feldman and March 1981). Numbers can convey a sense of objectivity and technical expertise, particularly in contexts where social trust is low (Porter 1995). Nonprofits social services operate at the intersection of two fields with low public trust, as many Americans harbor a mistrust of welfare programs and a certain skepticism towards large nonprofit budgets (Clemens 2010).

Nonprofits have long faced demands for accountability and effectiveness, but the “performance measurement” movement of the 1990s introduced the added expectation that nonprofits would themselves develop methods to measure their own effectiveness on an ongoing basis, as opposed to doing so through external audits and evaluations (Lynch-Cerullo and Cooney 2011). Since then, funders have asked grant recipients to collect data to demonstrate their programs’ work and effectiveness. Organizations have themselves sought to collect data to include in strategic planning or marketing materials. Middlebury was no exception to this, as the collection and aggregation of data figured prominently in the day-day activities of both administrators and street-level workers.

Funder organizations played a large role in shaping expectations and rhetoric around the collection of program data. In Middlebury social services, HUD was a significant source of institutional pressure towards data collection. In 2001, Congress mandated that collect national data to evaluate the size of the homeless population along with the effectiveness of the agency’s programs (Willse 2015). HUD, as an agency operating largely through contracting and subcontracting the delivery of services, transferred these requirements to the programs providing housing assistance on the

ground using HUD funds. It also specified the kind of infrastructure needed to collect this data: any local organization receiving homelessness funds from HUD would have to use a shared database, typically a web-based system in which local organizations entered individual client data from a pre-approved list of available software. Every spring, Middlebury nonprofits with housing programs were required to submit an Annual Performance Report to HUD, using data from HMIS. The report consisted of aggregated client demographics, including outcome measures comparing individuals' health and income status at program entry and exit. HUD-funded grant recipients were evaluated on performance indicators tracking outcomes such as housing permanency (measured by the percentage of program participants who exited the program to move into permanent housing) and program recidivism (as measured by the percentage of former participants who returned to a housing program 12 months after exit from the program), or income gains (percentage of individuals who increased their income in the time they were participating in a housing program).

Performance evaluation also played an important role in the United Way's plan for Collective impact, as "shared measurement was one of the five requirements of the model as outlined by Kania and Kramer (2011). Staff often repeated that the shift to Collective Impact was intended to create "systemic social change" in the community towards four newly formulated "bold goals." These goals were quantifiable outcomes related to education, poverty, and health, to achieve in Middlebury county within 10 years. By 2025, the United Way aimed to have 100% of pre-schoolers in the county ready for kindergarten, have 100% of adults with post-secondary credentials, cut the poverty rate by 50%, and have all families, individuals and children in the county have a medical

home. This shift in scale reflected the change in the United Way's focus: the goal was no longer to solely assess individual organizational performance, but also to evaluate the entire county-wide system's impact on the community. In combining a platform of inter-agency partnerships with concrete, measurable outcomes, the implied rationale of collective impact to create quantifiable change at the local level through cross-agency collaborations.

Social service nonprofits were increasingly expected to evaluate themselves in terms of program's long-term success, which required defining and measuring clear performance outcomes. Initiatives like the MDSI would allow nonprofits, as one nonprofit administrator stated, to "be able to track our customers beyond a single program. So what happens to the child after they leave [early childhood education program] and how do we make sure that the next time we see them isn't to get their utility bill paid 20 years later, or to show up as a mom needing [nutrition program] 20 years later?" Organizations' work had to build on that of previous programs; this vision also implied the need to collect data throughout the life stage to be able to quantify the long-term impact of this system.

Nonprofit funders, leaders, and administrators saw data as a tool to evaluate organizational performance and improve the work of both individual programs and the Middlebury social service field as a whole. Nonprofit leaders and employees frequently stated their hope that better data would allow them to identify *gaps in service* across the county. For example, a manager for a social service program targeting veterans described her hopes for what could be done with data as follows:

All of those numbers that get reported out to the V.A. and the regional offices and that's... I guess it's more like the gaps in services that you can decipher from the numbers that it would be interesting to see [...] whether it's 10 veterans who needed emergency shelter and couldn't obtain it, maybe we need more emergency shelter. Or, there's all these jobs that are available in outlying areas in the county but they are late shift and there's no bus that run, so can a 15-passenger van be arranged? When we're seeing a problem shown by the data, what do we do about program delivery to try to meet that need?

Respondents saw data as a useful tool to rationally map out local needs and service utilization. ServiceTech, in being promoted as a system that could provide client data over time and across programs, reflected a desire for anti-poverty programs to build upon one another and, together, create an efficient system to reliably address poverty. Over the long term, this would allow nonprofit leaders to get a “better picture” of services in Middlebury, as stated by the director of the United Way:

...it will give us a better picture of the services that people are eligible for, and the services that are being used. It will pop up all the things a family is eligible for, and also, we'll know how many times they went here or there, so there won't be misuse of services. We would also know gap analysis, we'll be able to look to see what services are missing, that we aren't providing.

Nonprofit leaders therefore envisioned data as a sense-making and organizational learning tool that would make it possible to make rational improvements to the system. “Having that broader holistic picture is going to be that lead to a lot of insight as to what's missing in Middlebury County and what problems we need to overcome and what services we need to develop,” a Housing Alliance administrator explained. As such, data and performance measurement were necessary tools to evaluate whether coordination efforts were successful in increasing the system's effectiveness and efficiency.

### ***Situating the technocratic approach***

The discourse and set of practices emulated by local service leaders echoed historical themes in other fields such as public education and health care. MDSI efforts mirror the global expansion of “organization” described by Meyer and Bromley (2013), as individuals seek to rationally organize social action through three main mechanisms: professionalization, law-like arrangements, and systems of quantification and evaluation. Much like 19th century education reformers, MDSI leaders sought to develop the “one best system” to eliminate local poverty, implying that “more efficient, nonpolitical, rational bureaucracies were the answer to poverty, faulty ideologies, crime, social splintering and class conflict” (Tyack 1974, 77). This discourse also reflected an approach similar to the “bureaucratic orientation” of the Progressive movement, and its belief that “scientific government (...) would bring opportunity, progress, order and community” (Wiebe 1967, 171). MDSI efforts drew on the powerful movement of “evidence-based medicine” in the 1980s, which included a multiplication of decision guidelines, assessment criteria, and standardized checklist designed to “assist practitioner and patient decisions about appropriate health care for specific clinical circumstances,” as stated by the U.S. Institute of Medicine in its definition of clinical guidelines. The rationalization of anti-poverty efforts in Middlebury also reflected larger trends in the U.S. nonprofit and social work sectors. Much like in health care, work in both the nonprofit and social work sectors has increasingly been informed by professional guidelines, standardized assessments, and formal practices (Hwang and Powell 2009, Lipsky 1980, Webb 2006). Institutional factors such as foundation funding or professional norms spread through workshops and conferences have led nonprofit

organizations to engage in practices of “organizational rationalization” such as strategic planning, the use of consultants, financial audits and performance measurement (Hwang and Powell 2009, 278). In the social work field, organizations and practitioners increasingly resort to “quasi-scientific practices” such as “evidence-based practice, managed clinical care, knowledge management, decision analysis, competence learning and computerized assessment” (Webb 2006, 7). All these influences had a common theme: that positive social outcomes could be achieved through a set of rational, systematic methods legitimized by field experts and enacted at the local level.

In creating the MDSI, nonprofit leaders sought to systematize and coordinate practices across local anti-poverty programs. To do so, they appealed to technoscientific ideals by seeking to adopt a set of “best practices” derived from the work of professional societies, think-tank and experts in the anti-poverty and homelessness fields (DiMaggio and Powell 1983). This shift towards standardized decision-making tools and guidelines reveals a technocratic view of governance in which standards are set by field experts and enacted at the local level. Scholars have identified the growth of standards in both the health care and social work fields as stemming in part from the need for “systems responses to modern contingency and complexity” (Webb 2006, 40). In the field of social services in particular, administrators and workers face significant challenges as they experience public pressure to solve deep-rooted social issues under strained resources (Lipsky 1980). When it comes to issues such as child protection, welfare, or public education, goals are often ambiguous, contested, and conflicting. As Lipsky (40) writes, “Is the role of public education to communicate social values, teach basic skills or meet the needs of employers for a trained workforce? Are the goals of public welfare to provide income support or

decrease dependency?” Employees of street-level bureaucracies must respond to demands from a wide range of stakeholders: funders, management, colleagues, the wider community, and clients. Under the MDSI, data-sharing and coordination were framed as technical solutions to a range of sociopolitical problems. Initiative leaders sought to change the way anti-poverty work was structured through a shared data infrastructure that would lead to greater coordination, rational allocation of resources, and increased effectiveness. This technocratic approach to rational, data-informed coordination was widely promoted among the Middlebury social services field. Given these themes’ influence, nonprofit leaders knew that funders were looking for signals of coordination and performance measurement from potential grant recipients. In the next section, I show how this understanding resulted in coordination and performance measurement becoming signals of legitimacy and sophistication among social service nonprofits.

### ***Coordination and data as “solutions in search of problems”***

Coordination has long been presented as the panacea for a range of economic, organizational, and sociopolitical problems (Weiss 1981). Discourse around the latest technological innovation often carries similar promises of revolutionary changes (Beckert 2016). In this section, I describe how the technocratic vision for social service delivery offered up coordination and data as two “solutions in search of problems” (Cohen and March 1974). As described in the introduction, the field of social services in the United States is one characterized by fragmentation, local variation, contested goals, and stringent funding demands. In this complex environment, organization leaders must find ways to reconcile goals across stakeholders such as funders, board members,

management, employees and clients. The Carnegie School's analysis of organizational choice can help explain how, under such precarious circumstances, administrative choices can be made and organizations can survive. As Cohen and March state, "an organization is a collection of choices looking for problems, issues and feelings looking for decision situations in which they might be aired, solutions looking for issues to which they might be the answer, and decision makers looking for work" (Cohen and March 1974, 79). The social services field faces a wide range of organizational problems: lack of resources, ambiguous and contested objectives, conflicting stakeholder demands. Solutions like coordination and technological innovation appeal to shared themes, yet are largely decoupled from actual work activities in ways that limited their disruption to the organization. As Weiss (1981) states:

Some advocate coordination that operates to the benefit of clients, making it easier for them to get the help they deserve. Others advocate coordination that operates to the advantage of the professional providers, making it easier for them to do their job as they see fit. Still others advocate coordination that works to please administrators and funding authorities by cutting costs, waste, and increasing efficiency and financial accountability.

The idea of better integrating work across programs has the benefit of appealing to powerful themes of increased rationality, effectiveness and efficiency, while being broad and ambiguous enough to invoke desirable outcomes for a wide range of actors. This broad appeal to coordination was clearly visible in MDSI leaders' rhetoric promoting the initiative. Data-sharing would reduce client's administrative burden of required forms and intake procedures, it would improve the effectiveness of frontline staff by providing them with a clearer picture of client needs, and it would allow administrators to gather extensive data about the system's needs and performance. The MDSI drew upon themes

that were broad yet influential in the field social services, both at the local and national level. The ideas of coordination and data were available organizational templates for nonprofit administrators looking for bold, innovative initiatives to pursue (Cohen and March 1986). Local nonprofit leaders themselves knew that local funders such as private foundations were more likely to invest in new and innovative projects than support pre-existing programs (Marwell and Calabrese 2015; Mosley and Galaskiewicz 2015). An appeal to coordination through data had the benefit of invoking concepts of innovation through technology, while being flexible enough to promise benefits for the fields various actors.

Nonprofit leaders instinctively drew on such influential themes to describe and promote their organization's work. In the spring of 2017, I attended a grant review meeting at the Faith Coalition, a faith-based nonprofit that primarily operated a high-volume food and clothing bank in Middlebury city. During the meeting, the Coalition's director and three employees reviewed the draft of their application for a grant that would partially fund financial assistance for housing or utilities expenses. On page 8, the Coalition's application stated that "the Faith Coalition will measure outcomes" for their financial assistance program. Upon reading this, the director asked how they were planning to measure outcomes. The grant writer responded that she thought they should take it out, because there was no way to do so, and that it was not explicitly asked by the grant application. She explained that it was a big part of the grant a few years ago, but that it no longer was included. They then started discussing ways in which they could partner with other organizations to, as the director put it, "talk like grantmakers talk." They acknowledged that "being collaborative" was what the United Way (the

organization allocating the grant being discussed) was looking for. The grant writer replied saying they could write that they were working towards a model of collaboration with other agencies. They discussed how to do so, but brought up concerns that it would be difficult to start this process given recent employee turnover. Concluding the discussion, the grant writer stated that she would remove the reference to measuring outcomes.

This meeting is illustrative, because it shows that nonprofits like the Faith Coalition knew they had to signal outcomes-oriented organizational behaviors in order to appeal to funders. Here, demonstrating outcomes and emphasizing cross-organizational partnerships were considered interchangeably as strategies to “talk like grant-makers think” and appeal to funders. In writing the grant, Faith Coalition employees ultimately resorted to the most easily achievable (and most abstractly defined) approach that would be salient to funders. As I show in subsequent chapters, conflicting requirements, the ambiguous nature of anti-poverty goals, professional resistance, and lack of administrative capacity made it very difficult for nonprofits to meet funders’ expectations in terms of performance measurement. As a result, nonprofit leaders utilized themes such as coordination and data instrumentally and symbolically to positively frame the work performed in their programs and initiatives. I now turn to describing the ways in which this culturally resonant technocratic vision shaped the “imagined future” of the MDSI as well as its main infrastructural features.

### ***The MDSI: Setting up a technocratic infrastructure of services***

The technocratic vision for social services influenced prominent rhetoric in the field, shaping the “imagined futures” that would inform upcoming grant applications and initiatives like the MDSI. As Beckert (2016, 177) writes:

[Fictional expectations] set agendas, create relationships, define roles, and influence the allocation of resources. Through the creation of convictions, they shape a protected space, securing resources for actors to engage in activities intended to bring about what a story has anticipated.

Much like rhetoric around coordination, shared imagined futures and expectations are powerful unifying tools. In this section, I describe how the technocratic vision of social services influenced both rhetoric around the imagined possibilities of the MDSI, along with the key features that would be built into the initiative’s technological infrastructure.

The Middlebury Data Sharing Initiative was borne out of the collaboration of three powerful local organizations: the Anti-Poverty League, the Housing Alliance, and the United Way. In 2015, the Anti-Poverty League, the largest anti-poverty nonprofit in the county, had just welcomed a new director ready to develop a new strategic vision for the organization. The arrival of the Anti-Poverty League’s new director likely served as the initial impetus behind the MDSI. The move to a new director gave the Anti-Poverty League the momentum to put into action ambitious new projects that had previously not been able to overcome organizational inertia, such as (in the case of the MDSI) the development of information infrastructure that would allow League administrators to obtain an unduplicated count of the clients they served across all of the nonprofit’s programs. Larger pressures also influenced this result, in the form of impending advanced reporting standards for a key federal grant the agency relied on. “We knew basically that

we were past due for having a single system,” a League administrator explained. “One of the basic questions in the [federal funding] report is how many clients and duplicated clients you serve, and then what demographic data do you have associated with those. It’s really hard when we have a dozen different systems trying to cobble together those answers.”

The Anti-Poverty League director then met other local nonprofit leaders who shared similar organizational aspirations. When meeting Housing Alliance administrators, the League director brought up his vision for a new software system that could integrate data from multiple sources and generate targeted recommendations. Alliance administrators suggested he look into ServiceTech, which homelessness nonprofits were already using, as a promising option. One Alliance administrator explained:

There’s a new CEO at the Anti-Poverty League, and I have gotten the chance to meet him and he has been almost the same like, ‘Wouldn’t it be cool to have... because how could you really measure impact? Well, you can’t measure impact unless you know if the person didn’t come back or got a better job or, you know, whatever.’ [...] So, he really kind of came out at a moment where we were like, ‘Oh my gosh, we’re sharing the same vision,’ you know that collaboration, those relationship conversations. So, we started partnering with the Anti-Poverty League to bring in this broader community solution.

The pre-existing use of ServiceTech by Middlebury homelessness and housing nonprofits made it possible to begin building the database from the pre-existing HMIS infrastructure. But the collaboration did not stop there, as the Anti-Poverty League director also introduced the idea to the director of the local United Way chapter,<sup>7</sup> which

<sup>7</sup> The United Way was already using ServiceTech for part of their operations, though this was likely not the main reason for the agency’s interest in the MDSI. The agency’s 211 program, a social services referral hotline, had a contract with the Housing Alliance to pre-screen individuals in need of homelessness

had just begun its first Collective Impact grant cycle. For the United Way, the ServiceTech database was seen as a tool that could assist funded partnerships in collecting integrated client data. As explained by the United Way director, ServiceTech would “give us a better picture of the services that people are eligible for and the services that are being used.”

The MDSI was unique in that it did not stem from any specific funder requirements, instead aiming to use the data organizations would collect through the agency as a prospective source of rationalization, increased performance, and legitimacy. Governing bodies have historically used statistics to make populations “legible” and define their relationship to the state (Scott 1998, Hacking 1998). As I show in Chapter 4, the shared use of extensive individual-level data in a field characterized by suspicion towards service recipients also has consequences for clients’ privacy and access to resources. Nevertheless, as Willse argues, the primary goal of funder data requirements is to surveil and control *agencies* rather than *clients*. Local social service nonprofits in Middlebury, who depended on the patching together of multiple grants and contracts for survival, knew that data was a form of currency for government but also private funders. As Lynch-Cerullo and Cooney (2011, 369) argue, “the coercive mechanism was initially dominant with [federal] regulations and requirements that extended to the nonprofit sector through contracting. However, the mimetic mechanism also appears to have played a key role as umbrella organizations and then foundations, to varying degrees, began replicating or imitating key [performance measurement] principles.” Data in social

services and refer them to the appropriate program. Because this program was funded by HUD, the United Way was required to enter caller’s basic information into the ServiceTech HMIS database.

service programs has therefore gone from being a compulsory requirement to a form of status currency for individual agencies. For local nonprofits, the ability to engage in performance measurement was a way to demonstrate sophistication and rationality to potential funders. The MDSI is notable because it took mimetic pressures towards data collection one step further to the level of individual nonprofit organizations themselves: no funder – governmental *or* private - explicitly asked for the data that would be collected through the ServiceTech database. Instead, organizations leading the MDSI saw an opportunity to get ahead of incoming data requirements from funders while demonstrating transparency and legitimacy by go above and beyond current data collection standards. In doing so, participating nonprofits like the Anti-Poverty League were engaging in a process of voluntary bottom-up surveillance, offering up their own tools of organizational control in exchange for additional legitimacy and funding.<sup>8</sup>

Prevalent discourse around collaboration and data-sharing shaped the solutions put forward by the MDSI, along with the set of problems the initiative sought to solve. By sharing data across local nonprofits, Middlebury social services could increase their level

<sup>8</sup> The overall implementation of the MDSI was far from free of coercive pressures from funders however: although the Anti-Poverty League was involved in the MDSI from its inception without clear funder pressures, most of the other organizations that adopted ServiceTech did so because of coercive mechanisms such as the United Way ServiceTech requirement (such as the Yorktown Mission as described in Chapter 2) or pressure from the Housing Alliance (such as the Faith Coalition as described in Chapter 5). This difference between the Anti-Poverty League and other nonprofits was likely because the Anti-Poverty League, as a large nonprofit operating a wide range of programs, had to engage in more competitive grant-seeking behavior than smaller, grassroots organizations relying on private donations.

of coordination and rationally evaluate the system's needs and performance, which would lead to an increase in program effectiveness and efficiency. The MDSI would build upon the Housing Alliance's pre-existing HMIS data infrastructure used by most HUD-funded programs in Middlebury county. The MDSI steering committee did so by purchasing an additional contract with ServiceTech, the case management database being used by the Housing Alliance and partnering programs. The two databases – the new MDSI one and that previously used by the Housing Alliance – would then be merged in order to benefit from the data previously entered into the HMIS homelessness database. The “self-sufficiency matrix assessment,” one of the main unifying features of the MDSI would be added to the intake process of most participating. This standardized assessment would, through a survey to be administered to each client in the database every six months to a year, measure individuals' socioeconomic outcomes across 18 domains such as housing, health, employment, and social relationships.

The initiative's main components thus embodied ideas of collaboration, rational action based on data, efficient allocation of resources, and effective work towards concrete, ambitious goals. First, sharing data across organizations and enabling easy referrals from program to program would develop the infrastructure necessary for an integrated system of anti-poverty work in which organizations worked in concert rather than in silos. Clients would no longer have to go through complicated application procedures for each program, and workers at individual agencies would have access to more information about other programs and the work they were doing with shared clients.

Secondly, the matrix assessment aimed to provide longitudinal data about individual client progress across multiple social, economic, and health domains. Data from the

matrix, along with other demographic and enrollment data, could paint a more precise picture of service utilization across the county. This data could then be used to identify which programs were most and least effective in improving client outcomes. As stated one of the first public reports describing the MDSI, the initiative would allow nonprofits to “identify gaps in service and unnecessary service duplication throughout the County.”

At the administrative level, the MDSI thus drew upon a specific vision of how to structure local social services. This was a vision echoing themes of coordination, rationality, efficiency and effectiveness. In doing so, MDSI leaders aimed to transform the political, social question of local poverty into a technical one, under growing pressures to legitimate the work their organizations were doing. Coordination was an integral part of this accountability project, as it itself implied added effectiveness and efficiency (Weiss 1981). Attaining a new level of integration and data collection would enable them to evaluate current performance, eliminate local inefficiencies, and reward (and perhaps expand or emulate) effective parts of the system. In building a technocratic system to rationally deliver social services, they would be able to empirically demonstrate the societal benefits of work they also believed to be morally necessary.

### **III. Between a technocratic and interactional approach to anti-poverty work**

This technocratic approach to structuring social services stressed the need for coordination and rational performance evaluation of the system, but it also ran the risk of underemphasizing *interactional* elements of the service delivery process. Previous scholars of street-level bureaucracy have argued that the introduction of technocratic

tools such as information communication technology (ICT) can lead to an overemphasis on the “informational” nature of service delivery, over other more interactional or relational parts of the work (Parton 2009). In Middlebury, tools like the matrix or other standardized needs assessments were envisioned as a way to objectively measure client needs in order to more efficiently and effectively direct clients to services they would benefit from. This required a coordinated system of eligibility determination and referrals, in order to connect clients across programs. In addition, determining a client’s level of need could allow programs to triage and prioritize eligibility, thus allocating services more efficiently. As argued by Webb (2006), the emphasis on rational resource allocation leads to vision of social services that “tends to be overly preoccupied with the assessment of need and risk and the matching of available services for service users, rather than relationship building or therapeutic direct work.”

Proponents of data-sharing in Middlebury social services often stated that a shared client database would spare clients the “trauma [of] to recount their story repeatedly,” as one Housing Alliance administrator put it. In the meetings between clients and frontline staff however, I often sat with people who did not seem to be particularly reluctant to tell their story. Instead, they seem to want to tell it on their own terms, ones shaped by their own motivations and understanding of the system. As I describe further in Chapter 3, I often witnessed an implicit tension between a case manager and case workers’ rhythm of conversation, one paced by organizational routines and check-all-that-apply questions, and a clients’ attempts to share facts of their story beyond the confines of a form. By creating a new way to distribute services according to strict eligibility categories and quantified needs assessments, technocratic initiatives run the risk of disregarding other

valuable elements of decision-making that cannot easily be summarized through technological or bureaucratic tools. These practices comprise an “objectification of knowledge” that favors documented information over other, more expressive and situational forms of work and knowledge (Webb 2006). As stated by Webb (141-2), “authentic and effective knowledge creation in social work is deeply embedded in face-to-face and expressive contexts, whilst technologies of care used to support such encounters rely on the assumption that knowledge can be made mobile outside of these specific inter-personal contexts.” Technocratic approaches to service delivery run the risk of undermining two important aspects of social services: 1) the therapeutic relationship between case manager and client, and 2) the value of human discretion in allocating resources or services. Initiatives aiming to increase the efficiency of service allocation can heighten the complexity of the service delivery process from the perspective of the client, who now has to confront a flow of services with complicated formal rules, changing parameters, and opaque street-level practices, all without a central case manager to help unify, humanize and contextualize the experience. Even prior to the MDSI, the Middlebury social services field exhibited this tension, particularly in parts of the system that already were structured around the principles of coordination and rational allocation of resources.

#### *Standardizing social processes: the case manager-client relationship*

The relationship between the service provider and a client is a key component of social work. Service recipients value providers who they can relate to, who take the time to get to know them and see them as “a person as opposed to just a case or number”

(Shattell et al. 2007, 280). Adopting a technocratic approach to social services characterized by specialization, standardization and quantification of program outcomes can make it more difficult for social service providers to have the flexibility, time, and resources necessary to establish a therapeutic relationship with their clients. Yorktown Mission, a faith-based anti-poverty nonprofit located in a rural part of Middlebury county, exemplified some of the challenges involved with maintaining both an interactional and technocratic component in social services. Even before they considered adopting ServiceTech as part of the MDSI, Yorktown Mission staff openly wrestled with how to create a well-defined and reliable service delivery process without undermining the grassroots, flexible and interpersonal approach to community work that many of their primarily rural clients had come to expect. The nonprofit had oscillated throughout its history between emphasizing what the director called a “relational” approach, and what he called a “systems” view of the organization’s work. When I first met the nonprofit’s director, he had explained, citing the Bible, that there would always be people in need, but that his goal for the nonprofit was to create a *system* to help individuals get through poverty, and to better enable communities to support them. Another Yorktown Mission employee reiterated this vision as follows:

We're trying to guide people out of poverty. We really want to create a system that anyone who's in poverty can go through our system. If they follow the steps, if they do what they need to do, and they feel empowered to then release themselves from poverty. Our goal is to have a very step-by-step system in place that once they engage with that system, they're able to get out of poverty.

The Mission director himself explained that he still was learning the best way to combine a relational, person-centered approach to social work with a need for

professional boundaries, rules, and standardized routines. During a day-long, all-staff cultural training, he said that the Yorktown Mission was both “a nonprofit and a ministry,” and that they “live[d] in that tension.” Referring to the example of a long-time client being hospitalized, he asked his staff, using scare quotes, if we are “their church,” should we do things like visiting program participants at the hospital? As I found out later in an interview with another Yorktown Mission employee, this was a question the organization had wrestled with at length: how could an organization build a reliable, rational system that also created lasting community relationships and left room for special circumstances? This employee explained:

[When] we would try to create a very strict system in our social work side, we found that we were excluding an incredibly needy population and that we weren’t serving a population of [...] people that are in crisis, because our framework, our intakes and assessments and goal setting, it didn’t have room for people that needed help right then. It didn’t have room for people in crisis.

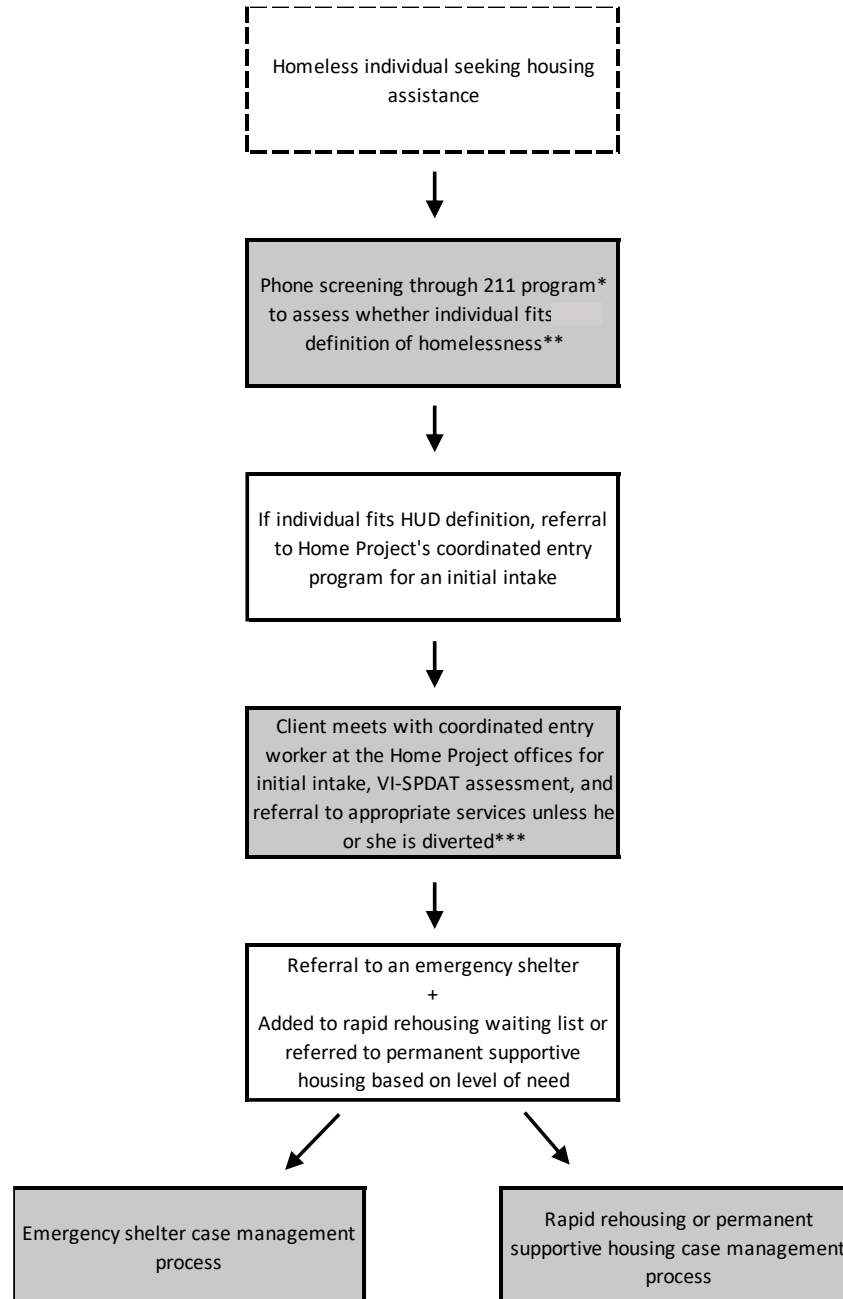
I think we were slowly starting to remove the relational piece of our social services, because we wanted to have this system in place. [...] We found that the school district wasn’t referring to us very often because our framework didn’t have room for the people that they needed to refer to us. They were referring out to the city anyway. That was really scary for us. They stopped referring to that for us, because it was Friday at 3:00pm. We were almost closing and they couldn’t get anyone to see us in for an intake assessment. [...]

It started seeming like, okay, the Yorktown Mission isn’t where you go when you’re truly in need, when you’re really in a crisis, because their system can’t accommodate that. Now we’re starting to really look at what we have in place. Although it is a good and effective system, how do we make room for people that are in crisis, that are in emergencies, in great need because we need to be serving that population.

The dilemma between interactional and technocratic approaches to social services was not restricted to the Yorktown Mission: it was visible across the field of Middlebury social services. Indeed, parts of the Middlebury social services field had, prior to the MDSI, already been pursuing technocratic strategies aiming to make service provision more predictable, coordinated, and efficient. One of the most advanced examples of this technocratic approach to social service delivery in Middlebury could be found in the way homeless individuals received shelter and housing assistance. The “front door” to this system was the coordinated entry program, a new program funded and encouraged by HUD and the national homelessness field. Developed in Middlebury in 2014, the program was the “single point-of-entry” for anyone who fit the Middlebury homelessness system’s definition of homelessness. All individuals seeking homelessness services would first be funneled through the coordinated entry program and then referred to appropriate programs based on their situation. This allowed for a more efficient allocation of services based on need. Importantly, this also fit within HUD’s latest prescribed structure for housing programs, and led to a significant increase in federal homelessness funds for Middlebury county.

While the coordinated entry structure increased the capacity of the homelessness system in Middlebury, it also led to a more segmented client experience. By breaking up the housing search process into separate steps corresponding to individual programs, the new system allowed more efficient specialization at an administrative level. In parallel, it multiplied the number of programs and case managers clients had to work with from the time they experienced homelessness to when they were placed in permanent housing (see Figure 1 below for depiction of the homeless services referral flow in Middlebury).

**Figure 1: Referral process for homeless individuals in Middlebury county**



\* 211 is a social services hotline administered by the local United Way. In Middlebury, the 211 program is also contracted to perform a pre-screening of individuals experiencing homelessness.

\*\* The modified HUD definition of homelessness as applied by the coordinated entry program includes people who are not living in a place meant for human habitation (e.g., a car or outside), who are living in an emergency shelter, or who are within 14 days of discharge from an institutional such as hospital, correctional facility, or a drug and alcohol rehabilitation treatment center without a place to live once they are discharged.

\*\*\* Diversion from the coordinated entry program consisted of verifying whether the client had any housing options other than emergency shelter, for example by temporarily staying with family or friends.

Recall, as described in the opening section of this chapter, Tim's case navigating the Middlebury homelessness system. To go from the bureaucratic categories of "literally experiencing homelessness" to "permanently housed," Tim had to go through multiple programs, each with their own set of case managers, eligibility criteria, and rules. To receive services according to the coordinated entry referral flow, he first had to call 211, the United Way's local social services hotline, in order to be pre-screened for homelessness services. Once Tim had successfully been pre-screened by 211 and qualified under the program's eligibility criteria, he met with Samantha, one of the coordinated entry program's case managers, and went through the program's standard intake. He was then referred to a local emergency shelter, and placed on a long waiting list to receive rapid rehousing services, which included assistance in finding and securing housing, and up to approximately one year of case management and housing subsidies. Once arrived at the emergency shelter, Tim was assigned a shelter case manager in addition to his coordinated entry case manager. My interactions with Tim stopped after his meeting at the coordinated entry program, during which Samantha spelled out clearly the next steps he could expect for housing assistance. If he was unable to find housing on his own, he would likely have to wait many months for his name got to the top of the rapid rehousing list.<sup>9</sup> He would then be assigned a housing location case manager, someone to help him in his housing search. Finally, once he had secured permanent

<sup>9</sup> In this particular example, this would take a particularly long time given that single adult males had the lowest level of priority for rapid rehousing. Indeed, the system prioritized chronically homeless individuals, families, and veterans first before single adults, thus placing them higher on the waiting list.

housing, he would be assigned a different case manager to support him in maintaining his housing.

This was a long process that would often take years rather than months and included five different service touch points, each with different case managers assigned to the client's case. In addition, it was common for individuals to have additional case managers for other social service programs: clients I observed regularly mentioned meetings with their parole officer (as Tim did in his meeting with Samantha), a drug and alcohol counselor, a child protective services worker, an early childhood education case manager, and many others. I noticed that clients across social service programs often had trouble remembering the names of specific programs, or identifying which case manager worked for which program. Remembering case manager or program names was no easy task amidst such a tangled, multifaceted and frequently changing landscape of services. The high level of specialization across case managers from different programs limited individual case managers' ability to advocate for clients across programs and to help them navigate the complicated landscape of services and options available to them. This process illuminated the tension between the creation of a well-defined, integrated process to systematically allocate services, and other important, interactional components of social work when working with individuals in need of services.

#### *Standardizing access to services: reducing human discretion*

In order to integrate practices across organizations and aggregate program statistics into summary data, a technocratic approach to social services requires the creation of standardized procedures and measures. Scholars of street-level bureaucracy have shown

that such practices have the effect of reducing the role of professional discretion in shaping the service delivery process. Discretion can be used for discriminatory purposes, but can also serve an important remedial role in cases where technology offers an incomplete and inaccurate picture of a client's needs. Frontline workers may use their discretion to favor certain clients over others by rationing information about access to services (Lipsky 1980; Marwell 2007). Professional discretion also allows for the intrusion of workers' biases in bureaucratic work (Fording et al. 2011; Watkins-Hayes 2009). In parallel, technology and standardized decision tools limit case worker discretion in ways that may obscure essential components of the social service delivery process (Bovens and Zouridis 2002; Gilliom 2001; Høybye-Mortensen 2015; Parton 2009; De Witte et al. 2015). Individuals are put into categories and ambiguities or contextual cues are obscured (Bovens and Zouridis 2002; Broadhurst et al. 2010). As Brodtkin (2016, 446) states:

Lower-level discretion is intrinsic to many kinds of street-level work, especially human services work. It is necessary but also problematic. Consider that eradicating the discretion of teachers, social workers, police, or medical staff would be both impossible and undesirable. Their judgments are essential to good policy delivery. But discretion also brings risks: It may be used in ways that advance some human services goals and undermine others.

The local knowledge of client's situations and the particularities of the system can rarely be articulated through formal program rules, thus requiring the professional judgement of frontline workers to make sense of organizational rules in a street-level context. The use of standardized, quantified risk assessment tools and other forms of what Webb (2006) calls "technologies of care" serve to "construct and render social work into a technical calculable form" (141) and "categorise and regulate various individuals

and targeted populations” (147). As described further by Parton (2009), the growing use of information communication technology (ICT) in welfare and human services has led data and recorded information to overshadow the narrative and social aspects of social work. This may lead to a “datafication” of the person, wherein decisions and actions towards clients are primarily made based on an individual’s data record and “data double” (Diakopoulos 2015; Haggerty & Ericson 2000).

In addition to the fragmentation of case manager-client relationships throughout the service delivery process, the rational allocation of homelessness services based on need required a standardized way to triage and prioritize client access to services. This was the primary role of the system’s “front door,” the coordinated entry program in charge of conducting the first intake with anyone seeking homeless services in the county. Case managers in the coordinated entry program would assess clients’ needs, vulnerabilities, before referring them to appropriate services based on their situation, whether that is through diversion (i.e., exploring other options to avoid homelessness such as staying with friends or family), referral to a shelter, or referral to a rapid rehousing program. Many social service workers across Middlebury county liked this new system, because it provided them with a convenient referral source for clients seeking housing assistance. Case managers in other programs who were working with clients experiencing homelessness could count on coordinated entry case managers to oversee their client’s housing search, leaving them with more time to focus on other matters with the client.

