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Katya Fels Smyth
The Full Frame Initiative

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Leveraging Social Networks in Direct Services: Are Foundations Doing All They Can?

Katya Fels Smyth, A.B., The Full Frame Initiative

> Coco's Thorpe House caseworker, Sister Christine, worried about Coco's generosity. When you were poor, you had to have luck and do nearly everything absolutely right. In a life as vulnerable to outside forces as Coco's and her two little girls', the consequences of even the most mundane act of kindness could be severe. The $10 loan to a neighbor might mean no bus fare, which might mean a missed appointment, which might lead to a two-week loss of WIC. . . . If the resolution was going to a loan shark, the $10 cost $40 or $50, effectively pushing Coco back a month. But to Coco, nothing was more important than family, and family included . . . friends, both new and old. The word that came to Sister Christine's mind whenever she thought of Coco was enmeshed. Coco would have said that she had heart. (LeBlanc, 2003, p. 148)

Key Points

- Social networks are critical to physical and mental health, and they shape how people see themselves and their possible futures.
- Social networks represent an under-leveraged resource in social services' efforts to alleviate poverty and other social challenges.
- Foundations may be unintentionally creating barriers to practice that leverages social networks by incentivizing individually-focused, highly specific services delivered in standardized, replicable ways.
- "Network-oriented" practice can help craft a new way forward that threads the needle between everything-is-different-for-everyone and everything-is-the-same-for-everyone.
- By focusing funding on efforts that build and support social networks, foundations can deepen and sustain the impact of their funding.

Introduction

In the United States, social services for those who face persistent poverty and other challenges (e.g., illness, addiction, domestic violence, unemployment) are increasingly provided by professionals with hard-won, specialized expertise. The organizations in which they work apply focused solutions and in pursuit of strong, demonstrated outcomes. Calculations of efficiency and effectiveness help funders and programs determine where to direct limited resources, given almost unlimited and deeply complex need and a shifting funding landscape.

This evolution has generated clarity for the field and a sense that some order lies beneath the chaos of poverty. This article seeks to explore the possibility that some of the directions in organizational management favored by foundations (among others) may not be entirely positive, and have under-examined or unrecognized consequences that compromise the sustainability of the very outcomes we seek.

People innately need and strive to be embedded in social networks. The presence, nature, and composition of a social network may determine whether a person or a family can sustainably move out of poverty. Yet social networks are not regularly leveraged by human services that work

with people in entrenched poverty. This may in turn undermine the success of practitioners, funders, and program participants.

I have come to this supposition in a somewhat circuitous fashion. Almost 20 years ago, I was a co-director of an emergency shelter in Massachusetts. Feeling that there were women poorly served by the then bare-boned shelter system, I founded and ran for 11 years On The Rise, Inc., an organization working with women who were homeless or in crisis and who faced multiple other challenges. It evolved quickly into an organization that supported social networks as it supported individuals. We found that although our high rates of housing retention, better use of mainstream resources, and other outcomes pleased funders, our means of getting these results – particularly a focus on community building – were often seen as sweet, exotic, or just misguided.

Today, I head a nonprofit working with organizations, funders, and policymakers to advance practices that create lasting change for people who have multiple challenges. One of the key elements we have identified as crucial is working with people in the context of their social networks. For example, Missouri's Division of Youth Services (the juvenile justice agency for that state) has found that successful reintegration of youth back into their communities requires supporting them in the context of familial and existing relationships, and in building and navigating new relationships. The results, including youths' high rates of productive participation in society and low rates of recidivism, have made Missouri a national model (Mendel, 2010). Yet its attention to networks is sometimes viewed as thoughtful and interesting, but also sometimes as soft, misguided, or unnecessary. It seems important to understand where trends in direct services and funding have created barriers to this "network-oriented" practice, since results like Missouri's and On The Rise's are in demand.

My intention here is to prime a wider discussion about what it would mean for funders to consider social networks in their grantmaking to anti-poverty groups, not to impugn all current practices. The first section provides a brief overview of research on the import and utility of social networks for those living in poverty, and some of the consequences of living without adequate social networks. The second section describes how the three forces of specialization, commoditization, and nonprofit professionalization can undermine practitioners' and program participants' attention to social networks, and how current thinking about outcomes reinforces this to the detriment of all. The final section suggests some initial ways that current progress among foundations in thinking systemically can be transposed to support funding that is network-oriented.

The Role of Social Networks in Understanding Poverty

We are a social species. Our understanding of ourselves and what is possible for us is deeply interwoven with those who surround us. Our relationships with family, friends, and community – for good and ill – create a "relational context" (Smyth, Goodman, & Glenn, 2006) that impacts our experiences, options, and sense of how others will respond to us in the future. Our relational context shapes our identities through myriad interactions, both small and large.

Our social networks are the dynamic web of relationships that define the experience of our relational context. Social networks form an infrastructure as vital as housing and employment for well-being and productive participation in society. They are conduits for the distribution of social support: instrumental (material) help mitigating stress, emotional help coping with stress, and information that can help a person understand the stress differently or access new opportunities (Cohen, 2004) – e.g., providing a new mother with information about postpartum depression and resources to help her cope. This combination of change and an increased confidence that further change is possible is a positive, potent force.

When our social networks are attenuated or social support is not available in networks, the impact can be dramatic. A robust, multidisci-

plinary body of research demonstrates striking and deleterious effects of social isolation[1] on the health of not only individuals but also whole communities (for primers, see House, Landis, & Umberson, 1988; Marmot & Wilkinson, 2006; for a meta-analysis, see Holt-Lunstad, Smith, & Layton, 2010). Although differences in study design (e.g., those measuring for social support versus social isolation) compromise the determination of an absolute, precise link between social isolation and a particular health outcome, "the evidence regarding social relationships and health increasingly approximates the evidence in the 1964 Surgeon General's report that established cigarette smoking as a cause or risk factor for mortality and morbidity" (House et al., 1988, p. 543). As examples, social isolation affects:

- cardio-vascular health, in ways such as elevated blood pressure and cholesterol, and increased coronary heart disease, stroke, and mortality from myocardial infarction (see Stansfeld, 2006; Uchino, 2006);
- immune functioning and immune-mediated inflammatory processes (see Holt-Lunstad et al., 2010; Marmot, 2004), including altering gene expression (Caccioppo et al., 2009);
- behavioral and mental health, including alcoholism, depression, and suicidal ideation and behavior (see Coiro, 2001; Caccioppo et al., 2009).

