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**THE CONTRACTING OUT OF SENIOR CENTERS:  
A MODEL FOR EXAMINING THE IMPACT OF PRIVATIZATION  
ON THE PERSONAL SOCIAL SERVICES**

by

**Irwin Nesoff**

**A dissertation submitted to the Graduate Faculty in  
Social Welfare in partial fulfillment of the requirements for  
the degree of Doctor of Social Welfare,  
the City University of New York**

**1998**

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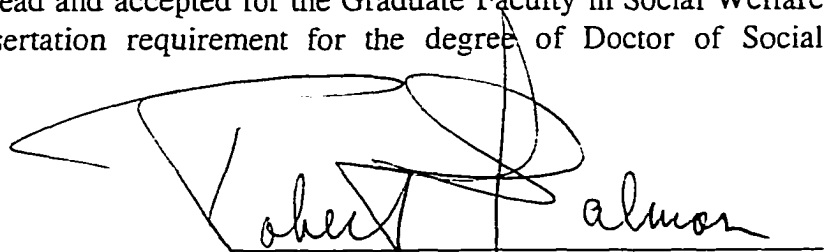
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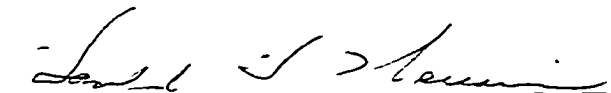
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This manuscript has been read and accepted for the Graduate Faculty in Social Welfare in satisfaction of the dissertation requirement for the degree of Doctor of Social Welfare.

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## Abstract

THE CONTRACTING OUT OF SENIOR CENTERS:  
A MODEL FOR EXAMINING THE IMPACT OF PRIVATIZATION  
ON THE PERSONAL SOCIAL SERVICES

by

Irwin Nesoff

Adviser: Professor Robert Salmon

This exploratory study, using qualitative methods, presents findings from eleven senior centers that underwent the transition from direct government operations to nonprofit sponsorship. Data was gathered through focus group interviews with senior center members who participated at their centers before, during and after the change in sponsorship. Eighty-seven individuals participated at the eleven centers. Data for the study was collected over a six month period, approximately five years after each center had undergone the transition in sponsorship. Through these interviews, members reactions to the change in sponsorship is sought. Although the majority of participants in the study expressed their desire to remain with their new sponsors, even if given the opportunity to return to city sponsorship, the actual improvements or changes as viewed through the members eyes was more difficult to gauge. Areas focused on included food and meal service, the physical facility, staffing and programs.

Broader themes emerged from the interviews, with significance beyond the contracting of these senior centers. These themes provide insight into the impact of major organizational change through the eyes of the clients of those organizations. Emphasized through a cross-case analysis are issues that organizational sponsors must

address when planning a change of this magnitude, in order to reduce stress upon the participants. These include: the need to communicate a compelling reason for the change; developing a positive connection to the new sponsor on the part of the participants; creating concrete improvements in the services that members can point to; and, recognizing the strong bond with prior operational methods by participants with a prior claim to membership.

The exploratory nature of this study, and the limited sample focusing on senior centers suggest the need for further inquiry. However, the qualitative nature of this study, using grounded theory techniques, provide information for practitioners planning major organizational change. The themes revealed by the participants are compared to themes expressed in the literature for staff resistance to change. The importance of considering participant resistance to change is stressed in planning and implementing a successful change effort.

## ACKNOWLEDGEMENTS

Any effort of this type could not reasonably be accomplished without the help and support of a number of people, and I have been fortunate enough to enjoy this support from many people around me.

Most important to this effort was Paula Nesoff, my life partner, friend and confidant. Without her tireless support, suggestions, input and her way of just being there, this would not have been possible. Not to mention her endless ability to soothe my self-doubts and critique my work. Jeremy Nesoff, son and cheerleader was there with his pride in his “pops” driving me ever forward.

Bob Salmon, friend, mentor and not least of all chair of my committee, when you suggested that I should go for my doctorate and expressed absolute confidence that I could do it, I was able to experience that confidence also.

Of course this study would not have been possible without the support of the eleven senior center directors and sponsors, nor could I have done it without the willing cooperation of the eighty-seven focus group participants. Thank you for your willingness to participate, and your honesty throughout the process.

Finally, I must acknowledge the many colleagues and friends who willingly made complete pains in the a\*\* of themselves by first asking me how my dissertation was going, before even saying “hi, how are you.” I may not have expressed it then, but I do appreciate the support.

## Table of Contents

Chapter	
I.	Introduction.....1
II.	Historical Content.....6
III.	Literature Review.....17
	Contracting Out.....17
	Privatization.....21
	The Privatization Decision.....22
	“People and Garbage Are Not the Same” .....38
	The Current State of Research.....45
IV.	Methodology.....51
	Introduction.....51
	Overview of Research Design.....52
	Description and Selection of the Sample.....55
	The Interviews.....57
	Limitations of Study Design.....60
V.	Case Studies.....62
	Introduction.....62
	Center I.....63
	Center II.....74
	Center III.....81
	Center IV.....89
	Center V.....94
	Center VI.....105
	Center VII.....113
	Center VIII.....119
	Center IX.....127
	Center X.....132
	Center XI.....138
VI.	Conclusions.....145
	Introduction.....145
	Cross-Case Analysis.....148
	No Compelling Reason for Change
	Communicated to Members.....148

Little or No Connection to New Sponsor.....	152
The Most Satisfied Centers are Those That Can Point to Specific Improvements.....	155
Prior Claim on Membership.....	158
Implications for Practice.....	160
Appendices	
A. Focus Group Discussion Guide.....	167
B. Letter to Center Directors Requesting Participation.....	169
C. Verbal Script for Informed Consent.....	170
Bibliography.....	171

## CHAPTER I

### Introduction

From 1990 to 1993 I held the position of the Director of the Bureau of Community Services for the New York City Department for the Aging. In this position, I was responsible for overseeing contracted services provided through more than three hundred non-profit providers. These services were primarily senior centers, but also included other services such as case management, transportation, meals on wheels, home care and information and referral. At this time the Department for the Aging (DFTA) oversaw approximately 160 senior center contracts, and the Human Resources Administration (HRA) oversaw approximately 177. Sixty-four of the centers under HRA auspices were operated directly with City employees.

In 1991, after reviewing a plan submitted by DFTA, the mayor agreed to transfer all of the senior centers to the Department. As the director of the Bureau of Community Services, all 177 centers would fall directly under my jurisdiction. I was therefore responsible for developing and overseeing the plan to transfer the centers to DFTA, and then to contract out the sixty-four that were directly run by HRA. This plan called for an immediate transfer of the contracted centers, and a one year period of contracting-out the direct-run centers to non-profit sponsors.

At the time, it was important that I develop a plan that was open, involved the senior center members and the local communities, and conformed to the new, stricter procurement regulations that the city was operating under. The plan that was developed, represented the first time that the city included recipients of services and community representatives in the review and decision making for contracting services.

This model was watched closely by the Mayor's Office, the Procurement Policy Board, other contracting agencies, but most importantly by the seniors themselves.

Separate review committees were established to rate the proposals for each center. These review committees include two elected representatives of the membership of the center under review, a representative of the local community board, and the elected City Council representative for the district. In addition, each committee included three DFTA staff to provide expertise in the various areas where information was requested. In addition to this review committee, the center membership of each center were asked to vote their preference for sponsors. This vote was non-binding and the members were informed that it would be advisory.

Over the one year period, a schedule of release of RFP's was established so that each center knew when they would be contracted out. As part of this process, I personally visited at least half of the centers, and administrative staff that reported to me, visited the remaining centers. As much as this process was designed to include the center membership and accomplish the contracting-out with as little disruption as possible, there still were problems.

