

Conservation Tillage in the Fields of Care

Meeting community needs equitably and effectively in the age of post-industrial altruism

By John Franz

John McKnight has likened the impact of professionalized human services on local communities to the effect that the introduction of the steel plow had on the grass prairies of the midwest. When Father Marquette met the Sauk Indians in their home beside the Wisconsin River in 1673, they had a well-organized village surrounded by fields that had provided maize, beans and squash for the Sauk people for generations back into unrecorded time. They were able to hold onto their home for a century and a half after contact because attempts by Europeans to farm the prairie were thwarted by its thick, wet sod. The iron plows that were the technology of those times were not sharp enough to cut the sod effectively, and were so rough that the wet earth clumped and jammed the blades when they were able to penetrate the layers of dead grasses.

But in 1837 a blacksmith in Decatur, Illinois invented a steel plow, sharp and smooth enough to bust the sod of the great prairie. That same year, European settlers forced the Sauk off the land by the Wisconsin River and took it for themselves. Armed with John Deere's plow, they opened huge tracts to single crop harvests. The first few crops were amazing, but after only 30 years the original settlers had depleted the land and many of them moved further west to claim new land with fresh sod to bust. A second wave of European farmers who had learned how to replenish the soil through the regenerative powers of dairying, ground cover crops and animal manures eventually came to Wisconsin and they were able to create a more sustainable farm industry.

McKnight asserts that if we're not careful our human service technologies can have the same effect on the dense webs of interpersonal relationships in our communities as the steel plow had on the thick mat that formed the foundation of the midwestern prairie. In our haste to intervene, we offer individuals and families what we think they need (or sometimes what ever is available, regardless of fit) rather than what they may be asking for or really need. Captured within formal, rigid service technologies, clients are cut them off from natural relationships and supports.¹

Are we helping or hurting?

Despite the best of intentions, our human service strategies often have unanticipated

¹McKnight, John, *John Deere and the Bereavement Counselor*, a speech presented as the Fourth Annual E.F. Schumacher Lecture on October 27th, 1984. This is an unpublished, but informally circulated manuscript. For a published example of McKnight's ideas, see *Do No Harm: Policy Options that Meet Human Needs*, in *Social Policy*: Summer, 1989, pp. 5-14. John is a professor at Northwestern University and is active in the university's Center for Urban Affairs and Policy Research. A mailing list of the publications available from the Center can be obtained by calling 708-491-3518.

negative consequences. We expand the use of correctional placements to address the problem of crime on the streets, only to find that doing so increases recidivism and draws resources away from programs that prevent crime. We increase funding for medical care for the poor, but at the cost of reducing funding for programs that help people escape from poverty.

Sometimes the even intentions are questionable. McKnight gives the example of the campaign against breast-feeding which was waged by pediatricians and obstetricians after the second world war. Within a generation, feeding babies out of a can was seen as far more “healthful” by nearly every professional in this service field. Only the rise of the Le Leche league blunted and eventually reversed this technological imperative.

After a while it seems like nearly every intervention we try has as many bad side-effects as it does benefits. Other than simply walk away in frustration, is there anything people who manage or deliver services within a system of care can do?

One option may be to attempt the same sort of synthesis carried out by the second generation of farmers who restored Wisconsin’s agricultural base. Maybe we can develop more sustainable human service technologies that improve each community’s overall ability to support individual members and families when they are experiencing special needs without undermining the natural relationships needed to hold the community together.

Identifying the field of care

To develop more holistic response protocols, a first step might be to define the context or framework within which we use community funds to address individual needs. In most instances, such service maps are divided using the categories of the professionals we hire to deliver the various brands of human services: education, medicine, social services, mental health, justice, corrections, etc.

However, there is so much cross-over in terms of technologies and clients among our various systems of care that these parameters are only useful for observing the relative allocations of wealth that each system is drawing down from the community coffers. This allows us to keep score in the political wars among these institutions, but does little to help us find new ways of directing and allocating the use of service technologies.