The switch to a coordinated flow of services for individuals experiencing homelessness also had certain drawbacks. In asking frontline staff to compare their experience before and after the creation of the coordinated entry program, I heard some

social service employees express a preference for the previous, more unstructured way of allocating homeless services. This was partly because, in overseeing the distribution of all emergency shelter, transitional housing, and rapid rehousing spots across the entire county, the coordinated entry program required that these other housing programs relinquish significant control over who they could accept into the program. It also limited the options of case managers in other social service programs, who may have in the past had pre-existing relationships with specific shelters or transitional housing programs where they preferred to send their clients. Now, the prescribed approach for individuals seeking homelessness services required them to refer clients to the coordinated entry program, thus limiting their ability to influence which housing options the client had access to. For well-connected case managers, this also meant that their clients might have to wait longer to receive housing compared to before the creation of the coordinated entry program. Indeed, in the previous system, it was not uncommon for case managers outside the coordinated entry program to be able to secure housing spots for their homeless clients based on professional relationships. A case manager working regularly with homeless clients elaborated on this perspective:

[Prior to the creation of the coordinated entry program], I could make an assessment as to what would be the best avenue to pursue with [assisting clients with] ending their homelessness. Now, everything goes to [coordinated entry], it has to go to [coordinated entry], and because of that we're operating on an eight or nine month back log. [...] Prior to [the coordinated entry program], it was more of a problem finding places because a person like me had to make all those referrals and all those calls, but you never waited eight months until you got somebody to meet with you.

The coordinated entry definition also adopted a strict approach to defining homelessness, meaning that, to qualify, an individual had to be living in a shelter, hotel, on the street, or with no place to stay for the upcoming night. Individuals who were able to stay at family or friends but had no permanent housing of their own would be “diverted” from the program once they spoke to a coordinated entry case manager, which meant they would be advised to stay in their current housing situation, and come back if they were experiencing “literal” homelessness. The administrators of the coordinated entry program had reluctantly come up with this definition after the start of the program, upon realizing that including “doubled up” individuals in the program’s definition of eligible individuals made it very difficult for the program to manage the number of individuals seeking services.

As a result, however, it was not uncommon for individuals to be told to come back to seek services once they had no place to stay for the night. A program director for a non-housing related program once explained to me that because of this restrictive definition, she was unable to refer clients in need of housing to emergency or transitional shelters. She would have to first refer clients to the coordinated entry program only for them to be told they were not eligible. In practice, emergency shelters would accept clients seeking shelter without having gone through the coordinated entry program first, but the program encouraged anyone with clients seeking homelessness services to refer to them first.

This stricter definition of homelessness meant that those with the highest level of need were prioritized by the system. The assumption underlying the use of this restrictive eligibility criteria was that many other individuals seeking housing services would be able to find alternate solutions such as staying with friends and family until they were

able to secure permanent housing again. In parallel, individuals with situations who did not fit the literal homeless definition were less likely to receive services. Individuals who knew they would become homeless in the coming weeks were not able to receive services until they experienced homelessness, and prevention services for homelessness was a frequently commented-upon gap in the system of Middlebury housing services. A housing program manager explained to me his perspective on the limitations of a standardized system:

Not everybody's going fit the definition of the help that the system would allow one to get. [...] We want the system to work in a very high percentage of cases, as close as you can get to 100 would be great. But the system seldom is going to be looking outside the box. The systems almost create a box by virtue of being a system. And then you have things that don't fit in the box.

Frontline staff, program managers, and administrators regularly acknowledged the need for human discretion and advocacy, even in a coordinated system. I witnessed many instances of employees from HUD-funded housing programs calling each other and advocating for clients to receive services, even when this did not fit the prescribed category or flow of services. In certain parts of the system, administrators intentionally made room for human discretion and flexibility in the allocation of services and resolution of individual cases. When it came, for example, to the VISPDAT, the homelessness system's triage tool for housing services, I often observed administrators and program managers contextualize the tool's results rather than interpreting one's VI-SPDAT score as an objective reflection of a client's situation. Though the VI-SPDAT's purpose was to inform the prioritization of clients into specific service categories, materials related to the Org Code VI-SPDAT, national homelessness trainings, and

Middlebury nonprofit employees would state that the tool was not intended as a replacement for human judgement. In a meeting, I saw a Home Project administrator negotiate this tension by stating that “the test should not be the ultimate decider,” but that they would “by and large” want to go by clients’ scores as long as these seemed appropriate.

As I will show in Chapter 3, standardized assessments in the social services field were rarely as reliable as administrators would have wished. For instance, in the case of the VI-SPDAT, it was not unusual for clients to obtain a drastically different score when re-taking the assessment. Importantly, those managing the system were aware of the limitations of the VI-SPDAT, and were ready to intervene in instances where they identified a disconnect between the tool’s assessment and a client’s situation. I was able to witness a few reported instances during which clients had received an inaccurately low score on the VI-SPDAT, but nevertheless were appropriately referred to rapid rehousing or permanent supportive housing services as a result of regular communication between frontline staff and administrators about individual cases. In an interview, a Housing Alliance drew upon one of these instances to illustrate the importance of frontline staff taking comprehensive case notes describing clients’ situations:

When they completed the VISPDAT with the [housing program] worker, they only scored a two because they’re poor reporters. The [housing program] worker didn’t realize that was the case, and the VI-SPDAT is not necessarily set up for interjection by the administrator. So they had a very low score. The question was why do they need rapid rehousing and Housing location services if they have scoring in the low range that says they don’t? All that was lacking in the notes. So I mean the outreach workers should have put in there that [...] there are some significant barriers and we need to refer to X,Y,Z services.

In this particular case, there were many potential reasons explaining why these clients were “poor reporters” as the administrator put it. As he had described to me earlier, this was a group of three adults who may have all met concurrently with the housing worker conducting the VI-SPDAT, had “limited cognitive ability,” “a lot of mental health and physical health [conditions],” and “some domestic violence.” These were all factors that should have counted towards a higher score on the VI-SPDAT. Once he realized the assessment’s inaccuracy, the administrator took it upon himself to identify which housing services would be appropriate for this group of individuals. Housing nonprofit employees, leaders and administrators were thus aware of the limitations of the VI-SPDAT as a standardized measurement tool, and used the tool in combination with – rather than instead of – human judgement.

The development of the ServiceTech eligibility feature further illuminated tensions regarding the role of human discretion in determining client access to services. One of the key value propositions of the MDSI was that, through the shared ServiceTech database, clients whose information was entered in the system would be able to receive a list of local programs they were eligible for. In order to do so however, the database would need to automatically calculate eligibility for each program based on pre-entered program eligibility requirements. The development of this feature raised concerns about how best to formalize eligibility criteria across a large number of local programs. During an MDSI steering committee meeting, an administrator at the Middlebury Housing Alliance explained that they had tried to implement a comparable feature in ServiceTech HMIS a year or so earlier, but that they had found it difficult to pin down the eligibility criteria that programs enacted in practice. He gave the example of pregnant women applying to

housing programs that were formally limited to women with children. There were certain cases for which agencies would be willing to enroll such an applicant, but other pregnant women would be denied by the same program, perhaps because of a history of drug addiction, he explained. Or, conversely, he brought up instances when, although formal eligibility requirements had stated that a client was not eligible for a particular program, program staff had responded that they would have accepted this particular client into their program despite him or her not fitting the formal eligibility requirements.

To address this issue, an Anti-Poverty League administrator responded that they would probably ask for broad rules that programs would have to commit to under which clients would automatically be eligible, and that the case worker would guide the client through the rest of the eligibility process. In this case, automating eligibility rules was viewed as the preferable solution to letting individual programs determine client access on a more discretionary basis.

In this sense, automating program eligibility rules could serve as a way to limit discrimination towards clients. This assumed, however, that it was possible to ensure that individual programs would abide by formal eligibility rules, and that it was overall preferable to eliminate human discretion from this process. Indeed, there were many reasons why the automated eligibility rules in ServiceTech would not apply to a given client at a given time: aside from client-specific considerations outlined above on the part of program staff, programs' eligibility rules themselves changed frequently based on changes in funding, leadership, staff turnover, etc. This was a field in which street-level practices were hard to formalize, one in which pamphlets outlining available local

resources became obsolete within a few months, and where procedure manuals or nonprofit websites were rarely updated.<sup>10</sup>

The use of automated assessments and shared client data across the system raised similar tensions regarding the benefits of standardization and automation compared to human discretion and decision-making. One of the main stated rationales for the shared nature of the ServiceTech database was to spare clients the trauma of having to tell their story repeatedly across programs. Case notes and assessment scores, however, could only provide an incomplete and imperfect picture of client's situation. When discussing the self-sufficiency matrix, a case manager at the Anti-Poverty League showed me an example of a client who had obtained a score of 2 on the housing section of the assessment. This was because, as the case manager explained, though her place was in good condition and safe, the housing was not affordable, thus leading the client to have to rely on credit card debt and food stamps to meet her needs. This case manager drew on this example to explain the extensive notes she liked to add next to client's matrix score

<sup>10</sup> The constantly-changing nature of available resources, programs, rules was made clear to me in two separate instances. In the first instance, I was having a casual conversation about the location of free community meals with women staying at the Women's winter emergency shelter, when one of them declared knowingly that we should not go by the information printed on the community meals pamphlet, but rather to ask the men at the library in the quiet zone, who knew all the necessary information. These were men, some homeless, some not, who would regularly attend these meals and knew about available resources in the community. Second, while conducting participant observation at the Faith Coalition's food bank, I was told that the United Way's 211 social services hotline had decided to discontinue their printed list of programs regularly providing free "community meals," because it was too difficult to ensure that the information remained current and accurate.

for each domain, stating that she had described the woman's housing situation in a case note so that other case workers seeing the score would understand that whereas the client's situation was serious, it was not an emergency as the low score alone might suggest.

Similarly, when I asked a housing case manager about his attitude towards ServiceTech and the prospect of seeing more client information from other programs, he responded that he was looking forward to having more information on which other case managers the client was working with. In parallel, he also expressed skepticism at the value of solely drawing upon written notes. "I don't want to read notes to know what you're doing," he said. "I can get more information from a personal conversation." When I asked him to elaborate on this point, he explained:

I still get the information that they were at [other program] and what maybe happened while they were there. Not the personal human understanding of what happened there. So then I kind of have to learn that on my own. [...] So not everything can be put into a case note, I guess is where I'm going. Not everything can be written down. There is still that one-on-one, personal human connection that needs to happen I feel like.

In this way, social service administrators and employees in Middlebury were moving towards a greater use of data and documentation in the work, all the while wrestling with the question of when to make room for human discretion and when to further the standardization of the system.

#### **IV. Conclusion**

Data was an important topic among Middlebury nonprofit social services, but it often was only on part of a larger *technocratic* vision for anti-poverty work. Indeed, in

discussing their aspirations for the role of data and the MDSI, administrators would describe a coordinated, rational system capable of providing effective services in an efficient manner. The implication that coordination will lead to increased efficiency and effectiveness is not new. Nearly forty years prior to the MDSI, Weiss (1981, 36) discussed the “siren call of coordination” and its appeal to shared values of rationality, cooperation, efficiency and comprehensiveness of services (36).

Data was an integral part of this technocratic project. It would allow administrators to gain a more comprehensive picture to evaluate the performance and needs of the system. This would also enable the creation of new programs or the development of rational improvements to the system. In doing so, administrators reframed the nature of anti-poverty programs not as a moral imperative, but rather as a rational approach to efficiently ensuring societal benefits and cost savings.

In framing this new structure for anti-poverty work around increased efficiency and effectiveness, Middlebury nonprofit administrators emphasized a systematic, standardized, quantified approach to allocating services, one that underemphasized the interactional components of social work and social service delivery. This use of formal procedures, forms, and technology to inform and structure service delivery also runs the risk of excluding individuals who are in marginal positions. While I delve more deeply into the greater potential for *human* discrimination under ServiceTech in Chapter 4, the creation of automated categories, rules, and workflows using information technology can lead to the strengthening of barriers to access along socio-economic lines. For example, the creation of the MDSI introduced additional consent forms, an electronic signature process, and a more complicated service landscape. During my time observing at the

Faith Coalition's food bank, I found that this particularly affected certain groups of clients such as non-English speakers (who had a difficult time understanding my explanations), the elderly (who were often puzzled by the idea of using a computer mouse to sign a form electronically), or large families (as each additional individual in the household meant more time spent collecting their demographic information). Similarly, individuals with "vulnerable" profiles were intended to score higher on the VI-SPDAT and thus have higher service priority, but were also at a higher risk of having their situation underestimated or mischaracterized by technology. These concerns are particularly relevant for social service agencies, as these target individuals most likely to become excluded or marginalized by technocratic systems. Once again, this is not to say that the use of information technology in social services can only exacerbate inequalities rather than remedy them, but that this possibility should figure prominently in the decisions guiding these tools' development and implementation.

The move towards a coordinated, rational system to efficiently and effectively deliver services in Middlebury thus reveals an important tension between technocratic and interactional approaches to anti-poverty work. This chapter paves the way for a micro-level analysis of how this tension between technocratic and interactional approaches to social work was negotiated and enacted at the street-level in subsequent chapters. Where agency administrators are the ones to develop and outline formal organizational policies, street-level workers such as case managers and program counselors are the ones who must reconcile the intent of such policies with the realities of social work on the ground. As articulated by Lipsky (1980, xii), "the decisions of street-level bureaucrats, the routines they establish, and the devices they invent to cope with uncertainties and work

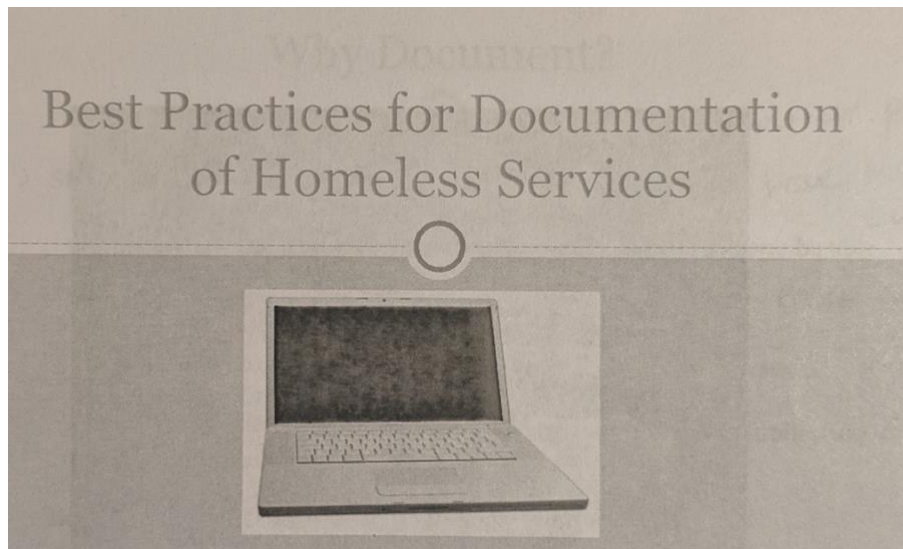
pressures, effectively become the policies they carry out.” In Chapter 2, I turn to describing how an emphasis on data-informed performance measurement in Middlebury social services led to the multiplication of documentation practices at the street-level across stakeholders and purposes for record-keeping.

## **Chapter 2 “If it’s not noted, it didn’t happen:” The layering of decoupled documentation practices**

### **I. Introduction**

The words “Best Practices for Documentation of Homeless Services” were displayed on a slide project on large screen, illustrated with the picture of a laptop computer. I scanned the faces of the people seated at each table in the room, most of them frontline staff from various social service programs congregating with their colleagues. A hospital social worker stood by the screen, her voice amplified by a microphone. The Housing Alliance, the organization in charge of overseeing most HUD grants in Middlebury had organized a case notes workshop in September of 2017 aiming to nudge workers towards entering more complete client information into their shared homelessness case management database, or HMIS. Introducing the session, one of the administrators had plainly stated, “It’s very important to both your agency, yourself, and your clients to write clear and concise notes.”

***Figure 2: Printed version of the title slide from a September 2017 case notes training***



The workshop speaker began by saying that as a social worker, it often felt as though there were more and more things to do, with less and less time to do them. She paused, and moved onto the next slide of her presentation. A YouTube extract from the television show “I Love Lucy” began playing. In the video, Lucy and Ethel faced a small conveyor belt and were told sternly by their supervisor, “If one piece of candy gets past you and into the packing room unpacked, you’re fired.” As the pieces of chocolate appear on the conveyor belt, the women wrapped them conscientiously, quickly moving onto the next piece. As the belt progressively sped up, the two women start falling behind, resorting to increasingly absurd shortcuts as they try to catch up: putting multiple pieces on chocolate to the side, in their mouths or on the floor. “I think we’re fighting a losing game!” Lucy exclaimed to erupting laughter from the TV audience. Pointing to the now paused video, the workshop speaker explained with a smile that much like the two women, social workers might also want to take shortcuts to cope with intense time pressures, but that writing good case notes would save them time in the long run.

*Figure 3: Chocolate scene from “I Love Lucy”*



...

Since the 1990s, social service organizations have become expected to regularly document and measure their work in ways that describe not only their clients' characteristics, but also their own performance. Performance reporting requirements were originally most common in the context of federally-funded contracts, but umbrella organizations and charitable foundations have also adopted performance measurement expectations towards their grant recipients (Lynch-Cerullo and Cooney 2011, 369). Individual nonprofits like those in Middlebury, which often piece together grants from multiple funders to support their operations, find themselves stretched between the varying requirements of each grant. The complex, ambiguous and time-consuming nature

of funder data requirements often funders and grant recipients to focus on evaluation metrics as direct signals of performance (Feldman and March 1981).

Under these conditions, performance measurement among social service organizations is often a fraught, incomplete process that is symbolic at best and counterproductive at worst. This chapter draws on two of the main nonprofit funders in Middlebury social services to illustrate the challenges of enforcing data reporting requirements in the complex, fragmented, and contested field of anti-poverty work. *What was the nature of performance measurement pressures in Middlebury? How did street-level nonprofits navigate these pressures? How did performance measurement pressures and practices impact the nature of social service work in the Middlebury field?* I argue that in Middlebury, nonprofits had to navigate a multiplicity of data collection requirements serving various rationales such as performance measurement, accountability, programmatic needs and social work practice. The MDSI's goal of reducing the duplication of data entry work overlooked the ways in which individual documentation practices each embodied a specific set of organizational goals and technical affordances. Nonprofits' limited administrative capacity was stretched thin by competing funder requirements and internal needs, which often resulted in a decoupling of data collection from a meaningful assessment of organizational performance. The layering of seemingly redundant yet isolated documentation practices – a process I call *sedimented rationalization* – effectively insulated workers from performance pressures in their client-facing work.

In this chapter, I first illustrate the nature of performance measurement pressures in the Middlebury social service field, contrasting *formal* requirements to the way funder

demands were negotiated *in practice*. I describe the performance measurement approaches of two prominent Middlebury funders - the Housing Alliance and the local United Way - towards their grant recipients, along with the ways in which nonprofit leadership and staff contested some of these funders' requirements, a process which often led to negotiation between both parties and a softening of certain funder demands. I then show that frontline workers saw data requirements as largely disconnected from their client-facing work, and recorded data in ways that were decoupled from a meaningful assessment of organizational performance.

The second half of this chapter then turns to the street-level consequences of growing data pressures. I show that, at the street-level, frontline workers had to navigate a multiplicity of documentation pressures, each embodying a set of organizational rationales and sociotechnical affordances. I then describing the layering of individual record-keeping practices as a process of "sedimented rationalization" resulting in the seemingly redundant addressing of each set of requirements on top of each other. Lastly, I show that this decoupling and layering process had two consequences for street-level workers. First, they were largely insulated from pressures to "make the metric." Secondly, they rarely were able to use the program data they collected to inform organizational performance and improvement.

## **I. Negotiating funder requirements: documentation over performance measurement**

As shown in Chapter 1, nonprofit organizations have increasingly become expected to measure their own performance in order to demonstrate effectiveness. Performance measurement involves an "ongoing process of establishing performance objectives,

transforming those objectives into measurable components; and collecting, analyzing and reporting data on those measures” (Mulvaney et al. 2006, 432). Organizations often engage in this practice through the use of logic models, standardized outcomes and indicators, and shared measurement (Lynch-Cerullo and Cooney 2011). Studies have found that most nonprofit organizations take part in some kind of performance management (Carman and Fredericks 2008; Hatry 2014; Salamon et al. 2010).

Because nonprofits typically get funding from multiple public contracts at different levels of government in addition to private funders like foundations, they must respond to different requirements on who they can serve, what they should report, and which tools they should use (Hupe and Hill 2007). In addition, organizations often lack the resources necessary to build their capacity for performance measurement, as government contracts as well as foundation grants often only cover direct program costs rather than administrative costs, while requiring greater organizational capacity for professionalization and reporting (Austin 2003; Boris et al. 2010; Hwang and Powell 2009; Marwell and Calabrese 2015). Nonprofit also lack appropriate training in evaluation methods, as program managers are often the ones in charge of setting and measuring program outcomes (Lynch-Cerullo and Cooney 2011). In the case of social service organizations, program goals are typically vague, ambiguous and conflicting, with change being slow and hard to measure (Lipsky 1980). Lastly, data collection requires appropriate technical infrastructure, expertise, and time that is often lacking among nonprofits (Lynch-Cerullo and Cooney 2011).

Middlebury social service nonprofits were well familiar with growing pressures to measure and document performance. As the director of the Yorktown Mission, a faith-

based rural nonprofit, explained, “the reality is even in a private funding world, more and more donors want to know. Not just how many people did you serve [...] but *how successful are you in accomplishing life change?*” [emphasis added]. In order to describe the nature of accountability pressures towards data collection in Middlebury, this chapter starts by describing the funding approaches of two of the most prominent funders in the county’s social service field: the Housing Alliance and the United Way. Looking separately at both these organizations is instructive in that it illustrates the nature of performance pressures at two levels: the former as a local organization in charge of administering a federal grant, and the latter as a local organization fundraising from private, community-based sources (employers and individual donors). Though both organizations varied in the level of financial and social leverage they could impose on grant recipients, neither were able to unilaterally enforce reporting requirements, instead having to engage in a sustained process of negotiation with the programs they were supporting. Through both these examples, I illustrate the negotiation process through which nonprofits and funders defined and redefined performance measurement expectations among Middlebury social services.

### ***The Housing Alliance: Stringent yet uneven documentation practices***

Among all Middlebury social services grants, few had more stringent requirements than those coming from the federal Department of Housing and Urban Development, also

commonly referred to as HUD.<sup>11</sup> Programs receiving large sums of money from federal funders such as HUD often had to follow specific procedures and data requirements as part of their contracts or grants. These programs were required to use a mandated software system to record client data. Any agency receiving HUD funding had to regularly enter individual-level data in a pre-approved Homeless Management Information System (HMIS) software. Middlebury homelessness programs used ServiceTech to fulfill the HMIS requirement, the same web-based platform powering the MDSI database. Although homeless services used the tool prior to the MDSI, the initiative involved merging the HMIS database into the MDSI version of ServiceTech to further integrate anti-poverty work across homelessness programs and other social services.

In Middlebury, the Housing Alliance oversaw the management of a large portion of HUD grants in the community, subcontracting out program grants to agencies delivering the services directly. As the lead agency for HUD grants, the Housing Alliance was responsible for all of the data entered in HMIS.<sup>12</sup> Housing Alliance staff would be in frequent contact with service providers through regular meetings and trainings to ensure they were following HUD program rules (for instance, not serving ineligible clients) and to answer nonprofits' questions about program requirements. A Housing Alliance administrator would monitor program data quality, and run reports quarterly to track, for instance, whether programs had high missing data rates for particular elements. This

<sup>11</sup> Programs with more stringent requirements included federally-funded programs aimed at mothers and children such as HeadStart or Women, Infants and Children (WIC).

category of “missing data” included answers such as “don’t know” or “client refused to answer” to required data fields like client income or health insurance access. Although such responses may reflect a client’s inability or unwillingness to provide information to their case worker, Alliance staff knew that it would still negatively impact their performance when evaluated by HUD. “There is some give and take, but not a lot. They would like to see 100% data completion,” a Housing Alliance administrator explained. During the time of my fieldwork, the Alliance obtained the right from HUD to control the flow of money for grants they were the lead agency for, thus giving them additional leverage to enforce their requirements towards grantees. In one instance, the Alliance noticed that one of their service providers was showing high rates of missing data for specific data fields, and halted payment to the provider until the nonprofit was able to provide more complete data.

Despite its legal ability to enforce HUD data requirements, the Housing Alliance still struggled to have frontline workers enter complete information into ServiceTech beyond what was strictly required for reporting purposes, and Alliance staff frequently commented on the fact that the data in ServiceTech did not meet their expectations. In meetings or casual discussions, Housing Alliance staff would sporadically complain that case notes in ServiceTech were not updated fast or frequently enough, or that they lacked important information on clients’ circumstances. In an interview, one of the Housing Alliance staff members gave the example a client who had been discharged from the hospital six weeks prior, but for whom no case notes had been entered since her discharge. “When I called [the service providers] on it, they said, ‘oh well we’ve been

seeing her on a regular basis’,” he said. “No you haven't, because it's not noted, [and] ‘if it's not noted, it didn't happen’, as the old adage says.

### ***The United Way: quantifying progress towards measurable goals***

Non-governmental local funders such as the United Way or the Community Foundation, often had their own distinct reporting procedures that grantees had to follow in addition to that of government funders. For instance, the local United Way - a regional chapter of the fundraising organization that largely relied on charitable employee contributions - required nonprofits to create and regularly submit a “logic report” that would tie specific outcomes and measurements to stated partnership goals.<sup>13</sup> Logic models are common evaluation tools breaking down a program’s goals into achievable outcomes and measurements to track progress towards these outcomes (Lynch-Cerullo 2011). As described by a United Way employee, “every collaborative has to do a logic model” involving “short term” and “long term outcomes” and put “measurements in place” to track their progress (see Figure 4 below).

<sup>13</sup> Under a recent change in their funding structure, the Middlebury United Way primarily funded “collective impact partnerships,” groups of organizations working towards the same goals rather than individual agencies.

Figure 4: Example of logic model provided in United Way's 2016 Collective Impact Evaluation Report

**Logic Model/Data Collection Plan – Due March 31, 2017**

a. Provide current data collection plan, adding columns to report annual performance data (see example below)

i. Baseline data, at a minimum, should be reported.

a) Use the column titled "Reporting Period 1 – Baseline" and fill in the period you are reporting on (e.g., Jan 1 – Dec 31,

ii. Additional data beyond baseline should be reported, if available

a) Use the column titled "Reporting Period 2" and fill in the period you are reporting on (e.g., Jan 1 – Dec 31, 2016)

**Example of Data Collection Plan with Baseline Data Reported**

Depending on the outcome, report data one of two different ways. EITHER report:

1) Raw Number OR 2) Ratio AND Percentage

| Short-Term Outcome                                 | Measure                                            | Reporting Period 1 – Baseline<br>[Fill in Dates] |         |     | Reporting Period 2<br>[Fill in Dates] |       |   | Collection Method | Collection Schedule | Person(s) Responsible |
|----------------------------------------------------|----------------------------------------------------|--------------------------------------------------|---------|-----|---------------------------------------|-------|---|-------------------|---------------------|-----------------------|
|                                                    |                                                    | Raw Number                                       | Ratio   | %   | Raw Number                            | Ratio | % |                   |                     |                       |
| 1. Increased number of patients served             | # patients served                                  | 125                                              |         |     |                                       |       |   | XYZ               | XYZ                 | XYZ                   |
| 2. Increase percentage screened for depression     | # screened with PHQ9                               |                                                  | 100/125 | 80% |                                       |       |   | XYZ               | XYZ                 | XYZ                   |
| 3. Increased preventative behaviors and screenings | a.) # patients screened for colorectal cancer      |                                                  | 25/80   | 31% |                                       |       |   | XYZ               | XYZ                 | XYZ                   |
|                                                    | b.) # patients up-to-date on immunizations         |                                                  | 70/125  | 56% |                                       |       |   | XYZ               | XYZ                 | XYZ                   |
|                                                    | c.) # patients screened for cervical cancer        |                                                  | 50/78   | 64% |                                       |       |   | XYZ               | XYZ                 | XYZ                   |
| 4. Improved behavioral health outcomes             | a.) Improved PHQ9 score (overall average score)    | Average score=14 (n=100)                         |         |     |                                       |       |   | XYZ               | XYZ                 | XYZ                   |
|                                                    | b.) Improved GAD7 score (% with score less than 5) |                                                  | 60/90   | 67% |                                       |       |   | XYZ               | XYZ                 | XYZ                   |
| 5. Increase number of insured patients             | # of patients insured                              |                                                  | 85/125  | 68% |                                       |       |   | XYZ               | XYZ                 | XYZ                   |

**Description of Data Reported Above**

**Outcome 1:** Number of patients served. **Raw Number** = 125 (patients served)

**Outcome 2:** Number of patients screened with PHQ9. **Ratio** = 100 out of 125 (patients screened). **Percentage** = 80% (100 divided by 125)

**Outcome 3:** Number of patients who met each specified outcome.

a) Number of eligible patients screened for colorectal cancer. **Ratio** = 25 out of 80 (eligible patients screened). **Percentage** = 31% (25 divided by 80)

b) Number of patients up-to-date on immunizations. **Ratio** = 70 out of 125 (patients up-to-date). **Percentage** = 56% (70 divided by 125)

c) Number of eligible patients screened for cervical cancer. **Ratio** = 50 out of 78 (eligible patients screened). **Percentage** = 64% (50 divided by 78)

**Outcome 4:** Behavioral health outcomes. In this example, we reported scores in two different ways to display your options. Partnerships should determine their criteria for meeting the outcome (by referring to scoring protocols, when applicable) and report accordingly. It is important to include a description so it is clear what data you are reporting.

a) Improved PHQ9 score. In this example we report both the average score and the number screened. **Raw Number** = 14 (ave score), **n** = 100 (# screened)

b) Improved GAD7 score. In this example, we report percentage with an ideal score of "less than 5". **Ratio** = 60 out of 90 (60 patients scored less than 5, out of 90 patients screened). **Percentage** = 68% (60 divided by 90)

**Outcome 5:** Report the number of insured patients. **Ratio** = 85 out of 125 (patients insured). **Percentage** = 68% (85 divided by 125)

Outcomes in the logic model were tied to the United Way's four bold goals relating to kindergarten readiness, post-secondary education, poverty reduction, and health care access. Through these requirements, the United Way in Middlebury had adopted performance measurement principles and techniques in its grants as a way to track grant recipients' progress towards strategic goals.

As part of its emphasis on shared measurement (one of the five components of Collective Impact as outlined by Kania and Kramer (2011)), the United Way had announced to its grantees that partnerships working directly with clients would be required to enter data into ServiceTech, the database used as part of the MDSI, in the second or third year of the first Collective Impact grant cycle. The United Way had also planned to ask partnerships to begin using the self-sufficiency matrix, a standardized client needs assessment built into ServiceTech. A United Way employee discussed these anticipated requirements with me in a March 2017 interview:

The self-sufficiency matrix is going to be that first beginning point where anybody that's in it is going to be measured in a really standardized way [...] And then throughout the grant process, we have end-of-year reporting, which, they're coming up with what their own outcomes are, but it's outcomes that can be standardized across the whole goal. So, anybody that's working on [the goal of] 100% of children in kindergarten ready to learn, are they using the kindergarten readiness screening tool?

The United Way, like the Housing Alliance, thus set high expectations for grant recipient's data collection practices. The United Way was not able, however, to unilaterally enforce their reporting requirements. Instead, they were engaging in a local process of negotiation with grant-receiving nonprofits to encourage, nudge, and pressure these organizations to meet their standards of documentation and data collection.

When it came to United Way grant recipients, nonprofit employees understood the need for and importance of reporting performance indicators to their funders, but were often unsure how to approach this given their organization's limited resources. "There isn't enough data points in the world to show what we're doing," one nonprofit employee told me in reference to the United Way's reporting requirements. In an effort to ease providers' concerns about reporting requirements, the United Way often worked with providers to help them tailor the logic reports to the capabilities of each partnership. Under the United Way goal of ensuring that everyone in the county had access to a "medical home," one partnership listed depression screening as an outcome. "That might not be a direct reflection of finding a medical home," explained a program manager at the Yorktown Mission, one of the nonprofits that made up the partnership, "but it is showing that we're moving the needle." In an effort to adjust their reporting methods, the partnership had been in the process of redesigning the way they measured outcomes for their logic model. "There's things that are going on that are really beneficial that we're not reporting on right now," said the program manager.

The United Way also faced direct resistance on the part of grant recipients regarding specific reporting requirements, particularly when it came to the requirement to adopt ServiceTech in order to continue receiving funding. While I discuss in greater detail the specific reasons for providers' resistance to using ServiceTech and the self-sufficiency matrix in Chapters 3 and 5, this pushback is itself instructive in demonstrating the push-and-pull of funder-grantee negotiations, particularly at the local level. During my fieldwork, I observed two different nonprofit leaders discuss the possibility that the ServiceTech requirement would cause their own organization or a partner agency to

reconsider the funding they received from the United Way.<sup>14</sup> In one of these instances, I sat in on a meeting with Yorktown Mission employees considering adopting ServiceTech in their work, during which an MDSI administrator conducted a demonstration of ServiceTech and its capabilities. I watched as Yorktown Mission staff realized that the ServiceTech intake lacked important components required by the agency, and, as they explained, would negatively affect their service delivery in significant ways. One manager turned to the Mission director, asking, “Why are we doing this? Is it to keep United Way happy?” With a matter-of-fact tone, the director replied, “Well it’s more than keep them happy, it’s required.” Ultimately, the nonprofit’s leadership decided not to proceed with ServiceTech that year, though this did not end up affecting their United Way funding.<sup>15</sup>

Resistance to the ServiceTech requirement was widespread and led in part to the delay and softening of the requirement over time. Due to a combination of factors including significant technical delays from the ServiceTech vendor and lack of provider buy-in, the United Way decided to postpone the ServiceTech requirement, stating that organizations would be required to enter data into the database in the next grant cycle rather than in the third and final year of current grant. One employee explained their approach as follows:

<sup>14</sup> Importantly, the change in the United Way’s funding structure from benefitting individual organizations to multiple programs under the same partnership meant that individual agencies received much smaller sums of money from the United Way than before. The change thus shifted the balance of power in favor of frontline nonprofits, who were not entirely dependent on the money offered by the funder and could more reasonably afford to turn down these smaller sums if associated constraints got too high.

<sup>15</sup> Interestingly, the Yorktown Mission ended up using ServiceTech a little over a year later as the HMIS for a new HUD-funded program they were administering.

Because of the timeline with ServiceTech getting pushed back at this point for so long, and not quite having enough champions within the system that we feel like we can really push forward on it, we're not going to be requiring our grantees to use it in year three. Although, we're going to be heavily encouraging them, but we're not going to penalize them saying, "You're not going to receive funding if you don't use it." But for our next grant cycle which would begin in mid-2018, July 1, it will be required. For any future funding, you have to be using ServiceTech fully.

This delay stemmed in part from the fact that the anticipated requirement to use ServiceTech and the self-sufficiency matrix had garnered stronger resistance than other United Way requirements. United Way employees were well aware of this reluctance on the part of providers and sought solutions to mitigate these concerns, as stated by another United Way employee in an interview:

There's just been a lot of resistance by certain partnerships thinking that we're already entering so much data. 'We don't have the time.' 'The self-sufficiency matrix is time consuming.' Anywhere from 20 to 30 minutes depending on who's administering that. A lot of people will tell you like, 'We just don't have the time for that.' [...] There's ways in which we can really look at alternative solutions. Maybe the food pantry isn't the one that's doing that self-sufficiency matrix, but maybe it's [other nonprofit]. Maybe it's the housing outreach services that has more time. [...] I think it's just trying to figure out the ways in which this system doesn't have to be cumbersome.

As the deadline for the ServiceTech requirement approached, the United Way thus softened its stance towards data collection through the database, first by delaying the transition, and later by making room for organizations to partially use the technology or not use it all, depending on the nature of the services they provided and available capacity. This negotiation process and softening of requirements was common for funders like the United Way and the Housing Alliance.

Middlebury nonprofits were not alone in struggling to meaningfully use data to inform organizational decision-making: surveys of nonprofit practices show that performance data frequently gets compiled into reports from organizations to funders and stakeholders, but that they much less frequently explicitly shape organizational strategy or improve organizational effectiveness (Carman and Fredericks 2008; Morley, Hatry, and Cowan 2002). Salamon et al. (2010) found that 85 percent of nonprofits in a national sample reported measuring the effectiveness of their program at least annually, but that only a minority used the kind of evaluation standards promoted by experts in the field. Performance measurement for purposes beyond narrow funder reporting was a clear aspiration among Middlebury nonprofits but was largely separate from the day-to-day practices of social service nonprofits and their employees. I now turn to describing the ways in which frontline workers approached the process of data collection in their day-to-day work. In doing so, I show that, rather than meaningful measuring program outcomes and performance, street-level documentation practices largely served an insulated record-keeping role and epitomized a saying often repeated by some nonprofit administrators or frontline employees: “if it’s not noted, it didn’t happen.”

### ***Frontline perspectives on data collection***

This process of negotiation between funders and grant recipients meant that Middlebury nonprofits’ performance measurement practices diverged from both the approach’s formal principles as well as from funders’ expectations. Many program managers and frontline workers were excited about the prospects of sharing and accessing more client data across programs. They especially looked forward to the

technology's potential to facilitate communication across programs and their frontline staff, as well as ServiceTech's ability to "give a better picture" of a client's situation and needs. Although funders and administrators hoped to collect sophisticated data enabling organizations to demonstrate and improve performance, the data collected at the street-level remained focused on documenting organizational activities and program outputs, rather than capturing performance outcomes. Nevertheless, when discussing more broadly the role of data and technology in their work, many program managers and frontline workers' responses would denote ambivalence towards these tools. The following interview excerpts illustrate frontline workers' various attitudes towards data:

Data, for my purposes, it doesn't really affect my job, my day to day. However, it's super important just to see... Well especially for reporting to the government. I mean to get your funding and everything, you have to provide data.

- Mental health case worker

I don't like technology. I never have. I've always thought that it makes it very number-related and cold.

- Utility assistance case worker

Data is incredibly important to have. Collecting it and entering it into a computer, it's tedious and it's not my favorite thing in the world to do, but [...] it's what we have to show the work that we're doing.

- Housing case manager

I think data is important because [...] it also gives you proof of what you're doing [...] as frustrating as data can be at times, you need those numbers for funding, and you need those numbers for those that are donating to you and say "So, how many clients did you meet this ... "

- Anti-poverty program case manager

Employees would often describe their perspectives towards data and technology as "a love-hate relationship," "tedious," "not my favorite thing in the world." In parallel, they would characterize the use of data as "absolutely important," "valuable," and "necessary." In addition to displaying ambivalence towards the role of data in their work,

many frontline workers would associate data almost immediately with funder requirements and accountability pressures.