Social isolation may be caused by disease, but research has shown that it is itself a causative agent (Marmot & Wilkinson, 2006; Marmot, 2004). Social support can help mediate stress, but it also appears to operate independently in promoting health whether or not an individual is facing significant life events separate from the disease, such as facing eviction while battling cancer (Cohen, 2004). Furthermore, a 2010 meta-review of 148 rigorous research studies found that not all social support is equal: Social support provided within the context of an informal social network may be more predictive of better health outcomes than that provided within the context of formal interventions, which is itself better than social isolation (Holt-Lunstad et al., 2010).

While a middle-class person might reasonably expect that not everyone in his or her network will be in crisis all the time, or that he or she is the only one who can provide needed supports, the social networks of those in entrenched poverty are generally strained and brittle.

The provision of social support within a network entails a cost, as the flow of resources can deplete the giver even while bolstering the receiver. This allows for the accumulation of metaphorical chits over an extended period of time (Marmot, 2004), creating a co-dependence that should not be as burdensome on its members as it is helpful. A mother forgoes a promotion that would move her and her family into a bigger house across the country to prevent uprooting an anxious child from the one school where he has blossomed; a man stays up late to finish his work night after night, since his afternoons are now spent caring for his neighbor's children while their mother undergoes debilitating chemotherapy. The cost to the givers is less than the gain to the receivers, and at some point a giver will be a receiver. Over time, there is a net gain for the network in all these transactions (e.g., Trivers, 1971).

Many who live in entrenched poverty are caught in the same webs of family loyalties, multiple role identities, and fears of going it alone as are many who are not living in poverty. But while a middle-class person might reasonably expect that not everyone in his or her network will be in crisis all the time, or that he or she is the only one who can

[1] Social isolation reflects a perception of a lack of social support in one's network. Although this may be coincident with and deepened by physical isolation, they are not synonymous. For example, college freshmen are surrounded by people and social interactions, yet may experience significant social isolation (e.g., Cutrona, 1982, as cited in Cacioppo, Fowler, & Christakis, 2009).

provide needed supports, the social networks of those in entrenched poverty are generally strained and brittle (Belle, 1983). They store within them the heightened stress of their members, and all members are almost by definition in some level of crisis or impending crisis at all times (Mickelson & Kubzansky, 2003). This is not about the strength of character of individuals within the networks. The conditions of entrenched, multigenerational poverty create an experience that becomes embedded and perpetuated in relational structures. Metaphorical chits cannot be stored; people need and are needed on such a constant basis that the very tool that is important for survival may lock members in just that: survival (Goodman, Smyth, & Banyard, 2010). Nonetheless, social networks persist because they still fill a host of needs, as described at the beginning of this section.

Those who may most need the benefits of multiple types of social networks may have least access to those benefits.

Yet social networks are the third rail of social-service models: essential, but seen as dangerous. Western, and perhaps particularly American, culture has a deep bias for success that is attributable to the individual. This bias also permeates our formal support structures: the nature of human services is deeply individualistic (Prilleltensky, 2005). Whereas programs themselves are prime places to help people build new networks, the development of lasting relationships among participants in a range of settings is discouraged or explicitly prohibited – for example, outside the controlled setting of group therapy or support (Goodman & Smyth, 2011).

Those mired in poverty often encounter an expectation that they will maximize individual gains, even at a cost to deep relationships and bonds. As such, attempting to perturb a system (as is the purpose of anti-poverty work) by working with individuals without considering relational context often may not work. A multisite psychosocial study of Canadian families with HIV-positive mothers found that while HIV is generally treated as an individual, clinical disease, the consequences for the health and economic viability of a family in poverty when an individual contracts HIV suggest it would be far more successfully treated as a "family infection" (DeMatteo, Wells, Goldie, & King, 2002). As another example, in working to support impoverished high school students' going to college, the Center for Family Life in Sunset Park, in Brooklyn, N.Y., found that a young person's decision not to go to college may have more to do with concerns for the welfare of younger siblings who would be left behind than with anything directly related to college itself. This required a significant change in practice, with as much focus on the changed needs of a family as on the changed needs of the student, who was technically the "client" in the program.

Some models of treatment and care for those living in poverty may implicitly or explicitly expect people to leave their social networks in exchange for individual progress (Bogard, McConnell, Gerstel, & Schwartz, 1999). The results of this strategy can be decidedly mixed. For example, the Moving to Opportunity (MTO) Program, a landmark national experiment in the role of geographic community in perpetuating or ending poverty, moved families from communities of higher-density poverty to lower-poverty communities. "Few MTO families developed new and beneficial ties after relocating; for example, social contacts who might recommend good schools or make job referrals. This was in part because they did not join community institutions and in part because most maintained social worlds dominated by needy relatives" (Briggs, Popkin, & Goering, 2010, p. 18). Family is family. Those with less access to externally defined markers of worth may look to relationships and social networks, and to their own ability to be a positive force within these networks (even at their own expense), all the more for a sense of meaning and value (Murray, 2005).

Why social networks are important for helping people cope with crisis and gain confidence that

something different is possible has a lot to do with the make-up of those networks. No network is perfect; some relationships are harmful. Even within the more useful relationships, however, not all ties are the same.

> *Linking* relations that connect people to representatives of public institutions (such as the police, banks, and agricultural extension agencies) are vitally important, as are *bridging* relations that connect individuals from different socio-economic and demographic groups. Overwhelmingly, however, *the poor have few extensive linking or bridging ties, and are left instead to draw upon their intensive bonding relations (family, friends, neighbors) to manage high levels of risk and vulnerability* [emphasis added]. (Ritzen, Easterly, & Woolcock, 2000, p. 6)

In other words, those who may most need the benefits of multiple types of social networks may have least access to those benefits (Mickelson & Kubzansky, 2003; Turner & Marino, 1994). Efforts to alleviate poverty might therefore concentrate on working with people in their relational context (Cohen, 2004), and on the building up and supporting of healthy relationships and broadened social networks to include bridging and linking relationships. These can be thought of as circuit breakers that can limit the contagion of crisis.