The HRA workers were civil service employees and were to be transferred to other jobs within HRA. However, the union took up their cause and unleashed a publicity campaign that painted the transfer as the first step in closing the centers, and demonized both myself and the Commissioner as the perpetrators of this plan. As a result there were demonstrations and letter writing campaigns against the transfer. Members in a large number of centers were convinced that their center would be closed, and that DFTA would reduce all services save the meals. Part of the purpose

for myself and my staff visiting each of the centers was an attempt to reassure them that we were dedicated to maintaining and hopefully improving their center. We were able to convince the Mayor to make a public statement that there would be no centers closed as a result of the transfer. However, while making this statement the Mayor also added that there would be no changes as a result and the centers would essentially remain as they were. This however was not possible, and in part was contrary to one of the goals of the transfer and eventual contracting-out, to improve centers through city-wide planning. This would mean change.

Rising above the strife, all sixty-four centers were successfully contracted to non-profit sponsors, and I left the Department shortly after this transfer and contracting had been accomplished. Although the transfer itself was accomplished with a high level of success, there was no indication of the impact of the transfer on the members. A year after I left the Department there was a change in administration in City Hall, and a new Commissioner was appointed. This new administration picked up the task of overseeing the senior centers, without ongoing follow-up to the recent changeover. When I learned that there was to be no evaluation of the transfer, I became interested in establishing its impact for myself. I had had a significant involvement in this transfer and contracting-out, and believed strongly in it at the time. To revisit this, from the eyes of the participants, would not only take me back into the centers, but would also provide both insight and closure for me. However, this transfer represents an important area for empirical study, that can provide insight into a process of organizational change as described by those immediately impacted by that change.

What started out to be an evaluation of one type of sponsorship compared to another, resulted in providing some insight into this comparison and further insight into contracting-out/privatization from the point of view of those most effected - the recipients of the service. However, the area where the most insight was gained - change and its impact on participants of human services programs - has ramifications beyond senior centers.

The literature on privatization and contracting-out focuses primarily on hard government services such as road building, garbage collection, printing, etc. Recent attempts to contract public school services have met with moderate success to failure, and as a result there is a growing body of literature on these attempts at privatization (Baten 1996, Brown 1995, Brown & Hunter 1996, Carnoy, 1995, Margonis & Parker 1995, Molnar 1995, Noguera 1994, Reason Public Policy Institute, 1997, Thompson 1994). However, little available literature looks at contracted or government run services. The existing literature in favor of privatization extrapolates from the literature on non-human services, overlooking the uniqueness of these services and the clientele served. Since the Welfare Reform Act of 1996 "allowing states considerable flexibility in using private contractors to deliver welfare services," new state efforts to contract out welfare programs range from "screening welfare applicants to running welfare to work programs." (Reason Public Policy Institute, 1997, p27)

This study represents an attempt to learn the effects of contracting a social service program from the people who experience the change firsthand - the recipients of the service. Through focus group interviews at a representative sample of the

centers that were contracted out, insights are gained into the effect on the services rendered, and on the process itself.

## CHAPTER II

### HISTORICAL CONTEXT

#### Senior Centers

The first senior center in the United States was the Hodson Center, established in New York City in 1943 by the City's Department of Social Services. Consolidated into the Human Resources Administration (HRA) in 1966, this agency administered and operated a network of senior centers that it established using City tax levy funds. Enacted in 1974, the Title XX Block Grants of the Social Security Act, allowed HRA to contract with local, non-profit organizations to expand the network of senior centers by sponsoring community-based centers. Within a year of the implementation of Title XX, HRA directly administered and operated sixty-five senior centers and contracted with non-profits to operate 100 more centers throughout the five boroughs of New York City. (Robins & Sainer, 1986)

Title III of the Older Americans Act, passed in 1973, was used by New York City to develop a third system of senior centers administered through the Department for the Aging (DFTA). Established in 1968 as a Mayoral agency, DFTA utilized this funding to create a network of nutrition centers to augment the centers already operated by HRA. Although these centers were initially designed to provide different services - - HRA to provide a range of social services, nutritional, recreational and educational programs, and DFTA to provide primarily nutrition programs -- over the years these centers grew to provide very similar services and programs, while maintaining separate administrative agencies and policies.

Nationally the number of senior centers continued to grow as the idea spread. Shortly after the opening of the Hodson Center, a second center opened in New York's Lower East Side. Then, in 1947, two more centers opened in California and four years later a fifth senior center was founded in Bridgeport, Connecticut. Prior to the establishment of Title XX which allowed government to contract with non-profits to provide services, approximately 2,400 senior centers were created across the country. Then, after the implementation of Title XX and Title III of the Older Americans Act, approximately 7,000 more centers were established nation-wide, resulting in more than 9,000 centers in operation today. (Lowy, 1985)

Of the more than 9,000 senior centers nationwide, New York City, with approximately 340 centers, supports the most of any major City. However, based upon the different sources of federal funding utilized to create these centers, New York maintained three distinct systems of centers, HRA administered and operated centers, HRA contracted centers and the system of contracted centers administered by DFTA. The rationale for maintaining two separately administered systems of senior centers in New York City was a result of the establishment of two federal funding streams for senior centers. Title XX allowed the agency that was responsible for providing basic social services to choose to provide group services for the elderly at senior centers. (Holmes, 1977) This federal funding stream that was not available to DFTA, allowed HRA to continue to administer senior centers even after the establishment of the Department for the Aging, which was the officially designated federal Area Agency on Aging established under the Older Americans Act.

The 1973 Amendments to the Older Americans Act specified that the Area Agencies on Aging were not intended to be the primary providers of services for the elderly. The language of the amendments pointed out that “in many communities existing organizations may already be engaged in providing services and the entry of the area agencies into the position of providing services is likely to result in duplication and overlap. Their primary concern must be to coordinate existing services and to stimulate the expansion of such services and the introduction of new services by other providers.” The amendments went on to authorize area agencies to provide direct services when it is determined by the state agency that this is necessary to guarantee an adequate supply of services. (US House Comm. On Educ. & Labor, 1973)

As time went on, the question was increasingly asked - “why would the City maintain two separately administered systems of senior centers?” The “Final Report of the Commission on Human Services Reorganization,” known locally as the Beatty Commission, observed that the existence of two separately administered systems of senior centers “... is in some sense irrational...” The report went on to recommend the consolidation of the administration of senior centers within one City agency, “...as part of the organizational evolution of both HRA and DFTA, consolidation of the senior citizens programs could be sensible, if not inevitable.”

In 1987 the Mayor’s office authorized a study to be conducted jointly by HRA and DFTA to examine “the potential impact of the three following options on center administration and operation:

1. no change in the organizational placement of any of the senior centers
2. transfer of HRA’s contracted centers to DFTA

3. transfer of both HRA's contracted and directly operated-centers to DFTA" (Robins & Sainer, 1987)

The report based on this study, "The Administration of New York City's Senior Centers, summarized the findings of the study as follows:

The study found no compelling reasons to consolidate the current administrative structure of the centers. Although it found no insurmountable legal or administrative barriers to consolidation, it determined that the majority of center sponsors, staff and clients, public officials, and community representatives who were consulted were opposed to consolidation. However, the study led to a clear understanding of the need for improved planning, coordination and consistency in senior center policies. (Robins & Sainer, 1987, pg 2)

Following this report, the City continued to maintain two separate systems of senior centers, based upon the differences in the enabling legislation. "As previously noted, HRA and DFTA programs are rooted in different enabling legislation. Federal and State legislation and regulations define program missions, specify mandated and optional services, and place certain requirements and constraints on their operation. State and agency policies serve to define the programs further." (Robins & Sainer 1987, pg. 6) It was not until a change in city administrations in 1990 and a severe budget crisis that consolidation was looked at again, this time as a way to reduce the budget through consolidating administrative costs in one agency.