Frontline workers – particularly those working for federally-funded programs - would regularly talk about the difficulties involved in working with technology. This ranged from complaining about glitches and downtime preventing workers from entering data in a timely fashion or during an intake with a client, to the complex and time-consuming demands of technology as nonprofits tried to accommodate requirements from multiple funders. For example, during the implementation of ServiceTech at the Faith Coalition, a high-capacity food bank, the database would frequently be down for entire mornings multiple times per month. In the context of the Faith Coalition, this meant that intake workers were unable to verify eligibility for services or to log services in client's profiles. Additionally, this slowed down the transition from the organization's previous database to ServiceTech, as workers would choose to enter data into the old database when ServiceTech was unavailable in order to maintain a written record of the services a client received.

Some frontline workers also told me about their lack of trust in particular technologies, leading to concerns regarding data loss. As one nonprofit administrator explained:

A few years ago, there was another program very similar to ServiceTech. It was owned by the state and it was the state coming up with it. [...] But then, the state decided, adios, it's not working, it's not working. We lost all that data. With ServiceTech, it just takes me back to that nightmare.

When adopting new case management systems, some employees like the one quoted above worried that (as had happened in the past) funders would soon move onto different

technological requirements, without regard for the time workers invested in previous tools, or for the technical constraints of converting data from one system to another. It was also not uncommon for frontline workers to have to enter the same client data in multiple information systems. For many organizations, receiving funding from multiple sources meant that nonprofits had to combine different mandated technologies into their infrastructure in order to be able to satisfy the demands of various funders.

Frontline workers would often complain about the ways in which required data fields were disconnected from the realities of street-level work. One program manager for an intensive case management program explained that, “I think that data and technology is a really valuable way to show what you're doing. I think the problem with data and technology is that it's never showing fully what you're doing. It's never an all-encompassing way to show that a life has been changed.” In their day-to-day work, frontline workers would also note that the specific fields and information they were to complete as part of data collection did not accurately reflect characteristics of their work or of the client’s situation.

An instructive instance of this disconnect between data categories and frontline workers’ daily experiences occurred during a meeting between a housing nonprofit supervisor and a case manager, as the employee was being trained to use ServiceTech for the first time. I observed the supervisor walk the new case manager through the process of entering client data into HMIS, the required databased for HUD-funded programs. Both seated at the new case manager’s desk, they worked from completed paper files to enter the information into the HMIS. The supervisor walked the employee through the intake form, pointing out which fields were required as indicated by an asterisk. In one

instance, she pointed to the “don’t know” and “refused” answer options, stating that although those were included in the drop-down menu, the Alliance said they could not use them. Once they reached the “health insurance” field, the supervisor further explained that if they selected the “don’t know” option, Housing Alliance staff had told them that this made it appear as though the case worker did not ask the question, when in reality, she countered, some clients legitimately did not know about their health insurance status. This measure likely stemmed from the fact that although ServiceTech’s intake forced workers to complete required fields before proceeding to the next screen, one was easily able to bypass this technical requirement by selecting the “don’t know” or “refused” option in the field’s dropdown menu. Funder pressures to collect complete data meant that workers were incentivized to collect data for fields they or even their client may not know the right answer to. This particular training also illustrated the ways in which technical factors and external pressures shaped data entry practices: when proceeding through the intake form, the supervisor told the case manager that they were not required to enter data into fields without asterisks next to them. On multiple occasions, when shadowing frontline staff across programs, I would see them often skip over fields that were not required by the software itself, even if they had been told by their supervisors to complete the optional field.

In conclusion, funders’ negotiations with grant recipients showed that obtaining precise and reliable data from social service nonprofits was difficult, even with financial strings attached. Organizations like the Housing Alliance and the United Way wrestled with ways to incorporate meaningful data collection for the purposes of assessing program performance. Many nonprofits in Middlebury did not yet have the capacity to

measure outcomes in a way that would allow them to set targets to compare their own performance to. In the end, most funder requirements focused on the practice of tracking outputs and enumerating client or program characteristic rather than meaningfully measuring organizational outcomes. Additionally, the subject of negotiations between administrators and street-level actors primarily focused on the question of how and what nonprofits needed to *document* to funders, rather than how to *demonstrate program performance*. In other words, the fulfillment of basic, statistical requirements to funders became largely symbolic and separate from a meaningful representation of organizational performance. As nonprofits encounter challenges and uncertainty in their use of information technology, social service nonprofits like those described in this study often “loosely couple” their formal structures and actual work activities (Meyer and Rowan 1977). Whereas actually making decisions based on data would require significant reorganization and a large increase in the amount of resources devoted to information gathering and processing, this decoupling allows organizations to maintain both technical efficiency and external legitimacy. Given these challenges, it can be easier for performance measurement practices to become removed from intended goals of accountability or improvement (Carman 2010, Tan and Harvey 2016).

In the next section, I turn to describing how growing information demands in social service agencies has led to a street-level layering of record-keeping practices with varying rationales and affordances.

## **II. Layered data rationales: The sedimented rationalization of record-keeping**

### ***The multiplication of informational pressures in social service work***

Frontline workers and administrators gathered program information at various levels of the organization, for varying goals, and using varying methods. First, individual agencies had to satisfy multiple and often conflicting funder requirements as it was rare for nonprofits to solely rely on a single funding stream. Different funders' data collection requirements (not to mention mandated software for federal funders) led in practice to more questions being asked of clients during intakes, and a larger number of required data fields. Secondly, it was not rare for programs to have their own record-keeping needs beyond the requirements of funding agencies, for example for accounting, eligibility verification, marketing or performance evaluation purposes. Lastly, frontline workers typically kept their own set of case notes.

The Home Project, for example, had to enter client data for most its housing programs into two separate databases: their own, in-house system tailored to the organization's specific IT needs, and ServiceTech HMIS, as the required data platform for HUD-funded programs. This was a significant constraint, particularly for organizations relying on different funders across programs, as stated by the following administrator:

Because data systems don't work nicely with each other and talk to each other, in order to be compliant with the Housing Alliance and do what we knew the homelessness system needed in order to have good system-wide data, our staff needed to do double entry in two different systems for two years [...] I have become a stronger believer in the importance of data and having good data. I also find the limitations of technology to be kind of burdensome for an organization like ours that has a wide diversity of programs and needs to comply. It's one of the small downsides of having such a complex center of funding streams.

Frontline workers would also document their work through case notes. As one program administrator explained, “Case notes are a big, big thing. Because if we don't have case notes ... That's how we prove we're doing what we're supposed to be doing. That shows we just paid our case workers to work X amount of hours for this client.” Similarly, when shadowing a case manager entering client case notes for the Anti-Poverty League’s Intensive Case Management program (ICM), I asked her if she wrote these case notes primarily for herself or for others to see. She explained that she did both, and that her supervisor had told her team to write them in such a way that, if she were to leave her job the following day, her replacement could know everything he or she needed.

The increasing use of extended intake forms, standardized needs assessments, and other measurement tools also meant that case managers spent more and more time entering data into the computer and documenting their day to day activities. As an example, I once asked a case manager worker in a transitional housing program to estimate how much of his professional time he spent on his computer. This particular case manager (who had a masters in social work) worked at a program that involved frequent and prolonged interactions with clients, as he managed the cases of one third of the clients living in the facility. He would check in with most clients weekly for an hour to discuss their goals, needs, and progress finding permanent housing. Despite the highly interactional nature of his work, he estimated spending roughly 60 percent of his time in front of a computer. Similarly, a case manager in an intensive case management program explained to me that although her program was very client-focused and flexible (she would often meet and talk on the phone multiple times a week with some of her clients),

she had to block off one full day each week to enter her notes and client information into the computer.

As a result of this complex set of demand and corresponding pieces of infrastructure, individual data requirements often had to become decoupled from the actual process of delivering services to clients (Meyer and Rowan 1977). As shown in the first section of this chapter, individual funder requirements or daily-record-keeping practices largely fulfilled a documentation purpose that was insulated from the way social work was performed. Information served a largely symbolic role to signal legitimacy and accountability on the part of individual programs or workers (Feldman and March 1981).

Instead of attempting to reconcile and integrate different information gathering demands into a single set of coherent practices, nonprofits often pieced together a set of daily or weekly practices aimed at individually satisfying each documentation need. In the long term, this process created a form of organization that I call *sedimented rationalization*. Much like the different layers of sediment representing individual characteristics of a given historical period, the set of organizational practices and rules followed by social service nonprofits were shaped by the progressive layering of individual documentation demands over time. Without this historical understanding of why, for instance, case managers at the Home Project recorded client information first in the HUD-required HMIS database, then in their own organization's in-house database, and for a third time on their own paper case files, an unwitting observer may wonder why programs were engaging in such seemingly redundant and inefficient practices.

Sedimented rationalization in social service nonprofits, however, was a form of satisficing in the face of competing organizational demands, and thus constituted

boundedly rational behavior (Simon 1947). Whether it be entering information into a standardized government-mandated database, an in-house case management software, in a case manager's paper file cabinet, each set of documentation practices embodied of socially-defined goals as well as technical constraints (Latour 1988). Indeed, the rationale behind each set of documentation needs shaped the nature of the information collected. Different reporting requirements corresponded to different sets of organizational relationships (for example between a funder and the program, or between a case worker and their manager). In conjunction, the medium through which data was entered also shaped the nature of the information being recorded. For instance, the data required by the Housing Alliance and HUD in exchange for funding sought to create a national level database of clients from HUD-funded agencies. As a result, client's files in the HUD-required HMIS system contained data field for a client's housing situation or health insurance access, fields that corresponded to the formal outcomes on which programs were evaluated by HUD. This format did not allow for contextual information about a client's demeanor during their last case management meeting, or for the budget form a case management program used to determine whether to grant clients financial assistance funds.

In parallel, a program's case management notes entered in an in-house software could map onto the street-level communication and record-keeping needs of the program, for example the need to document new work or curfew hours for a client staying at a transitional housing program. Frontline staff also kept their own handwritten notes in order to record their personal understanding of client's situations in a more private context that was less subject to standardized data fields, privacy concerns, or professional

guidelines for case notes. For example, one case manager told me that he used to put personal observations in his ServiceTech case notes, because he felt these were important things for him to remember. His supervisors then told him, he explained, not to include them in the shared database because they could be interpreted as fact by other case workers rather than as his own interpretation of the situation.

Lastly, verbal communication between case managers was an additional form of information sharing that enable frontline workers to communicate client characteristics in ways that were defined by social work priorities rather than organizational objectives. It also allowed case managers to more freely discuss clients' circumstances and the parameters of the system, and to sometimes go against formal rules or professional standards. During my fieldwork, I frequently observed "case meetings" between case managers of different programs, in which they exchange information about common clients. Discussion in these meetings typically revolved around the client's prior history with the system of social services, safety concerns related to specific clients, and advice about how best to present clients' cases for them to get access to assistance programs with specific requirements or service definitions.

Each set of documentation and communication practices, then, mapped onto a specific set of organizational goals and sociotechnical constraints. Instead of seeking to reconcile all these segmented practices into one, nonprofit staff interwove these separate methods to form a "seamful" rather than seamless set of organizational routines (Vertesi 2014). This layering of documentation practices at the street-level is corroborated by other studies of social service delivery. As Willse (2015, 120) describes in the context of HUD data requirements:

Program managers and case workers describe the use of HMIS as a layering upon existing practices. Many case managers have continued to keep their own private anecdotal records on clients while also keeping records through and HMIS database. [...] Many workers told me about entering HMIS data retroactively, when it is time to submit the information to their supervisors who prepare reports for HUD. Some described turning handwritten records over to supervisors, who then translated that material into an HMIS. In these ways, the quantification of clients coexists with subjective/anecdotal accounts. Agencies participating in HMIS produce a kind of double-speak, in which they explain their clients and services both in traditional case management terms and in the quantitative terms of HMIS applications.

The MDSI's promise to eliminate the duplication of data entry practice had overlooked a key proposition: that each mode of recording program information was subject to different motives and affordances that could not easily be reconciled (Sellen and Harper 2002). While an organization with greater economic resources may have been able to eliminate or deprioritize some rationales for data collection (for example, by limiting the number of different grants it applied to or not applying for government grants with demanding requirements), organizations with limited resources had no choice but to patch together an information infrastructure that would accommodate each set of requirements. In addition, the constantly changing nature of grants and contracts meant that there was a low incentive to completely overhaul and integrate data collection practices, since it was expected for some requirements to be replaced by others over a short time span. One nonprofit director, in explaining why his organization tried to avoid government funding, gave the example of a now-defunct neighboring nonprofit:

A classic example in our own community is [nonprofit name], which no longer exists in Middlebury. [...] They depended, probably 80% of their funding was through government contracts for different initiatives. I had a friend who was

hired there and she was hired to help run an after school program, kind of computer learning program. So they got a grant, they bought all this equipment, they started this after school computer learning program [...] They're doing great work, contract runs out, whatever the funding stream for that shifted their focus to other things, [...] but they landed another contract for HIV/AIDS education and so she went from being a computer after school program liaison to running an HIV program. So she had to go through all the training for that. She did that for a year and a half, the funding for that ran out and now she became, they had a program to work with single moms, teenage single moms who were trying to stay in school. So now she's doing that and it was like every year they were changing their programs. They start learning how to do it well, cause they gotta start from scratch, build new, and it was like every year they were chasing what's the new funding priority set by Department of Health and Human Services or Department of Education or whoever it was and they're just bouncing from thing to thing and they couldn't get any momentum or consistency.

Many organizations had no choice but to seek out available grants, even if such funding came with a set of requirements that overshadowed its financial benefits in the long-term (Marwell and Calabrese 2015). The decoupling and layering of disparate information demands often was a necessary and rational adaptation for nonprofits stretched thin by competing funding requirements, conflicting program goals, and a constantly changing organizational environment. In addition to multiplying administrative costs, this decoupling of documentation pressures from the daily process of delivering services also meant that that frontline workers' client-facing work was largely insulated from these informational processes. I now turn to describing the consequences of this decoupling of program data from performance pressures.

***Consequences of sedimented rationalization: insulation from organizational learning and frontline performance pressures***

*Insulation from street-level performance pressures*

The observed emphasis on data collection and record-keeping among Middlebury social service nonprofits reflected the largely symbolic role of data in Middlebury social services, as opposed to one leading to organizational sense-making and performance improvement. In the context of public welfare agencies, studies of street-level bureaucracy show that performance management policies have unintended consequences on the daily routines and priorities of frontline staff: under pressure to “make the numbers,” street-level bureaucrats may resort to tactics such as “creaming” (favoring easy cases over difficult ones) (Lipsky 1980), “administrative exclusion” (discouraging clients from accessing services through excessive paperwork and bureaucratic hurdles) (Brodkin and Majmundar 2010), or sanctions aiming to punish clients into complying with measured service goals (Soss et al. 2011).

I did not, however, find significant evidence for this kind of street-level performance pressures in most organizations I studied in Middlebury. During my observation of frontline work including client interactions, frontline work, and data entry, I rarely saw behaviors or heard staff comments that suggested they were under pressure to hit specific performance targets or “make the numbers.” As I will show in subsequent chapters, this did not mean that frontline social service workers did not experience time pressures or other work constraints that led to exclusionary behaviors (for instance, towards “difficult” clients), but rather that these pressures and resulting behaviors were not directly tied to outcome measurement or performance targets. If anything, work pressures came largely

from fluctuations in client demand as experienced through busy waiting rooms and frequent phone calls inquiring for assistance.

Frontline workers rarely got to see the aggregate version of the data they were recording every day. For most programs, frontline workers mostly seemed unaware of monthly service numbers, nor did they feel pressure to modify their performance according to those numbers. Indeed, most case management software was quite limited in terms of reporting capabilities, limiting staff's ability to have access to aggregate program data. ServiceTech, as one of the most advanced tools to collect data I saw in the field, was itself quite constrained when it came to aggregating data. Custom reports had to be built by a software administrator or, in many cases, by the vendor which could be billed as a separate service depending on the contract. For instance, in early 2017, one of the Home Project programs that had been using ServiceTech for the longest time began gaining some access to advanced reporting features approximately one and half years after adopting the database, but most ad-hoc reports compiled by the program manager still had to be done in Excel, and she did not yet have access to a report detailing all key program indicators on one screen. Advanced reporting also required certain access permissions to the ServiceTech database that local database administrators were reluctant to share widely with service nonprofits.

When I asked case managers in interviews if they ever felt pressure to improve the work they did or meet certain goals, most interviewees answered in the negative. Even when talking with caser managers in programs funded by the federal government, many stated that they did not experience direct pressure from funders or supervisors to improve their performance. For example, when asked, the manager of a program funded by the

Department of Veteran Affairs (VA) answered that she did not feel pressured by supervisors to increase program completion rates, but rather that “where I feel more pressure is from people who are in crisis, who are literally homeless and have no real good options for the immediate future.” When asked about potential pressures to meet certain outcomes, Jeremy, another case manager at a HUD-funded program responded:

As far as outcomes or reports, probably as a case manager I am not the best person to answer that type of question because again, I'm not concerned ... My daily job is not concerned with reports or outcomes. My daily job is to ensure the people that are on my case load are safe, stable, and moving in the right direction to get housing under whatever housing plan we've come up with to ensure that they get to that point. So that's all I'm tracking.

I also observed Jeremy reiterate this stance unprompted, prior to my interviewing him, as he and his program director were discussing a potential new partnership with a pre-K program administrator. During their conversation, the Pre-K program administrators told both of her interlocutors that she knew they had to take outcomes into account when considering a new potential partnership. To this, Jeremy replied that he did not care about outcomes, he cared only about the well-being of the children they served in the housing program. He continued that his program director (who was standing next to him in the meeting) was the one to do the reporting side, but that as a social worker, he himself did not care about the reports he had to compile and send to the program director every month. In response, the pre-K program administrator shrugged and explained that, as a former grant writer, she was used to thinking about outcomes. Similarly, the director of a faith-based nonprofit receiving primarily private and foundation funding explained her understanding of outcome reporting:

When you're writing a grant, there are some of them that ask you, "What outcomes are you predicting?" Okay. So then when you report back, they want to know, "What were your outcomes? Did you achieve your goals? If not, why? What happened?" And some of it, even if you wouldn't achieve your goal, doesn't mean you wouldn't be funded again. It just means, "Hey, I thought it was going to work this way and it didn't. I learned something from it, and now I would do it this way moving forward." They're fine with that, that's not a big deal.

Performance measurement in the form of collecting data for funder reporting was therefore viewed as a necessary practice to demonstrate an organization's work and legitimacy to its stakeholders, but not as a metric upon which organizational survival was directly dependent. One rare example I observed of potential performance pressures illustrated the fact that nonprofits were not immune from these kinds of pressures, but rather that performance management had not been institutionalized in the current workings of the programs I observed. The Middlebury Anti-Poverty League's utility assistance program was primarily funded through a contract with utility companies, under a payment structure based on the number of people enrolled in the program. As recounted by an employee, this had led to discussions during a staff meeting with the program's supervisor regarding how to manage other requests from clients such as the scanning of documents for benefits applications. In spite of these financial pressures, however, employees found it possible to strike a balance between efficiently enrolling clients into the program and helping them in other ways. Employees, even in this specific, enrollment-focused program, were recognized for their ability to connect with clients, as one case worker explained:

When they gave me [an employee award] it was because [my supervisor] said, "You have such a way with people, and you have that touch with people." So, she does understand it. And she also understands that I know that I can't take an

hour with one client. I understand that. She knows I do, because I've worked here long enough to know that.

The Middlebury social service nonprofits I observed thus seemed relatively well insulated from performance pressures deriving from specific outcome or output targets. As shown earlier in this chapter however, this does not mean that rhetoric and practices aiming at performance measurement were absent from these organizations. Frontline workers were keenly aware of pressures and requirements to collect data and document their work, but this did not translate into the need to meet specific performance targets.

#### *Insulation from organizational learning*

Frontline workers and clients were thus largely shielded from the negative consequences of performance measurement on their service attitudes towards clients. This also meant, however, that they were insulated from some of the ways access to performance data may have provided greater clarity on what worked and what didn't work in the program, as well as how to improve. Funders and nonprofit leaders sought ways to have frontline workers buy into a vision of data as a tool for case management, learning, and improvement, but they were aware that doing so was a significant challenge. A Housing Alliance administrator, in discussing this challenge, explained that he understood why providers were resistant to what they saw as "extraneous work," as someone who had "been on the other end [of social service provision]." "It is frustrating," he continued, "because you're not working with the person themselves. It seems like more paper pushing than anything else. [...] That's where I'm stuck at. At the moment that's the project I'm working on, [getting] better buy-in, getting [providers] more involved." One administrator at the

Middlebury Anti-Poverty League outlined the steps his agency was taking to remedy this disconnect:

We have initiatives where we're already starting to look as an organization at that emphasis on data [as] something that's valued intrinsically at any level of the organization. For example, in [federally-funded program], we started a monthly dashboard the state had provided through their system. We did have a lot of data available, but it just stays in the director's seat. Who cares? It doesn't really ... But if you can share it and say "Hey, our participation is up this month. Good job, everybody." Or "The number of women who are getting coverage for WIC in the first trimester, that's up too. Great job on the outreach team." Being able to make those connections to peoples' daily work activities and how it links back with these big picture outcomes.

As shown through this quote, nonprofit administrators sought to have frontline workers feel more ownership and investment towards the performance measurement process. This, however, was limited by factors such as technical limitations and time constraints. Additionally, the use of dashboards as described above or even regular performance reports to staff was rare in most programs, and frontline workers were left to only participate in the documentation and data collection part of the performance measurement process. Importantly, this lack of involvement of frontline staff in the rest of the performance measurement process also meant that employees were relatively well insulated from the negative performance pressures in their day-to-day work, as shown in the previous section.

Whereas most funder requirements primarily seek to evaluate the performance of funded programs for accountability purposes, some forms of evaluation are also designed to facilitate learning and improvement within an organization (Harlen and James 1997). Whereas performance measurement refers specifically to the process of measuring operationalized program goals, performance management entails “using performance

measurement data to make decisions through problem identification and strategic planning” (Lynch-Cerullo and Cooney 2011, 366). Some programs and funders have therefore moved from a single focus on data collection for accountability, to the goal of having programs learn and improve from performance assessments. Citing Behrens and Kelly (2008) and Hendricks et al. (2008, 18), Lynch-Cerullo and Cooney (2011, 370) state that “although accountability was the initial impetus for performance measurement and remains a key purpose, increasingly ‘program improvements, not external accountability’ is being stressed, certainly by the United Way and other large foundations, ‘as the primary reason for measuring outcomes’.” This finding maps closely onto the Middlebury United Way’s approach to performance measurement: in meetings, United Way employees tasked with overseeing grant recipients’ outcome reports often discussed how to ensure that the data collected meaningfully represented organization’s performance rather than being used for purely symbolic purposes. Through these deliberations, the United Way was actively wrestling with how to balance its own evaluation and marketing needs, as well as grant recipients’ concerns regarding the requirements.

Some nonprofits also sought to use the data collected *internally* in order to better understand factors affecting service trends and program needs. I observed a few such instances in which nonprofit administrators and program managers attempted to draw upon organizational data to make strategic decisions. Nonprofit leaders and employees often hoped to use data not simply as a reporting tool, but to identify ways to make their programs more effective. Most of these attempts, however, involved administrators

acknowledging the need for more complete or longer-term data to answer questions at hand.

In an October 2017 meeting, employees from different housing agencies conferred to examine program statistics relating to seasonal spikes in emergency shelter clients. Administrators at the Housing Alliance had already told me about their view that data would help assuage some providers' yearly concerns about unprecedented shelter demand at the start of the summer and during winter. As Rich, one of the Housing Alliance administrators, put it:

Every year since I've done this, [...] as the cold weather starts up, and then right after school ends, people are saying 'oh that's such an influx of families, I've never seen so many families.' [...] You'll see the data doesn't indicate that. There are seasonal spikes, but it's not the worst. [...] It is important to see those trends and they're not wrong, we know there is a bump after school lets out for the summer, and then of course [during] cold weather times, [with] people [going] into the shelters. But not to over react and shift resources, develop programs or ramp up programs by the every-year reaction [of], 'This is the worst it's ever been.'

To demonstrate his point, Rich had brought copies of two charts at the meeting, one depicting the number of family enrollments to each housing program, including emergency shelters. Upon seeing this chart, a Home Project administrator responded that in order to more accurately capture the level of emergency shelter demand over time, they would need to look at all clients who sought services rather than those who were actually enrolled in programs, as the latter reflected the capacity of the system rather than demand. They then agreed that they needed more information to assess the potential causes of seasonal spikes in demand: were these families or single individuals? What

were the primary causes of homelessness at this time? Rich responded that by continuing to conduct the VI-SPDAT, a vulnerability assessment for homeless individuals, for each client in the system, they would eventually be able to examine these questions. Frontline employees attending the meeting pointed out that additional data elements would need to be collected to fully answer these questions, but acknowledged in parallel that they were not looking to add additional data entry time for themselves.

Such meetings involving the open examination and discussion of program data were relatively infrequent, but did occur, showing that certain Middlebury organizations did attempt to use data to understand service needs and performance. Nevertheless, this was a difficult task, made more difficult by the fact that program databases often did not allow custom reports to be easily generated, that data often had to be merged from various sources to answer a given question, and that interpreting data relating to poverty and social services was very challenging. As I will show further in Chapter 3, collecting standardized yet meaningful data quantifying client strengths and needs was no easy task, and often fell short of expectations.

Whereas nonprofit administrators at times sought to use data for organizational sense- and decision-making, it was clear that the information presently being collected by agencies was either not complete, trustworthy, or easily accessible enough to readily serve these purposes. As a result, organizational data could be used for descriptive purposes and to begin a discussion about a particular issue, but it rarely provided answers to the question of how to proceed further. At the food bank I observed, daily data was collected on the number of households served, broken down by the number of children, adults, and seniors, as based on a funder requirement. Besides being submitted monthly

to the funder, these numbers were used for marketing purposes on brochures and the food bank's website. They were also customarily presented at the monthly board meeting to depict service trends compared to the same month a year prior. The Home Project had also begun to compute Key Performance Indicators, as a way to track performance and present these regularly during board meetings. These described, for each month over two years, the number of bed nights provided by temporary shelter programs, the number of households that obtained permanent housing, the number of financial counseling sessions provided and the attendance levels of financial education workshops.

Although some nonprofit leaders attempted to draw upon data to inform organizational decision-making, they often were only able to do so superficially or partially. These practices thus highlighted an important gap between aspirational rhetoric regarding the use of data for sense-making and performance improvement, and current practices of data collection. In practice, performance measures served a largely descriptive purpose, were significantly limited by frontline staff's ability and willingness to record the data, and were rarely used to inform changes in organizational practice, though there was a growing desire to do so.

Middlebury nonprofit leaders often explicitly acknowledged the long road when it came to the use of program data for organizational learning and decision-making. Beyond decoupling, Meyer and Rowan (1977) describe another approach commonly found in Middlebury through which organizations resolve inconsistencies between their symbolic traits and their empirical practices: promising reform. As they state, "people may picture the present as unworkable but the future as filled with promising reforms of both structure and activity" (356). Middlebury nonprofit leaders frequently described their

view of performance measurement in their own agency by saying that although measurement through data was not their strong suit, it was something they were aiming to accomplish in the near future. For example, one housing nonprofit director said:

I think one of the shortcomings of seeing data only [as a reporting tool] is that then you don't do as good a job of collecting or managing. And I think it leads to lesser results because there's ways that you can use the data and information to refine and create better programs. So I think where we want to get to is [an] ability to collect and manage the data in such a way that it will allow us to evaluate our effectiveness on the fly much better, make changes and refinements to our program in order to see better results, and see more consistency in the outcomes that we're hoping for, for our guests. We want to get to that place.

It was clear that for a number of program administrators, getting better at using data to inform programmatic decisions was an important goal, and one they were taking active steps towards. For the community's homelessness services in particular, HUD's emphasis on coordinated, rational action towards the elimination of homelessness had provided the resources and impetus for many of the field's most advanced attempts at organizational learning and improvement based on data. For example, two employees of the Home Project, a prominent housing nonprofit in Middlebury, separately told me about their belief that the nonprofit's collection of data on homelessness through their Coordinated Entry program had contributed to the creation of new housing options for homeless families. The Coordinated Entry program aimed to be the first point-of-entry for anyone who was homeless in Middlebury County and sought services: case workers would meet with the client, and then would determine service eligibility based on the client's circumstances. By having such a unified system funneling all homeless individuals into the same initial program, the Coordinated Entry program was able to provide a clearer

picture of housing needs in Middlebury. According to a Home Project administrator, the Coordinated Entry program was able to show that, in addition to available homeless shelter beds, they had to provide hotel rooms to “15 to 18 families” to accommodate need, which then led to the creation of new shelter options for families as opposed to homeless individuals. He acknowledged however, that, “we're not there 100%, yet, I don't think. Our data is not as robust as it could be, but we're making really good progress.” This framing anticipating progress in the face of current data limitations was made possible (and acceptable) because although performance measurement was gaining prominence as “rationalizing institutional myth” in the Middlebury nonprofit sector, both funders and service organizations were aware that current practices rarely lived up to the expectations of the performance measurement movement (Meyer and Rowan 1977).

#### **IV. Conclusion**

Studies of performance measurement have found that social service nonprofits are increasingly subject to pressures to operationalize, measure and evaluate their performance. These pressures initially began through federal requirements passed onto nonprofits through contracting, and expanded as other sources of nonprofit funding such as foundations and umbrella agencies emulated government requirements as a way to insure grant recipient accountability (Lynch-Cerullo and Cooney 2011). Previous studies have shown that in practice, performance measurement often is conducted in largely symbolic ways for reporting rather than accountability or improvement purposes (Carman 2010). This chapter contributes to the literature on performance management in two ways. First, it draws on ethnographic data to describe the process through which funders

and nonprofits negotiate data collection and reporting requirements, demonstrating that this process often leads to a softening or partial compliance with funder demands.

Secondly, it connects these meso-level dynamics between funders and grant recipients to the street-level consequences of performance management pressures on the nature of social service work.

In examining funder pressures in the Middlebury nonprofit social service field, my findings thus point to two key conclusions. First, nonprofits' limited capacity and competing reporting demands meant that funders had to water down some of their requirements regarding data collection and performance measurement. Secondly, this negotiation process along with a lack of frontline buy-in into performance management practices meant that, at the street-level, pressures to collect data and document performance were decoupled from the actual practice of performance improvement. The data collection pressures and practices detailed in this chapter stand in stark contrast to larger discourse about the potential for data to facilitate organizational learning and performance improvement across the Middlebury social services field. There was a disconnect between the "imagined possibilities" of data as introduced in Chapter 1, and the practical focus on record-keeping and reporting shown in this chapter. Whereas nonprofit funders and leaders' data aspirations echoed prevalent field rhetoric regarding the need for impactful, cross-organizational collaboration for anti-poverty programs to be truly effective, the data actually being collected by nonprofits was often too lacking in quality or completeness to enable programs to draw upon it to improve their own performance. In parallel, the increasing prevalence of funder reporting requirements and data fields to collect meant that performance measurement contributed to a technocratic

approach to social services, where documentation and record-keeping occupied an increasingly important place in frontline worker priorities. The next chapter turns to examining how the MDSI's technocratic focus also came into tension with an interaction approach to social work, leading to frontline resistance to its full implementation.

## **Chapter 3 “Everybody's going to be measured in a really standardized way:” Negotiating social work interactions**

### **I. Introduction**

One of the main features of the MDSI, the self-sufficiency matrix, also turned out to be one of the initiative’s biggest implementation challenges. Prior to the MDSI, the self-sufficiency matrix was a social work tool commonly used in the social service and homelessness fields across the United States and in Middlebury. It aimed to categorize and measure a client’s “self-sufficiency” on a variety of domains such as housing, employment, social relationships, or mental health. Before it became a key component of the MDSI, the self-sufficiency matrix was used by some programs in Middlebury as a tool enabling case managers and clients to reflect on client’s strengths, needs, and goals. It initially was a simple printed out table (see Figure 5) with rows depicting various domains of life (Social Relations, Health, Housing, etc.) and columns with scores from 1 (“in crisis”) to 5 (“empowered,” or “thriving,” as the MDSI steering committee would choose to rename the label<sup>16</sup>). Individual cells included a qualitative description of conditions relating to each score.

<sup>16</sup> This semantic change in the matrix’ labels occurred during a MDSI steering committee meeting, as an Anti-Poverty League administrator explained that using “empowered” as the label for the highest matrix score was in contradiction with their model of care in which case workers sought to empower clients no matter their current socio-economic situation.

**Figure 5: Paper version of the original Middlebury self-sufficiency matrix, based on the Arizona Self-Sufficiency Matrix**

| Domain                      | 1                                                                                                         | 2                                                                                                                                  | 3                                                                                 | 4                                                                                                                                                                  | 5                                                                                   | Score | Participant goal? (✓) |
|-----------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------|-----------------------|
| <b>Housing</b>              | Homeless or threatened with eviction.                                                                     | In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income).      | In stable housing that is safe but only marginally adequate.                      | Household is in safe, adequate subsidized housing.                                                                                                                 | Household is safe, adequate, unsubsidized housing.                                  |       |                       |
| <b>Employment</b>           | No job.                                                                                                   | Temporary, part-time or seasonal; inadequate pay, no benefits.                                                                     | Employed full time; inadequate pay; few or no benefits.                           | Employed full time with adequate pay and benefits.                                                                                                                 | Maintains permanent employment with adequate income and benefits.                   |       |                       |
| <b>Income</b>               | No income.                                                                                                | Inadequate income and/or spontaneous or inappropriate spending.                                                                    | Can meet basic needs with subsidy; appropriate spending.                          | Can meet basic needs and manage debt without assistance.                                                                                                           | Income is sufficient, well managed; has discretionary income and is able to save.   |       |                       |
| <b>Food</b>                 | No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food. | Household is on food stamps.                                                                                                       | Can meet basic food needs, but requires occasional assistance.                    | Can meet basic food needs without assistance.                                                                                                                      | Can choose to purchase any food household desires.                                  |       |                       |
| <b>Child Care</b>           | Needs childcare, but none is available/accessible and/or child is not eligible.                           | Childcare is unreliable or unaffordable, inadequate supervision is a problem for childcare that is available.                      | Affordable subsidized childcare is available, but limited.                        | Reliable, affordable childcare is available, no need for subsidies.                                                                                                | Able to select quality childcare of choice.                                         |       |                       |
| <b>Children's Education</b> | One or more school-aged children not enrolled in school.                                                  | One or more school-aged children enrolled in school, but not attending classes.                                                    | Enrolled in school, but one or more children only occasionally attending classes. | Enrolled in school and attending classes most of the time.                                                                                                         | All school-aged children enrolled and attending on a regular basis.                 |       |                       |
| <b>Adult Education</b>      | Literacy problems and/or no high school diploma/GED are serious barriers to employment.                   | Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment. | Has high school diploma/GED.                                                      | Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society. | Has completed education/training needed to become employable. No literacy problems. |       |                       |
| <b>Health Care Coverage</b> | No medical coverage with immediate need.                                                                  | No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.         | Some members (e.g. Children) have medical coverage.                               | All members can get medical care when needed, but may strain budget.                                                                                               | All members are covered by affordable, adequate health insurance.                   |       |                       |
| <b>Life Skills</b>          | Unable to meet basic needs such as hygiene, food, activities of daily living.                             | Can meet a few but not all needs of daily living without assistance.                                                               | Can meet most but not all daily living needs without assistance.                  | Able to meet all basic needs of daily living without assistance.                                                                                                   | Able to provide beyond basic needs of daily living for self and family.             |       |                       |

For some case managers like Melissa, a case manager at an intensive case management program, the benefit of the matrix partly lied in the *process* of completing it, rather than solely in the resulting “self-sufficiency score.” In one meeting, Melissa went through the matrix with Violet, a client of the ICM program, reading each option and having Violet pick the one she felt fit. When she was not sure what to answer, Violet would frequently turn to the peer mentor that had accompanied her to the meeting, a local volunteer who had been selected by the organization to act as a social support for Violet. In response, Melissa would emphasize that the score was meant to be according to Violet, not anyone else. When going through the “food” section, Violet said she felt she had food security, but that she didn’t have much food in the house and frequently ate out. Even though this did not quite fit with any of the category descriptions in the matrix, Melissa suggested that the client circle a lower score for the category, to signal that this was an area she wanted to work on. Once they had finished completing the matrix, Melissa turned the page over and began writing down the specific goals they had discussed: eat better, get a new job, repair the heat in the house. Melissa’s use of the self-sufficiency matrix reflected an understanding of the tool as a flexible resource to guide clients’ reflection on their own needs, strengths and goals.

Under the MDSI, the matrix adopted a new, computerized format, in contrast to the traditional paper form previously used by nonprofit employees. Instead of being conducted over a paper table describing what each score would correspond to across domains, the new version of the matrix was intended to be administered by the case worker in front of his or her computer, by reading verbatim questions such as “Are you housed and not at any risk of losing that housing due to financial or other reasons?” and

“Is your housing structurally safe and free of mold and any other infestations?” (from the “Housing” domain), and entering the client’s responses directly into ServiceTech. Based on clients’ answers, the matrix would automatically return a score indicating the individual’s level of self-sufficiency for each domain, and compile a total self-sufficiency.

Despite its importance for the data-sharing initiative, I never once witnessed any frontline worker administering the tool in its new computerized version during my nine months in the field. I did however, observe many instances of frontline employees reshaping the use of the tool in ways that better aligned with the day-to-day priorities and concerns of their work. Frontline staff complained that new version of the matrix was “too impersonal,” took too much time to administer, and was impractical. In this chapter, I argue that the implementation of the self-sufficiency matrix illuminated the tension between the technocratic focus of MDSI administrators on the need to objectively measure client outcomes, and interactional concerns on the part of frontline workers, who feared that the use of the computerized matrix would negatively impact their interactions with clients. *Interactional* approaches focused on the case manager-client interaction as a key element of the service delivery process, emphasizing the importance of a personalized, discretionary approach to case management and a comfortable environment in which to meet clients. *Technocratic* approaches prioritized goals of accountability, coordination and performance management through the use of standardized or systematic tools and practices organizing service delivery and its outcome measurement.