For the purpose of this article, an alternative division is proposed. Instead of looking at the certificate on the wall behind the person delivering any particular unit of care, or the statute authorizing the existence of the program making the delivery, some interesting comparisons are possible if we examine the distribution of all interventions provided in a community in light of the degree of specialization required to provide each intervention and the level of control the intervenor is given over the person receiving services.

Looking at the field of care in this light gives us a better idea of how we are translating the financial resources we have available into the concrete social interactions that make up the products of human services. Using these variables, the entire field of care, that is the overall complex of formal services delivered by a community, can be defined as falling somewhere within a 3 by 3 grid. Any given service can then be identified as having a certain degree of control and specialization.

Control measures the degree of autonomy experienced by a person receiving the services. Highest autonomy and lowest control would occur where services can be described as being supportive: a recipient can choose whether or not to receive them and perceives them as helping him or her reach their own goals. Moderate autonomy occurs when the services include an

element of supervision: a recipient is told what he or she is supposed to do, and someone is checking to see if the behavior in fact occurs, but the recipient is not directly forced to comply. Least autonomy and highest control occurs when services are provided coercively.

Specialization describes the level of training and certification required of the person who delivers the service as well as the complexity of the intervention itself. Low specialization might be termed guidance and would include situations in which people with a wide variety of backgrounds are able to deliver a relatively straightforward service. Moderate specialization could be called instruction, and requires more formal training for the provider and more structure and definition for the service. Maximum specialization, which we will label treatment, requires highly distinct service agents and strictly controlled interventions.

These two quantities can vary independently, that is, a service might have high specialization and low control, or vice versa. For example, a low control, low specialization service could include matching a child up with a big brother or big sister. A low control, high specialization service would be a person who chooses to receive neurosurgery. Both the child and the patient voluntarily participate in the services, but the qualifications of the agents of care and the nature of their activities vary significantly.

Services with high control and low specialization would include correctional placements. An involuntary mental commitment in which a complex battery of treatments are delivered would constitute a high control, high specialization service.

Chart One presents a grid for mapping community services using these parameters. It would be possible to plot all of the services purchased by a community on this grid, regardless of the institutional vehicle used for their delivery. The resulting distribution will offer some insight into the degree of balance in resource allocation the community has achieved.

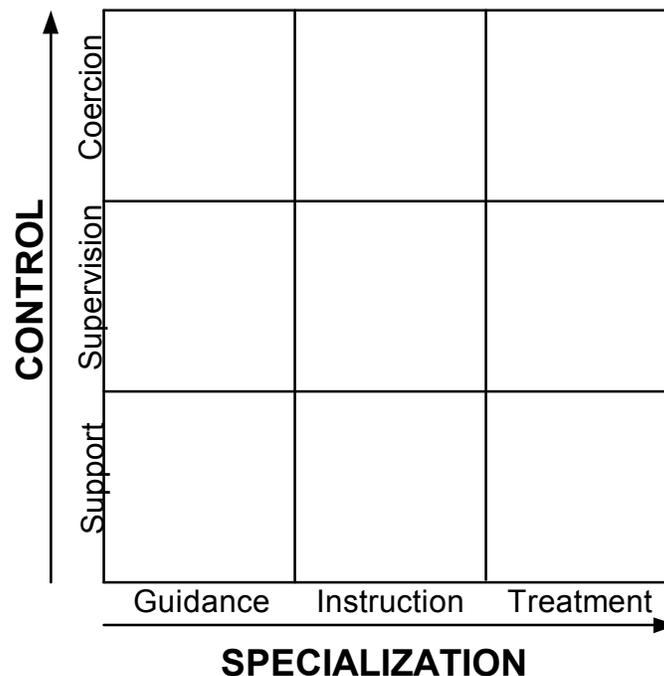


Chart One: A matrix for mapping community resource allocation

Additional factors

Control and specialization can vary independently, but once they are established, there are some other ways of describing public services which can be seen as dependent variables.