Such a network-oriented approach would enable program participants to identify and engage potentially helpful friends, family, neighbors, and others; support informal network members' own efforts to assist participants; and help participants expand or build new support networks. Underlying such an approach is the assumption that members of a social network have a rich "expertise" in the participant that can rarely, if ever, be rivaled by a service provider, just as service providers have expertise in particular issues that network members may not have (Goodman & Smyth, 2010). Figure 1 provides an example of this network-oriented practice in an initiative addressing homelessness.

Impediments to Applying a Network-Oriented Approach

It would be facile to suggest that the onus for investigating a more network-oriented approach to addressing poverty in social services is the sole responsibility of any one party. Programs and organizations certainly may need to change culture and programming. But there are barriers in the context in which programs operate that need to be examined and addressed. Even models that initially include provisions to help families build stronger community ties may over time come to focus more on individualized clinical care, i.e., the work that can be more easily attributed to a particular intervention or billed to a third party (see, for example, Cook & Kilmer, 2010). This work may be intensely difficult, but is not as messy as helping people strengthen their social networks.

In investigating these external barriers over several years, I have identified three long-term trends in human services that have unquestionably led to gains, but that also compromise our ability to apply a network-oriented approach: specialization, commoditization, and professionalization of management.[2] How this happens is discussed next. It is important to note at the start that this is not a call to retreat from these directions. Rather, it is a suggestion that a further evolution within these constructs is needed.

Funders have a significant role to play in this evolution, as funding can drive changes in organi-

[2] A full literature review of these forces is beyond the scope of this paper. Where there has been examination of these forces in human services, they tend to be more critical than endorsing, often representing an examination of how movement toward a more rationalized system negatively impacts the experience of those seeking services. For an empirical study of the effects of professionalization in the nonprofit sector, see Hwang and Powell (2009); for a political and economic critique, see Reinders (2008). Hall (2005) provides a brief history of the professionalization of medicine. The history of social work's rise as a national and international profession provides a much-studied case (e.g., Weiss-Gal & Welbourne, 2008). Lehrner & Allen (2009) studied the degree and impact of domestic violence's shift from a social movement to professionalized, commoditized services. Alsbury (2010) provides a first-person discussion of the tensions around professionalization in child and youth work. For more discussion of the benefits and costs of increasing specialization, as well as approaches to addressing the resultant fragmentation, see Smyth et al., 2006. Timmermans and Almeling (2009) present a theoretical debate about the value and cost of commoditization in an historical perspective. Commoditization's differential impact on specific populations has also been examined (e.g., in mental health (Evans, 2005), and in intellectual disability (DiRita, Parmenter, & Stancliffe, 2008)).

FIGURE 1 The Brownsville Partnership's Work to Incorporate Social Networks in Fighting Homelessness

Launched in January 2008, the Brownsville Partnership (BP) brings together high-performing, results-oriented organizations to support families at high risk of homelessness. Its work is focused in two census tracts of Brownsville, a neighborhood in Brooklyn, N.Y., that struggles with entrenched poverty and its common companions: high crime, low educational achievement, and residents' involvement in multiple governmental systems.[3] Its approach is grounded in an understanding that addressing poverty requires reducing social isolation as much as increasing income, if housing stability and better health outcomes are to be achieved. Brownsville also has one of the highest rates of family eviction and homelessness in New York City, despite its very high concentration of public housing. The BP has been successful in meeting its mandate to reduce homelessness and evictions. In 2008-2009, the BP prevented 200 evictions, saving the city more than $1.5 million in emergency shelter and rehousing costs.

Multiple partners bring early childhood and health services, education and employment services, and housing development skills to the BP. But the approach is anything but a traditional service collaboration or case management.

For example, through an innovative partnership with the Arthur Ashe Institute for Urban Health and the Long Island College Hospital, the BP has launched a Health Navigators program to train and support residents to assist their neighbors who have health issues. The important proximal goals are to reduce some of the basic barriers to medical care and liaise to other health care services in the partnership. The impact is even deeper and broader. Navigators are neighbors. They come to know each other as resources in a way that comes to extend far beyond health. The BP's architects, who include residents, know that social isolation is reduced when social support, as defined earlier to include emotional, informational, and instrumental support, is enhanced. Maintaining boundaries is a tension to be managed, not a bright line to be painted and adhered to. Staff may be in church with residents, or share personal information because it is valuable and valid in the context of the work and relationship.

The BP is leveraging the success of its health workers model to plan and launch a Housing Partners program. The economic downturn brought new stresses to the families of Brownsville, and demand for eviction prevention rose significantly. In 2010, the BP decided to use a significant portion of its limited resources not to hire new case managers, but to hire community residents who had successfully navigated housing court and eviction issues and who could support their neighbors in doing the same. Embedded within the partnership, these envoys' expertise will be enhanced and supported through supervision, as is that of the more traditional case mangers. They will be supported and trained in the particular challenges of this network-oriented work. These include being in a community and being an advocate for and within that community, authentically engaging, and bringing personal expertise to a relationship. The professional distance of the case managers can be reduced without demeaning their knowledge; it can be more efficiently applied to fill in and around the resident housing partners' indigenous knowledge. The BP has attended to community leadership development from its inception, actively hiring from the community and providing the support needed for residents to thrive in their positions. Many middle-class people have relied on the lubricant of bridging and linking social capital in job hunting without realizing they were doing so. What is often missed in employment programs for those in poverty is that this lubricant is not present or is actively withheld by those who are in a position to provide it (it is seen as boundary crossing, as in the example of the bank intern in this article). The BP's staff, whether from Brownsville or outside, explicitly attend to their responsibility to infuse the community with bridging and linking capital to support employment and other social ends.