In Chapter 1, I described the Middlebury technocratic vision for a coordinated, rational system of social services, along with some of the street-level implications of this

approach. Chapter 2 described the ways in which a technocratic emphasis on record-keeping and evaluation led to a layering of decoupled documentation practices in frontline work. This chapter, in turn, examines the ways in which tensions between technocratic and interactional approaches to social work ended up affecting key aspects of the MDSI implementation. Using the example of standardized social work assessments in Middlebury nonprofits, I show that technocratic and interactional components to social work were often in conflict, in ways that affected programs' ability to satisfy either approach. First, the use of standardized and computerized assessments led to street-level resistance on the part of frontline workers, who worried these new tools would negatively affect the case manager/client relationship. This resistance, along with conceptual and empirical challenges to outcome measurement, in turn hindered programs' ability to obtain reliable evaluation data. In describing these dynamics, I also highlight the important role of case managers as mediators of the impact of technology on both clients and data quality.

This chapter is organized in three sections. First, I introduce the history and evolution of the self-sufficiency matrix, before and after it was adopted by the MDSI as the initiative's central needs assessment. In the second section of the chapter, I show that the rebuilding of a common social work tool into a standardized, computerized assessment led not only to a move away from interactional social work to a more technocratic approach, but also to street-level resistance on the part of frontline staff. In the last section of the chapter, I turn to the evaluative goals of assessment tools such as the self-sufficiency matrix and other instruments used by Middlebury nonprofits, describing some

of the difficulties that administrators faced in ensuring that these measurement tools provided reliable evaluations of a client's needs and socio-economic situation.

## **II. The evolution of the self-sufficiency matrix in Middlebury**

In many ways, the matrix's evolution mirrored the tension between technocratic and interactional goals in social services. Before the MDSI, frontline workers using the prior version of the matrix often stressed its value in discussing the client's situation and their personal goals (prioritizing a "person-centered" approach to case management). The Anti-Poverty League's Intensive Case Management program (ICM) was one of the main Middlebury services that regularly used the matrix prior to the MDSI. It was often described by agency managers as a "person-centered, strength-based" program, and had a large emphasis on building a relationship of trust between case managers and their clients, one that could be tailored to individual needs. Melissa, the case manager introduced at the beginning of this chapter, expanded on her approach to using the self-sufficiency matrix prior to the MDSI:

I like that the self-sufficiency matrix is all about themselves. I try to ... I tell them to put what they feel is the right answer now. A lot of people ask me, what should I put here? *That's not for me to decide*. Some will be like, I'm technically a four but I feel like I'm a two or a three. I'm like, then put two or three. It's not really ... *It's just for us to talk about and to put on paper what we want to work on*. If there are fives, we'll put those on the back burner. We'll still have goals in those areas, but if there's something that you want to work on you can put a lower number. It doesn't have to just be the words that are in the box. You can say that you feel lower on that scale and in those areas. [emphasis added]

For Melissa, the matrix facilitated a thoughtful discussion between the case manager and her client. In this way, the paper version of the matrix served as a flexible tool for self-reflection and goal planning between the case manager and the client, advancing their working relationship by discussing the client's situation, strengths, and goals.

This approach was also embraced mid-level managers at the Anti-Poverty League. During an event describing the program and its goals to other local nonprofits, a League manager explained that the score derived from the self-sufficiency matrix would help identify areas of focus, but that these areas would also be shaped by the client's own perspective on their needs and goals. Clients may not see a particular area of their lives as needing improvement, she explained, even if their self-sufficiency score was low. Once trust was established between the client and their case manager, she continued, the case manager could then point out particular areas of focus to motivate the client. This approach to the matrix reflected the program's emphasis on case management as a way to "be the guide, provide direction, maybe help deal with barriers" (as another case manager put it), with the client ultimately making the decisions regarding their own goals. Anti-Poverty League leadership and case managers would frequently reference the metaphor of the GPS to explain the goals of the program. Much "like a GPS," case managers were to let clients set their own goals and to assist them on meeting these objectives, rather than prescribing specific courses of action.

In sum, the self-sufficiency matrix had been used by some Middlebury case managers as a tool to formulate personalized goals with the client. The MDSI, in turn, led to the development of a scripted, electronic version of the assessment in ServiceTech that would automatically calculate a "self-sufficiency score" for the client (emphasizing an

“standardized” and “objective” approach to outcome evaluation). As they were developing the MDSI, initiative leaders created a new, computerized version of the matrix aiming to reliably track client progress across different programs (see Figure 6). Instead of a table, the assessment was converted into an electronic survey to be administered verbatim through ServiceTech. In doing so, they shifted the matrix’s embedded purpose from one stressing individualized case management to a tool of standardized assessment.

**Figure 6: Screenshot of the “Romantic Relationships” domain of the ServiceTech version of the self-sufficiency matrix**

**ROMANTIC RELATIONSHIPS**  
 Assesses the quality of the client’s relationship with his or her romantic partners.  
 Note: This domain should be completed for clients who self-identify as being currently or legally involved in a romantic relationship, regardless of duration.  
**Definitions**

- **Abuse:** Refers to physical, sexual, emotional, verbal, or financial injury that results in substantial harm or the genuine threat of substantial harm with respect to the individuals’ growth, development, or psychological and/or physical functioning; It could also refer to (1) the failure to make a reasonable effort to prevent an action by another person that results in substantial harm, (2) the current use by a person of a controlled substance in a manner that the use results in physical, mental, or emotional injury to another person, (3) causing, expressly permitting, or encouraging another person to use a controlled substance, or (4) causing, permitting, encouraging, engaging in, or allowing unwanted or illegal sexual conduct; you may be the recipient of abuse, the abuser, or abuse may be taking place between other members of the family for abuse to be considered “present”.
- **Neglect:** Refers to the placement of an individual in, or the failure to remove an individual from, a situation that a reasonable person would realize requires judgment or action beyond the victim’s level of maturity, physical condition, or mental abilities that results in injury or substantial risk of immediate harm (without making arrangements for necessary care for the individual); This can include (1) the failure to seek, obtain, or follow through with medical care, or (2) the failure to provide the individual with food, clothing, or shelter necessary to sustain his or her life and/or health (excluding failure caused primarily by financial inability, unless relief services had been offered and refused); you may be the one who is being neglected, who is doing the neglecting, or someone else in the family may be the one who is neglected.
- **Severed Relations:** Means that you, either voluntarily or involuntarily, have cut ties to your romantic partner and are no longer in contact with him/her (or only rarely communicates with him/her). For this domain, “severed relations” should only apply if you are legally married to the partner.

Is 'Romantic Relationships' applicable/do you have enough information? ★
 

Yes ▼

Is there minimal conflict with your partner, and are you able to communicate effectively with and positively support one another? ★
 

No ▼

Are you and your partner generally supportive of one another, but still experience occasional conflict or turmoil? ★
 

No ▼

Do you continue to have strained relations with your partner, but both of you are actively trying to improve your relationships with one another and are learning how to provide positive support to one another? ★
 

Yes ▼

Source: ServiceTech screenshot by the author, March 2018

The new assessment aimed to serve two goals. First, the matrix would help frontline workers identify areas of client need (e.g., housing instability, mental health needs) and connect them to resources appropriately. Secondly, by quantifying clients' level of self-sufficiency or stability on each of the assessment's domains, programs could track individual progress on these indicators along with program-level outcomes. By diagnosing and measuring client's needs, the self-sufficiency would be the social service field's equivalent of a "blood test," one MDSI leader explained.

Under its new format, the self-sufficiency matrix would be the central piece of ServiceTech's "universal intake." The universal intake aimed to provide complete information about the client to most programs using the database: it would be completed by the first agency entering a new client into the ServiceTech database, and populate a client's profile for use by any participating agency. Subsequent agencies or programs working with the client would thus be able to draw upon the initial intake data to complete their own program enrollments. A United Way employee overseeing the process explained the logic behind moving to a more standardized and automated version of the matrix:

Everybody's going to be measured in a really standardized way that you don't have to have a social worker background. You don't have to have a psychology background. No matter where you're coming from, you're going to be able to ask these central questions and get a very specific score that should be able to be replicated, no matter the person delivering it and no matter the family that's receiving it.

Given the matrix's new role as a central feature of the ServiceTech intake, MDSI leaders sought to ensure that matrices administered by frontline workers at different agencies or

programs would still be able to reliably compare client outcomes over time. Employees administering the matrix would be from a variety of educational backgrounds, and would also have varying levels of expertise depending on their program's focus (e.g., a mental health case manager compared to a volunteer at a food bank). The MDSI leadership envisioned that the self-sufficiency matrix would be completed every six months to a year in order to evaluate client progress within each of the tool's domains. Over time, a client's record would aggregate matrix data collected across participating programs, and in doing so would provide more complete longitudinal data on client's progression as they interacted with different participating agencies.

Reliably measuring client outcomes, however, was a tall order for multiple reasons including resistance on the part of frontline workers and the innate challenge of reliably evaluating anti-poverty goals. In the next section, I first turn to examining the consequences of the new version of the matrix in Middlebury on the case manager-client interaction, and the ways in which frontline workers sought to mediate its impact by administering the tool in unforeseen ways.

### **III. Interactional consequences of standardized assessments**

Many frontline workers saw the growing use of digital, standardized assessments like the ServiceTech self-sufficiency matrix as potentially conflicting with a key aspect of their work: establishing a meaningful and trusting relationship with their clients. In this second part of the chapter, I focus on the interactional consequences of computerized, standardized assessments like the matrix. I first begin by describing frontline workers' concerns about the MDSI's version of the self-sufficiency matrix. Then, I expand my

analysis to the broader use of assessments in Middlebury, showing that frontline staff emphasized the importance of “having a conversation” with the client in spite of growing pressures to use scripted, computerized questionnaires in their work. Lastly, I argue that frontline workers, as street-level bureaucrats, served as mediators between the technology and the client, shaping their use of assessment tools to negotiate competing organizational priorities.

***Resisting the self-sufficiency matrix: a “long, drawn-out,” “impersonal” process***

Across Middlebury social services, frontline workers worried that the new version of the matrix would negatively affect the way they conducted their meetings with clients. Case managers and workers were concerned that administering the matrix in the initial intake would add a significant amount of time to client intakes, as MDSI leaders estimated that it would take someone approximately 30 minutes to complete the assessment with a client. An added apprehension, particularly for programs providing longer-term case management, had to do with the matrix’s potential impact on the case manager-client interaction.

When it came to resistance to the ServiceTech sufficiency matrix, the Yorktown Mission, a rural, faith-based anti-poverty nonprofit served as an illustrative case. Starting in early 2017, the organization began considering becoming an “early adopter” of ServiceTech as part of the MDSI’s implementation. Under its cultural model of anti-poverty work,<sup>17</sup> the Mission’s leadership and staff frequently emphasized the importance

<sup>17</sup> The Yorktown Mission explicitly drew on the “Bridges out of Poverty” program, a curriculum developed by the aha! Process consultancy group. The director of the Yorktown Mission, at the time of my

of relationship-building in social services through staff trainings, education materials and outside presentations. This emphasis included considering cultural differences across economic class, in an attempt to not alienate primarily low-income clients. Employees at the Yorktown Mission made a concerted effort to reflect on their organization's rules and practices, to ensure they were not in direct conflict with the "mental models" common to people in poverty. When it came to ServiceTech and the self-sufficiency matrix, staff were concerned that a system primarily based on forms and assessments largely reflected a "middle-class mindset" that could unintentionally alienate individuals in poverty. One related source of apprehension was the steering committee's initial request that programs conduct the 30-minute, computerized "universal intake" during the initial meeting with a new participant. Yorktown Mission staff worried that this would negatively affect the relationship between the case manager and the client. A program manager at the Mission explained her concerns as follows:

I think that the county might be trying to fit a square peg in a round hole. It might be trying to make social service agencies fit their work, their unique work into one piece of software that just doesn't work [for everyone]. [...] I think switching to ServiceTech will change the quality of work, change the quality of services

fieldwork, was a paid consultant for the aha! Process, and sought to apply the program's ideas in his own organization as well as conducting trainings in other communities.

From a sociological perspective, the Bridges out of Poverty program is particularly notable because it emphasizes cultural differences and power differentials between social and economic classes. Though some of its concepts such as the "hidden rules" and "mental models" of social class echo Bourdieusan concepts of cultural capital and habitus, the program did not explicitly draw upon such theories to construct its curriculum.

Although a sizeable number of other Middlebury programs partly drew on the Bridges framework, the Yorktown Mission was the only organization which such a focus on the program. It seems likely that the demographics of this rural nonprofit's client population (i.e., white and lower class) made the Bridges concepts particularly resonant in this context.

For more information on the Bridges out of Poverty program from a sociological perspective, see Jindra and Jindra (2016).

that we provide here. “Before we move on to any set, you have to ask 35-question questionnaire before you can move on to the next.” That's not how we operate. We are so much more interactional than that. We don't jump into those very personal questions right on the first intake.

Similarly, the director of the Yorktown Mission explained in a meeting between his managing staff and an MDSI administrator that because the matrix questions were quite personal, it would feel intrusive to ask them on the first day of meeting someone; case managers had to “earn the right” to ask such questions. One of the program directors for the Yorktown Mission also expressed her concerns to me in an interview, stating that they were attempting to see whether they could conduct the assessment later instead to avoid a “long drawn out in-depth interview” the first time they meet a client, especially because individuals were typically “in crisis” when they first came to the Mission. Notably, the nonprofit’s social services department already had a needs assessment incorporated into their intake process, but this typically was conducted during the second or third meeting with the client rather than the first (though this did vary across frontline workers).

I had scheduled my observation at the Yorktown Mission to coincide with the start of their onboarding process to become an early adopter of ServiceTech. As such, I would have been able to compare their previous work routines to the new ones incorporating ServiceTech, as well as the planning and implementation process. I was, however, only able to fully do so: approximately a month into my fieldwork at the Mission, the social services director informed me that they had decided to delay the implementation of ServiceTech for at least a year. In explaining the decision not to adopt ServiceTech, she referenced concepts from a recent cultural training she had attended. She told me about a participating program in which the staff memorized the entire intake questionnaire, to be

able to sit with clients without paper or a computer and take a more conversational approach. She shared her plans to conduct a full review of the client intake process at the Mission, from the time they walked to the reception desk to the intake process itself. The decision not to use ServiceTech was “a values thing,” she explained, as the ServiceTech intake process would be “incredibly interruptive” and would not foster the kind of environment they wanted.

As described in Chapter 2, the Yorktown Mission’s refusal to adopt ServiceTech at that time coincided with the United Way’s decision to delay their requirement for all funded partnerships to start using the shared database. The MDSI steering committee, in turn, found another local nonprofit to be an “early adopter” of the software, though this organization, which provided integration services to local immigrants, also resisted and delayed the use of the self-sufficiency matrix. Even an administrator at the Housing Alliance, one of the four organizations that funded the MDSI, pushed back against the idea of having certain housing or homelessness programs (which were often funded by HUD and overseen by the Housing Alliance) use the self-sufficiency matrix during their first point of contact. Drawing on the example of an outreach program designed to engage individuals living on the street (many of whom were reluctant to engage with social services) with homeless services, she explained:

Our outreach workers are engaging individuals on a very basic level. They're in the park, they're outside, they're in a tent, they're using drugs. [The outreach workers] are out making those relationships. A relationship today could be me giving you a bottle of water. Tomorrow, it could be you telling me to go to hell. The next day, it could be me saying, "Hey how's it going," and you answering me. So, at no point in those conversations am I going to be asking you 16,000

questions about do you have food-- no you don't have food, you're sitting here on a park bench.

Resistance to using the self-sufficiency matrix was common, even for programs that did adopt ServiceTech as their client database. When programs did use the computerized version of the matrix, they often would modify its prescribed approach in order to maintain a strong interactional component with the client. Some workers would opt to still use the older, paper version of the matrix with clients, and would later on try to replicate the resulting self-sufficiency score by themselves on the computer. Others would simply choose to complete the computerized version of the matrix on their own based on information they already knew about the client. For example, a case manager from the Anti-Poverty League told me that although she knew that the MDSI steering committee members wanted frontline staff to conduct the matrix assessment when they first met with a person, she chose not to follow this approach with clients. Most of the people her program worked with were “in crisis,” she explained, and administering the matrix could get in the way of openly discussing the clients’ situation first. Instead, she would first take part in an hour-and-half to two-hour meeting with the client to “get everything out and to figure out their situation,” and use a second meeting to fill out paperwork with the client, which she would subsequently enter into ServiceTech at a later time without the client present.

Frontline concerns regarding the self-sufficiency matrix – and ensuing workarounds - echoed discussions of social work’s move away from an interactional approach. In the next section, I expand my analysis from looking specifically at the self-sufficiency matrix, to the broader use of computerized assessments in the Middlebury social service

field and the ways in which frontline staff negotiated the use of these tools in their day-to-day work.

***Resisting standardized decision tools: the importance of “having a conversation”***

Reflecting a larger “informational turn” in social work (Parton 2009, Bovens and Zouridis, Bradt et al.) and the growing use of what Webb (2006) calls “technologies of care,” many social service programs in Middlebury had organized their intake process with clients with the guidance of specific forms, questionnaires and assessments. Growing emphasis on reporting measurable outcomes meant that programs had to collect data related to program performance beyond simple client demographics. For example, in discussing United Way reporting requirements, a program manager discussed how the emphasis on reportable, quantified outcomes at times influenced the way they designed programs or initiatives:

They want numbers. [...] It can be really difficult to encompass everything we're doing with numbers. It also has to have a collection method. Everything that we report on has to be attainable through a collection method, which sounds simple in theory, but *some things like the workshops that we hold, we're not giving them a test necessarily every time before and after. Now we have to, because that has to be a collection method.* It can be difficult sometimes to figure out how to report on what we're doing. How to collect the data in an effective way [emphasis added].

Six out of the seven programs I observed during my fieldwork included a structured intake process with at least one needs assessment.<sup>18</sup> Among the three programs I observed that included more comprehensive case management services (as opposed to a point-in-time service such as a food bank<sup>19</sup>), each entailed a different needs assessment as part of the initial intake.

For the Yorktown Mission, their “stability scale” assessment was a way to track and quantify client progress (see Figure 7) in a way that could be shown graphically to show individual client trajectories or aggregated to present program-level data. For the Anti-Poverty League, the “self-sufficiency matrix” served a similar purpose in addition to enabling the collection of performance data at the program- and system-level. Lastly, the “VI-SPDAT” was a standardized vulnerability assessment tool commonly used in the homelessness field to determine client priority for different programs such as emergency shelter, rapid rehousing, or permanent supportive housing (see Figure 9). Although the content of these tools varied, each assessment aim to fulfill similar goals: evaluate a client’s needs in a standardized fashion, keep track of the resulting score in the client’s record, and inform service allocation accordingly.

The growing use of standardized assessments in social services bears striking parallels to the movement of “evidence-based medicine,” which in the 1980s shifted the focus of standardization from the “skills, tools, and facilities required for [medical] work,” to

<sup>18</sup> The only program I observed that did not have a clear and consistent intake process involving collecting client information was the women’s emergency shelter program, which relied on client intakes through a separate program that then referred women to the shelter.

<sup>19</sup> The Home Project’s transitional housing program, the Anti-Poverty League’s intensive case management program, and the Yorktown Mission’s intensive case management program.

medical decision-making itself (13). Standardization, in this context, moved from aiming to control *conditions* of care to the *content* of care, which had previously left up for professional discretion. Much like in health care, social work practices have increasingly been informed by professional guidelines, standardized assessments, and formal practices. Social workers, as Webb (2006) argues, increasingly resort to “quasi-scientific practices” such as “evidence-based practice, managed clinical care, knowledge management, decision analysis, competence learning and computerized assessment” (7). Scholars have identified the growth of standards in both the health care and social work fields as stemming in part from the need for “systems responses to modern contingency and complexity” (Webb 2006, 40). In the field of social services in particular, administrators and workers face significant challenges as they experience public pressure to solve deep-rooted social issues under strained resources (Lipsky 1980). When it comes to issues such as child protection, poverty, or public education, goals are often ambiguous, contested, and conflicting. Employees of street-level bureaucracies must respond to demands from a wide range of stakeholders: funders, management, colleagues, the wider community, and clients. Facing public demands towards accountability, effectiveness, and efficiency, the “evidence-based, risk-management and ‘what works’ movements in social work” serve to guide what constitutes appropriate professional action, in an attempt to “specify the limits and define the boundaries of [social work] intervention” (7).

*Figure 7: First page of the table version of the Yorktown Mission’s “stability scale”*

## Stability Scale Indicators

Philip E. DeVol

|                     | <b>Extremely<br/>Unstable<br/>1</b>                                                                              | <b>Unstable<br/>2</b>                                                                                                  | <b>Fairly Stable<br/>3</b>                                                                                                | <b>Stable/Secure<br/>4</b>                                                                                     | <b>Very Stable<br/>5</b>                                                                               |
|---------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>Time horizon</b> | I can't see past today                                                                                           | I can plan and complete goals 2 to 8 weeks into the future                                                             | I can plan and meet goals 2 to 24 months into the future                                                                  | I can plan and meet goals 2 to 4 years into the future                                                         | I can plan and meet goals 5 to 50 years into the future                                                |
| <b>Housing</b>      | I have no housing or rely on others for temporary housing solutions                                              | I have uncertain housing and spend more than 35% of my income on housing                                               | I have secure housing and spend about 35% of my income on housing                                                         | I have assured housing and spend 30% or less of my income on housing                                           | I am buying my house and my mortgage payment is 30% or less of my income                               |
| <b>Bills</b>        | I live day to day and help pay bills some of the time                                                            | Most of my bills are overdue                                                                                           | I rarely have overdue bills                                                                                               | None of my bills are overdue                                                                                   | I live within my budget comfortably and I have a good credit rating                                    |
| <b>Emotional</b>    | I can rarely choose and control my emotional responses; I often behave in ways that are harmful to me or others. | I can sometimes choose and control my emotional responses; I sometimes behave in ways that are harmful to me or others | I almost always choose and control my emotional responses; I almost never behave in ways that are harmful to me or others | I am good at choosing and controlling my responses; I almost always engage in positive behaviors toward others | I am able to work through major differences and emotional issues with others.                          |
| <b>Income</b>       | Less than 50% of my income is from wages and/or child support                                                    | Fifty to 80% of my income is from wages and/or child support                                                           | Eighty to 100% of my income is from wages and child support                                                               | One hundred percent of my income is from wages and investments.                                                | One hundred percent of my income is from wages, investments, bonuses, stock options and/or trust funds |

Source: 2014 DeVol & Associates, LLC, ahaprocess.com

When discussing the assessment tools they regularly used in their work, some frontline staff in Middlebury commented on the phrasing of these questionnaires, pointing out a disconnect between the wording on paper and what a “normal conversation” would sound like. During an interview, a case manager at a federally-funded housing program walked me through the assessment she had to conduct with each new client, commenting about some of the aspects of the questionnaire as she went along. She showed me the paper form, placing it on her desk and turning it away from her so I could read through it. She told me, “this is that needs assessment form, and I don't know why this form bugs me but it does. This is one I would really love to generate differently.” When I asked her to elaborate, she explained that, “all this information is redundant,” and that it “doesn't flow to me in the way that a conversation would with somebody.” When I asked her how she approached this form in practice, when meeting with clients, and if she had clients fill out the form themselves, she said:

No, I talk to them. Honestly, I hate to sit with people and check things off on a form. So I have the conversations, I talk to them. Sometimes I'll write down [things] like the rental history because that's kind of an important one that we go to when we're talking with landlords. [...] If it's somebody who's much less open, [if] it's kind of harder to get the conversation going, then I might resort to [using the form] a little bit more.

Standardized assessments frequently prescribed following the questionnaire directly on the computer, and entering answers electronically as the client provided them. Frontline workers often felt that the introduction of a computer between themselves and the client, particularly during their first meeting, could lead to an “impersonal” and unnatural interaction. As another case manager explained:

If you're meeting with a person one on one, having a computer there is really impersonal. That's a downside too. [...] I'm worried that taking a computer... because I know my computer can be slow sometimes, or the internet will go wonky. Then we're just sitting there waiting. I like just going with the natural flow of conversation. I think it's more personal than me coming in with a laptop. [...] I want to start using the computer more but I also want to make sure I'm not hurting the relationship in any way or making the person feel uncomfortable.

As shown through these examples, some programs – though not all – emphasized the need for a natural conversation between case manager and client, particularly at the beginning. Case managers in the Anti-Poverty League's intensive case management program, often described their typical process with a new client as being flexible. One case manager at the program explained to me that the first intake with a new client could take between an hour and a half to two hours, in order for the client to fully explain his or her situation. Another case manager described the first meeting as a way to “chitchat, talk, get a feel for that person.” He continued:

I'm an ear. I'm a good listener. Just let somebody talk and vent. If we can do the paperwork from the moment that I meet them then that's great, hallelujah. But, if we can't we sit there and I just let them vent. I take notes, just to get a feel for that person. And then, if I feel it's been more than an hour or 45 minutes, then I'll set another appointment up. And then that's when we do the paperwork, the consent forms [including the matrix].

Some programs explicitly encouraged frontline staff to enter information into the computer post-hoc, to facilitate a natural flow of conversation when meeting with clients. When conducting observation at a different, nonprofit housing program, I assisted to a data-entry training with a new case manager, during which her manager demonstrated how to enter client information (gathered from previously filled out paper forms) into ServiceTech. As they were going through a client's file, the case manager asked why they

did not simply enter the information into the computer with the client present (implying that this would save them the extra step of entering information from paper files). The manager paused in her explanations, and responded that one of the program's case managers recommended to have a conversation with the client rather than looking at the computer and asking questions from a form. She continued, stating that now that the trainee knew which data fields were required for funding purposes (this housing program was funded through HUD grants, like many in Middlebury county) she could incorporate them as questions in her conversation with the client.

In addition, frontline workers often discussed the technological constraints involved with using a computerized assessment tool. In an interview, Anti-Poverty League case manager explained to me that he was “not a fan” of the ServiceTech version of the self-sufficiency matrix, because administering the assessment required having a computer on hand. He explained, “I can't take my laptop everywhere. We're working with clients, that are in poverty situations. [...] They don't have WiFi. [...] That's why the paper matrix is perfect.” Indeed, ServiceTech, as a web-based system, required an internet connection. At least one program I shadowed was able to pay for notebook PCs with a data plan to conduct assessments outside of the office, but this was far from common among nonprofits.

The need for a computer during the intake process also meant that case managers' offices were often configured with a desk standing between the client and the worker. The computer would be on the desk, with the screen solely visible to the employee. This introduced a dimension of formality and even authority into the interaction, something that was made clear in instances where the office set-up differed. For instance, at the

Yorktown Mission, case managers would frequently conduct the intake on a smaller netbook computer placed on their lap, with both the employee and the client sitting in armchairs facing each other, or together at a table. This physical layout matched the organization's emphasis on cultural sensitivity and the importance of cultivating relationships with their clients. Although my methods do not allow me to rigorously compare client demeanor across settings, I felt that the absence of a desk did convey a more egalitarian quality to the case manager-client relationship compared to settings in which a desk was present.

Frontline workers thus had concerns about the introduction of technocratic tools such as computerized assessments or intakes into their interactions with clients. Although they sought to find ways to incorporate these tools into their routines, they also were aware of the potential ways in which this could hinder the service delivery process, and their own rapport with clients. As I will show in the next section, as street-level workers, case managers played an important role in mediating the impact of the technology on client experiences of service delivery.

### ***The frontline worker as a mediator between the technology and the client***

Conducting field observation at a range of social service programs allowed me to implicitly compare frontline worker interactions across social settings and technological tools, whether it be an intake conducted with paper forms at a coffee shop, an initial unstructured meeting, or a formal assessment in an office guided by the computer. These varying approaches to the use of assessment tools illuminated the frontline worker's role

as a street-level bureaucrat mediating the impact of technology of the client interaction (Lipsky 1980).

Employee conversational style could mitigate the impact of technology on client interactions, but lessening the interference of the computer in the interaction required particular thoughtfulness and professional skill. Based on my personal observations, using a computerized tool seemed likely to significantly reduce the amount of eye contact between the worker and the client, with frequent instances during which the employee would be visibly focused on accomplishing a particular task on the computer as the client was talking. This was not only due to the added presence of a screen, but also because the scripted nature of such assessments required workers to read their questions off the screen, and limited their ability to ask questions spontaneously based on the topic being discussed by the client.

I realized this myself when, as part of my research, I took on a temporary role as an intake worker at the Faith Coalition, a faith-based, urban nonprofit operating a high-capacity food bank. Because of the personnel needs of this organization relying primarily on volunteer labor, I offered to assist in the intake process at the food bank after having shadowed volunteers for a few weeks. As I began meeting with clients to verify and record their information before they received their food box, I soon realized how difficult it was for me to enter clients' information into the database directly while remaining attentive and responsive to their questions and conversation. As other case workers had mentioned to me, I also found that it was not unusual for the computer to freeze up unexpectedly or return error messages, which disrupted the flow of conversation I had come to carefully build around the different steps required by the intake process.

The complex interaction between program goals, time constraints, and employee interactional style was made clear to me when comparing client meetings across programs and frontline workers. Early in my fieldwork, I wrote a short memo reflecting on the interactional styles of two frontline employees at different social service programs. The first, Samantha, was a case manager who worked at a housing program operating under significant time pressures, with a structured, electronic intake process guided by ServiceTech HMIS. Reflecting on my own impressions when shadowing her meetings with clients, I wrote:

It is interesting because clients often try to connect and tell us their story, but Samantha navigates this line between [listening to the client or] continuing the assessment and staying on track, not needing details but answers to the fields in the software, when often times clients want to explain or share further. She often just answers "okay," and is very matter of fact, though she does listen and empathize when clients seem to really need it. [...] She does her assessment on her laptop or desktop, and the role of the machine here is interesting. It acts like a screen between the client and [the case worker], and [she] often focuses on filling out forms and answers rather than making eye contact with the client. To me, who was sitting next to her and to whom clients often turned to talk, it felt a bit strange to not listen to people who seemed to want to connect and talk, but I can see how this would be a good strategy for [the case worker]. By the end of the day I saw that a lot of time could be lost through tangents during the assessment. Samantha also is limited in how she can help clients, so following and going back to the script serves as a comfortable way to set boundaries on what she is and isn't here to do.

The second employee was Maria, a case worker who worked for a program that enrolled clients in repayment plans contracted by a third-party agency. Although she also operated under significant time constraints and high client demand, the intake process she had to go through – a combination of paper forms and short digital questionnaires - was shorter and less in-depth than the housing case worker above, which enabled her to interject conversation with the client as she went through the required steps to enroll them in the program. In my notes, I described her interaction style as follows:

Maria fills out forms during most of the appointment, which usually takes between 10-15 minutes, but she also makes conversation quite easily. She usually takes interest in her clients' lives, especially with immigrants who she tells me she likes to learn about. She says she tries to learn about customs from other countries, for example who they get their last name from, etc., because she wants to understand and doesn't want to say the wrong thing. [...] She often remembers returning clients and makes conversation with them, gives them advice and her opinion. This contrasts with Samantha, who is more focused on the goal of the appointment and answering fields in the computer.

This comparison between two frontline workers demonstrates the complex interaction between employee style, technology, and program characteristics. Some frontline workers seemed more receptive to casual conversations interrupting the intake flow, whereas others appeared to implicitly use electronic intakes as a way to direct the client's attention towards the task at hand. For the latter, the computer and electronic intake allowed them to limit the scope of the conversation with clients by redirecting the discussion towards the next assessment question.

The computer and assessment structure served as a way to guide the intake with clients who frequently seemed to seek to receive not only services, but also empathy and understanding from frontline staff. Employees and agency programs as a whole had to think carefully about how to navigate the tension between building a relationship with clients to provide "person-centered" and "holistic" care, all the while ensuring that they maintained boundaries in the face of client issues that could quickly take up a significant amount of employees' time and emotional energy. In addition, the nature of clients' needs as they related to systemic issues such as homelessness or transportation needs, among many others, made it so that frontline workers often lacked the ability to tangibly address these needs. This reality stood in marked contrast with the emphasis on "making a concrete change" in clients' lives among anti-poverty programs in Middlebury (as

described in Chapters 1 and 4). Following standard practices, routines and rules including the use of formal assessments, referrals and case notes could partly mitigate these competing demands. In this way, nonprofit staff's use of intake forms and procedures did not simply reflect a lack of care towards their clients' struggles, but rather, a skillful use of technology and organizational routines to set boundaries, establish some distance between themselves and clients, and manage organizational pressures in the face of pressing and far-reaching client needs.

This observational finding is supported by previous studies in the medical field showing that electronic medical record (EMR) use runs the risk of negatively affecting communication behaviors between the doctor and the patient, a risk that can be offset through intentional strategies aimed at re-centering the interaction towards the patient (Alkureishi et al. 2016). Other health care scholars state that “using computerized systems while interacting with a patient can be made easier when the focal point of the visit remains on patient engagement; use of the computer, especially for entering data, should be considered a secondary objective” (Patel et al. 2013). Although I agree with this recommendation, it obscures a key tension in health and human services: the fact that from an organizational perspective, data entry is increasingly becoming a primary objective during service interactions (as discussed in Chapter 2). Under these circumstances, appropriately using computerized systems without inhibiting patient or client communication requires not only thoughtfulness and skill on the part of the worker, but also willingness and ability to resist organizational imperatives. As Kling (1991) argues, the introduction of new technologies often reproduces pre-existing organizational dynamics. We should therefore not understand negative communication behaviors on the

part of frontline employees using technology as simply denoting a lack of communication skills or training, but rather as a process that is also shaped by organization pressures and incentives.

In sum, many Middlebury frontline workers under ServiceTech continued to emphasized the importance of “having a conversation” with clients, modifying the use of standardized assessment tools to better suit their own goals and values. In doing so, frontline workers served as mediators of the relationship between technocratic pressures and client experiences of service delivery. Their strategies for shaping client interactions had important consequences for the quality of the data collected by ServiceTech, as case managers and case workers often prioritized interactional goals of the intake process over more technocratic ones. I now turn to examining this latter, technocratic rationale for social services, and describe the ways in which empirical and theoretical obstacles to reliably measuring anti-poverty outcome challenged administrator’s aspirations towards integrated and consistent performance measurement.

#### **IV. The challenges of quantifying anti-poverty goals**

With the growing use of electronic assessments in their day-to-day work, frontline workers had to negotiate the tension between their need to develop a comfortable, trusting relationship with their clients, and organizational pressures to collect more and more data as part of the client intake. For administrators, on the other hand, developing a standardized assessment tool capable of evaluating client progress across the Middlebury anti-poverty system proved more difficult than expected due to frontline resistance,

conceptual challenges, and situational obstacles in reliably measuring a client's "self-sufficiency" or other anti-poverty outcomes.

In this second half of the chapter, I describe the evaluation challenges faced by the MDSI as well as other local social service agencies seeking to introduce standardized measurement into their work. Measurement challenges were largely three- fold, stemming from 1) the consequences of frontline resistance to practices they saw as "impersonal," 2) the inherent difficulty of objectively operationalizing social, economic, and political concepts like "self-sufficiency," 3) situational obstacles to reliably administering nonprofit assessments to vulnerable clients across a wide range of program and employee profiles.

### ***Consequences of frontline resistance on matrix data quality***

Frontline employees' widespread resistance to using the computerized matrix through the first year of the MDSI's implementation had important consequences for the initiative's data-collection goals. During my nine months of observation shadowing seven different programs (six of which were using ServiceTech by the end of my fieldwork), I was not able to observe a single instance of the new version of the matrix being administered directly on the computer with the client present. Many programs, even as they got used to entering data in ServiceTech, delayed the use of the matrix in their assessments indefinitely. Some case workers did enter data from the self-sufficiency matrix into the ServiceTech database, but would adapt the use of the tool to make it less obtrusive and impersonal to clients. As described earlier in this chapter, employees would often keep using the original, paper-version of the matrix and then attempt to reproduce

the same score by completing the electronic questionnaire on their own at a later time. Other workers completed the electronic matrix questions fully on their own, based on their notes from the meeting and their recollections of the conversation they had with a given client. This diluted approach was echoed by the director of a nonprofit in the process of implementing ServiceTech. Although this agency was described as one the “gold-star students” of the MDSI by one of the initiative’s administrators, they also did not conduct the assessment in the way that the steering committee initially expected:

Director: We have adapted [our intake process] slightly to include some of the self-sufficiency matrix questions, so that just in our general conversations with our families we are able to answer a lot of those questions.

Mélanie: Is that done on paper and entered in later?

Director: Yeah, it's just a lot easier to close more naturally in a conversation that way. We definitely don't get [information about] the alcohol, the drug and the legal [questions] right from the start, unless we really know the family. [If] they've been coming a while, that would be a little different. We can get most of what we need just from our interactions with the families.

As shown in the previous section of this paper, this approach emphasized the importance of “having a conversation” with the client, a priority that came to shape the way frontline workers administered assessment tools like the self-sufficiency matrix. While these workarounds enabled frontline workers to have more control over how they structured their time with clients, it also undermined two of the stated goals of the MDSI. First, although saving time and eliminating duplication in data collection was a stated goal of the MDSI, entering data into ServiceTech after the fact meant that client information was being recorded twice: first on paper, then manually entered into the ServiceTech database by the worker. Secondly, it circumvented the new matrix’s attempt

at creating a standardized assessment process, one that sought to limit the influence of employee interpretation in assessing the client. In doing so, it made it likely that scores would not be easily comparable across case workers, and hurt the legitimacy of the tool by undermining its “validated” administration method. Even at this relatively early stage of implementation of the self-sufficiency matrix (about one year after early adopter programs first started using ServiceTech under the MDSI), frontline resistance led the MDSI steering committee to rethink their expectations regarding the use of the tool.

Though the committee had attempted to spread the word about how best to administer the matrix through presentations, workshops and individual trainings, they struggled to have nonprofits to enforce proper use of the matrix among their frontline employees. Resistance to the use of the self-sufficiency matrix had already partly contributed to the United Way delaying its requirement for funded partnerships to use ServiceTech in 2017 (as discussed in Chapter 1).