After protracted negotiations between HRA, DFTA, the Mayor's Office of Operations and the Office of Management and Budget, the Dinkins' administration announced on January 8, 1991 that it would be consolidating all senior centers under the Department for the Aging. Effective July 1, 1991 all responsibility for the operations of the 177 centers administered by HRA would be transferred to DFTA, and

over the next twelve months, the sixty-four of these centers that were directly operated by HRA, would be converted to non-profit sponsorship.

According to the Mayor's Office, this transfer was being done at this time to accomplish two objectives: 1. A projected cost savings of \$1.2 million in the first year, and 2. Improved services through coordination of administration and funding. According to DFTA Commissioner Prema Mathai-Davis (1991) the "City could no longer afford duplicative administrative structures and functions within its agencies... By consolidating the administration of the City's senior centers under one agency, we will be able to more efficiently plan and coordinate services that meet the varied needs of older New Yorkers." In support of contracting-out the directly-run centers, Commissioner Mathai-Davis further stated in her testimony, "who then is better able to deliver the services in a culturally and ethnically sensitive fashion so that all seniors in the community have access to services than the local community itself?"

Logistically, the Dinkins administration was able to overcome the limitations of the two separate federal funding streams, by changing the funding of the HRA centers from federal Title XX funds, to City Tax Levy funds. Over the years, as a result of social services block grant funding and reductions in federal funding, the City allocated more City Tax Levy funds to the HRA budget. By moving these funds around, the Dinkins administration allocated the Title XX funds used to support the senior centers to other qualified programs under HRA, and reallocated HRA tax levy funds to cover the operating budgets of the 177 HRA centers. As a result, when the centers were transferred, their operating budgets were also transferred to DFTA as entirely tax levy

dollars, giving the City more leeway and enabling it to overcome any funding constraints to consolidating center operations under DFTA administration.

The decision to transfer the management of all city funded senior centers from HRA to DFTA, and the decision to contract out the sixty-four direct-run centers must be seen as separate and distinct. The Mayor's Office approved the transfer, but the contracting-out was a policy decision that originated in the Department for the Aging and was then presented to the Mayor as the best policy to follow. The projected savings of \$1.2 million, was based on administrative savings resulting from the transfer, not from contracting-out. What then was the basis of the decision to contract out? In a 1971 study of state agencies in three states, Booz-Allen and Hamilton (as quoted in Kettner & Martin, 1988)) identify three major reasons that government agencies decide to go the route of Purchase of Service Contracting (POSC), that are still relevant today. They are:

- To provide for client choice and to satisfy unmet need.
- To provide services not suitable to government delivery.
- To increase the type and amount of services provided through the use of private funds.

The contracting decision on the part of DFTA does not fall into any of these three categories. The contracting would not satisfy an unmet need, nor would it improve client choice. Client choice already existed in all senior centers, both those directly run and those contracted out, and the need for the senior center was already being met. This contracting would not satisfy the second priority either, as these services could not have been considered inappropriate for government delivery, as the government was already delivering these services at some sites for more than twenty

years. Finally, although there was a belief that private providers would be able to bring in new and additional resources not previously available to these centers, a private match was not required. Instead, the RFP for these centers asked about additional resources and evaluators gave points for promises of such resources, however it was not a requirement of the contract.

In a 1973 study, Wedel looked at social service agencies in all fifty states in an attempt to understand why they were choosing POSC to deliver social services. Three themes emerged from this study, they are:

- the relationships between government and private agencies
- a focus on the quality and accessibility of services to the clients, including improved consumer choice, greater quantity, quality and flexibility of services
- the possibility of tapping new talent not previously available to consumers.

It appears that these themes have more applicability in examining the contracting-out of the sixty-four centers. First, if we look at the relationship between government and private agencies, we see that many of the same organizations were providing other DFTA funded services, including senior centers, and sponsoring contracted HRA centers. It was likely that these nonprofit service providers would make up much of the potential contractors for the sixty-four centers if they were to come up for contracting-out. The service provider community had been advocating for many years to consolidate the centers under DFTA and to turn the direct-run centers over to community control. Doing so, would appear to be a boon to a municipal administration that prided itself on its community roots and its responsiveness to the communities throughout the city.

The second theme elicited by Wedel, a consumer focus of improved quality, quantity and flexibility of service, was the main reason cited by the Commissioner for converting these centers to non-profit sponsorship. In her testimony cited earlier, she spoke of increased sensitivity to minority communities and greater service flexibility and enhancement. Finally, the last of Wedel's themes, the desire to reduce the public bureaucracy and payroll, was another guiding light in the decision to contract out. By converting these centers to private sponsorship, the public payroll would experience a head count reduction in a time of severe fiscal constraints. Although there were no layoffs of municipal workers as a result of this transfer, actual positions were terminated, with the workers being absorbed elsewhere in the huge HRA bureaucracy. This then became a win win situation for City Hall, a head count reduction of almost three hundred city workers with no layoffs, and a promised budget reduction of \$1.2 million without any service reductions. In fact, at the height of the budget negotiations, when the contracting-out was being presented to elected officials and seniors at these centers, the administration promised that there would be no center closings as a result of the consolidation. This in spite of the promise by Commissioner Mathai-Davis that consolidation would result in better administration and coordination of services on a city-wide basis. Without studying the locations and service of all 346 city funded senior centers, a promise not to close centers would seem to abrogate a full consolidation, if the result is that some communities are being overserved or services are being duplicated at the same time that other communities are being underserved, highlighting once again the second of Wedel's points.

A study conducted by the American Public Welfare Association in 1981, (Kettner & Martin, 1986) concluded that there was only one variable that played a high priority role in the POSC decision, and that was the enhancement of client services. This study found that two other variables - cost savings and availability of contractors - had a lesser impact.

A third major influence that emerged in this study was political concerns. The contracting-out of the senior centers seems to parallel these findings, cast as a road to improved services, not as a cost saving measure, and a result of political concerns favoring community based services. However, when it came time to make good on the promised cost savings of \$1.2 million, the bulk of these funds were taken from the operations of these direct-run centers.

In a study of the contracting-out, supported by the Municipal Labor Committee -- a vocal opponent of the transfer and contracting-out of the directly-run centers -- researcher Martin Hanlon (1994) observed that "the implication is that contracting with non-profit organizations is inherently more democratic and in line with senior interests than City-run programs. Churches, synagogues, community-centers, social service agencies, and other non-profit groups know their communities better than any City agency."

Hanlon's study represents the only formalized review of the changes since the transfer and contracting-out. After studying the way in which the 64 directly-run centers were contracted out, and the resulting services offered, Hanlon concludes that the contracting-out was based upon the desire to appease the powerful interests that helped to elect the Mayor and that claims of cost savings were greatly exaggerated.

Hanlon further states that quality improvements were never a part of the decision to contract these centers. In his study, undertaken two years after the centers were contracted out, Hanlon only includes information from those people who were most negatively affected by the transfer from City operations to non-profit status, the former employees and those seniors who were active organizers against the transfer. Therefore, although this is the only study on this topic, it stands out as one that is significantly flawed. Further, in his interviews of others, Hanlon did not accurately identify the topic of his study, nor did he inform interviewees that the study was being funded by the Municipal Labor Committee, already on record as opposing all contracting of government operations, and a vocal opponent of the transfer and contracting-out of the HRA senior centers.<sup>1</sup>

In order to get a more informed and accurate picture of the impact of contracting-out on these sixty-four centers, this study will focus on the actual participants at these centers. Unlike the Hanlon study that focused on the center directors and recreation workers who were personally affected through transfers to other HRA assignments, and who have no personal knowledge of the center operations after the transfer, this study will look at center operations from the vantage point of those to whom the services are targeted, the senior participants.