Providing health advocacy and outreach through a peer model, rapidly rehousing homeless families, or any of the other BP programs requires, for organization and funder, the collection and monitoring of data. And while everyone is clear on the long-term goals, the indicators to be tracked along the way that reveal the underlying mechanisms at play can be sources of confusion or disagreement between funder and

[3] The Brownsville Partnership is provided here as an illustrative example of network-oriented practice, not as a particular model for replication. This section is heavily informed by information provided by and interviews with the BP's former director of programs and operations, Rasmia Kirmani Frye. It reflects data and situations current as of summer 2010.

FIGURE 1 (continued)

program. In essence, the former may be operating from a more individual-focused theory of change, and the latter from a network-oriented theory of change. As a result, the BP's focus on using health advocacy as a door into building social capital, itself part of the BP's overarching strategy to end homelessness, does not necessarily resonate with funders for whom health advocacy's purpose is to create better health outcomes for individuals. The BP agrees with this, but there are missed opportunities in only framing an individual encounter-level impact. At the same time, outcome data for an individual approach are easier to collect and explain, but tend toward DiRita's (2008) service average in a way unproductive for Brownsville's heterogeneous, networked community. One emerging strategy for this is monitoring ripples – places where there is a positive spillover from other efforts – such as understanding when social capital development among families leads to reduced truancy. Tracking these outcomes requires a different orientation to data. How the BP should fully measure impact is a question that requires serious consideration and consistent attention.

The BP works to support local emerging leaders to help Brownsville residents reclaim their neighborhood as a safe, strong, and prosperous "village." Increasingly, the partners in the Brownsville Partnership are not just agencies – they are residents who span the boundaries. The evaluative distinction between attribution and contribution is alive here; for the BP, contributors are both formal partners and community members. The BP's funders have been interested and willing to engage with them around this. The question is how to make this more common for funders as well as practitioners.

There are contextual factors that would suggest that this hard work will stay rare. Common Ground, the nonprofit organization that initiated the BP, has a 20-year history of innovation and impact in homelessness and housing development. Common Ground also has long-standing and deep relationships with foundations and government entities. Finally, Common Ground has a dynamic, innovative, and passionate leader with an international reputation. Each of these factors was instrumental in securing funding, particularly unrestricted funds, for the BP's launch. And even for the BP, this meant only, of course, that foundations were more likely to meet with the partnership's architects, listen to innovative ideas, and encourage and actively participate in this dialogue; it did not guarantee investment by funders. The BP and Common Ground are able to structure their finances to launch programs or expansions until initial success can attract funders who might not buy into the program model, but who like the results once they start to come in. Few nonprofits have this luxury or flexibility. If funding for network-oriented practice goes only to those organizations with internationally recognized leadership and deep, deserved clout with foundations, these practices cannot spread.

The BP's leveraging of existing funder interest in its parent organization helps smooth some of these challenges in ways that may be rare among less politically capitalized organizations. Raising the unrestricted operating funds needed for the BP as a whole following the securing of initial launch funds has been a greater challenge than raising program or operating support for its members. The structure of this network-oriented organization mirrors the structures it seeks to affect in communities, although even to its operating funders it has been difficult to make this case. It is these funds that support not just coordination, but true networks among the many partners. However, foundation funding tends to focus more on the parts than on the interstitial activities that make the whole greater than the sum of its parts.

The BP's success is due in large part to the support of a group of foundations that have backed a vision. But there are missed opportunities for all when there is little dissemination of the changed expectations and lessons about outcomes and reporting, about who are staff and what they do, and about how the interest in connections among intervention parts reflects an interest in connections among people. There are limits to the spread of important practices when an explicit network-oriented lens is not widely shared by funders and practitioners.

zational culture and practice. Hwang and Powell (2009) found that foundations have a power to change these cultures and practices disproportionate to the dollars invested. Foundations also have flexibility far beyond that of government to mitigate the "side effects" of a rationalized human-service system. This is a tremendous opportunity. Suggestions at the end of this article therefore focus on foundations, with full acknowledgement that other funders and policies will have to change as well.

As what programs are paid for is largely what they track, and what they track comes to define practices, funders have a long lever to influence whether the draping of specialization obscures or considers relational context.

Specialization of Interventions

Over several generations, knowledge about how to effectively intercede in the face of crises such as medical calamity, psychosis, addiction, homelessness, or violence has grown significantly. Many have reaped life-altering benefits. There is evidence, for example, that outcomes are better for a number of cancers when care is delivered by specialists (Selby, Gillis, & Haward, 1996; Tripathy, 2003). To subject those who are suffering to care by those whose knowledge of a specialty is superficial or unmastered is unethical and improper (Roberts, 2006), even when it may be entirely legal. Clinical, developmental (e.g., programs targeting a particular segment of the youth population), or skills-based (e.g., job training for released felons) program specialization allows deep knowledge to be accrued by practitioners and programs, and then applied in a targeted way.

But the benefits may not accrue for those whose challenges do not square with the expertise or focus of a specialized program. Complicating factors may lead to ineligibility for a program, such as the exclusion of women who do not currently have custody of their children from programs for substance-abusing mothers (National Abandoned Infants Assistance Resource Center, 2008). Taking on complicated cases also dilutes the specialization of the program, challenging the generalizability of results and lowering the overall effectiveness. It is simply more difficult to help people with complicated cases achieve specific sustained results.

Indeed, the need to demonstrate measurable outcomes and a significant "treatment effect" increasingly drives social-service funding for the poor, and therefore drives practice. It is essential that we increase our knowledge of what works, and for whom. Specialization is a great tool in this, as it can have the net effect of surgical draping – only the presenting problem, gnarly and complicated as it may be but contained nonetheless, is visible. At the same time, however, this actively limits a practitioner's ability to see an issue as embedded within a mesh of strengths and other challenges, which distract from the targeted nature of the intervention (Blom, 2004; Dyeson, 2005; Meagher & Healy, 2003). In pursuit of demonstrating outcomes and that they are outcome-oriented, programs can and do narrow their target populations, even if no formal external evaluation is being conducted and even if they have the expertise to work with the complications of a more heterogeneous population. All of this leads to a "complicit de-emphasis of those aspects of people's lives that are not easily measurable or within the defined parameters of the service model" (Smyth et al., 2006, p. 489).