Over a year after the start of the MDSI’s implementation, the committee wrestled with the fact that most social service programs using the ServiceTech matrix did not follow the committee’s vision of how best to administer the assessment tool. In a MDSI steering committee meeting in March of 2018, committee members acknowledged that frontline workers were not using the tool in expected ways, and based on this observation, decided to make room for other approaches to administering the self-sufficiency matrix. They discussed adding an option within the ServiceTech workflow that would allow workers to directly enter clients’ self-sufficiency scores from the paper version into ServiceTech. MDSI leaders had initially decided not to include an option to enter matrix scores manually, as a way to ensure workers would go through the new standardized workflow

to calculate self-sufficiency scores. In now enabling this feature, they aimed to work around frontline resistance to the electronic matrix. Nevertheless, they still sought to obtain standardized, reliable data from the tool: an Anti-Poverty League administrator responded that if they did include an option like scanning the paper matrix and uploading it to a client's ServiceTech record, or inputting domain scores manually, they would need to see if the two approaches skewed differently in terms of how they scored clients. This, he specified, would be more for data integrity purposes than for the purposes of goal planning and case management.

In the face of these challenges in the matrix's implementation, one of the members of the MDSI steering committee concluded that, although they had decided to go in a specific direction with the matrix's electronic, standardized version for "really good reasons," they perhaps would need to change their approach after all. He explained that in previous projects aiming to track data, they had not gotten as good results as they had hoped, and that they had felt pressure from funders as a result. Even without aiming for a standardized assessment that would objectively measure outcomes across clients, he argued, they still could show individual progress based on relative movement on the self-sufficiency scale. In other words, even if matrix scores did not always map onto an accurate measurement of the client's situation, the MDSI leader argued that comparison of a client's scores over time could still demonstrate change in outcomes even if the

scores itself couldn't be mapped onto an objective measure of self-sufficiency.<sup>20</sup>

Instructively, in deciding to change their approach to the self-sufficiency matrix, the MDSI steering committee focused less on the specific reasons *why* frontline staff were not following the committee's instructions regarding the ideal way to administer the assessment, but rather the fact that staff were not using the tool appropriately, thus raising questions about the quality of the data collected. In casual conversations, administrators would often attribute frontline resistance to data collection, ServiceTech or the self-sufficiency matrix to their being resistant to change, or unwilling to learn. I rarely observed MDSI leaders taking seriously frontline concerns about the ways technocratic shifts in social work would affect the nature of their work with clients. Nevertheless, frontline resistance forced MDSI leaders to at least partly contend with the tension between interactional and technocratic goals in social work.

### ***Operationalizing ambiguous and conflicting concepts in an unstable field***

As I will show in the rest of the paper, frontline resistance was far from the only challenge MDSI leadership faced in successfully implementing a shared and reliable measurement tool for anti-poverty outcomes. In quantifying anti-poverty outcomes such as clients' "self-sufficiency," nonprofit administrators had to confront the challenges of

<sup>20</sup> Given the large variation in how the matrix was administered from case worker to case worker, there is reason to believe this relative approach to outcome measurement would not yield reliable results either, although my fieldwork ended before I was able to verify this.

conceptualizing such outcomes, but also ensure their reliable measurement across a heterogeneous, diverse field of social services.

### *Conceptualizing and operationalizing self-sufficiency*

Attaining the level of standardization and reliability imagined for the matrix by MDSI leadership was a challenge in a field with ambiguous goals that could not be separated from social and political factors (Lipsky 1980). For example, does client self-sufficiency mean guaranteed disability benefits, minimum wage employment, or a stable job with comfortable savings? For more targeted programs such as food banks, should case workers look to provide a given amount of food per client each week or take part in broader efforts to combat hunger? Once a goal is clearly defined, many additional questions come up regarding how to assess performance on this goal. What is the correct time scale? Should we focus on individuals or families? How do we define a family? What information do we use to measure this outcome?

MDSI leaders were well aware of the difficulty involved with objectively measuring concepts such as parenting skills or stability in social relationships, but nevertheless aimed to do so through their initial redesign of the matrix from paper to digital. In a January 2017 MDSI planning meeting, a member of the steering committee explained that they were modifying some of the matrix's components to make them more concrete and less subjective as compared to the paper version. For example, the original matrix table required to select whether a client's parenting skills were "minimal" or "inadequate." These definitions, he explained, could vary widely depending on who was filling out the assessment. As such, they were going to tailor questions to focus more strictly on the child's behavior rather than an evaluation of parenting skills. He brought

up related concerns for questions relating to mental health, rhetorically asking whether case workers would feel competent asking these questions to clients if they had not received specific mental health training. In a later iteration of the committee meeting in April 2017, the administrator explained that they had decided to remove two matrix domains, “community involvement” and “social relationships,” because these left too much room for interpretation, and that they instead would include specific questions about parenting and romantic relationships.

In Middlebury, frontline workers themselves would often contest the way their programs’ assessment tools would operationalize certain concepts and outcomes. One case manager at the Yorktown Mission, in an interview, walked me through some of the questions and response categories on the stability scale she thought did not fit her definition of stability or instability. Turning to the “income” categories of the stability scale, she explained that although social security or disability was not listed under the definition of “wages,” she still selected the “fairly stable” option for clients who primarily depended on income from these sources. This option read, “Eighty to 100% of my income is from wages and child support.” Similarly, the case manager commented on the “employment category,” stating that, “if someone is physically not able to work or they’re retired, the first one is gonna be the option, but that’s gonna make them look like they’re extremely unstable.” Indeed, the employment domain did not have categories for individuals who were retired or disabled, as shown below in Figure 8.

**Figure 8: Employment and income domains of the stability scale**

|                   | <b>Extremely Unstable</b><br>1                                | <b>Unstable</b><br>2                                                                        | <b>Fairly Stable</b><br>3                                                                                                                   | <b>Stable/Secure</b><br>4                                                                                            | <b>Very Stable</b><br>5                                                                                                            |
|-------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>Employment</b> | I am not employed and have not had a job in some years        | I work day labor and/or odd jobs; I sometimes work for people who operate 'under the table' | I work full time with few benefits but worry about layoffs and reduction in hours. Sometimes I have to work part-time or take a second job. | I work contractually but without benefits, paid vacation, or the possibility of upward mobility, or employee status. | I have full time employment with benefits, paid vacation, learning opportunities, and the possibility of moving up in the company. |
| <b>Income</b>     | Less than 50% of my income is from wages and/or child support | Fifty to 80% of my income is from wages and/or child support                                | Eighty to 100% of my income is from wages and child support                                                                                 | One hundred percent of my income is from wages and investments.                                                      | One hundred percent of my income is from wages, investments, bonuses, stock options and/or trust funds                             |

In pushing back against definitions of stable employment and income that did not make room for government benefits or individuals outside of the labor force, this case manager's approach echoes the findings of Morgen et al. (2010) regarding welfare workers' definitions of "self-sufficiency" in the wake of the 1996 welfare reform. Morgen et al. show that TANF case managers after 1996 approached the agency goal of self-sufficiency with contradictory meanings, often defining the concept down to indicate a movement towards self-support. Frontline welfare workers had to reconcile the goal of self-sufficiency with the reality of low wage work: most welfare clients, even after finding employment and leaving the program, would continue to live at or under the poverty line and rely on other government benefits to make ends meet. Similarly, the situations of clients served by the Yorktown Mission staff often came into conflict with an employment-based understanding of self-sufficiency as the ultimate goal for case management.

Quantifying concepts such as "self-sufficiency" or "stability" was an opaque, political, and contested task. In doing so, MDSI leaders ran the risk of obscuring essential

aspects of their client's situations, or favoring certain organizational priorities over others in their definitions. For example, the decision to remove the domains of "social relationships" and "community involvement" from the matrix assessment led certain housing programs to reconsider using the tool, because it would not measure key aspects of clients' lives. Beyond the matrix assessment, standardizing data fields in ServiceTech required settling on a common definition of a concept, one that may reflect some agencies' organizational goals but not others. For example, the concept of "household," which was the main record unit for the database, could be interpreted differently from program to program. This was partly shaped by the services provided by each agency and their related goals. For many food banks, the relevant record unit implicitly aimed to answer the question, "who has access to your food supply?" At the Faith Coalition's food bank, this meant that, in theory, individuals who lived under the same roof as the client would all have to be listed as part of the household. Other programs, for example child welfare services or early childhood education programs, may also want to include family members in the client's record, even if they did not currently live with the client. One simple solution to this problem would be to settle on a formal definition of household, for instance, people who live at the same address as the client. This, however, would satisfy the food bank's documentation needs, but not that of children-focused programs.

Similarly, Middlebury nonprofits themselves had to regularly juggle multiple definitions of "homelessness" or "disability." For the former, most local homelessness programs abided by a modified version of the HUD definition of homelessness that did not consider those who were "doubled up" (i.e., individuals or families staying at someone else's house) to be homeless. The school district's definition, on the other hand

(which was used for an official count of homeless students), did consider being “doubled up” to meet the definition of homelessness.<sup>21</sup> Lastly, other programs simply chose to go by the client’s own answer to the question, “are you homeless?” For the concept of disability, some programs were clear to train their staff to select “yes” in the disability data field only if the client stated that this had been formally diagnosed by a medical professional. Other programs, once again, simply entered the client’s stated answer.

These definitional inconsistencies could be perceived as a semantic problem, as illustrated by one housing case manager who suggested including a specific definition next to data fields asking about concepts such as disability. Selecting one definition over others, however, is not a neutral process and reflected specific social, political, and economic priorities. For example, the choice of excluding “doubled up” individuals from the Middlebury homelessness services system’s definition of “homeless” stemmed from a practical decision to restrict eligibility for the coordinated entry program. The program, which started in 2014, initially aimed to serve as the “front door” to receive housing services for homeless individuals writ large; this at the time included “doubled up” individuals. Shortly after the program opened its doors, however, program staff and administrators found it impossible to manage an unexpectedly high demand for housing services, and decided to change the program’s eligibility conditions so that “doubled up” individuals no longer fit the program’s definition of “literally experiencing homelessness.” Program definitions and eligible categories were therefore shaped by

<sup>21</sup> For a related and enlightening analysis of definitions of homelessness among San Francisco housing agencies, see Schiff (2010).

goals, history, and socioeconomic constraints rather than reflecting neutral, universal definitions of a concept.

Beyond differences in definitions across programs, operationalizing particular concepts could denote a mismatch between the way a certain concept was defined in the assessment, and clients' own understandings. For example, while conducting participant observation at the Faith Coalition's food bank, I often observed a clear disconnect between the ServiceTech intake's classifications of race and ethnicity and clients' own understandings of their identity. Because a large proportion of the Coalition's clientele was Latino, asking for individuals' race was also often met with confusion. Even native English were unsure how to answer when I informed them that "Hispanic" was not on the list of possible options, as it was considered ethnicity and was asked in a separate question. For non-native Latino clients, the concept of race itself provoked confusion: I once had an older Latina woman answer uncertainly, "Aceite? Olive oil?" in an attempt to describe the color of her own skin.

Definitions of assessment terms and concepts were therefore not innocuous or arbitrary, and in turn carried significant implications for individuals' access to services. Standardizing data elements, whether in a simple demographic field or as a category in a needs assessment, often meant favoring particular definitions over others. Clearly categorizing people and their characteristics was especially difficult in a field that by served populations that were often socially marginalized and excluded.

*Reliable measurement in an unstable, underserved, and heterogeneous field*

The challenge of quantifying program outcomes was not only due to the challenge of operationalizing anti-poverty concepts, it also stemmed from the unstable organizational nature of the field. Nonprofit social service work in Middlebury varied considerably from agency to agency, with individual programs addressing various goal. Frontline staff differed widely in their demographic characteristics or skill level, and clients were experiencing significant socio-economic barriers that impacted their own priorities and accessibility. All these variables could indirectly affect a client's assessment score, thus making it difficult to confirm that a client's "self-sufficiency score" was indeed representative of their current socio-economic situation. Factors affecting a client's "score" were numerous, and did not necessarily reflect objective changes in client's level of "vulnerability," "self-sufficiency," or other similar anti-poverty outcomes.

In a revealing example, a housing program manager told me about a time during which another prevalent tool, the VI-SPDAT, had returned two drastically different scores for the same client. The Vulnerability Index - Service Prioritization Decision Assistance Tool, or, as most would refer to it, the VI-SPDAT was a triage tool commonly used by HUD-funded community programs to help prioritize allocation of homelessness services based on the assessment's resulting "vulnerability index" (see Figure 9). Unlike the self-sufficiency matrix, the VI-SPDAT was used more regularly among social service

programs, particularly homeless services.<sup>22</sup> Among Middlebury nonprofits, it was typically understood that the VI-SPDAT should be administered “verbatim,” as one Housing Alliance administrator put it. In an interview, this administrator explained that, when it came to the VI-SPDAT, “you can't just decide to say half a question. So, if you're going to administer that test correctly, you have to ask the questions exactly and record the answers that are provided by the client. There's no interpretation, there's nothing.” In the instance described by the housing program manager, a homeless client had initially scored a two on the VI-SPDAT. “No one is a two,” the manager told me in a matter-of-fact tone, meaning that most people who sought housing services would typically score much higher. When they re-administered the triage tool, the client then scored a 9, which put her in the highest service category. The second scoring was calculated by going through the VI-SPDAT with the client’s case manager but without the client present, whereas - the administrator posited - the initial VI-SPDAT assessment may have been conducted by an intern.

<sup>22</sup> Whereas worker resistance against the matrix preventing me from seeing the tool being administered digitally with the client present, the more frequent use of the VI-SPDAT allowed me to observe instances of a scripted, computerized assessment tool being administered with the client present.

**Figure 9: The Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT)**

**VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)**

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FAMILIES
AMERICAN VERSION 2.0

### B. Risks

8. In the past six months, how many times have you or anyone in your family...

|                                                                                                                                                                                           |     |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------|
| a) Received health care at an emergency department/room?                                                                                                                                  | ___ | <input type="checkbox"/> Refused |
| b) Taken an ambulance to the hospital?                                                                                                                                                    | ___ | <input type="checkbox"/> Refused |
| c) Been hospitalized as an inpatient?                                                                                                                                                     | ___ | <input type="checkbox"/> Refused |
| d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?                              | ___ | <input type="checkbox"/> Refused |
| e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along?          | ___ | <input type="checkbox"/> Refused |
| f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? | ___ | <input type="checkbox"/> Refused |

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.
**SCORE:**

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ Y ☐ N ☐ Refused

10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.
**SCORE:**

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.
**SCORE:**

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ Y ☐ N ☐ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.
**SCORE:**

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Differences in scores for a given client could be explained through many factors other than an objective change in their socioeconomic situation. First, the conditions under which such as tool would be administered varied frequently, and were hard to predict. Ideally, standardized assessments would need to be administered in a private, comfortable and trusting environment, but many factors in clients' lives could make it difficult to secure such prime conditions. In practice, intakes with clients would often occur in crowded rooms rather than private offices. To be able to work with individuals experiencing homelessness but also individuals living in poverty more generally, case managers had to be prepared to meet clients in their office, but also at emergency shelters, public parks, clients' homes or coffee shops. This meant that privacy was often lacking when the assessment was conducted in a public setting, or when clients came into case management meetings with their children or family members.

One illustrative example was the coordinated entry program of the Home Project, a program designated to triage and refer homeless individuals to appropriate housing services. Multiple days per week, coordinated entry workers would spend the morning at one of Middlebury city's emergency shelters, so that individuals who recently came to the shelter could be referred to the rapid rehousing program if they qualified. Intakes took place at a plastic foldable table on one side of the large, cafeteria-like room that served as the day center for the shelter, a place where individuals experiencing homelessness could stay for part of the day instead of being outside. As a result, privacy was quite limited, with typically between ten and twenty people in the room, sitting together and conversing at large cafeteria tables. The case manager would sit with a small notebook PC, and conduct the intake with the client seated across the table in front of her. The intake

process led clients to discuss personal topics, including how they had come to be homeless, as they responded to intake questions regarding having a history of drug or alcohol abuse, receipt of food stamps, and diagnosed disabilities.

Other situational factors, such as the client's emotional and physical state, could likely affect the way they responded to questions. In one instance, I observed a case manager at a transitional housing program meet with a client, an African-American woman in her twenties, to discuss her housing plan and take the VI-SPDAT. The meeting took place at 8:30am on a Thursday, directly after the client came back to the program following a night shift at work. The case manager's office was set up with a desk between herself and the client, and another desk to the side of the office, against the wall, where her computer was located. The case manager slid her chair towards the second desk, opened ServiceTech on her computer and clicked on the VI-SPDAT assessment, still facing the client but further away from her. The case manager read through the questionnaire, pausing for the client to answer each question. As they went through the script, the client's answers were slow, quiet, and limited to a simple "yes" or "no." Her eyes closed slowly as she took longer to answer each question. Noticing this, the case manager paused and stared at her, declaring in a lighthearted but assertive tone, "I swear if you fall asleep..." The client apologized loudly and smiled, as the case manager told her that this was why she didn't think they should meet in the mornings.

Questions in standardized needs assessments were often quite personal, with some asking about health conditions or illicit behaviors. For example, the VI-SPDAT script inquired whether "Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have

unprotected sex with someone they don't know, share a needle, or anything like that?" It seemed plausible that the level of trust a client had towards the person administering the tool would affect their responses, particularly if workers administered the assessment during their first meeting with a new client, as was common with the VI-SPDAT and strongly encouraged with the self-sufficiency matrix. The matrix's two implicit yet distinct roles, as a tool for self-reflection and as an evaluation tool, made it even more difficult to separate the interactional nature of client's answers from the already complicated task of objectively measuring "self-sufficiency."

During an annual United Way summit gathering all of the fundraising agency's grant recipients, employees at the Anti-Poverty League gave a brief presentation and demonstration of the electronic version of the matrix. A program manager, in going over the intended goals of using the matrix, explained that measurement was important for agencies as well as clients in order to see the progress being made, but also that individual progress could take time before being apparent on the matrix. She emphasized the "interactional component" of this work, saying that this was not just about checking yes or no on a box, that their work was about "the fostering of new social connections." She observed that given the social nature of this process, a change in the matrix's score over time for a given client could mean many different things, such as a growing relationship between the social worker and the client, or the client assuming the social worker wants to see a positive change in their answers. As such, she continued, obtaining a lower matrix score the second time a client took the assessment could mean that they were beginning to trust their case manager and giving more detailed answers, rather than denoting an actual downward in their socioeconomic situation.

Additionally, differences in program goals, services, and a client's relationship to a given program (i.e., already enrolled or applying to the program), could also plausibly shape individual answers to the assessment questions. For example, individuals seeking permanent housing assistance may not wish to divulge specific aspects of their lives such as past criminal behavior if they were hoping to obtain a rare spot in the rapid rehousing program. Employees and administrators were well aware of this possibility, as they often stated that client's "stories" could vary from program to program. As one housing program manager put it, "When people are sitting with us, they view us as these are the people that are going to say yea or nay, I can move in. Sometimes they're forthcoming, sometimes they're not because they're afraid that if they may be completely truthful, it could [affect their chances of getting into the program]."

All these factors made it difficult for the self-sufficiency matrix (and other assessment tools) to live up to the promise of an instrument capable of generating a client outcome score that could be replicated across programs and frontline staff. In this way, the development of the ServiceTech version of the self-sufficiency matrix as part of the MDSI illuminated interactional challenges to the use of computerized assessment tools, but also the difficulty of reliably measuring anti-poverty outcomes across a heterogeneous organizational field.

## **V. Conclusion: The underlying goals of standardization**

Described as both a tool to facilitate individual goal-planning and as a shared measurement instrument, the self-sufficiency matrix's dual purpose echoed a larger tension in the MDSI between an *interactional* and a *technocratic* approach to social

services. Indeed, the first stated goal of the MDSI was to save time for clients and expand their access to services. The sharing of client data across agencies would also allow frontline staff to take a more personalized approach to their clients' care. Another important consideration, however - as exemplified by extensive early efforts to build standardized ServiceTech assessments, was to collect client data that could be used for evaluative purposes, whether at the client, program, or system level.

This chapter describes the ways in which the interactional and technocratic goals of social work came into conflict with each other. First, the use of standardized, digital assessments can negatively impact communication between the worker and the client. Descriptions of the use of the self-sufficiency matrix in Middlebury nonprofits highlight the complex interaction between technology, the employee, and organizational pressures. Frontline workers, as street-level bureaucrats, must negotiate between organizational pressures towards efficiency and accountability, and an interactional and personalized approach to client work. In the case of the MDSI however, frontline workers' frequent commitment to interactional goals led many of them to resist the expected implementation of the computerized version of the matrix, instead using the tool in unexpected ways to suit their own practices and priorities.

These resistance practices, in turn, affected the extent to which the MDSI was able to successfully meet its technocratic or evaluative goals. Frontline resistance, along with conceptualization and situation challenges made it difficult to reliably quantify and measure "self-sufficiency." These obstacles often prevented the collection of outcome data that would accurately and consistently collect data about client-, program-, and system-level outcomes.

This chapter's conclusions extend beyond the field of social services, echoing previous discussions about the consequences of electronic medical records on therapeutic relationship between patients and their doctors. The process of turning the paper matrix into a standardized electronic questionnaire illustrates the ways in which administrative priorities towards quantification and standardization across the field of social services and health care may come into conflict with the need to progressively build a trusting relationship with clients or patients. In their analysis of standardization in health care through the "evidence-based medicine" movement, Timmermans and Berg (2003) reject what they call the "dehumanization of care" critique by stating that "such criticism has largely outlived its usefulness" (199). They argue that the question should not be "*whether* procedural standardization is good or possible, but *how* it should be done," (202) and that we should focus our analytical efforts on "what patient, what notion of medical work, what objectivity, what configuration of professionals [...] is constituted by a specific standard" (201). It is my hope that this chapter can demonstrate ways in which reflections on the interactional effects of standardization still can provide valuable lessons regarding the empirical consequences of such practices.

By describing the MDSI implementation in the context of broader tensions between interactional and technocratic social work approaches, I show – in accordance with Timmermans and Berg's research agenda – that implementation decisions favored specific definitions of social work, self-sufficiency, and anti-poverty work over others. On multiple occasions in my fieldwork, when interactional and technocratic goals were in conflict, implementation decisions prioritized street-level procedures that aimed to ensure the reliable collection of data over other, interactional concerns. The MDSI steering

committee's decision to rethink their approach to the self-sufficiency matrix is itself illustrative of this dynamic, as it was not frontline workers' interactional concerns that led to a modification of the accepted matrix protocol, but rather the realization that frontline resistance to the previous protocol was negatively impacting data quality.

I observed another comparable instance of implementation decisions, at the time concerning the use of the VI-SPDAT among homelessness agencies. In an April 2017 meeting, I observed Housing Alliance and Home Project administrators rethink their preferred method of administration for the VI-SPDAT based on concerns over data integrity and completeness. Prior to the meeting, housing agencies had agreed to wait a week or two to conduct the assessment. The rationale behind this was to give the time to the client to get settled at a family shelter and to avoid administering the VI-SPDAT during the client's first intake, at a time where they might have their children with them and were "in crisis." In practice however, it had been difficult to coordinate with the homeless shelter and contact the family. A Housing Alliance administrator, in response to these difficulties, asked if it would be too much for coordinated entry case managers to administer the VI-SPDAT as part of the initial intake. The Home Project administrator brought up prior concerns about clients not wanting to answer some of the assessment's questions in front of their children, but also said that there might be ways to approach these questions in a sensitive way and make it less "scary" to the client. Another Housing Alliance administrator stated that when individuals took the VI-SPDAT after the initial intake, it was not as helpful as they typically would not score in the range recommended for a referral to rapid rehousing, because, as another meeting attendee added, "they're not in crisis anymore." He concluded by saying that he thought this strategy (conducting VI-

SPDATs during the initial homelessness intake) would be fairer, quicker - and more systematic, as a Home Project administrator added. In this case, practical constraints regarding client access meant that initial concerns about the interpersonal impact of the VI-SPDAT were set aside to ensure that the tool would be administered in an efficient and systematic fashion.

Both this and the self-sufficiency matrix example make it clear that, in Middlebury, standardization was invoked primarily for the purposes of rationalization, coordination, and efficiency, in ways that often understated consequences for the client experience of service delivery. Moreover, this approach to standardization was developed with limited input from frontline workers, who would ultimately be the ones to administer the assessment. This chapter shows once again that, as the end users of the product, frontline workers will shape the use of technology to suit their own goals and practices, whether or not this was intended by the developers of the technology (Bijker, Hughes, and Pinch 1987). It is thus critical for developers of new technology to study users' current routines and priorities, in order to ensure that new tools align with frontline work practices and understandings.

Middlebury nonprofits' standardization strategies show that, for many, standardization and objectivity is synonymous with an idealized version of scientific methods, in which all biases can be isolated and eliminated by emulating the methods of a controlled experiment. This specific understanding of standardization as a process of decontextualization will always run the risk of contributing to the dehumanization of care. This approach denotes a lack of expertise in evaluation methods, and often leads to treating technology or standardization as a silver bullet for issues of rationalization,

efficiency, effectiveness and coordination. This is not to say that nonprofits should not attempt to standardize their efforts in various ways, but rather than they should adopt a flexible, iterative approach to doing so. Nonprofit leaders should reflect carefully on each of their stakeholders' goals, and aim to limit the extent to which the priorities of funders or attempts to gain legitimacy overshadow clients' needs. In the social service field in particular, administrators should be careful not to let certain organizational priorities, for example, performance measurement, overshadow the needs of clients and frontline workers.

As Timmermans and Berg rightfully state, this prioritization itself is reflective of larger pressures in the social services or health care fields rather than being directly caused by an isolated desire for standardization: nonprofits, like their medical counterparts, need data to demonstrate outcomes such as permanent housing retention or income increases, rather than client trust or satisfaction. The next chapter now turns to the ways in which the MDSI also embodied an outcome-oriented view of anti-poverty that implied a specific approach to case management that emphasized compliance and surveillance.

## **Chapter 4 “Paint a much broader picture”: A comprehensive, outcome-oriented approach to anti-poverty work**

### **I. Introduction**

Although frontline workers in Middlebury social services had concerns about the interactional consequences of the MDSI on their work, many also saw the widespread sharing of client information as a useful tool for comprehensive case management. When I asked one housing case manager about her attitudes towards the MDSI, she explained that she pictured the social services field as a circle, with the client standing in the middle. Miming this picture with her hands, she said that individual agencies were all around the client, with doors in front of each agency. Currently, these doors were closed, because the organizations used closed information systems; ServiceTech would open them. A different case manager I talked to explained that she thought the tool would be useful to “to see what's going on, or track their progress myself and be like, oh wow, last year they weren't making as much money.” Finally, another case manager said that ServiceTech would “tell me where this individual has come from, and it'll tell me where this individual has gone and where I can help from here on out.” Frontline workers therefore saw ServiceTech as a promising tool to communicate across nonprofit programs and gain a “broader”, “more holistic picture of the person and their needs,” as one Housing Alliance administrator put it.

This chapter argues that the technocratic vision behind the MDSI also embodied a specific street-level approach to working with clients, one that was often described as “holistic” by administrators and frontline workers. In this chapter, I delve further into the understandings and assumptions behind this *outcome-oriented* approach to case

management embedded in the MDSI. In order to make a difference in a client's life, these different domains of poverty had to be addressed simultaneously and thoroughly, rather than simply providing "bandaid" services that would not sustainably improve an individual's situation. Proponents of this approach to service delivery, like the technocratic view, saw individual programs as working together towards the goal of sustainably lifting individuals out of poverty. In this view, poverty was a multi-faceted issue ranging across different domains of a client's life such as health, employment, housing and transportation.

I argue that this perspective on the goals of anti-poverty work had important implications for two key sets of actors in the nonprofit anti-poverty field. First, a field-level cultural push towards a holistic approach created important pressures towards organizational change for what I call *service-oriented* programs, programs often described as "transactional" that focused on providing point-in-time services to a large number of clients with limited follow-up such as food or clothing banks. Secondly, this approach to client work, in the context of inter-agency data sharing, also had important implications for client surveillance and for the ways in which frontline workers conceptualized and assessed client compliance.

This chapter is organized in two sections. First, I describe the outcome-oriented approach to anti-poverty work that was becoming prevalent among local field leaders in Middlebury. I explain that this approach had two key components: 1) a redefinition of the goal of social service programs from providing services to the elimination of local poverty, and 2) a multi-domain understanding of poverty and its consequences which favored a comprehensive, collaborative approach to combatting it. I show that these ideas

were in turn embedded in the MDSI and its features. Secondly, I argue that this emphasis on downstream outcomes and collaborative social work carried important risks in terms of client surveillance and pressures towards compliance.

## **II. “Empowering, not enabling:” An outcome-oriented approach to social services**

### ***Redefining social service goals: from service outputs to outcomes***

As described in Chapter 1, rhetorical emphasis on the need for effectiveness, efficiency and rationalization in local social services prompted nonprofit leaders to advocate for “concrete, systemic change” in local poverty outcomes. An Anti-Poverty League administrator elaborated on this ambitious, long-term vision:

I love that [the Anti-Poverty League’s mission statement] says the elimination of poverty. I think that is something that is so important in a mission statement. I think people need to see that we're not gonna just reduce it or mitigate it, we're saying "No, this is a fundamental injustice and we [...] are gonna work with other organizations to really go after this in a big way so it doesn't have to exist in Middlebury.”

Providing temporary assistance was therefore no longer enough; one had to demonstrate that this assistance put the client on the path of escaping poverty for good. For example, a case manager at the Anti-Poverty League described her program’s mission as follows:

Well, the Anti-Poverty League’s mission is anti-poverty. It is working with families and individuals, to empower them and bring them to self-sufficiency, so that we can move them out of poverty. [...] Over the years we've just realized that the League has a lot of great services, but some of those services, somebody

comes in, they get the service and then they leave and we never see them again. Or we see them just once a year because, "Hey, I can't pay my utility bill again." Or, "Okay, I have another child that needs WIC or Head Start." Or we were seeing families' grandmother received WIC services, and now great-grandkids are also receiving WIC services. So how can we stop that cycle so that they will not need our services, which in the long run will be bad for us as staff, but good for Middlebury county, if we can stop cycles that we're seeing for generational poverty.

Under this approach, alleviating poverty through short-term assistance was not enough. In fact, doing so would “enable” rather than “empower” clients by temporarily alleviating the symptoms of deeper-rooted issues. As an example of this philosophy, a nonprofit director once explained to me that under certain circumstances, one could imagine that providing rental assistance to a client who could not afford rent would be leaving them worse off than if they let the client be evicted from their apartment. Eviction, the director told me, could be “the best thing that ever happened to them” if it meant they would then find a new place within their means. Not all nonprofit leaders embraced such a drastic view, but many aspired for their organizations to do more than “a nice thing” for their clients. Discussing his vision of effective social service programs in the context of early childhood education, one nonprofit director rhetorically asked, “if we let [children] fall through the cracks by third grade, then does it matter that we did a nice thing for them when they were younger and set them up for Kindergarten if the rest of it all falls apart? [...] That's because that pathway has to continue and be supported all the way through.” This approach to understanding anti-poverty work in terms of individual outcomes over the life course echoes Willse’s (2015, 105) concept of the biopoliticization of homelessness. As he describes:

[The] homeless population and its patterns and costs become a privileged object of knowledge and concern. This biopoliticization follows from the ways in which neoliberal governance problems and conjoined technical solutions privilege technologies that can intercept and modulate the population. Such interventions make life quantifiable and hence commensurate with the financial. We can see the biopoliticization of homelessness, for example, in the proliferation of population counts and demographic studies, as well as in intensified concern with reorganizing funding through more “scientific” management.

Middlebury nonprofits, through the MDSI, adopted this population and outcome-focused view of anti-poverty work and voluntarily engaged in this process of biopoliticization in order to secure increased both increased organizational legitimacy and increased access to resources. Indeed, nonprofits faced social, political and economic pressures to broaden their program’s mandates. As shown in this chapter and Chapter 2, technocratic rhetoric often permeated influential discourse in the field of Middlebury social services. In addition, funder increasingly included advanced performance measures in their grant requirements. For example, the United Way expected organizations that provided supplemental food assistance to clients to contribute, through their work, to the agency’s community-level goal of cutting the county poverty rate in half. Similarly, HUD performance outcomes included housing programs’ ability to increase their client’s income. As shown in Chapter 2, social service programs faced a gap between the services they provided and the outcomes they were increasingly expected to pursue. A Housing Alliance administrator commented on the challenges involved in HUD’s broad operationalization of program goals beyond housing outcomes:

I think the disadvantages to working with data are if the recording entity are asking you to measure goals that you have no influence over. [...] So, earned income. I don't have an influence over whether or not someone can get a job and

yet we're required to measure that back to HUD, and we're required to have an increase individually. So, I think that that's an unfair task.

Some nonprofit leaders also felt political pressures to demonstrate the effectiveness of their organizations. One nonprofit leader illustrated the nature of these pressures in an interview that I conducted with him shortly after the release of President Trump's "skinny budget". The budget included tentative plans to eliminate the Community Development Block Grant, an important source of federal funding for many local nonprofits. One of the programs potentially affected would have been Meals on Wheels, a meal-delivery program for low-income seniors. Budget director Mick Mulvaney had explained the decision by stating his refusal "to take the federal money and give it to the states and say, look, we want to give you money for programs that don't work." The potential elimination of a program aiming to feed seniors living in poverty had generated national public outcry, and the MDSI leader spontaneously brought up the news item to illustrate his point that the Trump administration's stance further amplified the need for nonprofits to be able to demonstrate their impact:

We allow people who want to defund the work that we do to delegitimize it because we haven't done our work at legitimizing it. So data is our most important piece of that, and it just became a whole lot more important last week [after the budget announcement]. [...]

In the case of Meals on Wheels, the point is to feed shut-ins, so if you fed them, if they ate, that's the outcome. Yeah, if you want to be more sophisticated, you can look at their health before they received Meals on Wheels and their health after. We can help Meals on Wheels get better outcomes to say, "This is how much the seniors' health improved. This is how many fewer times they needed to go to the emergency department." [...] We could actually fight those critics and go, "No. We show ..." I'm making something up here, but, "We show an 80% reduction in emergency department, which you can put dollars on that. It saved X amount of dollars for our community.

Everybody who goes into the hospital and has to pay \$40 for an aspirin, well it could have been \$60 if we didn't have Meals on Wheels.”

In hypothesizing a possible longer term, demonstrable impact for Meals on Wheels, this MDSI leader motioned to measurable data such as health outcomes and health care savings. In describing this approach, he drew upon an interconnected view of the system services, in which the creation of effective programs in one part of the system could be demonstrate through increased efficiency (and cost savings) in the system as a whole. This systemic view of organizational effectiveness thus drew upon an economic understanding of the benefits of social assistance. This rhetoric echoes Willse’s (2015) analysis of the Housing First movement among homelessness organizations, which justified its policy recommendations to provide immediate housing to the homeless by demonstrating the exponential economic costs of long-term homelessness. He argues that discourse about chronic homelessness (and in this case, poverty overall) and the costs associated with it become “an opportunity for a thorough reimagining of social services as economic ventures,” turning the problem of poverty into “a problem of inefficient use of resources” (158). In his analysis of the homelessness field, he quotes a housing advocate reflecting on the implications of this rhetoric:

From a conservative’s perspective, it saves money. It saves taxpayers money. Research has shown it’s even cheaper in the long run to fund Housing First programs because it reduces [homelessness] recidivism rates. And it’s really expensive to go from shelter to street to psych hospital to jail to community courts, through all these revolving doors.

The outcome-oriented approach to anti-poverty work thus saw a more comprehensive and collaborative response to poverty as the main way to sustainably eliminate local poverty. Collaboration across programs and agencies was a necessary condition to

achieving such a comprehensive approach. In the next section, I describe how a certain understanding of poverty as a deep-rooted issue spanning beyond the economic realm was embedded in this broad redefinition of anti-poverty outcomes. I argue that an understanding of poverty as a multi-faceted issue implied the need for comprehensive and collaborative case management to meaningful “move the needle on poverty”.

### ***A multifaceted, comprehensive definition of poverty***

This new, wider-reaching approach to anti-poverty work laid echoes the medicalization of poverty in American society. Medicalization refers to the process through which “a social problem becomes imagined and addressed as an individual or medical problem” (Willse 2015, 97). Under these conditions, the focus of policy action is turned towards treating individual circumstances rather than the larger confluence of structural forces of disadvantage across domains such as housing, education, and health care access. The MDSI and its features embodied this view of poverty as an individual-level, multi-faceted issue that stretched beyond economic class. This was made clear through nonprofit employees’ views about the nature of poverty, the solutions required to lift individuals out of poverty, and the social work tools used to do so.

The Yorktown Mission, a faith-based anti-poverty nonprofit in a rural part of the county, referred to a similarly multi-faceted definition of poverty. In their case management work, Mission employees drew upon the Bridges Out of Poverty model, a social work framework that emphasized that poverty was not just a lack of money, but rather was tied to six different resources: physical, emotional, relational, spiritual, mental, and financial. This operationalization of poverty mirrored the MDSI matrix’s multi-

domain understanding of “self-sufficiency,” as described further in Chapter 3. In first-time meetings with new clients, one of the Yorktown case managers would frequently illustrate the concept by giving the example of a millionaire with a heart condition, who would then “be considered impoverished” in terms of health. The Mission director had described his approach by comparing the six resources to dominos that all impacted each other. Implied in this view was the idea that poverty necessitated an integrated approach to target individuals’ needs simultaneously across domains in order to truly make an impact.

This multifaceted view of poverty combined with a limited ability to influence structural factors actively shaped the work that frontline staff engaged in with their clients. Frontline workers often felt they had little power to change the larger socioeconomic landscape of Middlebury county. In meetings, nonprofit staff frequently acknowledged the seemingly impossible task they faced when looking for housing on behalf of their clients in a city with low vacancy rates and high rental prices. One case manager told me that structural barriers to helping clients like the state of the Middlebury housing market was why she was in the process of getting her masters in social work, so that she could become more involved with in policy work rather than strictly one-on-one client work. Most case managers, however, given the parameters of their job, could only focus on a client’s individual characteristics in helping them improve their socioeconomic status.

Applying an individual-level yet multi-domain understanding of poverty work shaped frontline employees’ way of working and interacting with clients. In outcome-oriented programs, case managers developed an action plan for clients to achieve individual goals

across areas of life such as employment, housing, personal skills, etc. Programs that embraced this view of poverty were often described as “holistic” and “person-centered” by nonprofit employees. They were structured in ways that allowed case managers regularly meet with clients to discuss their goals, progress, and obstacles. They engaged in regular goal-planning sessions with clients, but also assisted them in filling out benefits application, searching for housing or jobs, and connecting them to other resources such as primary or mental health care services. These programs’ broad focus on client needs as a whole and their flexible objectives was what made these programs unique compared to other social services. At the Yorktown Mission’s case management program for example, case managers would meet regularly with clients with the sole goal of discussing and planning goals that clients wanted to pursue. Here, flexibility was also one of the defining features of the program, as described by a Yorktown Mission employee:

I think we empower people really well here too and so you're never discharged from the Mission. You're never released from our records. You can always come back when you're ready to work on things. There's not a discharge policy or a release from service policy. It's whenever you're ready to work on goals again. We've had people in our database for years and years that come back every once in a while and work on a new goal.