Although the reason stated primarily as justification for the transfer and contracting-out of the centers was budgetary savings, Hanlon finds little to support this

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<sup>1</sup> This author was interviewed by Hanlon, who identified the purpose of his study as looking into the contracting of mental health services. He informed the author that he had heard about the recent contracting of the senior centers and my involvement in it and was considering including a chapter in his book on this. At no time did he identify the purpose of his study as specifically looking at the contracting of the senior centers, nor did he identify the funding source of the study.

as a result that was achieved. Due to the complexity of the way in which these centers were funded under HRA, there is no reasonable way to gain an understanding of the operational costs of these sixty-four centers. Therefore, this study will not focus on this issue, but will focus on the experience of the transfer through the eyes of the recipients of these services.

## CHAPTER III

### LITERATURE REVIEW

#### Contracting-out

Government reliance on purchase of service contracting with non-profit organizations has become the primary delivery mode for human services delivery in the United States. This form of contracting is defined by DeHoog as "the practice of having public services supplied either by other governmental jurisdictions or by private (profit or non-profit) organizations instead of delivering the service through a governmental unit's own personnel." (1984, p.3)

Ralph Kramer (1994) believes that as a result of this reliance on purchase of service contracting (POSC), that government has become an "enabler" resulting from the separation of the production and the funding of social services. He speaks to this changing role when he writes that "this has meant that, as part of the public delivery system of the public social services, nonprofit organizations function more often as a substitute for government rather than in their traditional role as an alternative, a supplement, or a complement." (pg.34)

In spite of the growth of this method of funding and providing social welfare services, little attention has been paid to whether or not this is an improvement over the direct provision of services through governmental entities. Through the 1970's and 1980's, driven by the work of the "Public Choice Theorists," purchase of service contracting grew without an empirical basis to support it other than the belief that big government was both inefficient and impersonal. According to DeHoog, public choice theorists believe that "the competitive marketplace produces goods and services efficiently, whereas monopolies, whether public or private, tend toward both inefficiency and unresponsiveness. Since in most programs and service areas,

government agencies are service monopolies, the personnel are likely to behave in ways that promote their own interests at the expense of the interests of efficiency and the consumer/citizen.” (1984 p. 4)

In the mid-sixties through the early seventies, purchase of service contracting was also used as a method to develop community leadership and promote community control. But, as Sosin (1990) also points out, POSC was used during the 1970's, in a time a government retrenchment due to a declining economy, to enable the expansion of the welfare state. Since most of these programs were funded through new funding streams, it was not possible to compare them with the same service, provided to the same population, by a government entity. Without this type of direct comparison, it is difficult to discern whether there would have been a difference in the quality of the services if they were provided directly by government. The converse to this is also true, where social services are provided directly by government, we cannot tell if they would be better provided by a non-profit or other organization.

Non-profit Organizations have emerged as one of the largest sectors of the American economy. Currently, there are more than 1,243,000 non-profit organizations nationwide, employing more civilians than the federal and all of the state governments combined, with an aggregate budget exceeding that of all but seven nations in the entire world. (O'Neil, 1989) Although many non-profit organizations are small and others have no employees, many have become significant factors in providing educational, social, medical, housing and a variety of other human services, using a combination of public and private funds and fees for service.

In taking an historical look at the provision of social services, Abramovitz (1986) points out that “contrary to popular wisdom, first local, then state, and finally the federal government began to offer grants, contracts, subsidies, and tax incentives to both for-profit and nonprofit service providers well before the twentieth century.” (pg. 257) She makes the point that the government was traditionally the provider of last resort, getting involved in the provision of social services only when the private sector could not or would not become involved. She delineates four broad historical periods, and suggests that from Colonial times to the implementation of the New Deal policies, public subsidy of the private sector was the norm. As an example, Abramovitz points to the Colonial overseer of the poor who “Contracted out services for the poor by granting awards to the lowest bidding town resident willing to provide food and shelter and to the lowest bidding physician able to provide medical care.” (Pg. 257)

Non-profits in the United states can trace their origins to the early 19th century. During this period, wealthy merchants used some of their resources to fund the development of private schools, colleges, missionary societies, libraries, orphanages and hospitals, setting the way for other non-profit organizations that would imitate these models, in turn serving as models for other imitators, further increasing the significance of non-profit service providers. (Smith & Lipsky, 1993) For most of their history, non-profit organizations have relied almost entirely on the generosity of private donors and memberships and fees for services to pay the cost of their operations. This sector has grown exponentially over the last two and a half decades as a result of an increasing reliance of government on contracting with non-profit organizations for the provision of a wide variety of human services.

Government has traditionally contracted out with private providers for such services as road and building construction, and technical services such as data processing and printing, to name a few. With the explosion of social programs coming out of the new social spending of the "Great Society," government at all levels increased their reliance upon non-profits to provide human services through purchase of service contracting. Many services were contracted out in the never ending quest for greater fiscal restraints, and there was a greater utilization of contracting for the provision of new social programs (DeHoog, 1984).

The 1967 Public Assistance Amendments to the Social Security Act, authorized state and local agencies to contract with not-for-profit or proprietary organizations. This method of funding social services was reaffirmed in 1974 under Title XX of the Social Security Act. In this context, Wedel (1979, pg 1) defines contracting as "an agreement between a government agency and another organization or individual for the purposes of providing care or services to clientele of the government agency. In the POSC arrangement, accountability for the services ultimately remains a responsibility of the public sponsor..." In the years following the Public Assistance Amendments and Title XX, the use of contracting to provide social and other human and health services increased geometrically.

Smith and Lipsky (1993) refer to two recent studies that demonstrate the extent to which purchase of service contracting is now relied upon to provide human services. A 1991 survey of over 350 Massachusetts nonprofit, social service agencies found that they received 52% of their funding from state agencies. Another study performed in that year, of 276 North Carolina nonprofit social service, educational and cultural organizations revealed that government agencies accounted for 45% of total funding after excluding hospitals and universities. A third study performed in 1988 by the Child Welfare League of America, found that government support accounted for a full 59% of member agency revenues. (Malm & Maza, 1988)

Two studies focusing on New York non-profits revealed similar findings. A 1989 survey of metropolitan area non-profits found that government sources contributed almost half of total funding. (Wolper, 1989) A 1986 study performed by Interface listed several municipal agencies that did not deliver any direct services, but instead depended upon purchase of service agreements completely to provide their services. These agencies included the Youth Bureau, Department of Employment, Department of Mental Health, the Community Development Agency, and the Agency for Child Development. Combined, these five agencies disbursed in excess of one billion dollars to non-profit service providers in the City of New York.

Although billions of public dollars have been spent, and are continuing to be spent, on the private provision of human services, little has been done to measure the effectiveness and quality of these programs. Instead, as Wedel (1979) reports, although "Title XX reporting systems provide public accounting of aspects of programming including: units of service, population served, method of service delivery and total cost... Data on quality of services are not as available... monitoring for quality of social services is still in the infant stages of development." (Pg. 7) Although these words were written sixteen years ago, little has changed, and government continues to monitor for effectiveness in meeting requirements other than quality measures.

From the early days of contracting through today when contracting is being pushed as the way to reduce government budgets, efficiency has been the measure of success rather than effectiveness. Although both effectiveness and efficiency made up

the rationale for the decision to contract out the HRA run senior centers, other than the Hanlon study, no one has looked into either of these two aspects of their operation since the changeover. This study, will attempt to develop a measure of effectiveness from the point of view of the consumer of the senior center services, by asking what they consider to be quality and value, and has this changed in their center since being contracted out to a non-profit sponsor.

### Privatization

As was demonstrated in the previous chapter, government funding of private organizations to provide social welfare services was at the very core of the development of the welfare system in this country. Called 'privatization' today, it has become the buzz word for saving the citizenry from a supposed overblown and inefficient government bureaucracy. Privatization is the decision to transfer functions previously performed by government to the private sector, where the government retains the financing responsibility while delegating the delivery responsibility, changing the delivery arrangement for a particular good or service from one with high government involvement to one with less government involvement. (Donahue, 1989; GAO 1997, Savas, 1987).