Public interest versus private interest

Services can be compared based on the relative degree to which each addresses the interests of the community or of the individuals receiving the services. This variable is especially dependent on the degree of autonomy exhibited by a given service. Thus, most of the time, a high control service will be delivered to advance the interests of the community, rather than the individual. But sometimes the presentation of moderate control services will cause them to be perceived as contrary to individual interests by the people receiving the service.

For example, a service that would generally be considered to have moderate autonomy is parent training delivered as part of a child welfare or juvenile court intervention. How the recipient feels about it will vary depending on the context in which it is received. One person might view the providers who come into her home as the “parent police” checking up to see all the things she does wrong. Another person might see the service in a positive light, perceiving the parent trainers as people who can teach her new skills and then document to the social worker or the courts that she has become better at caring for her children.² The difference will emerge from the subjective interactions of provider and recipient.

Cost and benefit

A second dependent variable is the relative cost of services per benefits achieved. Generally speaking costs will rise with both control and specialization. The most expensive cell in the matrix in chart one will thus be the top right. But return for expenses is harder to measure, in large part because we are often unclear about what specific outcomes we are buying with our community’s human service dollars.

Juvenile correctional services are an example. Do we look for outcomes just in terms of the youth placed in corrections? Their families? Their victims? Other youth? Do we buy these services to reduce the amount of crime in a community? To reform youth who have committed crimes so that they don’t commit future crimes? To punish those who have committed crimes? To isolate dangerous youth from the community for as long as possible? To provide stable economic benefits for the communities in which correctional facilities are located? To improve the quality of life in our communities by reducing the actual amount of crime or at least the subjective level of fear of crime?

Each question would change the relative amount of benefit obtained for the cost of a correctional placement, and the parameters by which it would be measured.

However, regardless of the details, it seems clear that high control, high specialization services are the most expensive, and generally tend to have the narrowest range of impact.

Tending the fields of care

If we were to map out the distribution of services in our communities according to control and specialization and follow changes in that distribution over time, there seems to be a dramatic

²The degree to which a recipient feels that they have a stake in the services they are receiving can have a dramatic effect on the outcome achieved. Cf. Miles, Patricia, and Franz, John, Access, Voice and Ownership: Examining Service Effectiveness from the Family’s Perspective, *Caliope Journal*, August, 1994. This article describes the innovative work of John Whitbeck of the Washington State Mental Health Division.

trend toward higher control and specialization. As a result, given the impact of the dependent variables, we are spending more and more money to affect fewer and fewer people. At the same time those receiving the services are less and less happy with what they are getting, and of course the ranks of those who are unhappy because they can't get what they need are constantly growing.

What is causing this migration in services, and can it be controlled?

In the parable of the John Deere plow, John McKnight states that an underlying problem is the our dependency on over-professionalized services that undercut the social fabric - the more the service is used, the more it will be needed. But moving from the kernel of that insight to effective action for change, especially from within the service system itself, is much more difficult. Some of the factors which complicate the issue include:

1. There is no single point of control. Providers operating the service delivery components of the systems (foster parents, youth restitution programs, correctional facilities, etc.) have little control over who is sent to them and are being given less and less control over who can be released, and when. Judges making dispositional decisions often find themselves in forced choice situations where none of the available options are appropriate. Higher level administrators feel blocked from making significant changes in the nature of the field of care because of statutory mandates, budget restrictions, union contracts, court orders, media pressure and the weight of tradition and bureaucracy. State legislators and county officials find the complexity of policy and budget issues so overwhelming that they generally end up resorting to slash and burn legislation or simple tinkering.

2. External pressures force questionable decisions. While a certain service area is a hot topic in the media, decision-makers are limited in their ability to respond creatively. Media coverage generally operates under the assumption that there are only two sides to an issue and that only one of those is right.