This flexible, comprehensive approach to social work was also visible in other agencies with that upon first glance, might seem to target very specific outcomes. For instance, case managers who worked with homeless clients knew that securing long-term housing was their program’s ultimate goal, but also considered this to be only a portion of what they worked on with the client. In explaining their approach, two housing case managers both described a wide range of areas on which they worked with clients. One described:

So our ultimate thing here, we are a “housing first” program. We really focus on wanting to get you housed. But in reality, that is not always the first priority because someone may need a GED, they may need a Social Security card, they may need a birth certificate. [...] There's a whole process of things that I've got to do in order to get you to that next step. First, income. Does that mean social security? Does that mean a job? Does that mean ... What does that look like for you? [...]

And again, it's a needs-based thing. That's why we do the needs-based assessment. What do you need? What do you have? Where are you going? And all that stuff. So we really are ... What I see [program] doing is just really trying to make sure that the individuals that we bring in here are in a much, much, much better situation when they exit here. [...]

So I just see us focusing on the individual and what they need, and then housing. But you can't focus on housing, you have to meet the client where they are, and if they are just coming out of trauma with eviction, and maybe domestic violence, or a newborn child, or an accident, or whatever caused their homelessness, you can't right away say, "Okay let's look for housing." Like you've got to work on strengths and stuff like that with them.

The other case manager - from the same housing program - described a similar process, explaining that in weekly meetings with clients she would review “what you have accomplished over the last week, what goals you have accomplished on your housing plan. For some people, it's AA, some people it's NA [Narcotics Anonymous], sometimes therapy” but also “budgeting and saving money.” For many case managers clients’ economic issues such as lack of housing or employment were symptoms of deeper-rooted problems that needed to be addressed before the clients’ situation could change. Solving these issues required case managers to connect their clients to other programs, thus emphasizing the need for an integrated system of social services in order to effectively eliminate poverty.

Effective anti-poverty work, then, would treat poverty as a multifaceted cycle that need to be addressed comprehensively in order to be broken. Collaboration across programs and agencies was a necessary condition to achieving such a comprehensive approach. One Anti-Poverty League administrator, for example, saw poverty work as directly impacting health outcomes, and perceived the lack of communication across providers as an obstacle in offering better care. He drew a direct comparison with health care system, implying that social service work required a similar level of coordination as that between different health providers treating the same patient:

I think poverty is the upstream cause of most of the health disparities that we would see in the county. It's not that ... Any issues that you look at, my children have lead poisoning, there's mold in my housing and my children have asthma, the malnutrition and the effects of food insecurity, all of them go back to not having enough resources to not live in a slum, or to buy the right food that you need to take care of yourself. And so, I think that if you look at a health system and you say, 'What would a health system look like if all of the specialists stopped talking to each other?'

This emphasis on comprehensive, multi-domain case management and services across collaborating programs thus mapped onto an *outcome-oriented* model for anti-poverty work. Under this prominent rhetoric in the Middlebury anti-poverty sector, services had to consider client's comprehensive needs across life domains, and work in an integrated manner with other providers to tackle these issues in an impactful, sustainable way. As I show in the second half of this chapter, this multiprong, individual-level approach to social work acknowledged the multiplicity of factors involved in socioeconomic disadvantage, but it also put the impetus on the client to make the changes necessary to better their situation. By promoting the sharing sensitive client data across a wide range

of social service organizations, it also increased the potential for client discrimination in the field. Before delving further into these system-level implications of this view, the next section describes how field-level influences shaped initiatives like the MDSI along with local programs' own approaches to service delivery.

### ***The MDSI: An influential, county-wide, holistic initiative***

Local rhetoric promoting an outcome-oriented approach to anti-poverty work shaped key features of the MDSI. As a shared database across multiple organizations, ServiceTech emphasized the need for programs to work together across organizational boundaries in order to truly impact client outcomes. For example, ServiceTech would include a central feature enabling the referral of clients to a wide range of social service providers. Once the initial intake was completed, the software would draw upon the newly entered client information to automatically assess whether the client would be eligible for any other social services offered by agencies participating in the MDSI. An automatic referral function was also created, so that “if the client wants, we can do an instant referral right on the screen there,” as an MDSI administrator put it. The “self-sufficiency matrix,” as a 17-domain scale evaluating and quantifying client’s stability in life domains such as housing, employment, health, and others, also mirrored a multi-faceted understanding of poverty (see Figure 10).

**Figure 10: Summary outcomes screen of the MDSI matrix**

| Self-Sufficiency Matrix Outcomes    |                                |                                                   |       |                           |
|-------------------------------------|--------------------------------|---------------------------------------------------|-------|---------------------------|
| <input checked="" type="checkbox"/> | Domain                         | Score Description                                 | Score | Case Note                 |
| <input checked="" type="checkbox"/> | Housing                        | Homeless or threatened with eviction.             | 1     | <a href="#">Case Note</a> |
| <input checked="" type="checkbox"/> | Employment                     | Employed full time; inadequate pay & benefits.    | 3     | <a href="#">Case Note</a> |
| <input checked="" type="checkbox"/> | Income                         | Inadequate income and/or inappropriate spending.  | 2     | <a href="#">Case Note</a> |
| <input checked="" type="checkbox"/> | Food                           | No food or means to prepare it.                   | 1     | <a href="#">Case Note</a> |
| <input checked="" type="checkbox"/> | Child Care                     | Childcare is unreliable or unaffordable.          | 2     | <a href="#">Case Note</a> |
| <input checked="" type="checkbox"/> | Adult Education                | Not applicable/not enough information.            |       | <a href="#">Case Note</a> |
| <input checked="" type="checkbox"/> | Health Care Access             | Not applicable/not enough information.            |       | <a href="#">Case Note</a> |
| <input checked="" type="checkbox"/> | Life Skills                    | Able to meet all basic needs.                     | 4     | <a href="#">Case Note</a> |
| <input checked="" type="checkbox"/> | Family/Social Relations        |                                                   |       | <a href="#">Case Note</a> |
| <input checked="" type="checkbox"/> | Mobility                       | Not applicable/not enough information.            |       | <a href="#">Case Note</a> |
| <input checked="" type="checkbox"/> | Community Involvement          |                                                   |       | <a href="#">Case Note</a> |
| <input checked="" type="checkbox"/> | Parenting Skills               | Not applicable/not enough information.            |       | <a href="#">Case Note</a> |
| <input checked="" type="checkbox"/> | Legal                          | Current charges/trial pending.                    | 2     | <a href="#">Case Note</a> |
| <input checked="" type="checkbox"/> | Mental Health                  | Not applicable/not enough information.            |       | <a href="#">Case Note</a> |
| <input checked="" type="checkbox"/> | Substance Abuse                | Not applicable/not enough information.            |       | <a href="#">Case Note</a> |
| <input checked="" type="checkbox"/> | Safety                         | Safety is threatened; lethality high.             | 2     | <a href="#">Case Note</a> |
| <input checked="" type="checkbox"/> | Disabilities & Physical Health | Not applicable/not enough information.            |       | <a href="#">Case Note</a> |
| <input checked="" type="checkbox"/> | Romantic Relationships         | Relationship is stable and communication is open. | 5     | <a href="#">Case Note</a> |

Through these central features, ServiceTech aimed to make it as easy as possible for clients to access a variety of programs that could target their various needs such as housing, child care, transportation, employment, finances, etc. By sharing client demographic, eligibility and matrix data, the MDSI sought to streamline the data collection process, facilitate referrals across programs, and to give case workers a more complete picture of a client's needs and strengths. ServiceTech, as a database connecting programs to each other, would further enable a collaborative approach to anti-poverty work in the county, as explained by a United Way administrator:

[Through ServiceTech] we really are tracking [clients] in the ways that are meaningful and help them have a healthy, productive lifestyle instead of just sending them from place to place. Dropping the ball and people falling through gaps and duplication of services and all of that kind of stuff that unfortunately traditionally characterizes all of our well-intentioned health and social services.

The Middlebury Data Sharing Initiative built upon idea of an integrated system of service delivery, one that could rationally address the needs of county residents in a comprehensive fashion. In describing the initiative to funders and potential partners, Anti-Poverty League and United Way administrators would often stress the benefit to clients, particularly families. In an interview, an Anti-Poverty League administrator drew on the idea of “the poverty of time” of poor individuals to contextualize the benefit of sharing client information across programs. Low-income individuals without cars in Middlebury county were particularly likely to spend large periods of time on transportation, as the local bus system was not always well developed, especially outside of Middlebury city. In invoking this factor, Middlebury nonprofit actors thus had

identified one particular problem faced by people in poverty, a problem that ServiceTech could resolve, as this administrator further explained:

The system for the individual is about convenience. They already have a poverty of time in addition to a poverty of dollars, so not wasting their time, better outcomes for them and their family by making sure they connect to everything that they qualify for and everything that they need.

Part of the MDSI's appeal was to make it possible for clients to seamlessly connect with programs remotely, and to easily determine whether they would be eligible for services ahead of time. In MDSI steering committee meetings, initiative leaders would often talk about how, down the line, they were hoping to create a client portal that individuals could access at agency kiosks or on their phones, so that they could fill out intakes ahead of time and have eligibility information immediately.

The MDSI therefore embodied cultural pressures in the Middlebury anti-poverty field to turn towards an outcome-oriented approach to service delivery. Amidst these pressures towards more intensive and integrated client work, so-called "transactional" organizations that prioritized the volume of clients served felt pressure to demonstrate, at least symbolically, that they too engaged in collaborative and impactful work through their programs. I now turn to describing how these *service-oriented* organizations stood in contrast to the preferred *outcome-oriented* model of anti-poverty work in Middlebury.

### ***A push away from service-oriented programs***

The growing emphasis on an *outcome-oriented* approach to anti-poverty work model stood in contrast with what local nonprofit leaders often characterized as "transactional" programs. These were high-volume, *service-oriented* programs that typically provided

point-in-time services to as many people as possible, with limited follow-up. One example of this type organization was the Faith Coalition, an urban food bank serving approximately 1,000 households per month. The organization specialized in meeting short-term, point-in-time services such as food or clothing provision for a large number of clients. This bounded approach to anti-poverty worked was present in other programs in Middlebury, including the Anti-Poverty League's utility assistance program, where I also conducted observation during my fieldwork. The program was contracted through the local utility company to set up payment plans for eligible low-income residents who had fallen behind on their utility bills. The Anti-Poverty League's Utility Assistance program was another anti-poverty program that traded depth for breadth: while they spent less time and resources on individual clients, they also served much larger numbers than intensive case management programs. Although the utility assistance program was embedded in the Anti-Poverty League's larger mission to end poverty in Middlebury, the main purpose of the program itself was to enroll clients into the utility assistance program, and to be able to meet client enrollment demand.

Both programs' service-oriented approach was not limited to the kind of services provided, it also shaped the nature of the program's day-to-day priorities and practices. At both the League's utility assistance program and the Coalition's food bank, workers performed routinized daily tasks with a clearly defined service delivery process that did not vary much across clients. At the food bank, clients would come into the waiting area, take a number and wait for it to be called by an intake worker. They would then be brought into an intake office, where the intake worker, typically a volunteer, would verify

their demographic information along with their eligibility for a food bag,<sup>23</sup> after which clients would be sent to the food bank area to choose their groceries. At the utility assistance program, clients would meet with a case worker, be asked to fill out a demographics form, verify their income, and submit information through the utility company's database to begin participating in the repayment plan or have their security deposit waived based on income.

For both services, interactions with case workers primarily involved filling out forms and submitting information to the worker. These routines diverged considerably from more outcome-oriented case management programs where workers would typically meet weekly with clients for an hour or longer and work with them on goals for an extended period of time, thus leading a smaller, more intensive caseload per employee and across the program.

These programs also differed in the way they operationalized success. As shown in the previous section of this chapter and in Chapter 2, local nonprofit leaders were redefining program success to involve a significant improvement in clients' lives (e.g., achieving employment, income gains, improved health, etc.), ideally contributing to their exit out of poverty and achievement of self-sufficiency. For the Faith Coalition's food bank and the Anti-Poverty League's utility assistance program, success was instead measured by workers' ability to help as many individuals as possible, thus making client volume their primary performance metric. This was made clear in the program's official

<sup>23</sup> In accordance with the food bank's rules, clients were eligible to receive food once per month, and service history was tracked electronically.

materials, in which the number of clients helped each month figured prominently. At the Faith Coalition, the number of households served was regularly reviewed at board meetings and used for fundraising purposes to illustrate the extent of the food bank's impact on the community. In one of these meetings, an employee, in response to lower client numbers compared to the previous year, told others that her "social worker" side was encouraged by this development, but that her "business side" was concerned that the switch to ServiceTech was discouraging clients from utilizing the food bank. On the organization's website, the description of the food bank program began by stating that it served over one thousand families per month. Transactional organizations thus espoused a volume-based approach to service delivery, opting to provide services to as many clients as possible in an efficient manner with little-follow up.

As field leaders increasingly adopted rhetoric encouraging an *outcome-oriented* approach to service delivery, those running transactional nonprofits were aware of the pressure to switch to a different model of care. Leaders of such nonprofits knew that organizational missions, routines, priorities and metrics that signaled a transactional approach conveyed less external legitimacy to funders, other nonprofits and the public than ones displaying a holistic orientation.

Transactional agencies often felt the pressure to justify the value of the services provided in terms of how much they contributed to the goal of sustainably getting individuals out of poverty. Nonprofit leaders and employees promoting an outcome-oriented approach to anti-poverty frequently spoke of the need to "empower, not enable" individuals living in poverty. Point-in-time services like food or emergency financial assistance, then, were viewed as temporary "band-aids" under a holistic lens, short-term

fixes that would not sustainably contribute to improving an individual's socioeconomic status.

This powerful field rhetoric thus was a form of cultural pressure towards a shift in mission for transactional organizations. At the Faith Coalition for example, board members were wrestling with whether the organization should continue providing basic services such as food and clothing to a growing number of clients, or whether it should attempt to align its services closer to the community's prevalent rhetoric about collaboration and lasting impact. Some of its newer programs moved in the direction of this latter goal: a program contracted from state government offered free work clothing to welfare recipients, whereas an even newer program sold cars at a discounted price to low-income individuals who were employed and needed reliable transportation. One employee, in describing the nonprofit's mission, explained the difference in goals of each of these programs:

Broadly speaking, show Christ's love. Extend that helping hand up as much as possible, be a good Samaritan. Person is having a difficult time, we're not judging. We're here to help you out, and if there's a way to help up with other, you know the agency programs, we provide food, that's a basic need. Some people, they just need it for a while. There are people with medical issues, senior citizens, but then the [work clothing] program and the [car] program to try to give people the resources that they can change their situation.

Another employee contextualized the nonprofit's focus on basic needs, arguing that although providing food or clothing may not significantly change an individual's socioeconomic situation, it provided the stability needed for individuals to be able to make long-lasting life changes:

I really don't see this as a social service agency. I see this more as a ... hmm ... basic needs agency, or an organization, helping with those basic needs, food, clothing, shelter. Which is important, you know: Mother Teresa, she very famously said once that you can give a man a fish, he eats for a day. She repeated this, fish for a day, he eats for a day. You give a man a fishing pole and you teach him how to fish, he eats for a lifetime. *She continued to say*, but he's not going to learn if he's hungry. So you still have to give him the fish [...] She wasn't the originator of, "You give a man a fish," but she added on to that, which is the basis behind free lunch and free breakfast programs. They're not going to learn if they're hungry, okay? They're going to be too distracted, too preoccupied, whatever, with being hungry. It's the same here. We still need places like this. [Emphasis added]

Transactional programs were, however, far from insulated from prevalent field rhetoric emphasizing the need for visible program impact. Employees at the Faith Coalition and the Anti-Poverty League's utility assistance program often stated their desire to go beyond their basic services for clients. One utility assistance employee, for instance, described her own role as follows:

If they come in, most people will start telling me their problems. Unfortunately I have to try to hurry them. But they almost all do. And part of my job is to refer people to other programs where they might get help with whatever it is. And so, I'm talking to them about their electric bill, and they say, "Oh, I got behind because my son's sick, and I had to be out of work," and, "Oh, what's wrong?" "He has this." And I'm like, "Did you try this? And did you try that?" So, I hook it up to what I'm doing. And it works. It does work. [...] That's the problem though. Balancing doing my job and trying to get as much done with that connection, and trying to find out what else I can do to help them.

This employee, then, saw her role not only as providing the program's primary service, but also helping clients in other ways: by offering a sympathetic ear, and by serving as a knowledgeable source of information on other available resources in the

community. This desire to go beyond the basic tenets of the job, however, often came into tension with the program's structure: given that the program was contracted out by the local utility company, the Anti-Poverty League was compensated according to the number of people they enrolled in the program. Employees of the program told me that this tension led to discussions during staff meetings regarding the extent to which they should help client with needs other than those pertaining to the utility assistance program (for instance, if they asked for copies of documents or more extensive conversations about other available resources), given that they would not be paid for those services.<sup>24</sup> Service-oriented programs thus experienced pressures to demonstrate the value of their work beyond the temporary provision of social assistance. In redefining anti-poverty goal towards the eradication of local poverty, initiatives like the MDSI promoted a multi-domain, collaborative and far-reaching approach to case management that carried important implications for the way clients and caseworkers interacted. I now turn to describing the system-level implications of data-sharing across a wide range of service providers in shaping frontline staff's approach to case management.

<sup>24</sup> Paradoxically, the utility assistance program used to have a much broader span in the years prior to my fieldwork. Employees had explained to me that they used to assist with rental payments and had cycled through a number of other services created through grants and contracts with other agencies. As years went by, however, funding had decreased and contracts had ended, leaving the utility assistance program to see clients almost exclusively to assist with their electric or gas bills. One exception was a contract with the State's Office of Aging, for which they provided rental rebates for low-income seniors.

### **III. Client-level consequences of a holistic model: ServiceTech as a bottom-up instrument for quantification and surveillance**

#### ***Getting a better picture of the client***

The outcome-oriented approach to anti-poverty work, being exerting powerful cultural pressures on an organization's mission and approach, also carried important implications for what clients could expect when meeting with frontline workers. This particular conceptualization of anti-poverty work extended the purview of frontline workers from their own area of service to a comprehensive understanding of clients' needs. By displaying an individual's service history, demographics, and other relevant characteristics, the database would provide a more detailed picture of the Middlebury system of social services (as described further in part I of the dissertation) but also of *individual clients* themselves. By having a more complete picture of a client's needs, strengths, and barriers, case managers working with the client would be in a better, more informed position to connect him or her to appropriate resources and provide adequate services. One Housing Alliance administrator put this aspiration directly in terms of a holistic approach:

When people are in crisis mode, which is often when we see them, stated needs and actual needs could be different. Meaning that the focus is all on the crisis and not on the holistic needs. Does that make sense? The need for housing in this instance or in this moment may supersede the need for employment help or disability services. At this point, we only know what the client tells us. If we can see a broader picture, okay, so they're already involved in [employment search service] then maybe we can partner with their case worker or contact there to help move them into finding a job to make that housing more affordable so that they can stay in place, that sort of thing.

When discussing this more complete picture of the client provided by ServiceTech, frontline workers often mentioned specific aspects of a client's situation as examples. Case workers were especially interested in seeing which services clients had used in the past, as well as the resulting outcome. Frontline employees also were eager for other agencies they worked with frequently to use ServiceTech, so they could look at program notes on common clients in between cross-agency meetings. One nonprofit case manager who had not been using ServiceTech but had heard of the initiative, described her feelings towards the project as follows:

I like the idea of it. Because now when I ask someone "hey, are you receiving any other services?" They can choose not to disclose that they have mental health, or that they're meeting with this doctor, or they're working with [financial education nonprofit] or whatever... and rightfully so, they can... But sometimes that'd be helpful, because if I know they're meeting with [financial education nonprofit] already, then I'm not referring them again for financial case management. Or we have an issue, like if I know they're working with [financial education nonprofit], let me collaborate with [that agency] in working things out with whatever your crisis is in the moment.

In line with an outcome-oriented approach to anti-poverty work, ServiceTech would thus allow frontline workers to have a more complete view of a client's history, needs, and barriers. When explaining the value of information shared in ServiceTech however, respondents often drew on specific aspects of a client's life, such as one's past service history or mental health status. As I will show in the next section, specific client information shared across programs was often interpreted by frontline workers as a signal of untrustworthiness and suspicion on the part of certain clients.

### ***Technological markers of mistrust***

Social assistance in the United States has long been a fraught endeavor, characterized by ambiguous objectives, conflicting rationales, and ambivalent attitudes towards beneficiaries. In his history of welfare in America, Katz (1986) uses the example of the United States' earliest poor relief, the poorhouse, to depict the political and moral tension that continues to permeate anti-poverty programs. In the 19<sup>th</sup> century, the poorhouse was to be "at once a refuge for the helpless and a deterrent for the able-bodied" (25). The poor were thus divided into two distinct moral groups: the vulnerable poor such as children, the elderly or the handicapped seen as deserving of aid, and the idle poor, undeserving individuals whose poverty was due to their own moral failings. Under the assumption that the poor were morally unable to use money, social workers in the 19<sup>th</sup> century heavily restricted the uses of cash assistance and created supervised currencies such as food stamps (Zelizer 1994). In contrast, some argued that relief organizations could trust fire victims (as opposed to others in poverty) to use unrestricted emergency cash assistance competently, as "their misfortune was temporary and certainly involuntary" (158).

Underlying assumptions about social service clients' circumstances continue to shape the delivery of services. First, welfare reforms since the 1980s have continued to emphasize "the obligations of the poor instead of their entitlement to public benefits" through confusing laws and program structures as well as burdensome application procedures (Katz 1986). Paperwork and verification procedures are ubiquitous. Clients often find themselves filling out the same forms and being asked to document their need over and over again. Welfare bureaucracies require large amounts of time and waiting on the part of applicants, and work is often structured to place the burden of waiting entirely on

the client (Auyero 2012, Lipsky 1980). Secondly, the welfare system has evolved to reflect a preference for in-kind transfers for means-tested programs, with the exception of the Earned Income Tax Credit (EITC). At the turn of the 21st century, the changes introduced by the 1996 welfare reform became apparent: the number of people on TANF declined drastically compared to the AFDC, and social services all but replaced direct cash assistance programs (Allard 2007).

Some frontline workers' expectations regarding the MDSI revealed a degree of suspicion and expectations of full compliance towards clients. When pressed further about how the information found in ServiceTech might be useful, frontline staff often stated that the notes would be helpful for clients who were not "good historians," as multiple respondents put it, or intentionally did not disclose important details of their lives. For example, a housing nonprofit case manager told me that, "unfortunately you will still have families that will only tell you pieces of things. So, they'll tell us some things and they'll tell their case worker at [other nonprofit] something else." Several case managers who had been using ServiceTech HMIS for a year described instances during which their client had told them something contradicting what was noted in ServiceTech, or who had neglected an important part of personal information that employee later found out about in their electronic record. For example, one housing case manager told me about such an instance in an interview:

[One former client] just up and down denied any mental illness. She did receive Social Security Supplemental Security Income, which she said was for chronic recurring migraine headaches. The referring agent had to put in two ServiceTech referrals, so in that he saw that she had been enrolled with [mental health services nonprofit], had been working with [other mental health services nonprofit]. [...] So, having some of that information that people are not forthcoming with, to see

a pattern, to see a history of what services they've used, you know, where have they been to, to understand like the fuller picture of if they've been in the system for a while. You know what's going on with this person, who else have they work with, that sort of thing.

Under a holistic model, case managers would want to know about a client's mental health background or service history in order to "understand the fuller picture." Being aware of a client's entanglements with the mental health, child protection, or criminal justice systems would give social service employees a more detailed understanding of things that could potentially prevent a client from obtaining a job, housing, or other milestones pursued in the case management process. As shown extensively by U.S. poverty scholars, the American welfare system embodies a powerful moral distinction between the "deserving" and the "undeserving" poor. Many nonprofit workers, who were working under conditions of high demand, high discretion, and low resources, often implicitly drew on this distinction when talking about clients. ServiceTech could serve as a tool to better distinguish compliant clients from other, more difficult cases. This came up in my interview with another nonprofit case manager in the housing field. He first told me that ServiceTech notes were helpful in verifying clients' stories. When I asked him for a specific example, he responded:

Actually, I just met a woman about three months ago, I was thinking of when I was telling you that. She had me believing that this was a first-time thing for her, that she had never experienced homelessness or this whole thing and I became very protective over her, emotionally protective, because I thought she was very fragile. And I got quickly bought into her story and became a very enthusiastic advocate for her very quickly, and then when I entered [her name in ServiceTech]... It's been years and years of this work and she's told this story many times before, that it was always her first time, and it just brought me back to reality that... it's good to have a place where you can double check and check these things.

Frontline workers' desire to understand "the full picture" of a client's situation echoes findings regarding the role of suspicion and surveillance in street-level welfare bureaucracies (Watkins-Hayes 2009). While I saw many instances of suspicion and mistrust in nonprofit work as well, my observations in anti-poverty nonprofits reveal a lower level of punishment than government agencies. Instead, agencies pre-emptively expected a certain level of compliance from clients who chose to participate in their programs, which may be due to nonprofits' ability to admit or exclude clients from programs at their own discretion. Staff understanding seemed to be that if clients decided to take part in the program, they would voluntarily abide by its guidelines. Many nonprofit social service programs sought to actively involve the participant and explicitly change their behavior: nonprofit social services often entailed formulating action plans and goals to follow up on with one's case manager. In contrast, government programs like SNAP or TANF, at their core (or at least, in their stated purpose), provide a good (cash, food stamps) to those who are eligible for it. Because such agencies are not allowed to wholly withdraw the entitlement from eligible clients, they employ tactics such as sanctions (Soss et al. 2011) and administrative exclusion (Brodkin and Majmundar 2010) to make individuals comply with program guidelines. Nonprofit programs, as voluntary programs, are under no such obligation, and thus can rely on the understanding of expected compliance for clients who choose to remain in the program. The reverse implication of this is that they often do not need a clear specified reason to expel clients from the program.

Depending on the nature of the program, Middlebury nonprofit social services had varying expectations of how much they can ask of clients. Programs providing housing

for the homeless, had the greatest amount of expected compliance and discipline. This is both because what they offered was extremely valuable to clients (who are often homeless or in very precarious housing situations), but also because clients were physically living in the agency building. Program rules therefore were usually more extensive: curfews and restrictions such as no visitors and no smoking/drinking are common. Programs providing a path to permanent housing or goods such as food had less leverage due to the one-time nature of interactions, but still expected clients to comply with program procedures at each meeting, for example by asking that clients sit through a 30-minute intake and assessment process. Lastly, programs with the least amount of expected compliance were ones that do not provide a good such as housing or food, but offered to coach clients to “become self-sufficient.” Programs such as these involved creating a goal plan with a case manager, and regularly checking in with them on the completion of these goals. Here is one case manager articulating the challenges of such programs:

Since we're not government mandated, you don't have to do this to work with me. It has its pros and cons. A pro, obviously, is that it's very person-centered. I feel like it's more open and not so clinical. People are really going to want to share their stories, and work with you, and build that relationship, which is great. I can have bigger growth and more impact on the person. At the same time, if there's no accountability or ... It can be, I'm not going to hear from you. We're not really gonna go anywhere if it's not what you want to do. If you're not working toward this, then I'm not gonna do it. It's like, the balance between, oh it's really great that it's all self-accountability and person-centered planning, but at the same time, if they don't want to do it then we're not doing anything.

This negotiation between the client and the worker regarding program goals implied a meaningful moral distinction between clients with “self-accountability,” and those

considered unmotivated, resistant clients. In this environment, compliant and motivated clients were expected to be forthcoming and make meaningful progress towards their goals between case management meetings. In this environment, ServiceTech could serve as a tool to identify which clients were not forthcoming, or which individuals had particular characteristics that could signal deeper-rooted issues that would make their case a more difficult one to manage. One housing case manager described a specific example in which ServiceTech had alerted her to inconsistencies in her client's story:

I just had a client I met with on Monday, and I said have you received housing services for people diagnosed with mental health disorder in the past? She said no. However, when I went into ServiceTech, I see that she used [a housing program] through [a mental health housing agency], and that there were three other children that were in her home. Well, she's only here with two. Obviously, unless she's unaware that that program had anything to do with mental health disorders, those are the things that we need to know. Or it was a lie.

In this case, a discrepancy between a client's words and what was indicated in her ServiceTech file led the case manager to suspect her client was intentionally omitting information that she "needed to know."<sup>25</sup> This omission might signal that the client was not willing to work on her mental health in the context of a housing program, which would then come into conflict with the case manager's holistic approach to the program's goals. Before bringing up this client's specific case, the case manager had compared her

<sup>25</sup> This particular example also highlights an important aspect of ServiceTech data: beyond client demographics, one's service history could reveal very personal aspects of a client's life relating to mental health, criminal justice, or family status. This therefore made it difficult to guarantee a client's privacy when it came to such sensitive characteristics, even in the scenario where data fields beyond a client's past program enrollments were kept private in ServiceTech (i.e., not shared). As one program manager replied when I asked for her thoughts on incorporating agency-specific privacy restrictions for the ServiceTech data, "I think that would be very good [...] but the whole point is to collaborate with agencies so we can see how the person was at your agency, and what you worked on. So if you're going to restrict it, then what's the point of doing it?"

experience at working at a mental health agency to her currently work in a nonprofit program. In doing so, she spelled out the implications of noncompliance across the two settings:

Mental health services are self-directed. So if they choose not to do medication management, then they don't have to. There's nothing that you can do about it, even though, all you can do is say I really see that you're not taking your medicine, and you should be taking it. You obviously are more stable on medication. If they say, screw you, I'm on my own, or whatever, then there's nothing you can do about it. Okay, well you're just going to have to hit rock bottom before you decide you're going to get mental health services again.

Here, those things would be part of their housing program, continue to take medication management because that is a barrier to housing is their mental health. So if you know you've had unstable mental health in the past, and you want to have stable mental health to stay in permanent housing, then that's going to be part of your goal here. *If they choose not to participate here, then they don't stay here anymore.* [emphasis added]

Few frontline employees were so direct in spelling out the implications of noncompliance. Most often, when asked what they would do if a client did not comply with their expectations, frontline workers would tell me that they “would have a conversation” with the client.

Someone who is not motivated, basically what that comes down to, it's not something that's overlooked for very long. So typically if someone doesn't have a job, I let them work on it for about two weeks, and then after that it becomes a very meaningful conversation that we have about, "Okay. You need to start going to CareerLink everyday. You need to get involved with that."

Behaviors like omitting personal information to one's case manager, or failing to make progress on one's goal plan was often interpreted by frontline workers as a sign that clients needed “a conversation,” or that, in other words, they were not moving through the program

as expected. ServiceTech, as a shared case database, could signal these characteristics through two main mechanisms: by revealing undisclosed client information that the case worker deemed of concern and expected to be informed about by the client, or by showing a long and repeated history of services.

### ***Surveillance implications of ServiceTech***

The rise of data-sharing and automated verification systems in welfare has led poverty advocates to raise concerns about the potential for these new technologies to amplify processes of exclusion, bias, and discrimination in the U.S. social safety net. Government social service agencies have automated welfare eligibility rules and exchange data across multiple social agencies ranging from the IRS, welfare, the DMV, and criminal justice agencies. For example, in 1999, Allegheny County in Pennsylvania consolidated client data from almost 30 social programs into one system called the Data Warehouse. Social scientists have already found that in government programs, the use of technology has tended to center around questions of program integrity and fraud prevention, effectively heightening the levels of surveillance clients are subjected to. Certain states require welfare recipients' biometric information such as fingerprints to be stored in a database, and TANF, general assistance or food stamp transactions using electronic benefit transfer cards are tracked and can be accessed by case workers (Eubanks 2018). Gilliom (2001) shows that welfare recipients are often aware of these practices and that they cause them a great deal of stress. Additionally, previous research suggests that especially vulnerable populations such as formerly incarcerated individuals or undocumented immigrants are likely to avoid formal institutions out of fear of being surveilled (Brayne, 2014; Menjivar

and Abrego, 2012). The introduction of more technology and record-keeping on clients may therefore keep away individuals in most need of assistance.

Increased access to certain kinds of client information through platforms like ServiceTech had important implications for clients, in an environment often characterized by mistrust, surveillance, and punishment towards social service clients and individuals in poverty (Gustafson 2011). By opening the doors of a previously closed system, ServiceTech had the potential to heighten the level of surveillance experienced by clients across social services at large.

Though Middlebury nonprofits often operated their own, cloistered information systems, this did not mean that these agencies were themselves insulated from other organizational actors: many regularly interacted and exchanged information with government agencies that sought to surveil and manage individuals under its care. I observed many of these interconnections outside of the MDSI in the organizations I followed. At the Home Project's emergency shelter, for example, case managers had to send a weekly report to the county Veteran's court, a diversion program for veterans who had been convicted of a crime but joined the program to avoid a jail sentence. Because a small number of the shelter's residents were veterans participating in the court, these client's case managers had to report weekly on the participants' milestones, setbacks, and other notable events. The content of these reports, if clients violated the court's strict rules (court participants were prohibited from drinking or being in settings where alcohol was served), could lead clients to receive court sanctions or even be put in jail. In another instance, while conducting participant observation at the Faith Coalition (the organization managing the local winter women's shelter), I answered a phone call at the nonprofit's

reception desk in which a probation officer asked to verify that a woman on her caseload was indeed staying at the shelter. Still at the food bank, one employee described to me another instance of collaboration between the state and a nonprofit, this time with the local welfare office:

There was a time when, our numbers were increasing, and we were able to meet with the Executive Director of Welfare, and even the executive, at that time, said, "If, they are on food stamps, you should not help. You should refer them back to their worker, because if, they're telling you they lost their card, one of the things they're doing is selling their food stamps, or their card's number, in between." So, she said, "Refer them back to us, because what we're finding is, they're not really losing their card. So, we make them wait, and during that wait time, we can refer them to the food bank, because they already get food stamps."

Since then, the food bank had changed its policy under their new food provider (a state-funded nonprofit), whose rules stated that food banks could not monitor or regulate client's use of the food received beyond asking them to self-certify their income and come in only once per month. The Coalition employee had brought up this former agreement with the welfare office to illustrate the ways in which using ServiceTech would provide the food bank with an alternate way to identify fraud and misuse of the food they provided. Before recounting the former agreement, she had described her own hopes for ServiceTech as follows:

I like the idea that we would be able to communicate with each other, because that was a complaint I had when they started opening up all these food pantries. How do you know that, this person went to that person, and is now here? [...] ServiceTech, if they make it that way, that, yes, we can share information, that would be great, because it will keep the abuse down. People going around from food bank to food pantry. [...] Because, they're going by numbers. I sit here, and I watch, and I hear, [our food provider agency] tell us, "You don't ask for income.

You serve whoever walks in the door." So, we're enabling because they're saying you must give them food once a month. So, to me, that's enabling, because half of the people are already on food stamps.

Even at an early stage of the database's implementation, expanding the ServiceTech platform through the MDSI already carried potential risks for clients seeking to access nonprofit services from participating agencies. For example, early in the MDSI's implementation, standard ServiceTech intake had a field inquiring about the client's citizenship, with the following dropdown menu options: "Data not collected," "Eligible noncitizen," "Ineligible noncitizen," "US citizen," "Undocumented." Under HUD rules, HUD-funded agencies were not required to ask about individual's citizenship status, but undocumented immigrants were not eligible for HUD-funded services. To navigate this, many nonprofit workers simply refrained from asking the citizenship question to clients during the intake, since it was not a required data field. In a ServiceTech training meeting, however, a Housing Alliance administrator explained to a room full of housing frontline workers that if a client's file indicated that he or she was undocumented, they would not be allowed to receive HUD-funded services. Under a shared database with an increasing number of participating nonprofits – many of which would likely be unaware of this rule if they did not receive HUD funding, the chances of a client being labelled as "undocumented" increased with each agency added to the MDSI. Clients in this situation would run the risk of being barred from receiving housing services, or even face more serious legal consequences depending on who had access to their ServiceTech record. Similarly, the self-sufficiency matrix assessment contained questions about a client's legal status, including whether they had an active warrant. The VI-SPDAT, another

assessment housed within a client's ServiceTech record, also contained questions about illicit behavior and prior encounters with law enforcement.

Client had to technically opt into the sharing of their information through ServiceTech by signing a two-page release of information (ROI) form that explained the goals and practices of the MDSI. When it came to implementing the ROI under the MDSI, some initiative leaders and participating program directors were concerned that asking clients to share their data so widely would lead to individuals routinely refusing to sign the form. In response, Housing Alliance administrators often stated that, in the few years they had been using the HMIS shared homelessness database, not one client had refused to sign the ROI. From my perspective, it seemed likely that individuals, particularly those "in crisis" or high-need like individuals experiencing homelessness, may feel compelled to sign forms without questions in order to receive services. In some cases, agreeing to one's information being shared across agencies was a requirement to formally enter the system as a client: until the MDSI upgrade, clients seeking housing or homelessness services could not be entered into ServiceTech without their information being shared. As a result, individuals who refused to sign the release of information would not have been entered into HMIS, which effectively prevented them from being put on the waiting list for rapid rehousing services.

Even once an option was created not to share individual client profiles in ServiceTech for those clients who refused to sign the consent form, this option was likely rarely advertised by frontline workers who felt pressure to have clients join the database. Over the course of observing different versions of the ServiceTech release of information (ROI) form being signed across various programs, I also noticed that most clients were

quick to glance over the form and sign it, particularly since this was only one of many pieces of paperwork they were asked to go over. I experienced this myself as an intake worker at the Faith Coalition's food bank during the implementation of ServiceTech. When describing the MDSI to clients before handing them the ROI, I would typically explain that the new information system used by the food bank was a shared system, but that participating agencies agreed only to access client's information if they were actively working with them. If someone dwelled on the form for longer than usual, I would continue to describe the initiative by stating that one of the main goals of the system was to save clients time and to allow agencies to refer them more easily to relevant programs. Many clients, upon hearing this, commented on the fact that it was a good idea. A few weeks after the launch of ServiceTech at the Coalition foodbank, I was conducting intakes and mentioned to one of the Coalition managers that I had had one client refuse to sign the form. Upon hearing this, the manager told me that she had overheard me describe the initiative to clients, and suggested that I switch the order of my short speech and start by describing the benefits of the initiative for clients first. This manager herself, however, had qualms regarding the ServiceTech consent process: a few months later, she explained to me that she had been told that when it came to the consent process, most case workers glossed over the content of the form and simply asked the client to sign in order to receive services. She pushed back against this approach, stating that she personally thought it would be unethical to do so.