Privatization, as an idea is not new on the scene. Feagin (1975) points to the historical beginnings of the use of private providers of government services in Colonial America:

Although thousands of workhouses were established in the next two centuries [16th & 17th] and tens of thousands of poor people were incarcerated in them, most were economic failures and within a few decades had become general shelters for all the poor - the disabled as well as the healthy. An even more dramatic demonstration of the new

faith in enforced work for the poor can be seen in late seventeenth century proposals for farming out the poor to private entrepreneurs who were permitted to set up their own workhouses and secure cheap labor; thus for a fixed sum local parishes could be relieved of the institutional burden.”

Abramovitz (1986) also traces the growth of the private provision of public services from the gradual replacement of home relief in the late 1700’s and early 1800’s by private asylums, hospitals and charitable institutions, all relying on government subsidy. “Public subsidies to private agencies, primarily voluntary agencies, continued until the economy collapsed in 1930... From the New Deal to the Great Society, government operated programs became more common. These programs appeared alongside government supported services delivered by private providers, primarily in the nonprofit sector.” (pg. 257)

Although the use of private organizations to provide government services dates back to colonial times, this reliance on public-private arrangements accelerated greatly beginning with the Great Society programs of the 1960’s (Abramovitz 1986; Terrell & Kramer 1984). At the same time, mistrust of big government was beginning to increase amongst the population. Peter Drucker, one of the leaders of the attack against big government wrote that “there is mounting evidence that government is big rather than strong; that it is fat and flabby rather than powerful; that it costs a great deal but that it does not achieve very much. There is mounting evidence also that the citizen less and less believes in government and is increasingly disenchanted with it.”(1968, pg. 212) Without citing this increasing body of evidence, Drucker goes on to further indict government and its inability to accomplish anything worthwhile. “Government has proved itself capable of doing only two things with great

effectiveness. It can wage war. And it can inflate the currency. Other things it can promise but only rarely accomplish.(pg. 217)

But, Drucker saves his strongest language for what he sees as the complete and utter failure of the welfare state as operated by big government:

But the greatest disappointment, the great letdown, is the fiasco of the welfare state. Not many people would want to do without the social services and welfare benefits of an affluent modern industrial society. But the welfare state promised a great deal more than to provide social services. It promised to create a new and happy society. It promised to do away with ugliness and strife. No matter how well it is doing its jobs... the welfare state turns out at best just to be another big insurance company, as exciting, as creative, and as inspiring as insurance companies tend to be.

With these words, the attack on big government had begun. As the welfare state was expanding, the government once again began to rely on contracts with private organizations to provide many of the new personal social services that were being established and funded by the federal government. Cutting back big government became the rallying cry of conservatives across the country. Drucker provided the rationale and legitimacy for the “Public Choice Theorists” who were to follow, and find the locus of their heyday within the Reagan administration. The leaders of government were the ones who were now preaching that government was indeed the problem, that it had grown too big. It had become their job to get government “off of our backs.” Privatization surged as the option of choice to do this.

In the new conservative era of *downsizing* the federal government, and in the aftermath of the welfare reform legislation of 1996, privatizing government functions

has taken on a new momentum. In its 1997 Annual Report on Privatization, the Reason Public Policy Institute, a conservative think tank reports that,

The 104<sup>th</sup> Congress was the most pro-privatization Congress in U.S. history. Privatization caucuses were created in both the House and Senate, serious bills to sell off federal assets and enterprises were debated (and a few passed), and more federal functions were outsourced. Also, the formerly taboo topic of Social Security privatization suddenly entered public debate shortly after the November elections. (pg 1)

The leading proponent of privatization, with a direct line to the Reagan White house, was E.S. Savas, whose book Privatization the Key to Better Government (1987) reviewed the current privatization efforts and hailed them as an overwhelming success. Savas describes privatization as having “come to symbolize the new way of looking at society’s needs, and a rethinking of the role of government in fulfilling them. It means relying more on society’s private institutions and less on government to satisfy the needs of the people. *Privatization is the act of reducing the role of government, or increasing the role of the private sector, in an activity or ownership of assets.*” (Pg.1)

However, in spite of this push towards privatization, the actual efforts to contract out federal responsibilities have been slowed by a lack of understanding what works and where the benefits can best be achieved. Again, from the Annual Report on Privatization of the Reason Public Policy Institute:

In an effort to balance the budget, Congress and the executive branch are looking at privatization as one of the tools to downsize government, obtain efficiency gains and cost savings, eliminate obsolete processes and redundant layers of bureaucracy, and obtain new technologies and capital management techniques. Proponents of privatization have had some difficulty making this happen in the federal government, in part due to uncertainty about what really works in privatization...” (pg 3)

Savas categorizes the forces behind privatization into four separate categories: Pragmatic, Ideological, Commercial and Populist. According to Savas, those that are pragmatically driven believe in better government which can be attained through “prudent privatization” which leads to more cost effectiveness in government services. Those that believe in privatization to get to less government are ideologically driven, and base this on their belief that government is too big and too powerful and that “government decisions are political,” making them “less trustworthy than free market decisions” Those that come to privatization through commercial forces believe that government enterprises and assets could be better utilized by the private sector; Finally, those that come to privatization through their populist tendencies base this on the belief that people should have more choice in public services and that they would be empowered more by relying on mediating structures such as church, family and voluntary associations and less on far off bureaucratic structures.

Supporters of privatization believe that these mediating structures, have been usurped by big government, diminishing the importance of the individual. (Savas 1982, 1987) “Fairly interpreted, mediating structures are those voluntary associations that have bound the national fabric since Alexis de Tocqueville identified them in his travels through the United States more than a century ago. For reasons historic and economic, these organizations are now commonly referred to as the voluntary, nonprofit sector.” (Stoesz, 1988 pg. 53)

The arguments for and against privatization fell to the difference in opinion of the appropriate role for government and the private sector. Either you believed that government was attempting to do too much and had grown inefficient in the attempt, or

you believed that it was the responsibility of government to provide specific services for its citizenry. Koldere (1986) delineates two distinct functions of government - that of provider or that of producer. He defines the role of provider as the policy decision to actually provide a specific good or service, and the producer function is the “administrative action to produce that good or service.” According to Koldere, either one or both of these functions can be privatized.

Savas calls these two functions the “arranger” function and the “producer” function. He describes these as follows:

...the arranger has significant responsibilities. He must have authority to levy and collect assessments despite a lack of unanimous consent... similarly on the demand side, the arranger must establish procedures to decide which services are to be provided, the level of the service, and the level of the expenditures to be made...

the distinction between providing or arranging a service and producing it are profound. It is at the heart of the entire concept of privatization and puts the role of government in perspective. With respect to many collective goods, government is essentially an arranger or provider - an instrument of society for deciding what shall be done collectively, for whom, to what degree or at what level of supply, and how to pay for it...