3. Reasonable people may disagree about what should be done. Human services technology is still at a point where few interventions can be shown to achieve positive outcomes most of the time. Yet we sometimes find decision-makers acting as if the desired outcomes were sure things and that the suggestion that an alternative intervention or no intervention at all be considered is a form of heresy.

4. Often there are no good choices. The negative side-effects of using a given service technology may be well understood, but the decision-maker may still have to use it, because nothing better is available. For example, when treating an aggressive form of cancer, the only treatment available may be a debilitating chemotherapy that weakens the body's defenses and creates much secondary damage. But if the treatment is not used, the patient will die. In medicine the patient usually is given the decision about whether to use such extraordinary measures, but in human services, especially in high control, high specialization situations, that choice may be taken away from the individual and his or her family.

5. Economics. Providers get paid more to deliver highly specialized services, so over time they will become more specialized as a way of increasing their earnings. As more resources are delivered through more highly specialized sectors, clients will adjust the presentation of their needs to align with sectors where resources are most available. As more people demanding services accumulate in a given sector, the pressure to allocate more resources to that sector will also increase. If money is the fertilizer for the fields of care, most of the crops are going to grow where the money is, unless some mechanism is developed to maintain a balance in the delivery of

services. (See chart two.)

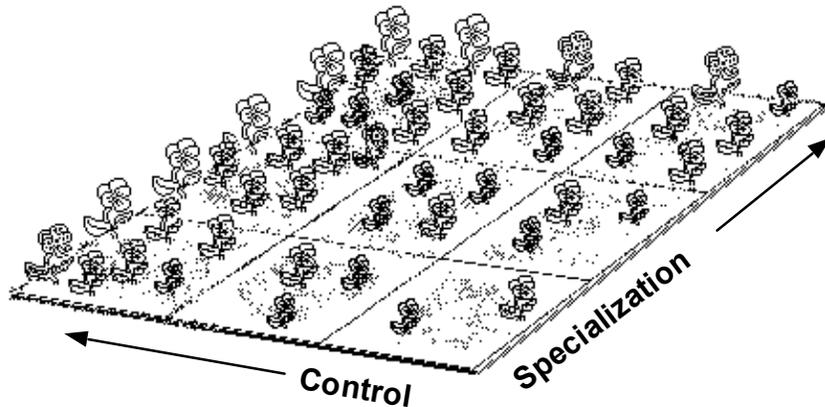


Chart two: an illustration of unbalanced resource allocation in the fields of care

Creative crop management

Given these problems and barriers, is there any hope for improving the distribution of resources across the fields of care? The situation is in a way similar to that faced by the second generation of European farmers who had to find a way to make the farmed-out prairie productive once again. No single strategy was enough, but small, aggregated changes all aligned with a basic transformation in value and approach helped them to rebuild the agricultural base. Just as many separate farmers, working independently were able to accomplish long-term, state wide changes, so too each of our categorical service systems might also be able to affect the broader fields of care if they were able to find some common set of principles to use to guide ongoing system change.

Regardless of the particular system, possibilities for equalizing service options generally depend on taking advantage of naturally occurring opportunities to ratchet down from high control, high specialization situations to more flexible and responsive resources.

There are two contexts in which change agents may find these opportunities to move toward more balance in resource distribution. One is at the system level, the other in decisions around what will be offered to support or assist specific individuals or families.

System level adjustments

John McKnight suggests that we examine four elements in deciding whether human service systems are responsively aligned with the needs of a community:

1. Monetary cost. McKnight believes that for any given system we must ask, “At what point do the economics of a service technology consume enough of the commonwealth that all of society becomes eccentric and distorted?” For example, the costs of operating juvenile and adult correctional facilities is becoming so oppressive that some states are unable to continue to support important educational programs.