Nonprofit leaders and administrators overseeing the ServiceTech database and the MDSI rarely brought up privacy concerns in the steering committee meetings I attended. When such concerns were discussed, it was typically in the context of other nonprofit's

privacy-related concerns if they were to adopt the shared database. Administrators often portrayed these apprehensions as being outweighed by the benefits the MDSI would bring to clients and to the programs. One housing program director stated that, “I think you will have your fighters of privacy, I don't know that that's a big enough group to stop what might be the greater good.” At steering committee meetings, MDSI leadership would frequently brainstorm which additional organizations they would want to, in an ideal world, join the MDSI and begin using the ServiceTech database. One committee member mentioned the local prison, stating that creating an electronic referral process between nonprofits working with formerly incarcerated individuals and the prison could interest prison administrators. The administrator also mentioned the local welfare as a desirable participant for the MDSI, adding that, “that’s a lot of data,” and that this would be a way to hopefully minimize frustration for clients.

Whereas many frontline workers liked the idea of “getting a better picture” of their clients’ situation, some respondents, even those who did like the above idea, also acknowledged that this could have troublesome implications for clients’ privacy and resulting care. One case manager told me that it was only after talking to clients about the ServiceTech database that she had realized that individuals seeking services may be uncomfortable with their information being shared across organizations. She explained as follows:

I'm noticing, for individuals who are using the services, they're a little weary about it. They're like, hmm. I don't know if I want that person to know about ... It's probably that already drilled into their brain, that for some agencies you have to meet these specific requirements. They're probably worried if they say one thing, it might affect their application for somewhere else.

Indeed, although client resistance to the initiative was not a big point of discussion in the early planning stages of the MDSI, it became clear to frontline workers using ServiceTech that some clients may have concerns about the shared database. Another frontline employee working in a program that had been using ServiceTech for a few months described an instance in which she noticed that information in the system did not match the ServiceTech data. When meeting with a woman seeking eligibility for the program, this case worker noticed that the ServiceTech database indicated that the client in question was married and currently living with her husband (in that he was listed as a household member). She recalled the encounter as follows:

She came in and I said, "So, how many people in the household?" She said, "Three. I said, "I see there's four here. It looks like your husband is in the house." "No, he's not there anymore." I said, "That was just last week. He moved out that quickly?" She said, "Well, how do you have that information?" And I said, "Well, it's in our computer system, it's all in there, you told me I can put your information in, so when I went to do that, a lot of it's there."

Once she told me about this specific instance, I asked what she thought the consequences of cases like this might be for service delivery. She told me that this could have impacted her eligibility, if the client's husband earned additional income that put the household above the program's income limits. In this particular case, she explained that the woman was eligible even with her husband's income taken into account. However, this case worker also told me she felt uncomfortable telling clients what she saw on the screen, and was not sure how to approach this. When I asked her about client's reactions to her bringing up information from their ServiceTech record, she responded:

Confused is the word. "How do you have that information on me? How do you know that?" More confused. And actually it's something I want to bring up to [supervisor],

is it something we should even be ... But you know, I wanted to bring that up to her, should we even be saying, "I see that you just last week went here, and I have this information." Should we be saying that, or should we somehow skip it? But I don't know how ... I mean, I could easily turn that so people can't see it, but it's a question. Because people are getting confused. "How do you have that? Why do you have that?"

This employee was not alone in having concerns about how others may use ServiceTech client data entered by other nonprofits. Multiple respondents mentioned having personal client information shared across a large network of agencies posed a risk, because some frontline workers with access to ServiceTech could jump to conclusions about a client on the basis of ServiceTech data without giving them the benefit of the doubt. One frontline employee in the housing field explained some of the concerns she had about entering personal client information in a shared database:

And we don't want something we've said about somebody, even though we were just trying to document facts, to be held against them. We really don't. Especially if something that happens now, two years from now they're trying to apply for something else, and then somebody's trying to use that information that we were just trying to document what happened. And that's the kind of stuff we worry about. And that's not supposed to happen, but we're all human beings. Do you know what I mean? The Housing Alliance will say that they're not supposed to do that. They should not be using that information, but that's just how it's going to work. You can't prevent that kind of stuff from happening.

Some frontline staff even incorporated this thinking into their daily process when meeting new clients, explaining that they tried to look at HMIS notes after having met the client for an intake, in order to give them a chance to tell their story themselves without any preconceived notions on the employee's part. Others stated that when it came to particularly sensitive information, they would intentionally enter these notes into a separate, information system restricted to their nonprofit only, or even on paper files so

that they were sure that workers from other agencies would not have access to these details. Some frontline workers thus were already concerned about the potential for widespread data sharing to limit client's access to services.

## **V. Conclusion**

Features of ServiceTech database, as the main tool underlying the Middlebury Data Sharing Initiative, revealed an outcomes-oriented approach to anti-poverty work. Influential field leaders in Middlebury nonprofit social services saw data as a tool to connect individual programs to each other in order to provide comprehensive services to clients across areas such as housing, health, transportation, parenting, mental health, etc. The extensive data collected through ServiceTech across programs would enable nonprofit employees to obtain a “fuller picture” of a client's needs, barriers, strengths, and progress. This comprehensive approach to social work also hinged upon the concerted work of multiple providers in helping an individual get out of poverty. Each individual program action would build upon the previous one, thus addressing the root causes of poverty rather than serving as a “band-aid” or temporary fix.

This had important implications for two key sets of actors in the Middlebury nonprofit social services field. First, the outcome-oriented approach, through the MDSI and other prominent rhetoric about the need for impactful anti-poverty work, emerged as an influential pressure on nonprofits to focus on work that would sustainably lift individuals out of poverty as opposed to short-term services that were viewed merely as “band-aids.” This was most visible in the context of service-oriented nonprofits like the Faith Coalition or the Anti-Poverty League's utility assistance program, programs that

provided point-in-time services with limited client follow up. Such nonprofits felt pressure to redefine organizational outcomes, collaboration practices, and program structures to move towards the holistic approach to service delivery.

Additionally, the use of a shared client database in concert with a holistic approach had important implications for the way case managers worked with and expected of clients. Previous research has showed that the use of information technology in public programs carries important negative consequences for client privacy, surveillance, and access to services (Brayne 2014; Eubanks 2017; Gilliom 2001). In contexts such as police departments or welfare agencies, scholars have argued that prior dynamics of suspicion and bias towards low-income clients coupled with high accountability pressures has resulted in punitive and discriminatory measures towards vulnerable clients through the use of data tools. In the context of Middlebury nonprofits, I found that frontline worker's prior understandings of some clients as unreliable or worthy of suspicion carried into their use of the shared technology. I also found that the outcome-oriented approach to anti-poverty work had the consequence of extending the case manager's area of concern beyond their specific program parameters. Case managers of housing, mental health, or navigation programs, under the goal of addressing the deep-rooted causes of poverty, found it necessary to get a "full picture" of a client's situation to identify and address potential barriers to client progress. This outcome-oriented approach, coupled with a technocratic desire to collect a full data picture of program and system performance, led to a form of *bottom-up surveillance* of both clients and programs all organized around the goal of making "collective impact" and sustainably eliminating poverty at the individual and community level.

The transition from service to outcome orientation in case management had both potential advantages and risks for clients and their access to social assistance. The outcome-oriented approach had the benefit of emphasizing the wide-ranging set of resources need to address poverty at the community level, and it also encouraged nonprofits to think carefully about the goals of their program and how they could make their work more effective. In parallel, it overlooked the potential negative consequences of an integrated system that already overlapped significantly with institutions involved in the surveillance, punishment, and compliance of the individual nonprofit organizations sought to assist. In addition, the outcome-oriented vision represented an “imagined future” for the system of Middlebury social services that assumed that organizations would be able to successfully implement the comprehensive, outcome-oriented approach to case management embodied by ServiceTech. As I show in previous chapters and in Chapter 5, such an assumption overlooked the significant obstacles that programs faced in implementing ServiceTech. In the next and last chapter of the dissertation, I turn to the example of the Faith Coalition, a high-volume, low-resource nonprofit whose organizational resources and routines were able to meet service-oriented goals of service delivery, but were incompatible with an outcome-oriented approach.

## **Chapter 5 Organizational mismatch in technological implementation: the case of the Faith Coalition**

### **I. Introduction**

The Faith Coalition, one of the four nonprofits I studied, was a faith-based nonprofit in Middlebury city that primarily operated a high-volume food and clothing bank. In 2015, the Faith Coalition's director of 10 years retired, after overseeing the nonprofit's move to a new, much larger location. Shortly before retiring, the Coalition's director and Housing Alliance administrators had agreed to build a customized version of the ServiceTech software for them to use. The path to ServiceTech was a fraught one for the Faith Coalition, and the Housing Alliance would have to wait over a year and a half to see the system being implemented at the food bank.

After the software was built, the recent move to a new facility and employee turnover likely delayed the Coalition's transition to ServiceTech. When discussing the case at a meeting, Housing Alliance staff explained that when they asked Coalition employees how they liked ServiceTech, they found out the nonprofit was not using it because it was "counter-intuitive." In a separate meeting with an employee of the Faith Coalition, the Alliance director explained that their organization, having spent time and money to build a version of ServiceTech for the Coalition, would have to be repaid if the Coalition was not going to use the software.

Meetings between the Housing Alliance and the Faith Coalition took place during the exploratory phase of my research in October and November of 2016, and were among my first experiences in the field. On November 11<sup>th</sup> 2016, I met with the nonprofit's director

to learn more about the Coalition's work, and to see whether I would potentially be able to engage in participant-observation at the nonprofit. The director introduced me to the Coalition's food bank director, and we agreed that I would begin participant observation at the food bank at the start of the new year. On January 9<sup>th</sup>, 2017, my first day of observation at the Coalition, I promptly learned that the Coalition's director had stepped down from his position, and that a Coalition board member was replacing him as interim director while the board sought a permanent replacement.

It was after learning this that I met one of the Coalition's managers, who had started only a month prior, on December 5<sup>th</sup>. When I explained the scope of my project to obtain access to the organization a second time, she stated that this was the right place to study data and technology in Middlebury nonprofits, as they were just about to adopt ServiceTech. Months later, in an interview, she told me that she thought one of the reasons why she got the job was because she "had experience with HMIS," She confirmed this by explaining that in the interview, the director had mentioned the need to move to ServiceTech: "He said, 'We have to do this.' [...] He didn't tell me we were a year behind in implementing it." Three months after she started the job, the Faith Coalition began using ServiceTech as their daily client database.

...

The Faith Coalition's implementation of the MDSI provides an illustrative example of the incompatibility between service-oriented organizations and outcome-oriented initiatives. The Faith Coalition, as a nonprofit that primarily focused on providing food and clothing to approximately one thousand households every month, was not equipped to implement ServiceTech according to the MDSI's outcome-oriented vision of service

delivery. The mismatch between the goals embedded in the MDSI and the Coalition's organizational day-to-day priorities had important consequences for the success of the data initiative along with the nonprofit's own service delivery objectives. Employees at the Faith Coalition had to create new procedures to incorporate ServiceTech into existing workflows in a way that would satisfy the organization's own service delivery goals, the MDSI's enforced objectives, all while working within the technical parameters set by the ServiceTech software.

In this chapter, I argue that outcome-oriented programs and tools, unlike service-oriented ones, had higher operational costs related to staffing, administration, technology, and time. Organizations structured around short-term services lacked the level of organizational slack necessary to successfully accommodate the introduction of comprehensive, outcome-oriented tools and procedures into their day-to-day activities. In other words, the MDSI required a flexible, time-consuming and resource-intensive approach to case management that was simply not possible given the Coalition's organizational environment. This resulted in a process of *sedimented rationalization*, a form of organizational change in which new procedures are created and adopted on top of pre-existing ones. Without the ability to design new workflows that could integrate different daily priorities into one set of coherent practices, Coalition staff instead defaulted to a layering of old and new organizational practices, which in turn multiplied the number of procedures and requirements that frontline workers had to follow.

To demonstrate the implications of the mismatch between ServiceTech and the Faith Coalition, I first describe the organizational characteristics of the Faith Coalition, arguing that its service-oriented focus contributed to a low-capacity, resource-stretched work

environment in which staff, resources, and time, are extremely limited. I then describe the circumstances that led the Coalition to adopt ServiceTech under pressure from other local nonprofits. Next, I outline the ways in which competing organizational priorities between the Faith Coalition and the MDSI led to a process of sedimented rationalization during which conflicting goals were pursued through short-term, low-resource procedural changes being implemented on top of pre-existing work routines. Lastly, I describe the negative consequences of this mismatch in terms of program operations and MDSI goals.

## **II. Organizational mismatch: implementing a holistic tool in a transactional setting**

### ***Addressing basic needs: a service-focused approach to service delivery***

The Faith Coalition, a faith-based nonprofit located in Middlebury City, operated a variety of programs providing food, housing, and transportation assistance to individuals in Middlebury county. Its most frequently used service was its food and clothing bank, as it served approximately 1,000 households per month. The agency did not hire any licensed social workers or engage in case management with clients: the only employee with a social work degree was the director of social services, and her role was primarily managerial. Reflecting they called a “transactional” approach to the Coalition’s work, most employees saw the organization’s mission as tending to individuals’ *basic needs*. Three different employees described their own understanding of the nonprofit’s mission as follows:

Well, the mission of the Coalition is obviously to serve, and to serve the most needy and vulnerable people of our community through the four key areas. Food, clothing, shelter, and transportation, which are the four key areas that the Coalition works on.

“Putting faith in action,” ... It’s a little muddled to me, but quite simply, it’s something that if I had a tagline for it, “Providing hope to those in need.” Basics, food, clothing, shelter ... and then transportation.

To provide food, shelter, clothing, and transportation to vulnerable people in the community ... based on growing out of the church’s mandate to serve the poor.

The Coalition’s service-oriented approach was not limited to the organization’s formal mission and goals, it also shaped the nature of the program’s frontline routines. At the Coalition’s food bank, workers followed a clearly defined service delivery process that rarely varied from day-to-day. Food bank clients would come into the waiting area, take a number and wait for it to be called by an intake worker. They would then be brought into an office, where the intake worker, typically a volunteer, would verify their demographic information along with their eligibility for a food bag,<sup>26</sup> after which clients would be sent to the food bank area to choose their groceries. Clients were at the nonprofit only for the amount of time required to receive food, clothing, or apply for services. Interactions with workers and volunteers were typically short and task-oriented. Although the Faith Coalition did keep a digital record of every client who received services, this was made up of primarily basic demographic information for each household member and of a history services received at the Faith Coalition. This *service-oriented* approach to providing clients walk-in, point-in-time services without subsequent follow-up or case management, or extensive data collection stood in contrast with that of more “holistic” or *outcome-oriented* social programs. To demonstrate the consequences

<sup>26</sup> In accordance with the food bank’s rules, clients were eligible to receive food once per month, and service history was tracked electronically.

of this organizational mismatch between the MDSI's model of anti-poverty work and the Faith Coalition's narrower approach to service delivery, I first describe the ways in which the Coalition, as a service-oriented organization with limited resources, operated in an environment characterized by low administrative capacity, high turnover and inconsistent daily practices.

***Short-term, service-focused work in a resource-stretched environment***

The structure of the Faith Coalition matched its bounded approach to service delivery in terms of staff and resources. It employed approximately 10 individuals, though staff turnover was high, with multiple individuals being replaced and positions remaining unfilled during my fieldwork. As such, it largely relied on volunteers to staff the food and clothing intake office, the food and clothing distribution centers, and the winter shelter. This lack of resources and resulting lack of organizational slack had important consequences for the stability of the organization.

Although the nonprofit had been operating since 1947 and had managed to experience significant growth in the number of clients they served since then, day-to-day operations were often uncertain and chaotic. In an organization with such a small number of full-time employees, high turnover, and largely volunteer frontline workers, mistakes or inconsistencies in following procedures were frequent. In addition to its regular volunteers, who typically were local retirees, the Coalition often relied on college interns to fill in empty spots at the food bank intake station. Interns would typically put in longer hours than volunteers, who usually only came on one designated morning a week. Conversely, interns would only work at the Coalition for a shorter period of time overall,

generally between one month and a semester. Employees overseeing the volunteers at the Faith Coalition would face frequent cancellations and volunteer shortages. When this was the case, they would have to fill in for them at the intake stations. This was a frequent occurrence, particularly during times when another employee was out sick, or during a time like the summer when interns rarely were at the Coalition.

High turnover also meant that new volunteers or interns would regularly require training before being able to assist with the food and clothing banks' operations. My own training experience was illustrative of the nonprofit's challenges. I began conducting participant observation at the Coalition's intake station on January 9<sup>th</sup>. That day, I was trained – at the request of the food bank manager – by an intern who herself had been volunteering for the Coalition for only two weeks, during her college winter break. She walked me through what would be my main task at the Coalition before ServiceTech's implementation: processing same-day food orders from case managers, entering these in the in-house client database while verifying clients' eligibility, and creating a summary spreadsheet for the day. When I returned to the Coalition for my second day of fieldwork there a week later, the intern had gone back to school, leaving me to replicate the tasks I learned a week before based on my notes summarizing the multi-step process, along with the food bank manager's answers to my questions when she was nearby. On my third day at the Coalition, I met another intern who was to begin working at the Coalition for the semester. Having only done one day of case manager food orders on my own, I was asked by the food bank to now train the new(er) recruit. My own training experience seemed representative of that of other volunteers at the Coalition: individuals interested in volunteering at the nonprofit would be first greeted by an employee, would be trained

by another volunteer, shadow them for a few days, and then start doing intakes on their own.

This lack of training among volunteers had important consequences for the way clients experienced service delivery at the Coalition. After a few days of volunteering, I quickly realized that the nonprofit offered financial assistance services for rent or utilities that they intentionally did not advertise. This was a small program aimed at centralizing financial assistance for churches that could refer members in need of financial help to the Faith Coalition instead of using their own funds. Having been previously unaware of this program, I had only mentioned food and clothing services to multiple individuals calling the nonprofit to inquire about assistance with rent or electric payments. I quickly noticed that I was not alone in being unaware of important work tasks or organizational processes, as volunteers as well as employees would regularly follow only part of the procedures prescribed by the food bank manager, not knowing about a recent change or more advanced part of the process. The nonprofit's staffing structure also meant that the volunteers doing client intake or case worker food orders varied from day to day, thus limiting the amount of stability and communication that would occur from one day to the next.

The level of turnover and instability at the Coalition could also serve as a barrier against receiving services, by making the Coalition's rules for opaque and inconsistent to clients. In doing intakes myself, I soon realized that clients who had been to the food bank multiple times likely had not been given an overview of the food bank's rules. There were many misunderstandings, for example, regarding the 30-day limit to receiving food. Some clients would frequently worry that they did not come to the food

bank on the date indicated on their food receipt, although this date solely reflected the earliest date they could come next, rather than the required appointment date as some seemed to interpret it. I also had some clients who would frequently come on the same day of the month, which did not always coincide with the 30-day limit. Inconsistent communication practices between volunteers and staff also meant then when procedures changed, volunteers were informed on an ad-hoc basis, and thus implemented the change inconsistently. This nontransparent, frequently changing organizational environment also limited the predictability and continuity of clients' experiences. For example, I once conducted an intake with a woman whose son lived with her mom, but was still marked as part of the client's household in the Coalition database. As I pointed this out, she patiently explained to me that she had already told the previous intake worker about her situation. In discussing her case, they had agreed upon leaving her son as part of her household in ServiceTech, because it was easier for her to pick up food than for her mother to do so. At the end of our discussion, I quickly realized that we had likely had repeated the exact interaction she had previously had during her last visit to the food bank, with the same result. This was a common occurrence for clients whose circumstances did not fit neatly into the food bank's framework for allocating services: even if they were able to explain their case in front of one worker, they would likely have to do so all over again the next time they came in. Technology contributed to this lack of context regarding individual situations by providing a rigid framework under which to

log services for each client, with few clear areas on a client's record for additional notes or clarifications.<sup>27</sup>

As I will show in the second half of this chapter, although some may have anticipated the adoption of a new, integrated communication tool through the MDSI to help solve these organizational challenges, this was far from being the case. In fact, the Faith Coalition's implementation of the ServiceTech database effectively reproduced pre-existing dynamics in ways that led to additional costs for Coalition staff and clients, and likely affected the quality of MDSI data negatively. The incompatibility between the MDSI's and the Faith Coalition's missions, goals, and level of required resources led to a multiplication of often insulated procedures that, instead of being reconciled into a new set of organizational practices, were layered on top of each other in a process of sedimented rationalization. Before describing the exact nature of this process at the Faith Coalition, the next section recounts the circumstances under which the nonprofit came to implement ServiceTech.

### ***Why did the Faith Coalition adopt ServiceTech?***

Given the lack of fit between the Coalition's service-oriented structure and the MDSI's outcome-oriented vision, why did the Faith Coalition adopt ServiceTech? To

<sup>27</sup> Under the Coalition's previous case management system, employees and volunteers had created a workaround in which they logged additional notes as a service in the client's service history, which was visible on the homepage of a client's record. Under ServiceTech however, the case notes section of a client's file was not displayed on the record homepage, thus requiring a user to explicitly click through a series of screens in order to read any available case notes. This therefore made it very unlikely that users would see any notes added by a previous user of the database.

provide clarity on this question, I describe the process through which the Housing Alliance, a local organization with an outcome-oriented mission, pressured the food bank to switch their client database to ServiceTech. Among Housing Alliance administrators, stated reasons for wanting the Coalition to start using ServiceTech varied. When I retrospectively asked a Housing Alliance administrator why they had decided to build a ServiceTech intake for the Faith Coalition, he explained:

We started the food pantry thing before the Anti-Poverty League started talking about the MDSI. We [built ServiceTech intakes for] a social service group out in [small town in Middlebury county] that we added into ServiceTech HMIS, and the Faith Coalition. Those might be the only two. [...] We did that for a couple of reasons. The original vision for that was to get churches in ServiceTech. If people came to a church asking for rent money, whoever was at that church could look that client up and say, “Okay, well they are enrolled in the rapid re-housing program, so that should be where they go. They should go back to their case manager.” Or, “It looks like they have been to four different food pantries this month, maybe we should have a conversation with them instead of just giving them a handout kind of idea.”

The Housing Alliance thus sought out a comprehensive approach to solving homelessness in expanding the use of ServiceTech to agencies providing services beyond housing assistance, and the Faith Coalition was a natural candidate as one of the largest food banks in the county. In addition, practical concerns about the Faith Coalition’s rules and practices contributed to the Housing Alliance prioritizing the Faith Coalition over other food banks. The Housing Alliance had previously built a similar ServiceTech version for the Middlebury women’s winter emergency shelter (another Faith Coalition program), that allowed shelter guests to check in every night using printed out bar codes linked to individual ServiceTech records. The Housing Alliance director hoped that the

transition to a new case management system would allow food bank clients to access the food bank by simply scanning a badge before receiving food, leading to less time waiting in line on the part of clients.

Furthermore, organizations working with the Faith Coalition had complained that the nonprofit required obtaining the social security numbers of everyone in the household before allowing them to receive services. Social security numbers served as a convenient unique identifier for each client (to ensure that people were not picking up food multiple times a month) but it also raised concerns about client privacy and barriers to access for agencies referring clients to the Coalition. These concerns provided additional incentive for the Housing Alliance to pressure the Coalition to implement ServiceTech in the face of significant delays.

In a meeting with an early childhood program hosted within the local hospital, the Alliance director explained in the meeting that their first concern was that the Faith Coalition was not using the software they had spent time building for them. Their second, related concern was that the Coalition's current software, which was custom built decades prior, used social security numbers (SSN) as client IDs in its database. The Housing Alliance employee plainly stated her disapproval of this rule in the meeting by calling it "a human rights violation". Also in attendance were the hospital's information specialist and their insurance specialist, who lent their expertise regarding what would happen if a data breach occurred at the Coalition. As a result, the Housing Alliance put increased pressure on the Faith Coalition to transition to ServiceTech, justifying it through the hours spent building a new software. This ultimately led to the food bank's transition from their in-house software to ServiceTech.

Once the Faith Coalition proceeded with the ServiceTech adoption, however, delays in the process and changes to the expected ServiceTech workflow led to the Housing Alliance staff to become less and less invested in the Coalition's successful transition to ServiceTech. As a Housing Alliance administrator explained:

The Faith Coalition went through three executive directors and three program directors, and each one had a different idea about what they wanted out of ServiceTech. The first explanation we had, that's what we built. The second person came along and said, "That's not at all what we want and it won't work, go back and do it again." We did it again and again, the third person was like, "It's not really the most logical steps and there's too many questions and we're never going to ..." it seemed like it was more work than it was worth. The data that we could pull out or the benefits of knowing which clients went to which food pantry didn't seem like it was worth the effort, so we stopped quite honestly.

Having experienced such difficulties in having the Faith Coalition formally adopt ServiceTech, the Housing Alliance saw the start of the MDSI as an opportunity to take some distance from the software transition at the food bank, and transfer its oversight over to the MDSI. This also served the goals of the MDSI, as the Faith Coalition saw a large number of clients every month and had an important presence among the Middlebury nonprofit field. The Coalition's participation would allow the initiative to gain momentum by including the largest food bank in the county, and to "get buy-in" from other organizations, as was frequently discussed by initiative leaders, by making it possible for other programs to have more information on the food bank and client's use patterns through the database. Despite the Housing Alliance's retreat from the project, their years-long negotiation process led the Coalition to start entering client information into ServiceTech approximately three months into my fieldwork.

***Conflicting priorities under limited resources: a process of sedimented rationalization***

As described in Chapter 4, ServiceTech as a piece of infrastructure embodied the MDSI's larger vision for anti-poverty work, one that emphasized the need for a holistic, integrated, and comprehensive approach to service delivery. This approach to anti-poverty work conflicted with the service-oriented structure of the Faith Coalition's programs, which focused on the point-in-time delivery of services to as many people as possible. Although, in this early stage of the initiative, MDSI leaders understood that switching to an outcome-oriented model of service delivery was a tall order for the Faith Coalition, they nevertheless hoped that ServiceTech would be a first step in this direction for the food bank. This was perhaps no clearer than during the time the Faith Coalition was negotiating the parameters of the ServiceTech implementation at its food bank as one of the earliest adopters of the shared database under the MDSI. In an April 2017 meeting between an MDSI administrator and Faith Coalition staff, one employee commented on the perceived incompatibility of ServiceTech in a transactional setting like the Faith Coalition's food bank. The database and its associated intake process, she said, was for people who came to a program with a pre-established appointment, whereas the Coalition food bank only provided walk-in services. In response, the MDSI administrator said that this was the mentality they were trying to change, and that they did not want to have people simply go through a program and not think about how they could help them further. The employee replied, unconvinced, that this was a complicated goal in a program that saw an average of sixty clients per day.

ServiceTech and the MDSI thus contributed to field-level pressures for the Faith Coalition to adopt an outcome-oriented model of anti-poverty work. Despite the so-called

“transactional nature” of the Faith Coalition’s services, the organization’s leadership and employees were conflicted regarding the exact approach adopted by the nonprofit. There were regular discussions among board members about the kind of organization the Coalition wanted to be: was it a Christian charity organization? Was it a largely secular social service hub? This tension in defining the Faith Coalition’s mission mirrors Wuthnow’s (2004) analysis of faith-based social service organizations. As government contracting has led to an increase in the number of secular social service nonprofits at the local level, two main models of faith-based organizations have emerged: ones that are operate under what Wuthnow describes as a “service-oriented” model of formal provision of social services, and ones under a “congregational” model with a more explicit relationship to faith providing “a communal set of social relationships in which clients are encouraged to become involved” (173). The Faith Coalition’s approach to social service provision was a topic being actively discussed by board members, who were preparing to formulate a new strategic plan in coming years. Part of this question was whether the Faith Coalition should keep its current, service-oriented model, or aim for a outcome-oriented approach to anti-poverty work. One of the interim directors for the organization during my fieldwork explained this aspiration as follows:

We're proud and well pleased with the work we do here, but it's so much more powerful when it's working hand in hand with [housing programs], and with [local food coalition]. Because the food that we provide is going to be supplemental, right? [...] It's not going to feed [a mom and a couple of kids] for the entire month. It has to be supplemental.

Another employee explained that the Faith Coalition increasingly sought to “make the life-changing differences.” She told me that even in the case of “providing that basic

need” through the food bank, they had heard stories where the Faith Coalition “just being there for those basic needs has helped people to change.” She then went to talk about their transportation program, along with their program providing professional clothes to individuals seeking employment, as examples of initiatives that could radically change clients’ lives. “I had a girl who got the interview clothes and got the job and came back crying.” Although this individual was one of the interviewees who emphasized the intrinsic value of providing food to those in need, she also assigned a heightened significance to programs that could “make a change,” i.e. help individuals move up the socio-economic ladder rather than resolve a temporary emergency or recurrent need. Consequently, employees at the Faith Coalition partially subscribed to field-level rhetoric promoting the need for programs to sustainably lift people out of poverty rather than simply providing a point-in-time service like food, clothing, or emergency financial assistance.

Under the organization’s current constraints however, achieving such a vision was difficult. Indeed, there was a mismatch between the MDSI’s ambition to identify and solve client needs across multiple areas of their lives, and the focus of nonprofits like the Faith Coalition on a single service provided to a large number of clients. This disconnect was not only in terms of organizational mission, but extended to the organizational parameters required to satisfy each respective goal. Indeed, structuring the provision of services around a desire to identify client needs and address them sustainably and across programs required many more resources and administrative capacity than delivering food boxes to clients. In other words, whereas the Faith Coalition could sustain service-oriented programs with relative success (in terms of program output and short-term

assistance), it did not have the resources, trained staff or administrative capacity to engage in outcome-oriented case management, and much less to do so successfully. In the second half of this chapter, I show that the implementation process at the Faith Coalition revealed an incompatibility between the goals and structure of service delivery at the food bank and the objectives of the MDSI, in ways that led to negative consequences along both sets of goals.

*Faith Coalition procedural priorities: serve eligible clients efficiently, track service numbers*

The Faith Coalition's organizational routines and procedures mapped onto a set of objectives that staff, managers and board members saw as key to the nonprofit's functioning. At the food bank, these goals were made visible through the steps the client had to through prior to receiving food. Indeed, the two main objectives of the intake process were to:

- a) Verify client information to ensure they were eligible to receive services.
- b) Track specific variables to satisfy funder reporting and documentation requirements.

These two sets of procedures mapped onto two larger organizational objectives for the Faith Coalition:

- 1) Provide food and clothing to eligible clients
- 2) Secure and maintain funding

Employees guiding the implementation of the software had to make infrastructural decision that would meet these two objectives, all the while managing stakeholder

demands, and navigating infrastructural constraints. In switching to ServiceTech, the Faith Coalition had to reconcile their own service delivery goals with other stakeholder priorities. Namely, the Coalition's management had to, in addition to the above two goals, ensure that the switch to ServiceTech:

- would not “scare off” valuable volunteers,
- would not excessively disrupt the service delivery process for clients
- would satisfy the Housing Alliance's expectation that the Coalition start using

ServiceTech

The nonprofit had to make sure they continued to provide a valuable service to clients, and to maintain their reputation as a high-volume food bank so as to continue to receive private, church, and business contributions. In doing so they had to keep clients, staff, volunteers, board members, and donors satisfied. With the adoption of ServiceTech, they now also had to follow through with the previous director's decision to implement a new case management software. The switch to ServiceTech also meant that they had to tend to the above concerns with very limited control over how to shape the technology being used. Because this was a pre-existing database that echoed a more comprehensive, outcome-oriented approach to service delivery, they had to continue meeting their own organizational goals under a technological framework that favored a very different approach to the structuring of services and client interactions.

#### *ServiceTech procedural priorities: collecting client data, limiting data errors*

The way the ServiceTech intake was structured also revealed a specific approach to service delivery, with key procedural objectives that often came into conflict with that of

the Faith Coalition. ServiceTech, as a tool shaped by HUD and the Housing Alliance that was subsequently adopted as the main technological infrastructure for the MDSI, embodied the following procedural goals:

- 1) Collect *wide-ranging, accurate* and *consistent* client data
- 2) Enable providers to share this data across programs

The ServiceTech intake for the Faith Coalition was largely derived from the required HMIS intake for homelessness services, given the database's history as a mandated software for HUD-funded agencies. It required the case worker to ask the client a series of demographic questions including regarding their homelessness, disability, and veteran status. Similar questions were required of all household members, and – as a shared database across multiple programs – it included a separate screen to enroll families into the Faith Coalition's food bank program. In doing so, the software emphasized the collection of a “broad picture” of client information, one that – as I will show later in the chapter – was deemed unnecessary by food bank staff and management. This data also had to be entered anew for pre-existing Coalition clients, though, as I also show later in this chapter, Coalition staff were able to use part of the information contained in the previous client database to populate some ServiceTech fields while meeting with clients during the software transition.

In addition to the collection of client data, the MDSI's status as a *shared* initiative within which many programs used the ServiceTech data for formal funder reports meant that a key initiative goal was not just the collection of data, but the collection of *accurate* and *consistent* data. This objective had been built into the features of the ServiceTech database, for example by requiring users to first check for duplicate records using a

client's name before creating a new client profile (see Figure 11) below. In addition, the use of checkboxes, dropdown menus, and required fields are all common information technology strategies to standardize data and ensure it conforms to expected formats and values.

**Figure 11** Screenshot of the ServiceTech process to create a new client

The screenshot shows a web form titled "Identifying" in a light blue header bar. Below the header, there are two input fields: "Last Name" with a red star icon and the text "Mary", and "First Name" with a red star icon and the text "Test". Below these fields is a blue button with a magnifying glass icon and the text "Check For Duplicates".

*Before proceeding to the next screen, the user is required to “Check for Duplicates” to ensure a duplicate client record is not created.*

These values often mapped onto relevant service categories in the homelessness field, or involved data fields commonly requested by federal funders, rather than conforming more directly to the Faith Coalition’s own typology of relevant client characteristics (see Figure 12 for an example).

**Figure 12** Example of typical data fields for an initial ServiceTech client intake

The screenshot shows a web form titled "Add New Client" in a blue header bar. The form contains several data fields arranged in two columns. On the left side, there are fields for "Relation to HOH" (with a red star icon and a dropdown menu showing "Self"), "Veteran Status" (with a red star icon and a dropdown menu), "Do you have an eviction notice, notice to quit or written notice you have to vacate?" (with a dropdown menu), and "Race" (with a red star icon, a dropdown menu showing "Choose Options...", and a text area below it). On the right side, there are fields for "Is anyone in the household a spouse or widow/widower of a veteran?" (with a red star icon and a dropdown menu) and "Ethnicity" (with a red star icon and a dropdown menu). The form also includes a blue button with a question mark icon and a blue button with a flame icon in the top right corner.

In the next part of this chapter, I delve deeper into the implementation of ServiceTech and examine how the Coalition negotiated the creation of new or modified procedures in attempt to continue meeting their own organizational objectives, while also meeting that of the MDSI.

### **III. Negotiating a path of implementation**

The implementation of ServiceTech illuminated the Coalition's seemingly typical process in developing organizational routines, one I call *sedimented rationalization* as introduced in Chapter 2. By this term, I mean that - likely due to frequent change and limited time, money, staff, and at the time of ServiceTech's implementation, leadership - new procedures, tools, and practices were implemented on top of existing organizational routines. As agencies operate in a more and more complex environment, with multiple and at times competing goals to fulfill, sedimented rationalization leads to further multiplication and compartmentalization of tasks to suit each of the requirements of stakeholders and organizational actors. The result is a patchwork of procedures pieced together under a short-term logic of minimally disrupting the existing workflow while meeting key organizational objectives. Within this complex process of negotiation, we can observe which organizational priorities and approaches prevailed over others in structuring the implementation of ServiceTech at the Faith Coalition. In doing so, the example of the Faith Coalition food bank provides a valuable example of the ways in which low-resource organizations respond and adapt to external pressures. To examine this process, I focus on three procedural priorities managed by the Faith Coalition staff:

1) verifying client eligibility, 2) tracking client data, and 3) meeting funders' reporting requirements.

### *Ensuring client eligibility*

The procedural priority of checking clients' eligibility shaped the ServiceTech implementation in important ways. The primary rule guiding service eligibility at the Faith Coalition was that each household could only receive food once every 30 days. To enforce this, the Coalition's food bank required all clients to bring their ID, and asked new clients to also bring the ID and social security cards of everyone in their household to create a new client profile at the Coalition. The food bank manager had explained to me that they needed to have information on each person in the household, so that clients could not obtain food multiple times within the 30-day limit by having different household members come to the food bank. She gave me the example of a husband and a wife coming in on different days to obtain two orders of food rather than one per household, as allotted by the Coalition's rules. "It's not fair to take food, like [to get] three bags in each house. It's one per household so you can help more people," she explained.

In initial discussions, the Coalition's former director and the Housing Alliance staff had envisioned an intake process in which new clients would go through a full initial intake, and then be given a badge to use in all subsequent visits to the food bank. Under this new procedure, clients would only have to scan the badge prior to picking up their food, which would automatically verify that they had not received food in the past thirty days in order to proceed. As discussed in an implementation meeting approximately one

year after this initial ServiceTech intake was designed however, this did not fit with the Coalition's need to verify client information each time they came in. Intake volunteers, when meeting with returning clients, did more than verifying the last time they had received food: they would check the client's ID, ask if their address had changed, look whether yearly forms needed to be signed, and inform them of upcoming changes or events at the food bank. When a client badge was scanned in ServiceTech however, the screen only returned information regarding whether the service in question (in this case, receipt of food) was appropriately logged, or would return an error message if the client was not yet eligible for the service. With a simple badge scan instead of an intake, the Coalition would not be able to have this regular contact with food bank clients. As such, Coalition staff and the Alliance administrator agreed that badges would not align with the food bank's service delivery process, and the ServiceTech intake process was modified to map onto the food bank's current intake procedures.