Even when compounding issues are considered, as is increasingly common in treatments for co-occurring conditions (e.g., mental health and addiction), or highly coordinated systems (e.g., in Massachusetts, which is actively addressing the overlap between domestic violence and homelessness at a systems and policy level), relational context is rarely part of the picture, certainly in outcome measures. Consider for a moment the difference in nature of documenting change in a patient's depression in a program providing indi-

vidual psychological treatment, and in a program working to improve the tensile strength and utility of her social network.

In contrast to surgical draping, working in a network-oriented way suggests that the constellation of factors that led to a participant's situation are the result of a particular set of choices and experiences of that individual and of the relational context that surrounds him or her. For example, Ali, Hawkins, and Chambers (2010) found that a microcredit project aimed at increasing women's income and mastery also led to reduced depression. The mechanism for this is hypothesized to be reduced social isolation and increased mastery. There is no analysis that could fully capture all these variables, particularly in our quick-turnaround systems (Evans, 2005). The precision of specialization as a practice and a means for more assuredly determining outcomes is challenged by the shape-shifting nature of relational context.

Social-service practitioners are not surgeons and they peek under the metaphorical draping continuously. They cannot and should not be expert in everything. But it is my experience and that of my colleagues that providers' concerns about working beyond a specialization are often caught up in the particulars of what they are held accountable for and what they are asked to report on. This may be more limited than what they feel they have the expertise to address. As what programs are paid for is largely what they track, and what they track comes to define practices, funders have a long lever to influence whether the draping of specialization obscures or considers relational context.

Commoditization[4]

To commodify something is "to turn (as an intrinsic value or a work of art) into a commodity," (Merriam-Webster, 2010) an economic good. Given that human services involve the exchange of funding for services rendered, and given that there is growing concern with the outcomes (value) actually produced for such an investment, it is fitting that human services are inherently commoditized. Indeed, social services must generate value, otherwise they are ineffective and can actually create harm for participants. This is a deeper risk than wasted dollars alone.

Concerns about sustaining funding led first to a standardized regimen of care, while attention to individual needs diminished drastically. This does not mean there is an absence of heart, passion, or wisdom, but that the options for applying them are significantly constrained.

Pedlar and Hutchinson (2000) examined the commoditization of disability services in Canada. Although the starting point was a more centralized, deeper safety-net system than that in the United States, the needs that enabled this change were similar to those that are present here: cost control; quality control, or at least standards; efficiency; divesting government of direct responsibility for services, thus allowing for contracting with community partners and arguably allowing problems to be addressed by those closer to them, as we see in the U.S. federal government's block-granting programs; and oversight amid the contracting. Their analysis confirmed what might be suspected. Concerns about sustaining funding led first to a standardized regimen of care, while attention to individual needs diminished drastically. This does not mean there is an absence of heart, passion, or wisdom, but that the options for applying them are significantly constrained.

Commoditization has real and significant benefits nonetheless. Standardized care allows for the meaningful measurement of standard outcomes, which allows for cross-program comparisons, at least in theory. Funders struggling to sort out

[4] The literature is not particularly distinct about the application of "commoditization" versus "commodification." For the sake of clarity here, I use "commoditization," even when referencing articles that use "commodification."

which youth programs to fund, for example, are eager for means to judge programs as apples to apples, and it is all the better if comparisons are not simply of the inputs (the clearly targeted populations), but of the outputs, such as recidivism rates, high school graduation, or any other host of laudable goals.

Under such standards, the additional time and staff required by complicated cases becomes financially unsustainable (Tripathy, 2003), particularly when payments are capitated or unit rates based on either the presence of a single unifying characteristic of a program population (e.g., alcoholism) or the achievement of a common outcome (e.g., sobriety), but are not increased when some participants have additional challenges. This can lead to the selection of those participants with fewest complicating factors, or "creaming." As such payment systems are more the purview of government contracts than private funding, this aspect of commoditization is less salient to foundations.

But predetermined standard outcomes need not lead to creaming to create what DiRita et al. (2008) call a "service average." This phenomenon is highly relevant to foundation practice. While necessary for cost-benefit analyses and inherent to commoditization, "[f]or the person, this means being classified as an example of the average recipient with generic outcome areas and life directions, which may not include the gamut of individual choices" (DiRita et al., 2008, p. 620). As a cohort, those whose needs are complex may have a "service average," but individuals are so widely distributed around it as to render this statistical construct almost useless in practice. Nonetheless, "organizations are forced to service this average in order to be viable" (DiRita et al., 2008, p. 619).

Potentially, this could turn services into a purely business enterprise. But many practitioners, with the full support of foundation funders, hold fast to an ideal of effectively reducing suffering while keeping organizations afloat and viable.

However, the rise of the "service average" within organizations and fields undermines the utility (and even existence) of social networks in three ways: a focus on what is common across a population, a focus on optimizing individual results within that cohort, and a shifting of support out of informal social networks to providers.

First, commoditization leads to heightened attention placed on to those elements common to a population. Everyone's network's membership, context, utility, and strength are uniquely determined and fluctuate over time. As such, systems set up to drive toward an average experience further thrust networks into the background, as we saw in specialization.

Second, commoditization leads to accruing maximum benefit for an individual, which may lead to significant losses for others in his or her network.[5] True, no progress is "free" for any of us, but certainly as a practitioner, I was never asked to account for fallout on networks from program participants' progress (except by participants, who are often well aware of it and whose unwillingness to forsake clan and kin for personal gain often led their progress to be short-lived). Practitioners who try to take into account, for example, a marginally housed mother's desire not to move for the third time in a year thereby requiring her son to re-enroll in first grade yet again, find little in the system that would encourage them to consider the mother's wisdom and developmental psychology that such a move, on top of other transitions over the past year, might be deeply damaging to the boy in a way that would compromise both mother's and child's progress far into the future. The incentives are for housing: standardized proximal goals that may have divergent distal downsides. Ambivalence about individual gains at the expense of those to whom a participant feels accountable may be construed by the practitioner as treatment-resistance or ambivalence about the progress itself. In such cases,

[5] Not all human behavior is altruistic or value-creating for a network. There can be "cheating" (Trivers, 1971), wherein an individual seeks to accrue benefits while circumventing the costs. But a productive society is built on social exchanges, not rewarding cheating. It is worth considering whether discounting social networks furthers or inhibits pro-social participation as a member of a society, not just as a participant in a program.

benevolent staff can inadvertently but inappropriately discount the anguish and cost that comes from jettisoning relationships (Bogard et al., 1999), or of not calling on relationships as often as would be helpful (Cook & Kilmer, 2010).