Producing the service, however, is a separate matter. A government that decides that a service is to be provided at collective expense does not have to produce it using government equipment and government employees. Opposition to privatization often comes from those who do not appreciate the difference between providing and producing, and mistakenly assume that if government divests itself of the producer function, it must automatically abandon its role of provider as well... The responsibility for providing the service can be retained by government, but government does not have to continue producing it. (1987, pg.61)

David Stoesz (1994) argues that “while critics of the private sector would prefer to categorize it as a nostalgic artifact of noblesse oblige and an obstruction to social

justice, in fact many of the most innovative developments in American social welfare are occurring under the auspices of the private sector.” He lists the following three factors to be considered in support of this:

1. Virtually all social change originates in the private sector
2. The next generation of graduate social workers expect to work in the private sector because it offers superior professional opportunities
3. In some instances, essential human service programming would not be available had not the private sector undertaken them. (pg 109)

It appears however, that Professor Stoesz is referring to the voluntary sector when he uses the term private sector. What he does not seem to anticipate is that in the new era of downsizing government, private sector has become synonymous with for-profit corporations. One example of the new face of welfare is illustrated by the entrance of Lockheed Martin, the world’s largest weapons manufacturer into the field of welfare contracting. The cover story of the March 2, 1998 edition of the The Nation, focuses on this new direction for state run welfare programs:

By the year 2000, America’s largest weapons manufacturer, Lockheed Martin, may be as familiar to mothers on welfare and social service bureaucrats as it is to the Pentagon’s top brass. If the company’s strategy succeeds, Lockheed Martin may not be only a major aerospace manufacturer but also a leading dispenser of food stamps, Medicaid and other public assistance programs to America’s neediest citizens.” (Hartung & Washburn, 1998)

These new efforts by Lockheed Martin only seem to be the tip of the iceberg in for profit efforts at privatizing welfare programs, an area of government services that has become more attractive to for-profit corporations since welfare reform legislation was enacted in 1996. In its section on welfare programs, the 1997 Annual Report on Privatization of the Reason Public Policy Institute, highlights efforts by profit making companies to take over state welfare functions. According to this report, “States now

spend nearly \$30 billion a year just to *administer* welfare programs. Many are hoping private companies can help them cut these costs... over 30 states are considering or have already contracted with private companies to deliver welfare programs...” (pg 27)

Examples of states that have elected to contract with for-profit companies to provide welfare services include Wisconsin which has contracted with Maximus a private consulting group, to administer one of six regions in the state, while Fairfax County in Wisconsin has also contracted with Maximus to administer case management and welfare to work programs. Texas has put up its entire \$550 million state welfare system for bid. The three bidders for this contract include Lockheed Martin, IBM and a consortium of private corporations and the Texas Department of Human Services. (Reason Public Policy Institute, 1997)

A review of the current literature on privatization and contracting-out (these terms being used interchangeably), demonstrates that there are three themes that emerge. First, there are those who follow the Public Choice Theorists and believe that government has grown too big and cumbersome, that it has separated itself too far from the citizenry, and that government monopolies, without competition, naturally tend to be expensive, wasteful and inefficient (Drucker 1968; Savas 1977, 1982, 1987) The second theme that emerges is one that falls under the category “people and garbage are not the same,” (part of the title of an article by Robert Paulson 1988) which makes the case that although privatization may work for so-called hard government services such as garbage collection, street paving and fire fighting, it is not necessarily applicable to the “soft government services” such as personal social services. (Bell-Lowther 1988,

Bendic 1984, Gerwitz 1987, Hartung & Washburn 1998, Hatray 1983, Karger, 1994. Karer 7 Stoesz 1998, Nelson 1992, Paulson 1988, Terrell & Kramer 1984, Weddell 1979) The third theme that emerges from the literature is that outcomes and quality are difficult to define and measure in the personal social services and along with this, there is a lack of empirical evidence to sufficiently demonstrate that privatization of social services improves effectiveness or efficiency. (Barnekow 1989, Bell-Lowther 1988, Karger, 1994, Stein 1990, Terrell & Kramer 1984, Weddell 1979)

### The Privatization Decision

The decision to privatize municipal services is informed by the desire to reduce cost, expand consumer choice and promote competition. (Carroll, Conant & Easton, 1987; Karger & Stoesz 1998, Morlock & Vitton, 1985, Poole & Fixler, 1987, Reason Public Policy Institute 1997, Savas 1977, 1982, 1987; Stoesz, 1994). “The premise underlying this, is that when services are provided by the government, not only is the choice available to the consumer reduced, but competition in the production of the service is largely absent. Since there is no price associated with the use of government services, it is difficult to know if the service is being provided efficiently...” (Fisk, Kiesling & Muller, 1978)

Government services are thought to be more expensive based upon their monopoly status, and the belief that lack of competition will naturally drive up the cost of doing business. (DeHoog, 1984; Ferris, 1986; Ostrom & Ostrom, 1977) In order to end this monopoly, and open up service delivery to competition, government services are to be funded by the government but supplied by private businesses through privatization. The resulting competition and profit motive, will help to drive down the

cost of the service relative to the cost of direct provision by government. This competition is believed to force the cost of supplying goods and services downward toward its true cost. In a review of the literature on contracting performed by Julander (1987), he finds three assumptions that are common to the literature in support of the role of competition, these are

1. competition tends to drive the price of a service downward toward the actual cost of the production of that service
2. competition encourages efficiency through rewarding companies which adopt the most efficient management techniques and cost efficient technology
3. competition ensures quality maintenance at an acceptable minimal level ( pg. 2)

As demonstrated by Julander, competition is the overriding theme in support of privatization. If government supported services are not subjected to the disciplines imposed by having to compete in the marketplace, organizational inertia, tradition and standard operating procedures “are even more likely to be influential in organizations insulated from the disciplines of the marketplace than in organizations that are subjected to that discipline.” (Wolf, 1993 pg. 6) In the private market, the market price of a good or service may be taken as a measure of the benefit received by the consumer, if competition between buyers and sellers does in fact exist. The public provision of these goods and services, is seen as an analogue of the private market, where cost is determined by competition and the value of a product. (Fisk, et. al 1978)

In spite of the snowballing of support for the virtues of competition, in his 1987 study, Julander found that “the value of competition in forcing efficiency and equity is usually considered self-evident and its very existence is most often accepted as given wherever the private sector is involved.” (pg. 19) This can be seen especially in the

writings of E.S. Savas when he invokes patriotism and the very democratic foundations of our society to support his unflinching belief in the value of competition and the private sector. In his 1987 study of privatization, Savas writes that “one of the most fundamental determinants of the efficiency and effectiveness of any arrangement is competition; that is, the degree of competition that an arrangement permits, will to a major extent, determine how efficiently that arrangement will supply a service. Competition means that the consumer has a choice, and citizen choice is a revered principle in democratic societies. (1987, pg. 96)

Ferris (1986) makes the point that in order for government to reap the benefits of contracting with private providers, there first must be a sufficient number of organizations interested in providing the service to be contracted. Without a large enough number of potential contractors, the savings to be realized through contracting may not be as large as desired. Fitch (1988) on the other hand, believes that competition, in and of itself may not be the silver bullet that its supporters contend. He makes the point that quality control may be more difficult with private contractors, and that competition is not an adequate control in this regard. He points out, as do others, that once a large contract has been signed, competition ends and other forces of control take over.

Karger (1994) points out that a major foundation of the marketplace theorists is based upon a rational, informed consumer with the ability to make informed choices amongst several options, does not exist for most human services consumers. The human services market place, does not reflect the normal conditions of the idealized free market arena. “Unlike the marketplace, decisions about health and human service

needs are not made by market savvy 'rational consumers.' Instead, most decisions about human services are made by clients or families that are in crisis and who have neither the time nor the energy to consult *Consumer Reports* to find the best product at the best price." (pg 113)

Karger further criticizes this approach by pointing out that competition is based upon competitiveness between markets and producers/providers. Instead of competing with each other for clients, social service providers, non-profit and for-profit, negotiate reimbursement rates with government and private funders. Competition amongst and between providers, if it were real, would actually result in reduced costs as it does in other consumer industries, however, "an examination of social services budgets reveals the opposite: the cost of providing social services and health care has dramatically increased during the 1980s and 1990's. In most instances, this increase has outpaced the relative growth of inflation, especially in the health care area." (1994, pg 114)

Based upon a study done in the mid-1970's of municipalities contracting with private providers, Fisk, Kiesling and Muller (1978) list five reasons for a developing interest in privatization on the part of municipal governments:

1. the need to reduce the high cost of government
2. the belief that private firms can deliver services more cheaply
3. a belief in the inefficiency of government
4. the need for a yardstick to measure government services      against
5. government services represent a "large untapped" market for  
business (pg. 3)

Savas, in his 1987 classic on the subject, Privatization The Key To Better Government, lists what he sees as the five most cogent reasons used by advocates of contracting-out. These are:

1. Contracting is more efficient because:
2. it harnesses competitive forces and brings the pressure of the marketplace to bear on inefficient producers
3. it permits better management, free of most of the distracting influences that are characteristic of overtly political organizations
4. the costs and benefits of managerial decisions are felt more directly by the decision maker, whose own rewards are often directly at stake
  - a. Contracting makes it possible for government to take advantage of specialized skills that are lacking in its own workforce; it overcomes obsolete salary limitations and antiquated civil service restrictions
  - b. Contracting allows flexibility in adjusting the size of a program up or down in response to changing demand and changing availability of funds.
5. Contracting permits a quicker response to new needs and facilitates experimentation with new programs
6. Contracting is a way of avoiding large capital outlays; it spreads costs over time at a relatively constant and predictable level.