2. Specific counter-productivity. McKnight borrows this concept from Ivan Illich, and asserts that sometimes “beyond the negative side effect is the possibility that a service technology can produce the inverse of its stated purpose. Thus one can imagine sickening

medicine, stupidifying schools, and crime-making corrections systems.”

3. Loss of knowledge. As was the case with the introduction of canned baby formula, some service technologies cause people to lose skills and understanding that have sustained them for many generations. Suddenly people are system-dependent, rather than system-supported.

4. Hidden curriculums. Some service technologies carry with them invisible messages that those who receive services are powerless and incapable of making effective decisions about their own welfare. When systems interact in an authoritarian manner with those they are supposed to be helping, it becomes more likely that clients will resist services and that there will be an increasing demand for high control, high specialization system responses.

Putting these elements together, where we have the opportunity to choose among technologies, we should favor those which facilitate a balanced draw down of public resources, reliably produce the outcomes for which they are designed, support increased independence in recipients and provide clients with the greatest voice.

Individual level adjustments

Conservation tillage at the direct service level means including strategies in individual plans of care which include only so much external control or specialization as is necessary to meet the specific needs of the client and the community. McKnight’s cautions for system design can be translated into questions we can ask ourselves as we try to decide what we will do when it’s our responsibility to respond to a person or family that has come or been referred to us for help.

Do the proposed interventions and services:

1. Increase the safety or quality of life of the people living in the neighborhood of the person or family receiving assistance?
2. Reflect and address the external demands, limitations and expectations of the community?
3. Increase the capabilities and options of the person or family receiving assistance?
4. Decrease the vulnerabilities or stresses which have led the person or family to seek or be offered assistance?
5. Increase positive linkages between person or family and other people living in their neighborhood and community?
6. Increase the safety of the person or family?
7. Ultimately decrease the reliance of the person or family on public, formal and restrictive services?
8. Ultimately increase connections between the person or family and natural, informal and responsive supports?

None of these are absolute questions, and some will have more or less applicability depending on the specific situation in which a plan is being developed, but taken together can provide a sense of direction.

The long haul

Beyond these short term strategies, those who are concerned with the fundamental directions of our systems of care must also examine deeper issues. Even when we are able to create some more balance in service distribution, the underlying tendencies to increase

specialization and control will persist. As McKnight puts it:

“Our modern experience with service technologies tells us that it is difficult to recapture professionally occupied space. We have also learned that whenever that space is liberated, it is even more difficult to construct a new social order that will not be quickly co-opted again.”

In searching for an underlying philosophy that will help us cultivate and sustain community in our devastated neighborhoods, McKnight suggests that we look back to the wisdom of those who were able to sustain a viable community. He quotes Chief Blackhawk, a leader of the Sauk, who, after his resistance movement was broken at the Battle of Bad Axe and his people were exiled to the land west of the Mississippi, said of his Sauk prairie home, “Here our village stood for more than a hundred years. Our village was healthy and there was no place in the country possessing such advantages, none hunting grounds better than ours.”

After his people were displaced and the settlers had broken the prairie, one of Blackhawk’s Wintu sisters described the result: “The white people never cared for the land or deer or bear. When we kill meat we eat it all. When we dig roots, we make little holes. When we build houses, we make little holes. When we burn grass for grasshoppers, we don’t ruin things. We shake down acorns and pinenuts. We don’t chop down trees. We only use dead wood. But the white people plow up the ground, pull down the trees, kill everything....

“How can the spirit of the earth like the white man? Everywhere they have touched the earth, it is sore.”

So many pages have turned since the days of Blackhawk and his sister. The world has turned. Now we pay exorbitant prices for small bags of pine nuts at the health food store and mix them into fancy dishes with chicken and pasta. But the message of gentleness and caution contained within the lamentation of those we conquered may still help us rein in our aggression and at least keep us from conquering ourselves.

This article is copyrighted, ©1995. Permission is given to copy and distribute this material so long as it is reproduced in its entirety, no fee is charged to the recipients and this notice is included.