Third, as these relationships become seen as reservoirs of limits and hurt (which they may be, but are rarely entirely) but not also of support and meaning, needs that might be met and progress sustained with the help of a social network are presented as resolvable only in the context of a provider-client relationship. But a program participant will inevitably come to the end of the commoditized service regimen, particularly in an era where there is great concern, ironically, about people's becoming dependent on public services. As a participant gets "better," professional support diminishes (Cook & Kilmer, 2010), potentially leaving a person feeling vulnerable or abandoned just when support and stability may be most needed. Stabilization services, when funded, may be structured with an assumption that relationships are unrealistically fungible, and also tend not to engage the social supports so necessary for sustained progress. The average outcome of housing for a heterogeneous homeless population leads everyone to celebrate the obtainment of permanent housing, but too often downplays the loneliness that results for some. People will re-engage their networks in these situations; even the most empathic stabilization worker is not a stand-in for a lifetime of family and friends. We, as practitioners and funders who drive practice, have too often done little to help "people to better manage the risks, and make the most of the resources in their important relationships" (Briggs et al., 2010, p. 229).

Integration into community, intrinsic although not synonymous with reduced social isolation, requires a deeply individualized approach. What is a beneficial setting for one person may be disabling for another. As such, in defining an average experience, commoditization may only be able to satisfy that experience via exclusion from the larger community, marginalizing the group and its members further (Evans, 2005) and limiting future full participation in society (Pedlar & Hutchinson, 2000). From purely a moral and democratic standpoint, this is troubling. From a cost standpoint, it is foolish. Those who are marginalized and not allowed to exercise their full agency are sicker (Marmot, 2004) and can require continued involvement in social services that might be unneeded if their needs were met in a more network-oriented way. Indeed, ignoring or devaluing people's most meaningful connections may make sustained progress untenable (Prilleltensky, 2005) and therefore be a setup for failure, later ascribed to participants' noncompliance and not to the system's inability to attend to relational context.

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Professionalization

While specialization and commoditization may limit the propensity and ability of organizations to focus on strengthening and navigating current social networks, professionalization can limit the ability of the individual practitioner to be an active agent in expanding social networks.

The premise of professionalization is that there is a body of knowledge and skills that an individual can acquire through a course of study and often apprenticeship, and that can be brought to bear on a technical or human concern in order to better resolve it. Professionalization provides society and government with the tools and mechanisms needed to assure that people who claim to have the requisite expertise and skill set actually do (Curnow & McGonigle, 2006). Professionalization also demonstrates that particular expertise is in limited supply, implicitly elevating those who have it (Curnow & McGonigle, 2006).

There is obvious value in this. The segmenting of dabbling amateurs from those who have undertaken a rigorous course of study and been admitted to a professional group helps consumers and citizens, too. Most of us would rather be represented in court by an attorney than by a loving neighbor whose legal expertise is derived from a 20-year commitment to watching *Law & Order.* Stauber (2010) examined whether philanthropy is a profession, and identified places where the lack of esoteric knowledge actually reduces the degrees of freedom of practitioners, such as when there is a blanket assumption by foundation staff that lobbying is prohibited by government, when in fact it is not (p. 90). Indeed, some occupations without professional guidelines may compromise not only their own success, but also public safety. For example, parole boards in 31 states have no educational or training requirements, despite the need for expertise among parole board members in sociology, forensic psychology, public administration, public health, and more (Paparozzi & Caplan, 2009).

In human services, the appellation "professional" can have more to do with training and job responsibilities than whether or not one has an advanced degree (Hwang & Powell, 2009). As practitioners jockey for authority and respect, acquired knowledge of an issue becomes far more valuable than the experiential knowledge of a program participant. As such, "[t]he label professional is not a neutral, objective description of a particular reality, but a function of a specific social context that in turn promotes definitions that become part of and help define social reality" (Oppenheimer, 1985, cited in Walkowitz, 1990, p. 1053). Distance reinforces distance.

Significantly, a study of minority social work graduate students found the need to demonstrate professional distancing to be greatest among those whose backgrounds are closest to those clients with whom they do or may work[6] (Daniels, 2007). This can lead to pathologizing the individuals in the situation and a de-emphasis of context, which can further the sense of "those with whom my client lives/relates, etc. are part of the problem." The advantages of "having been there" are negated or driven underground. The result can be a significant shift in focus for a field. For example, as anti-domestic violence work shifted from a movement working to change social norms while providing shelter and aid to women in abusive situations into a professional field, it also shifted from "shoulder to shoulder" work to more "hand extended down to lift women up" work (Lehrner & Allen, 2009). While the implications of this for individual work may be receiving more attention than in the past, the impact of such shifts on social networks is less examined.

I suggest that the implications of all this on network-oriented practice trace to Ritzen, Easterly and Woolcock's (2006) statement, quoted earlier, that "the poor have few extensive linking or bridging ties, and are left instead to draw upon their intensive bonding relations (family, friends, neighbors) to manage high levels of risk and vulnerability" (p. 6). Professional distance undercuts the judicious development of bridging and linking relationships that may be critically needed. For example, in most settings it would be a violation of professional boundaries for a staff person to make a phone call to his sister, recommending a client for an internship at the bank branch she heads. Instead, the staff person's role is to support the client's submission of a resume to just about every other bank in the neighborhood, without tapping into his (the staff person's) own networks and reaching across "explicit, formal, or institutionalized power or authority gradients in society" (Szretzer & Woolcock, 2004, p. 655).[7]

A good social worker, teacher, legal-clinic attorney, or other professional understands implicitly that everyone he or she works with is different

[6] The question of how "those who have been there," such as former participants who are now staff, navigate this professional divide is a rich one, particularly when a staff person knows a participant from outside the work setting and thus may be part of a current participant's social network. Here, I simply note that the tensions created as people must choose between two increasingly separate self-definitions are significant and often defeating.