In his 1989 review of empirical studies of government contracting with private providers, Donahue found studies that demonstrated the following results in a small number of privatized government services. In six studies of garbage collection, Donahue found one study that showed that the difference in cost between private and public provision to be statistically insignificant. He found five studies that demonstrated that government contracts with private providers were demonstrably cheaper than direct government provision of this service. One study showed that although private contracting was the cheapest, and government monopoly the most expensive, in the instances where the municipal sanitation service was in competition with private providers, there was no difference in cost. Other studies reviewed by

Donahue included Pentagon support services, where the GAO found substantial savings when these services were contracted to private providers; the GAO also studied custodial services at General Services Administration buildings and found that private cleaning costs ran \$.63 per foot, while cleaning services performed by government employees cost \$.73 per foot; a study of privatized fire fighting services in Scottsdale, Arizona found a savings of approximately \$3 per capita; and, studies of transportation services in three countries found that privatized airlines in Australia were more productive, public railroads in Canada are at least as efficient and even better than private, and private bus lines in the US were found to be more efficient than public bus routes.

Ferris (1986) highlights three, what he believes to be, “pivotal factors” in local government decisions to contract out a service. These are “the potential for reducing the costs of providing the services, the fiscal pressures to reduce the costs of producing services, and the political inducements and obstacles to contracting-out.” (pg. 291) This list highlights the most glaring omission in the literature about contracting, rarely is the decision based upon a desire to improve the effectiveness of a given service, instead the decision to contract rests primarily on the possibility of decreased cost.

Several authors look at this issue and find little evidence to point to improved effectiveness with contracting. In fact, some, such as Julander write that improved effectiveness is not even among the desired outcomes of privatization, “the greatest weakness in this premise is the difficulty in measuring quality in many services. To the extent that specifications cannot be quantified one cannot expect the competitive environment to protect quality.” (1987, pg. 3) In his 1989 study of the Job Training

Partnership Act, which provided public funds to private, for-profit providers, to provide job placement and training services, Donahue found that the emphasis was on outcomes rather than on process goals. This emphasis on meeting performance standards, and not on how these results were accomplished, resulted in a process of creaming, whereby only the most job ready individuals were served, avoiding the hard to serve cases. Barnekow, Boyle and Rich (1989) found that the studies that they reviewed on privatization showing improvements, generally lacked evidence about the eventual impact of privatization on the quality of the service provided. Because of this, they could not make a judgment whether the lower costs that they were seeing resulted from greater efficiency, or from lowering the quality of the service. Weddell (1986) writes that privatization sets forces into motion that will further exacerbate problems with fragmentation and waste through duplication and service gaps. Along with this he sees a related problem, whereby private providers, driven by the cost oriented contracts, will focus their efforts on the cases with a higher likelihood for success and ignore the more severe cases where services are more expensive.

In a recent effort by the New York City Department for the Aging to contract out home care services to a for-profit organization, that were traditionally performed by non-profits, we see little regard for changes in quality, with the decision based solely on projected savings. The contracts were awarded on the basis of a lower bid submitted by the for-profit organization, than the bids submitted by the non-profits who had been operating this service for approximately twenty-years each. However, in order to maintain its lower cost and provide the required service, the for-profit provider planned to impose a minimum number of hours of service, that would have

left a number of current clients without home care services. The City was prepared to make up for this by offering separate contracts to the non-profit groups to provide this low level service, thereby increasing the actual cost of doing business while maintaining a public posture of reducing costs. (Nesoff, 1994)

In reality, it is beginning to appear that in some instances, privatization is really an attempt at “profitization” of government services. (Nesoff, 1994) Crain’s New York Business, a New York City business weekly, devoted considerable space in a two part feature article depicting the City’s non-profits as “NY’s New Tammany Hall,” with subheadings for its two installments hailing “social services grab economic, political clout,” and “Social service clashes drain economy.” The premise of this two part special report was that the phenomenal growth in the budgets of New York City non-profits was a measure of their successful grab for power and the resulting demise in some neighborhoods of the business sector. (Kamen & Malanga, 1994)

A full page advertisement in the 1997 annual report of the Reason Public Policy Institute, for Maximus a private, for profit national company specializing in welfare reform reads under the headline “Need Help With Welfare Reform?”

MAXIMUS is America’s leader in human services program management. With almost 1,000 professionals in 25 offices located throughout the country, we can help you implement real welfare reform. Our extensive project experience at every level of government includes success with: welfare-to-work initiatives, child support systems and enforcement, disability services, managed care enrollment, management and information technology consulting and program evaluations.” (pg.1)

Some supporters of privatization, do not believe that non-profits are the best alternative to direct government provision. According to DeHoog (1984), proponents believe that substituting the empire building and budget maximization of government

bureaucrats with the profit motive of private business, would particularly limit budget growth and further limit the growth of government in the long run. With the loss of the profit motive, non-profit organizations are seen as being less cost effective than for-profit providers. (Ferris 1986) Abramovitz (1986) speaks to this trend when she writes, "Although the provision of municipal services and social services by for-profit agencies is not new, contracting-out was strongly linked to the voluntary nonprofit sector. Increasingly, however, the nonprofit sector fears the loss of this market to commercial firms, especially small businesses, whose trade associations and lobbyists have made competition with the nonprofit sector a top priority." (pg. 259)

When privatization is used to reduce the cost of providing government run social services, it is often done on the backs of the workers. Functions that were once performed by adequately paid civil servants with fringe benefit packages and job security, are transferred to lower paid, often less experienced staff. Hartung and Washburn (1998) point to a 1996 study by the Chicago Institute that found that "in seven out of ten public service categories in that city, privatization drove the wages of entry-level workers below the poverty level. Although civil service rules have sometimes produced red tape and inflexible management procedures, they also provide important job security and income protections." (pg. 15)

#### "People and Garbage Are Not The Same"

The privatization literature treats welfare and social services as an indistinguishable part of government services that are ripe for privatization. However, there are a number of authors who make the point that the human services differ markedly from other government services such as paving roads, fighting fires, cleaning

office buildings and collecting garbage. (DeHoog 1984, Karger 1994, Margonis & Parker, 1995, Nelson 1992, Paulson 1988, Weddell, 1986, )

Paulson (1988), who coined the term “people and garbage are not the same,” points out that contracting with private organizations to provide human services presents a number of special problems. Firstly, the difficulty of specifying outcomes, and developing adequate measures for effectiveness and efficiency, make writing and monitoring contracts difficult. Further, he adds that due to the special needs of people who cannot afford to pay for the services that they may need, writing contracts to safeguard their access to these services can be difficult to accomplish without recreating the restrictiveness of government provision.