The switch to ServiceTech introduced additional complexity into this process: existing clients' information would have to be entered anew into the new database, and intake workers would have to check a client's eligibility in the previous food bank software before proceeding with ServiceTech. Initially, food bank managers had planned to require all clients - new or returning - to bring their social security card and ID the next time they came to the food bank, in order to create a new profile for them in the ServiceTech system. Communication with clients was difficult given that many changed phone numbers frequently or did not have consistent access to a phone or email. To get around this, coalition employees had planned to hand out flyers in English and Spanish to inform clients of the temporary requirement weeks prior to the software switch. After discussion

with employees and the interns, the managers ended up allowing intake workers to simply consult existing client files in the old database and transfer information from there onto ServiceTech manually using dual computer monitors, thus eliminating the need for clients to bring extra documentation. One of the employees, however, was adamant that they should cap the number of clients to approximately 20 per day (the food bank would typically serve between 50 and 65 individuals daily) during the transition to ServiceTech in order to ease the process. The employee's supervisor rejected this proposal, arguing that she did not want to deny food to people, even temporarily. Instead, they agreed that during the transition, if the waiting room began getting too crowded, they would switch back to their previous database halfway through the morning, in order to catch up on the backlog of clients in a prompter manner. As I show later in this chapter, this use of both databases in tandem created additional complexity when compiling food bank data, as the two sources of information had to be manually compiled together.

#### *Entering client data into ServiceTech*

Aware of this unevenness in practices, the employee managing the food bank had incorporated failsafes into volunteers' prescribed intake process. Even prior to the MDSI, she had built her own system of paper forms, database reports, and Excel spreadsheets to allow her to, if necessary, reverse engineer what was missing if an error was noticed. Volunteers, when entering client data into the computer to log their services, would have to enter the same information in three separate places: in the nonprofit's in-house client database, on an Excel spreadsheet in the computer, and by hand on a printed-out version of the same Excel sheet. Many intake workers would frequently comment on the fact that

they were not completely sure why intake had to be tracked in this way, because it required them to enter the same information twice. Indicative of the redundancy of these practices, a few months into my fieldwork, one of the Coalition employees told intake workers that there was no need to fill out the paper Excel sheet, and that we could instead print out the one filled on the computer if we preferred.

This multiplicity of tracking platforms was designed to ensure that the employee could trace back required client information if volunteers had forgotten to enter it into the database or had done so incorrectly. The computerized client database (both ServiceTech and the in-house software they used prior to ServiceTech's adoption) functioned as the primary source of information to aggregate service data. Other records were used as needed, when the information found in the database was missing important parameters, had inconsistent information, or did not match up with food bank employees' recollection of events. These practices mitigated the risk of reporting errors on funder reports, but this came at the cost of increasing the administrative burden for volunteers and intake time for both them and the clients they saw.

The switch to ServiceTech introduced a more extended workflow to this complicated process for each new client coming to pick up food. The ServiceTech intake required the worker to cycle through multiple screens, some unnecessary for the purposes of the food bank, whereas the previous software conducted the intake on one screen only. In parallel, it made it easier to log services for existing clients. During the transition to ServiceTech at the Coalition, I informally attempted to estimate the length of each intake. Once workers became used to ServiceTech and most clients had had their information transferred to the new software, the intake process for returning clients was shorter using ServiceTech, as

seeing a preexisting client only required a small series of clicks to log the services they received. For new clients, however, the process was longer with ServiceTech. Whereas it previously took approximately 5 to 10 minutes to enter a client's data into the old system, ServiceTech initial intakes generally took between 15 and 20 minutes to complete. Unlike the previous system, ServiceTech required full demographic information for all household members, not just the head of household. As such, the intake process especially took longer for large households, these being relatively common at the food bank.

The switch to ServiceTech also introduced additional data entry requirements for Coalition workers. Though client profiles through the previous database included data fields such as race, gender, housing status, and income, most intake workers would leave those fields blank or complete them without verifying the answers with the client. This changed with ServiceTech, which required answers to questions about each family member's race, ethnicity gender, language, and veteran status. The Coalition's program manager had instructed intake workers using ServiceTech to "always ask the client." This led to some slightly comical interactions with clients who were not used to this question. I often observed female clients staring confusedly at me when I asked their gender, looking down towards their chest and laughing. Because a large proportion of the Coalition's clientele was Latino, asking for individuals' race *and* ethnicity was also often met with confusion. Even native English speakers were unsure how to answer when I informed them that "Hispanic" was not on the list of possible options, as it was considered an ethnicity and was asked in a separate question. Employees and volunteers would frequently comment and vent about the requirement to ask clients about race and the

awkwardness this engendered, along with questioning the necessity of asking for this information.

One last source of disconnect was that for transactional services like the provision of food boxes or the setting up of a repayment plan for one's utility bill, clients did not always come in person to receive services. At the Faith Coalition, in addition to providing food for walk-in clients, the food bank also fulfilled food orders for case managers from other programs on behalf of their clients, in which case the case manager would frequently come pick up the food rather than the client. I observed a similar challenge at the Anti-Poverty League's utility assistance program, where clients could apply for a repayment plan through a mail-in application rather than in person. ServiceTech, however, for the first four to five months of use at both programs, required clients to sign the consent form authorizing their personal data to be shared across organizations before they could be entered into the system<sup>28</sup>. This meant that case managers could not sign in place of their clients, and that for mail-in applications, clients needed to include the signed consent form and provide complete demographic information. An MDSI administrator explained to me that, "What's tricky with Utilities is that 70% of their volume is all mail-ins, so they can't even answer half the questions because the person's not there live to answer them." Because of this, both organizations had to initially put in place a separate system to keep track of clients for whom they were not able to obtain signed consent. These pressures, workarounds, and data entry challenges thus likely

<sup>28</sup> After these five months of early implementation, an update to ServiceTech made it possible for case workers not to share client's profile if they refused to sign a consent form or had not been able to do so.

negative impact on the quality of the data collected by the Faith Coalition, as I argue further later in this chapter.

### *Meeting reporting requirements*

The Coalition's process of collecting and compiling program data to meet funder reporting requirements provides another illustrative example of the concept of *sedimented rationalization* introduced in Chapter 2. Limited resources, low administrative capacity, and incompatible organizational goals meant that new organizational routines and requirements had to be layered on top of one another rather than explicitly reconciled into an integrated work flow. This process was visible even before the MDSI's implementation at the Coalition. In order to compute the monthly required food report, the food bank manager would print out a line-by-line report cataloging each food order for the day, and manually count how many new households received food, how many adults, seniors, and children. She would then tally the total for each category on the front of the printed-out list, writing it out by hand. This itself represented the layering of multiple organizational practices rather than their integration. The food bank manager had to tally client totals herself rather than printing an aggregate summary of clients served because the database had not been built to consider seniors a separate category to include in its aggregate report. The central food bank that sold food to the Coalition at a discounted rate, however (through a state government program,) required monthly reports outlining the number of children, adults, and seniors served. As a result, the food bank manager had come up with an imperfect workaround to track seniors in the system: If a senior was in a client household that received food, they would have to have a separate

service logged for them in addition to the service logged for the entire household, and the food bank manager would have to remember not to double count the food order when all the service logs were printed out. In addition, the use of alternating volunteers and their high rate of turnover meant that data entry errors were frequent. Although food bank reports were only sent out monthly, she would put together a separate food bank report each day that she would aggregate monthly and yearly, to make sure she did not fall behind on the task and could keep track accurately of how many people they served. This complicated tracking process thus entailed printing out daily database records, manually tallying the number of orders, writing it down on the printed report, and finally entering the resulting order breakdown in a monthly reporting Excel spreadsheet.

The switch to ServiceTech introduced additional constraints and workarounds into the reporting process. First, the alternative entering of client data in ServiceTech and the Coalition's old database to mitigate waiting times during the transition period meant that the food bank manager had to manually compile an aggregate report from both sets of databases. When it came to the ServiceTech database itself, the food bank manager liked that the new database was that it aggregated daily service logs automatically, so that she would not have to manually tally the number of orders at the end of each day. On the other hand, the report in question could not differentiate between new households and pre-existing households, which was a required reporting field. To get around this, coalition employees used the fact that a client had signed a self-declaration of income form as a sign that this was a new client. As the only income verification requirement for the food bank, the self-declaration form was a simple form requiring clients to circle their income category and sign in order to certify that they earned below the maximum income

requirement to receive services. Typically, clients were asked to sign the form when they first came into the food bank, and had to re-certify every year. Coalition employees decided to use the fact that households had filled out a self-declaration of income form as a proxy for a new household, since ServiceTech was able to aggregate the number of households for whom the “self-declaration form signed” service was logged each day. This, however, meant that every household would be counted as “new” one month out of the year, when they were due to sign the annual self-declaration form. This was an imperfect workaround that would change the meaning of the data collected, but not so much so, in the Coalition employees’ view, that they could not include it in the funder-mandated report.

This was a strategy that the food bank manager could easily incorporate into her workflow, one that would mean the problem was solved quickly. An alternative option would have been to ask the ServiceTech implementation specialist to build a custom report that would indicate when new families were enrolled. This would have required more time, negotiation, and outside involvement, and as such these kinds of solutions were typically avoided at the Coalition. The switch to ServiceTech as an infrastructural tool was therefore implemented through sedimented rationalization, with ServiceTech’s abilities and limitations being implemented on top of pre-existing procedures. During this process however, I was able to examine which strategies of implementation were favored over others, and what this revealed about employee’s organizational priorities and primary concerns. As I will argue further in the conclusion of this dissertation, though the Coalition may serve as an extreme case of organizational constraints, this process seemed relatively common in social service nonprofits, and could be found in the overall

implementation of ServiceTech in the first year of the initiative. Using the Faith Coalition's ServiceTech implementation as an example of larger dynamics in the field, I found that the implementation of a new, maladapted tool in a resource-strained environment had important consequences for staff and client's experience of service delivery, as well as for the objectives of the MDSI itself.

#### **IV. Consequences of switching to ServiceTech**

##### ***Consequences for the Faith Coalition***

The ServiceTech process was not well adapted to the food bank's workforce: volunteers were primarily the ones to use ServiceTech or the previous in-house software to add new clients to the organization's database, or to confirm that existing clients were eligible to receive services and log those services for the day. Most intake volunteers at the food bank were retirees, and were not always very comfortable with technology, which made switching software more challenging. At the start of the ServiceTech implementation, intake volunteers were quite nervous about the switch, often making mistakes or being unable to find the appropriate place to click. The transition to ServiceTech was met with great apprehension among both staff and volunteers. One regular intake volunteer even stopped working at the Faith Coalition once the food bank began using ServiceTech, an important loss for the organization given their need for regular, reliable volunteers. The switch to ServiceTech thus contributed additional complexity and costs to the service delivery process for both staff and clients.

Even though most of the food bank's clients were returning clients, all of them would have to go through a full new client intake once more to be added to the new ServiceTech database. During my day of observation at the food bank on the second week of using ServiceTech, an employee commented that a few clients left before receiving their food because they were tired of waiting. Frustration was often palpable among staff, and among some clients. During the implementation of ServiceTech, some employees and volunteers even voiced concerns that the adoption of the software could go against the nonprofit's aims, as voiced by an employee during an interview:

Other agencies are saying their community meals and their lunch programs have gone up. Well, they're not asking people for a million, they're not giving them the Spanish inquisition when they come for services, they are serving them. I think ServiceTech has hurt, to be honest, us helping people because it's intrusive.

Surprisingly however, I found that most clients I conducted intakes with were considerably understanding, many of them telling me kindly "I'm patient" or "I've got nothing but time." Of course, a couple of individuals each day would get impatient with the extended process, but the majority of people I interacted rarely complained about the delays or added steps. Nevertheless, clients bore noticeable costs from the transition: waiting and intake times increased, they all had to sign new income eligibility forms, undergo the new consent process, and answer additional demographics questions for themselves and other household members.

This added administrative burden was particularly acute because the Middlebury Data Sharing Initiative itself was in its infancy, and that the Faith Coalition, as an "early adopter" of the shared technology, began the implementation of ServiceTech while many MDSI features were still being built. For example, when the Coalition first switched to

ServiceTech, clients were asked to sign a release of information modeled on the one for the HMIS system. Language on this form referred specifically to homeless services and individuals experiencing homelessness, which often resulted in confusion for clients who read the form did not understand why this was included for a food bank. A few months into using ServiceTech, the MDSI introduced a new consent form detailing the broader nature of the shared database. As a result, intake workers at the Coalition were advised to have clients re-sign a consent form. Many modifications to the ServiceTech protocol were made during this period, likely resulting in a more complicated, obscure, and ever-changing service experience for clients. ServiceTech thus increased the administrative burden for clients, most acutely as staff got acclimated to the new software and re-populated the client database, but also in the long term through the addition of the consent process and increased data entry requirements.

In addition to the temporal and administrative costs of the transition, ServiceTech features were often not well adapted to the population served by the Faith Coalition. For example, the shared nature of the ServiceTech database introduced an additional step to the intake process: the consent form that clients had to sign electronically in order to give their authorization to share their data across participating agencies. At the Faith Coalition, a large proportion of clients were elderly and/or non-English speakers, which made it very difficult for intake workers to have them provide an electronic signature with the computer mouse, or explain what exactly clients were consenting to, respectively.

### *Consequences for the MDSI*

Much like ServiceTech was not well suited to the needs of the Faith Coalition, the Faith Coalition also did not suit many of the needs of the MDSI. On one hand, the MDSI benefited from the Coalition's participation in the initiative in that it allowed for many more client records to be added to the database. As one employee told me a few months after ServiceTech's implementation, "I think that we were being used to build the database, because we're such a huge player, we see a lot of people."

On the other hand, the data collected by the Coalition reflected a service-oriented approach rather than an outcome-oriented one, and thus were misaligned with the MDSI's goals. For example, the Faith Coalition leadership actively resisted the introduction of the MDSI's central needs assessment, the self-sufficiency matrix, into their daily operations. The use of this tool would have required, at the very least, 20 additional minutes of intake with each client, and also required the worker to ask questions that would likely have been perceived as too personal for a first-time foodbank intake. Employees at the Faith Coalition themselves were the first to say that ServiceTech was not well adapted to the transactional nature of their work, as explained by one program manager:

I understand having a one stop shop, single point of contact, no wrong door. [...] I see that as being, "Oh, good, there you are, okay. And I see you've had utility assistance from [agency] and I see you get food from ..." And I think that's wonderful because it gives us a picture of the struggles and maybe where to refer them next. Problem is, we don't have that capacity to refer them next, you know what I mean? We're too busy transacting. You know, we don't have that ability to do that. [...] Like, so you have a toddler, you want to go back to work, you need childcare. I'm going to refer them to [childcare services], seriously? No. I'm going to get them out and get them in for our food and our clothing. [...]

And I'm all about the social work, I am. You know that. And I want what's best for people. What's best for people is not sitting in here being frustrated, you know? Or not coming back because of all the information that we're asking them for. That's not what's best for them. [...] I think if you're going to have that so everyone knows where everyone's been, then the question needs to be asked: what do you intend to do with that information to help them further? We do what we can do, we don't do what we can't do.

Although a benefit of having the Faith Coalition as one of the first adopters of ServiceTech was that, given its high client volume, it would help populate the database faster than other programs, it almost meant that initial client records may have been more likely to have been initially created using inaccurate and incomplete information.

Time and staffing constraints along with the technical requirements of the ServiceTech database likely had a negative impact on the quality of data collected by Faith Coalition staff and volunteers. Even before the MDSI, the Coalition's unevenness in communication, training, and day-to-day practices also had consequences for the integrity of the data collected by the Faith Coalition. Around the same time, I also realized that I should have collected demographic information about each household member, instead of doing so only for the head of household. Later in my fieldwork, when reviewing client records as part of the intake process, compiling daily food reports, or entering data in Excel spreadsheets, I would frequently come across data that would deviate from preferred practices, or have missing or incorrect information.

The combination of strong time pressures to process clients, volunteers with low technological literacy, and lack of organizational motivation to collect accurate demographic data meant that the data entered by food bank workers into ServiceTech was likely subpar. One positive change, however, was that the ServiceTech tool was more user-friendly than the previous database, and that its frequent use of checkboxes and

dropdown menus limited the kind of errors users could make when completing an intake. Nevertheless, it was still possible for intake workers to accidentally create duplicate profiles, log a service incorrectly, or forget to do so. Furthermore, the consequences of potential mistakes now reached further than their impact on the Coalition's program statistics or funder reports, as client information entered by Coalition workers was now visible to any program participating in the MDSI and using the ServiceTech database.

Consequently, the use of ServiceTech by the Faith Coalition may have met some of the objectives of the MDSI such as getting "buy-in" and participation from influential local nonprofits, and populating the database with a large number of client records, but it did so in a partial, incomplete way that mirrored the nonprofit's approach to service delivery. In doing so, it also created additional constraints for Faith Coalition staff to meet their own objectives, i.e. to serve as many as clients as possible in a quick and efficient manner.

## **V. Conclusion**

The Faith Coalition's experience implementation of ServiceTech instructively departs from the experience of a more outcome-oriented program such as the Intensive Case Management (ICM) Program at the Anti-Poverty League, a program in which case managers work in a largely unstructured way with a small number of clients to help them meet goals related to getting out of poverty. Before ServiceTech and the programmatic switch to intensive case management, the ICM staff kept paper records on clients in the mentoring program, supplemented with electronic files using the League's previous case management system. To guide client goals, they were using a paper version of the "self-

sufficiency” matrix, the main assessment form included in the ServiceTech intake process. The number of pre-existing clients in the program was small, which made it easy to transfer their records into the new database. As such, the transition to ServiceTech was described to me by case managers as relatively seamless, with staff entering new clients into the system as they joined program. As described in chapter 3, there still was significant resistance to the MDSI on the part of ICM case managers, who felt it undermined the interactional aspects of their work. Nevertheless, the implementation of the MDSI at the ICM program aligned with an outcome-oriented approach to social services. Case managers at the program felt that they would benefit from the shared information they could gather from the system, as the information shared in ServiceTech would give them a better picture of clients’ needs. Additionally, they possessed greater knowledge of their client’s circumstances, which allowed them to enter more comprehensive field notes in the system. Case managers were also able, given the unstructured nature of their client meetings, to inform clients of other participating programs they would be eligible. The ICM program therefore offered a good example of a program with an easier transition to ServiceTech compared to the Faith Coalition.

In contrast, the implementation of ServiceTech at the Faith Coalition did not match up with the nonprofit’s short-term, high volume, low-discretion approach to service delivery, or with its correspondingly low-resource organizational environment. Not only did this misalignment likely affect the quality of the data collected by the Faith Coalition for the MDSI, it also did not benefit the Coalition under its current organizational goals. As the nonprofit’s director stated:

I think the Coalition doesn't need all the data that ServiceTech is gathering [...] Because, as I explained to them, we're a transactional organization. We're not a case management organization. That's a big difference. [...] They don't need to go through all those screens and know all that. We're transactional. You know, we collect basic data. We're not tracking their homeless status, or their issues with children and youth, or their addiction issues [...] I think we just need basics. I think basics. I think if we're going to stay as a transactional organization, to be honest with you, it doesn't matter. It shouldn't matter to us, really. If our role is to serve and to give out this basic needs, basic human needs, then how is it relevant for us to know their life story?

The MDSI and its underlying principles stood in contrast with nonprofits like the Faith Coalition, wherein services were dispensed on a point-in-time basis with limited relationship-building and follow-up between case workers and clients. In Chapter 4, I began to outline some of the field-level implications of this shift in the structure of nonprofit social services in Middlebury, arguing that a move towards more comprehensive programs would have important consequences for the way service delivery is experienced by both frontline workers and clients. In this chapter, I turned to the ServiceTech implementation at the Faith Coalition's food bank as a micro-level example illustrating the organizational consequences of the use of an outcome-oriented tool in a service-oriented context.

Implementing ServiceTech at the food bank required Coalition staff to negotiate between their own organization's objectives (provide food to eligible clients while tracking service numbers) and the MDSI's objectives (collect and wide-ranging, accurate, and consistent data to facilitate a holistic approach to anti-poverty work). They also had to do so in a low-resource environment, with limited staff and an often-changing cast of volunteer workers. As a result, the negotiation of various and often conflicting

stakeholder goals (including funders, MDSI leaders, Coalition management and clients) came in the form of *sedimented rationalization*, a process in which routines addressing the most pressing day-to-day priorities were implemented on top of each other and of pre-existing procedures. The *ad hoc* approach to rationalization often meant that organizational were met in the short-term, at the cost of efficiency and effectiveness in the long-term. In addition, most of the direct costs (in terms of time, effort, and mental energy) of the implementation process were borne by staff and clients, who had to navigate the complex and everchanging set of procedures, requirements, and forms needed to provide or receive services, all under particularly time-constrained conditions at the height of ServiceTech's implementation.

The nature of the Coalition's transition to ServiceTech also impacted some of the MDSI's objectives: although the participation of a high-volume nonprofit into the initiative allowed for the faster population of the database with client records, it is likely that the quality of this data was far from consistent or accurate in many instances. This was due to the lack of training and technological skills of volunteer intake workers, but also due to the uncertain and chaotic work environment at the Coalition being compounded by an implementation process in which features were added, removed or modified as MDSI leaders worked out the kinks of the ServiceTech through early adopters like the Faith Coalition.

Whereas all initiatives have "growing pains" and initial implementation costs that lessen over time as infrastructure becomes more stable, one should not discount the implications of this process for the service delivery process and client's experience of it. This is particularly important in nonprofit social services, a field characterized by

frequent change in funding (and therefore programs or initiatives) and an emphasis on innovation: what might seem like just a few weeks in an organization's life span can become a regular feature of client's experiences of service delivery. Indeed, when I mentioned to clients during intake that changes in procedures and increased waiting times were due to a switch in the computer system, few seem surprised, with one client even commenting that those things changed all the time. Each change in procedures, requirements, or programs being implemented in a given program does not occur in a vacuum, but should be thought of as one event in an environment characterized by change, uncertainty, and lack of clarity. As such, I argue that implementation should not be dismissed as a set of exceptional and unique circumstances that are justified by the longer-term results of a new initiative, but rather as a *phase of service delivery*, and one that clients are likely experiencing for extended amounts of time across the range of social services they come to. Rather than thinking of the timeline for initiatives like the MDSI as primarily made up of *before* and *after* ServiceTech for example, policymakers and organization administrators should also think carefully of the *during* stage of implementation and how this will affect clients, staff, and organizational resources.

## **Discussion & Conclusion    The Middlebury Data Sharing Initiative: Lessons in the implementation of social policy and technology**

### **I. Conclusion**

Descriptions of the MDSI by leaders of the initiative's three founding organizations invoked benefits for a range of stakeholders in the field. Administrators at the Anti-Poverty League, for example, always introduced the MDSI in terms of its benefits for clients, frontline staff and nonprofit administrators. At the Housing Alliance and the United Way, employees similarly discussed the client- and administration-level benefits of the initiative:

On a *practical person-level*, it saves trauma, from the person having to recount their story repeatedly. It saves inefficiency because you know, if the person is not a good self-reporter or is not asked the right questions it shows a history of their services that they've used successfully or unsuccessfully. [...] And then *on a broader-spectrum range*, it now drives services identified gaps you know, in geography and just *systemically*. I think as all the social service agencies come on board to that, it's going to paint a *much broader picture a more holistic picture of the person and their needs*, show and highlight some of the gaps in their lives that might help prevent some of the cyclical nature of poverty and homelessness and education. I really think having that broader holistic picture is going to lead to a lot of insight *as to what's missing in Middlebury county* and what problems we need to overcome and what services we need to develop. [emphasis added]

- Housing Alliance administrator

It will give us a better picture of the services that people are eligible for and the services that are being used. It will pop up *all the things a family is eligible for*, and also, we'll know how many times they went here or there, so there won't be misuse of services. We would also know gap analysis, we'll be able to look to see

what is not being ... *what services are missing, that we aren't providing.*  
[emphasis added]

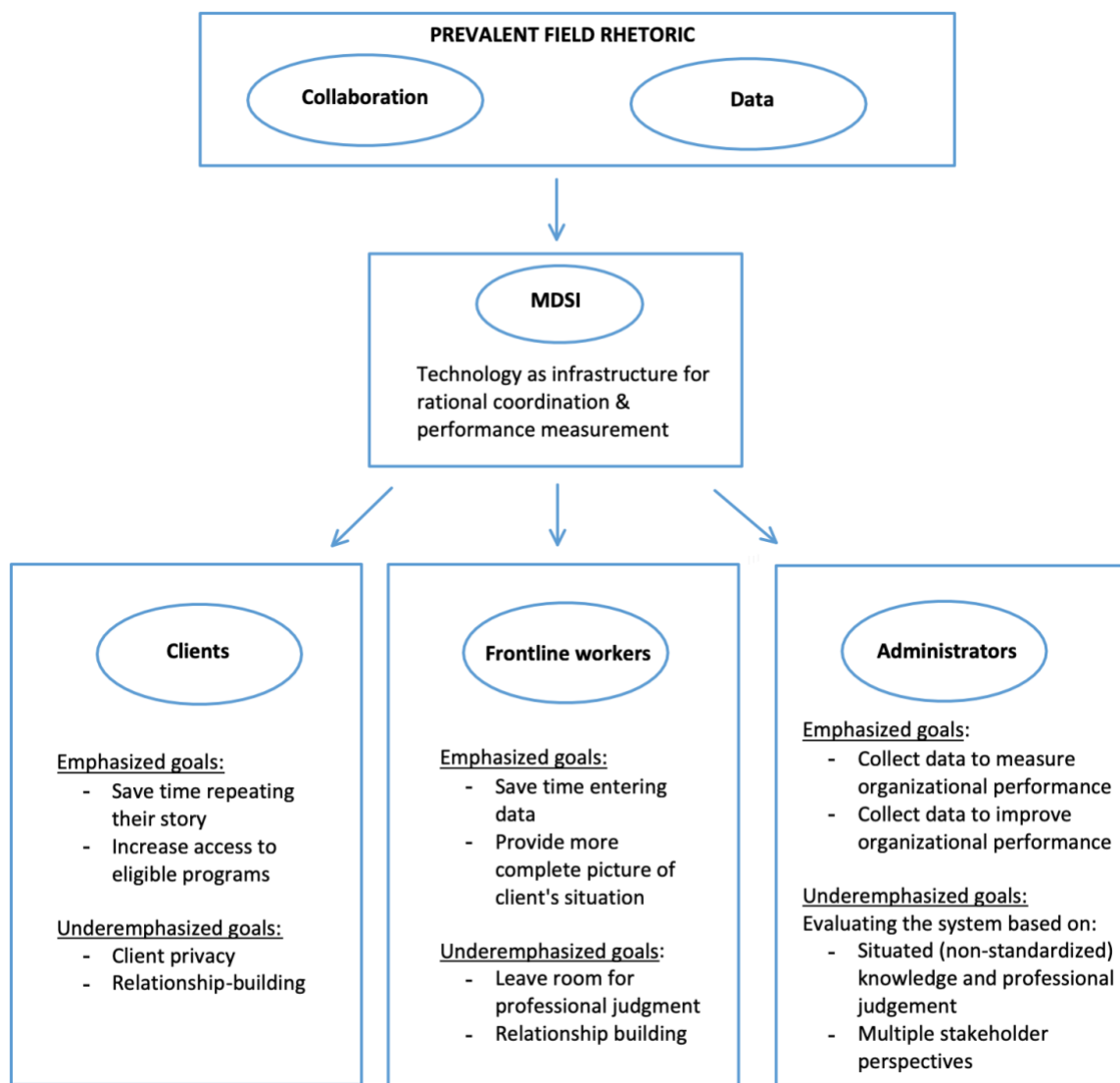
- United Way administrator

All three founding nonprofits, in promoting the initiative, therefore described the MDSI as a project that would help tailor service delivery to clients' needs and provide them with more comprehensive and effective care, while also enabling anti-poverty organizations to document and improve their own performance. They did so by appealing to broad, influential themes such as a coordination and performance measurement, both of which invoked shared values such as effectiveness, efficiency, and rationality (see Figure 11 below). The use of shared data would enable *rational* collaboration across the local system of services, in that coordination would be informed by empirical information about clients and their needs collected through the database. This rational coordination would lead to greater *effectiveness* by promoting a comprehensive, outcome-oriented approach to anti-poverty work: programs would work in concert to tackle the different poverty-related challenges in clients' lives across domains like housing, health, employment, and transportation. At the administrative level, new program data across the system would tell community leaders which programs were or were not effective, informing where the field should invest resources and refer clients. At the frontline level, more comprehensive client data collected across organizations would provide a "fuller picture" of the client that would inform care decisions and thus improve the quality of services programs could provide.

The MDSI would also improve the *efficiency* of the field by shaping how time and resources were allocated. At the administrative level, the data collected over clients' lives and across county programs would enable an analysis of gaps in the system, unmet needs

and inefficient use of resources through the funding of ineffective programs or of multiple programs providing the same kind of services. At the frontline level, sharing client data would prevent individuals from having to repeat their story over and over to different program case workers, and it would save worker time by eliminating the duplication of data entry practices across organizations.

**Figure 11: Embedded values and goals of the MDSI**



As this dissertation shows, the “imagined futures” of the MDSI promoted an ambitious vision of anti-poverty work, but also overlooked key aspects of service-delivery at the street-level. First, the idea that a shared database could create a seamless web of services communicating through the platform ignored the sociotechnical realities that shaped organizational practices on the ground. As shown in Chapter 2, different funder requirements and documentation needs mapped onto varying frontline rationales and affordances. Funder-mandated case management system collected data that inherently reflected funder goals and priorities. These included, for example, the ability to count and categorize populations (Willse 2015), which restricted workers’ answers into standardized data fields. Other documentation methods such as employees’ personal case written notes, while unable to be tallied up to meet funder performance measurement demands, flexibly enabled the recording of workers’ personal observations and understandings of the situation while being shielded from professional norms of communication or privacy concerns. All these routines were rarely reconciled, instead co-existing in a layered set of decoupled practices through a process I call *sedimented rationalization*. Instead of streamlining data collection practices across Middlebury social service nonprofits, the MDSI simply added another layer to many participating programs’ pre-existing routines.

Secondly, by prioritizing the need for performance measurement and standardized practices, the MDSI embodied a *technocratic* approach to social services that emphasized effective services and efficient resource allocation over more *interactional* elements of social work such as the case manager-client relationship and the necessary role of professional discretion. Initiative leaders focused on the development of quantified

assessment tools and standardized practices in order to measure program performance and develop systematic rules for service allocation across the system. In turn, this focus on standardization de-emphasized frontline workers' need to build rapport with clients and to make professional judgments based on situated knowledge about clients and their circumstances. The use of situated, contextual and interpersonal knowledge is especially relevant in the case of agencies whose goal is to serve people who are among the most vulnerable and marginalized in society, thus by definition being most likely to not fit within standard social categories. The two differing visions of social service delivery came openly into conflict during the implementation of the self-sufficiency matrix, the 18-domain tool aiming to assess a client's level of "self-sufficiency." Frontline workers, who saw the case management process as one requiring trust-building, natural conversation and professional judgment, resisted the prescriptive use of the matrix as a standardized quantitative tool in ways that thwarted administrator's hopes of obtaining long-term, interorganizational data about client outcomes. In doing so, frontline staff mediated the impact of technology on clients and program operations. Instead of modifying their work to prioritize the collection of standardized, fungible program data and the development of formal routines that would make coordination under the MDSI possible, frontline workers shaped their use of the technology to serve their own needs.

Lastly, the technocratic vision also implied a specific approach to case management that was structured around the goal of sustainably lifting clients out of poverty. The MDSI's outcome-oriented approach to service delivery, along with the level of resources and administrative capacity that it required, was incompatible with the goals and structure of service-oriented programs like the Faith Coalition's high-volume, low-resource food

bank. A longer view of anti-poverty work, one that worked towards the elimination of local poverty rather than the simple provision of services, required a more comprehensive approach to client's needs that most programs were not structured to accommodate. With its understanding of poverty as a multi-faceted, deep-rooted problem that had to be addressed comprehensively over the long term, the MDSI also encouraged inter-agency communication in ways that likely had the potential to restrict client access to local resources and further marginalize the most vulnerable.

The uneven implementation of the MDSI therefore had important consequences for individual program operations and the overall success of the initiative. While appeals for greater coordination and rationalization of services can help promote more effective anti-poverty efforts, I would argue that the ad-hoc, the superficial way in which low-capacity nonprofits were constrained to implement coordination solutions like the MDSI led to a furthering of organizational challenges at the local level rather than clear gains in effectiveness and efficiency. By favoring the collection of data over other concerns such as therapeutic benefits and client privacy, the MDSI also perpetuated a fetishization of data and standardization without clearly defined service goals behind these tools. The next and last section of the dissertation now turns to discussing what we can learn from this case study of the MDSI, and what implications of these findings are for both our understanding of technological implementation and the American social safety net.

## **II. Discussion**

This study of MDSI reveals how both explicit and implicit visions of anti-poverty came to shape both the design of the initiative and its implementation. Administrators sought to appeal to and promote a wide range of values such as improving the client experience, client access, case management quality, and organization's ability to engage in performance measurement. During ServiceTech's implementation however, MDSI leaders soon realized that some of these goals were incompatible with each other. For example, the need to collect standardized data to compare client outcomes across programs came into conflict with the interactional components of case management. Observing the unfolding of implementation decisions revealed that two factors most shaped the unfolding of the MDSI: 1) administrators' goal of collecting widespread program data to demonstrate and improve performance, and 2) a lack of resources and administrative capacity on the part both service providing nonprofits and the initiative as a whole, which resulted in a path-of-least-resistance, uneven implementation of ServiceTech.

The findings of this dissertation carry important implications for studies of technological implementation and studies of nonprofit social services. First, discourse on the benefits of frequent innovation has led to the multiplication of new technological initiative in many areas of social life. This study shows that the implementation of products like ServiceTech temporarily disrupts normal organizational routines, with the cost of this disruption being borne by frontline staff and clients in field with low resources like that of nonprofit social services. Zooming out from this one example of such an initiative, we should think about the meso-level consequences of this

implementation process being repeated over the course of many new technological initiatives, programs, or collaborations. While in the field, it was clear to me that clients were used to constantly changing procedures and implementation delays. While the disruption of implementation can be framed as “growing pains” in the context of one initiative, their proliferation in fields like that of social services with high institutional pressures towards effectiveness and accountability also has important consequences for the system as a whole, what it can reliably offer, and how it is experienced. As a result, we should not just look for the “before” and “after” results of an initiative, and take seriously the fact that organizational networks are more likely than not to be in the “during” phase of any given initiative.

Secondly, the growing emphasis of technocratic and outcome-oriented models of anti-poverty work has important implications for what we can expect the American social safety net to be able to provide. Nonprofit organizations form an important part of the U.S. safety net, and increasingly are the ones delivering services both public and privately funded. MDSI leaders hoped that the initiative would promote a rational, coordinated approach to service provision across the entire system, weed out ineffective or inefficient programs, and eliminate the local duplication of services. This view of multiple programs offering similar services to the same population as redundant, however, overlooks the value of heterogeneous system in serving a vulnerable, marginalized population. As Brayne (2014) shows, individuals with prior contact with the criminal justice system avoid formal institutions such as government welfare programs compared to more grassroots institutions such as churches or community organizations. It appears that the likely goal of the technocratic approach is to turn most institutions into formal ones that

engage in collaborative, organized action (and surveillance) of the population. As shown by Wuthnow (2004), grassroots organizations like local congregations may be less rationalized and formal in their operations, but benefit from greater trust from members. Lastly, my own research and Eubank's (2017) description of technological implementation in state-sponsored programs shows that local nonprofits often brace themselves for increase service demand when government services are disrupted. Though more research is needed, it thus appears that voluntary organizations serve as a partial stopgap resource when government programs fail. Though they likely compensate for lost resources imperfectly, we should not overlook the macro-level benefits of some nonprofit programs' current (and likely decreasing) insulation from technocratic pressures.

These findings carry important policy implications in both areas of technological implementation and nonprofit social services. For the former, this study demonstrates the need to listen to and understand the needs of those who will end up being the frontline users of a new technology, and not just the priorities of those designing the initiative. Ignoring the perspective of street-level users will not just end up shaping whose goals become embedded in the technology, it will also directly affect the success of the initiative: as I show, frontline technology users will attempt to reshape the technology to suit their own goals or will resist it entirely if it does not align with their needs, as scholars of science and technology have long pointed out (Bijker, Hughes, and Pinch 1987).

Secondly, the implementation of the MDSI demonstrates that embracing a superficial and inexperienced attempt at rationalization in a low-resource environment will likely to only symbolic results that in turn introduce additional constraints to participating

programs and undermine important aspects of service delivery. The question then, is what would Middlebury nonprofits have needed for the MDSI to be successful? I would argue that the answer to this question is two-fold. First, the limited resources of initiative and of the nonprofits that implemented ServiceTech led to an uneven implementation in which clients and frontline staff bore many of its costs, for example the need to manually convert client data from one system to the other. For nonprofits to successfully implement information technology like ServiceTech, the field would have to change from its current willingness to fund only direct program costs to acknowledging that increases in organizational effectiveness and efficiency require greater administrative capacity (especially when they involve technical infrastructure changes). Secondly, the MDSI suffered from a form of techno-optimism and a lack of practical experience when it came to technological implementation in a field serving vulnerable populations. While the MDSI was able to contract a technical expert in nonprofit technology implementation, they overlooked the ways in which user buy-in was essential to the successful use of the technology. Though it was frequently stated that frontline workers would benefit from adopting ServiceTech, this proposition was not put to the test until participating programs started using ServiceTech full-time. The MDSI also paid limited attention to the potential downsides of the initiative for clients, instead believing that advantages would outweigh the risks. The MDSI would therefore have benefitted from a more thoughtful, iterative approach to developing and implementing the database, one that would have included both frontline workers and clients in the decision-making process and tested the reception of the technology in the field before proceeding further with its implementation. This would have likely taken more time and resources (that the nonprofits did not have) and

would have diluted the administrative benefits of the initiative. This likely is why this course of action was not and could not have been taken in the current nonprofit environment. The lack of resources combined with lack of expertise meant that the MDSI followed a path-of-least-resistance implementation process that symbolically favored the most pressing priorities of those who designed the initiative, while ignoring the street-level consequences of depersonalization of the system and greater potential for surveillance. If we want technological innovations to truly advance the work of nonprofit social services in helping their clients get out of poverty, we should advocate for those funding these to provide them with additional administrative funds, while placing an emphasis on the *process* of delivering assistance and helping clients access resources rather than symbolic demonstrations of accountability.

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