[7] Nothing in this is meant to suggest that staff's social networks must be shared in their entirety. For a deeper discussion of implications for practitioners of a switch to network-oriented practice, see Goodman and Smyth (2011).

and needs a somewhat individualized level of care. Professionals are trained, often certified, and expected to exercise independent, informed discretion within their area of expertise. This often has the effect of pushing a more individualized focus into institutions otherwise grappling with the homogenizing effects of commoditization (Hwang & Powell, 2009). Timmermans and Almeling (2009) reviewed findings that physicians follow standardized evidence-based medicine protocols, which can be perceived as having an homogenizing effect, in only about half of their cases; "even with extensive institutional resources, computer support, and financial incentives, adherence remains spotty" (p. 25). Social service practitioners aren't readily incorporating evidence-based practice into their work, either, and not for want of information (Maynard, 2010). Standards of care are meshed with knowledge about an individual, peer recommendations, and justification of practitioners' own beliefs and expectations. This, however, does not mean that they are trained to or that there is any incentive structure to work within relational context. But doing so is in line with this trend and the drive to exercise judgment may provide a toehold for more network-oriented practice.

In social services, there is an emerging distinction between professionalism that is content specific as discussed above (e.g., social work, medicine) and that which is tied to the professional management of nonprofit organizations. The latter is increasingly necessary for the sustainability of even small and medium-sized organizations in a complex, competitive funding and service environment. But unlike the professionalization of content discussed above, the professionalization of management is in service of commoditization. This often has the impact of reducing the exercise of independent professional judgment. The expectation that content professionals will be entrusted with making the best decision for a program participant has to be balanced at times with the need to make the best decision for the organization or the payer, as in commoditization. In other words, content professionals will work to maximize the benefit for the institution within the larger construct of what is best for their clients.

Funders' desire to build the capacity of an organization may lead to a diminution of capacity to deliver a complex mission, and constrain the capacity of content professionals to do the deeply unstandardized work that is network-oriented practice.

While this may not consider relational context, it certainly does for some practitioners. As professionals, they have been certified as having the knowledge base to make independent judgments (e.g., diagnoses) and exercise independent discretion (e.g., as to treatment protocols). Dopston et al. (2003) as cited in Timmermans and Almeling (2009) found that among physicians (content professionals), standardized care "lost credibility when it was associated with cost-control measures" (p. 26). However, a management professional is likely to work to maximize the benefit to the client within the larger context of maximizing benefit for the institution. These lines may be artificially bright lines, but the data are worth considering. Those organizations that employ more professional managers versus paraprofessional managers or no managers whatsoever are more commoditized, but those that have more content professionals are not more commoditized (Hwang & Powell, 2009). Indeed, there is evidence that the growth in managerialism – the professionalization of management – and commoditization has actually eroded the role of the content professional (Reinders, 2008). Funders' desire to build the capacity of an organization may lead to a diminution of capacity to deliver a complex mission, and constrain the capacity of content professionals to do the deeply unstandardized work that is network-oriented practice.

This is a muddy picture to be sure. But there is no evidence that the erosion of professional discretion that Reinders (2008) and others have found is leading to less distance between professional and

client. Indeed, it is worth further study whether in the face of eroding power, content professionals assimilate upward by working to demonstrate their worth and value to management professionals, reducing their ability to individually tailor their work and further undermining their capacity to work with the mess of relational context.

If foundations want to support content expertise in community-based organizations, they must actively support the holding of a productive tension between these two opposing forces of content and management professionalization, while using their leverage to ensure that social networks are included in the penumbra of professional judgment being exercised. This, like the changes necessary to the construct of specialization, will introduce a level of complexity and potential ambiguity as content professionals exert their appropriate discretion.

A Place to Start: Applying a Systems Perspective

Poverty is a "wicked" issue (Rittell & Webber, 1973): shape shifting, not fully reducible to component parts, caused by such complex forces that tightly choreographed solutions will not change its course. These are characteristics of social networks, too. Just as addressing a wicked issue doesn't have to be anarchical, applying a network-oriented approach to social services need not bring chaos.

Network-oriented practice does not imply working with everyone on everything everywhere all the time; it demands recognition that people are part of ecologies that influence them and that they influence. This is the territory of systemic thinking and analysis. Working in a network-oriented way takes a current conversation about systems thinking for planning, evaluation, and philanthropy, and expands it to incorporate informal social systems as well as formal service systems. The differences between these two "systems approaches" are modest, but the differences between individual and network-oriented thinking are as significant as those between linear and systems thinking. Table 1 adapts with permission Stroh's table (2009, p. 111) to illustrate this.

What Does This Really Have To Do With Foundations? Some Initial Recommendations

In a rigorous empirical analysis of California nonprofits, Hwang and Powell (2009) found ample evidence of increased rationality, with its costs downplayed. They also found foundations play an outsized role:

> The prime carriers of rationalization in our study are management professionals and foundations. . . . Here we found that foundations are influential not so much because of the funds they provide but because these funds bring particular mindsets and practices with them. Grants contain requirements for strategic plans and evaluations, have a budget for hiring consultants, and stipulate that executive directors and board members attend management training sessions. Foundations are playing a critical role as carriers of modernity in the nonprofit field, rendering a heterogeneous mix of organizations more similar. (p. 293)

This is significant because it demonstrates the particular role foundations have in driving changes in governance, accountability, practices, and values. It is also significant because there is an opportunity to adapt these three forces, rather than rejecting them, to better serve our collective goals.

Considering people in the context of social networks will require broadening the thinking that drives so much of the discourse around practice and that is incentivized by funder practices. It will require partnership between funders and practitioners. Foundations may be best positioned to help move us to a place that can hold the focus and clarity rendered by rationalizing trends, with the ability to hold complexity without being paralyzed by it.

A network-oriented perspective in grantmaking might include some of the following recommendations:

- Explicitly ask how programs are helping participants engage and expand their social networks, and assess this as meaningfully as the achieve-

TABLE 1 Moving From Individually-Focused to Network-Oriented Practice Has Implications in a Number of Dimensions. Adapted from Stroh's (2009, p. 111, table 1), "Distinguishing Systems Thinking from Linear Thinking."

Dimension	Individual focus	Network-oriented focus
Causality	The problem is within the individual seeking assistance and/or within the policy context of that individual (e.g., homelessness is due to choices of that individual and/or situations in the housing market, etc.).	The extent, duration, progression. and resiliency of a problem (or a solution) are largely determined by the makeup and actions of a person's social network.
	The impact of friends and family on an individual follow a direct line to the individual.	A social network's influence on problems and solutions is largely determined by interdependencies among members that are indirect, circular, and nonobvious. Actions by one person or family often have delayed consequences on them as well as on the behavior and options of others. Full prediction of these consequences is impossible and therefore continued attention is needed.
Time	Short-term success for an individual is the best route to ensuring long-term success.	The unintended and delayed consequences of most quick fixes on both individuals and the environment neutralize or reverse immediate gains over time.
Responsibility	Most problems are caused by factors and an individual's choices beyond practitioners' and private funders' control and should be addressed by professional and client working together.	Most problems are beyond any one person's control, and should be addressed by professionals and program participants working together with members of a participants' social network.
Strategy	Address multiple challenges either synchronously or in a coordinated fashion.	Address the interactions among multiple challenges, and the ways these challenges are reinforced or abated by social relationships.
	Work with people independently and simultaneously, and work to improve each individual as a part to improve the lot of the whole.	Work to maximize each person's progress in the context of his or her social network. Identify a few key interdependencies that have the greatest leverage on changing context (relational or otherwise) (a.k.a. leverage points) and shift or augment them in a sustained, coordinated way over time.
Outcomes	Maximize gains around a positive outcome so that other pieces can begin to fall into place around it.	Recognize the interconnections among the outcome domains of social embeddedness, safety, stability, mastery, and meaningful access to relevant mainstream resources,[8] and seek to maximize these in combination. This can be accomplished through developing individualized goals and/or tracking through validated instruments of outcomes related to reductions in social isolation and increases in social support, and each of these other "domains" and by tracking the interplay among them, such that increases in one area do not come at the expense of assets in another domain.
Leveraging assets	Identify strengths in an individual's experiences, skills, character, and psychological resilience, and leverage these as building blocks for change.	Identify strengths in an individual's experience, skills, character, psychological resilience, social networks and relational context as building blocks for change; leverage network members' knowledge and concern for the individual to support sustained change. Recognize and respond to network members' needs for support if they are to provide support to the individual.

[8] These five domains are the basis of an approach to evaluation developed by the Full Frame Initiative to monitor and evaluate network-oriented practice.

ment of more limited targets.

- Support the dissemination of reliable, relevant tools to help social services map the ecosystems of participants' relational contexts, and use the results to support networked-oriented practice.
- Make reducing social isolation an explicit goal for grantees, and support their development of tools, training of staff, and adoption of evaluation systems that allow them to track this.
- Allow organizations to support people in making choices that create maximum gain for a group, not just for that individual. For example, a workers' co-op might lead to a higher average income for its members, but a few of the members could have achieved higher incomes if there had instead been an individual job-training program. This would, however, undermine social networks and jeopardize those who would have been at the other end of the spectrum.
- If return-on-investment calculations are valued in a foundation, explore expanding these calculations beyond tightly bounded benefit for the individual. Include weightings that ensure that, for example, financial progress does not lead to dramatically increased social isolation.
- Consider grantmaking strategies that explicitly cover costs of network-oriented practice for organizations with government contracts (given that government lacks the nimbleness of foundations to move beyond more standardized outcomes), recognizing that grantees may already be using foundation funding for these purposes.
- Be aware of the potential costs as well as benefits of tools and technologies. Evidence-based practices, for example, are often proven and therefore accessible upon dissemination, for a targeted population or issue (Maynard, 2010), and focus on outcomes for individuals without attending to relational context.

Foundations, of course, don't have to and shouldn't figure all this out alone. Many practitioners are also balking at what can be seen as an over-application of market principles into fields dealing not only with the technical aspects of healing, but with the experiential suffering of those who come to them for help. They want to be accountable; they understand cost-control implicitly. Their social-justice motivation positions individual practitioners and funders as counterweights to much larger forces in the spheres in which they operate. This burden is heightened by the difficulty (perhaps played out in this article!) and even danger of articulating a concern about consequences without being seen as "anti-outcomes," "anti-efficiency," "anti-knowledge," or simply "anti-progress" (Reinders, 2008).

When foundations signal a willingness to explicitly explore social networks in human services, including calling on practitioners to re-examine with them the uncounted costs of a rationalized human-service system, all move closer to a system that enables lasting outcomes, efficiency, and the judicious, contextual application of knowledge. Network-oriented practice can help craft a new way forward that threads the needle between everything-is-different-for-everyone and everything-is-the-same-for-everyone. In between, there is a rich conversation to be had among funders, practitioners, and communities that could lead to better, lasting outcomes for people with complex, messy lives.

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Katya Fels Smyth, A. B., *is founder and executive director of the Full Frame Initiative, which works to eliminate policy barriers to effective human service practice in marginalized communities. She is a research fellow with the Malcolm Wiener Center for Social Policy, Harvard Kennedy School of Government, and serves as a fellow to the Eos Foundation. She is the founder and past executive director of On The Rise, a community for women who are poorly served by traditional human services. Correspondence concerning this article should be addressed to Katya Fels Smyth, The Full Frame Initiative, 12 Main Street, Suite 1, Shelburne Falls, MA 01370 (email: katya@fullframeinitiative.org).*