Nelson (1992) expresses his concern for what he calls “the relative neglect in the privatization literature of the actual content of welfare.” He joins Paulson in distinguishing welfare services from such routine tasks as street paving and garbage collection. To highlight these differences, Nelson points to the applied principles from medicine, health counseling and education that welfare service providers must rely on. According to Nelson, since these principles involve “statistical relationships with modest levels of probabilities, their use in welfare reflects much uncertainty. Frequently, recommendations cannot be outlined in advance because each step introduces new contingencies; knowledge is simply insufficient and uncertainty consequently high.”

Looking at the long run, Stoesz (1987) postulates that privatization is actually a ploy by government to shed itself of its mandate to care for the needy. He argues that without a transfer of resources, relative to the service needs, privatization will be

unable to serve the goal of promoting the welfare of the general population. There is little evidence to support the idea that private resources can make up for reductions in government funding for the social services. In the short run privatization may cause a weakening of both public sector and voluntary efforts and result in a reduction of services available to those in most need, the low income and disadvantaged people who utilize these services. Government must give up some control of the operations it is financing, which may result in the reduction or termination of services to the poorest and neediest clients, those unable to contribute to the cost of the service. (Barnekow et al 1989, Weddell 1986)

Margonis and Parker (1995) address the possibility of increasing the racial segregation of the nation's schools resulting from the school choice initiatives that are currently proposed. The proponents of choice through vouchers and privatization, ignore the already existing impact of the inequalities facing city and suburban schools. By placing school enrollment under a choice system, and privatizing some schools in this way, the authors argue that racial segregation and inequality will increase, while proponents argue that this inequality is merely due to an inability on the part of urban districts to manage their funds appropriately. The choice proponents do not address the educational and social values of racially and economically mixed schools, merely looking at some proposed bottom line savings.

Unlike paving roads, cleaning buildings, printing documents or collecting garbage, much of the work provided in the human services is imprecise. Working with individuals, requires an individualized approach, blocking attempts at standardization. Quality and outcome measures in the personal social services are themselves imprecise.

Katz (1979) writes that “the issue of quality is fundamental to the concept of accountability.” Without the ability to define and measure quality, it is difficult for a social services program to measure whether or not it is serving the needs of the client. Herman (1979) writes that decisions to purchase human services are based primarily on administrative, political and fiscal considerations. Focusing on these concerns, without also addressing the potential impact on the clients, “ignores the critical element that should underlie purchase decisions.” (pg. 30) He believes that the decision to privatize a human service should be questioned if it is not based primarily on a desire to serve current clients better, reach new target populations or provide the service more effectively.

Other authors writing on privatization and POSC are concerned about the lack of understanding of the uniqueness of the human services. Nelson (1992) is particularly concerned about what he sees as the “relative neglect” in the literature on privatization about the actual content of welfare. Primarily, the professional characteristics employed by human service workers has been given little attention, as has the relative uncertainties involved in applying the technical skills and expertise required, and to the possibility that the complexity of the tasks involved may be reflected in higher costs rather than the waste imposed by a non-competitive marketplace.

Key to success in many of the personal social services is the continuity of care provided to the client. The uncertainty imposed by awarding short-term contracts and the uncertainty of selection criteria can create an environment of instability making it difficult to plan and implement services for disadvantaged consumers. (Bell-Lowther,

1988) Continuity of care is important in developing trust, a crucial component to any personal service arrangement. It is particularly crucial however, in areas where a diagnosis is required and outcomes are supervised. Turnover of staff may actually be a predeterminant of a lower bid, but it is not necessarily beneficial to the care of the client. (Nelson 1992)

Critics cite the impreciseness of social services as a roadblock to successful contracting-out based upon cost savings. Bendic (1984) writes that in services that are “predominantly straight forward, immediately measurable, monitorable and technical in nature,” contracting has led to improved service as well as reduced cost. (pg. 157) But, as “the mix of objectives in a program shifts to more complex, long-range, holistic and unmeasurable outcomes,” the record of successful experience becomes thinner. (pg. 166) Gerwitz (1987) underscores this when she writes that “given the limited options available and accepting the assumption that the problem requires individual change, the technology available to alter people’s behavior is, at best, indeterminate and imprecise.” (pg 19) As long as the methodology utilized to address the complex individual problems faced by human services clients remains unclear and largely unsubstantiated, the measures needed to test the success of contracting-out will remain elusive.

The issue of “creaming,” or targeting services to those who are easiest to serve with the greatest possibility of success, is another issue that emerges in the literature. Unlike technical services where all products are the same, or the service provided to each consumer is the same, the social services is an individual approach dependent upon the issues, problems, abilities and willingness of the individuals, families or

groups served. Employment programs such as the much hailed Job Training Partnership Act and America Works, both of which have been put forth as new ways of dealing with unemployment by turning training and placement over to the private sector, have been accused from the start of targeting clients who are already employable and would most probably have gained employment on their own. (Donahue 1989, Nesoff 1994) In the need to show results and cost efficiency, these programs leave those in most need unserved, prompting Donahue to write that “there is no compelling evidence that the Job Training Partnership Act system, on balance, makes much difference in the employment, earnings and productive capacity of American workers. (pg. 211) Unlike paving a street, or printing a complicated booklet, where contractors are reimbursed on the relative difficulty and production costs of each project, human service providers are reimbursed for the tasks performed or the project entered into, without regard to the relative complexity of problems brought to each situation by individual clients.

Unlike the so-called “hard” or concrete services such as those listed above, Gerwitz (1987) argues that the technology available to social service providers is far less precise, while they are charged with solving more complicated problems. “While social service programs provide concrete services, they are also intended to be effective in changing client’s lives. Since social services attempt to ameliorate intricate social problems, the quality and effectiveness of these services is of critical importance. Thus, effectiveness, not simply the usual efficiency of contracted social services must be measured.” (pg. 15)

Looking at it from a market perspective, we see that costs can best be reduced when providers are free to pursue a variety of alternative service methods. However, according to Nelson (1992), many of these alternatives may be in direct conflict with the goal of sustaining equity and quality sought by human services. These alternatives may cause a dichotomy between the twin goals of equity and efficiency, erring on the side of efficiency. They include “concentrating on profitable clients, varying quality for different levels of consumer income, ignoring non-profitable services and adopting a general attitude of ‘buyer beware’.” (pg. 818)

Karger (1994) argues that the market approach of improved service through consumer choice does not apply to the human services as it does in consumer markets such as electronics, automobiles and restaurants for example. He states that “creating more choices is not synonymous with creating better choices. Unlike the private marketplace, more social service vendors does not necessarily mean cheaper prices, more efficiency or better cost containment.” (pg. 114)

Perhaps the primary tenet of this market approach to services is competition - competition for contracts, and competition for clients once a contract has been awarded. There is no evidence in the literature that competition, per se, impacts on the effectiveness or efficiency of human service contractors. In fact, the very nature of the way human services are provided, mitigates against competition for clients. Nelson asks the question whether or not potential human services clients can truly judge the quality and effectiveness of services they need. Also, in most communities there are few or sometimes only one service provider, blocking the opportunity for true competition. If the government were to actually try to structure service delivery

systems to foster competition, while maintaining accessibility, they would have to fund greater numbers of social service providers, going against any economies that may be attained through larger service providers. Nelson (1992) lists three problems with the assumptions of the privatizationists' view of consumer choice when applied to the human services, these are:

1. consumers are unable to articulate what they want or need, requiring professionals to diagnose their conditions;
2. comparisons among competitors are easiest in repetitive tasks with clearly observable outcomes, but clear outcomes are infrequent with many social services;
3. knowledge about quality is not widespread, but skewed toward the professional rather than the client. Knowledge is frequently so skewed that clients abdicate authority to professionals regarding how and whether to proceed. (pg. 820)

#### The Current State of Research

As discussed above, contracting for municipal services has enjoyed a long history in the United States, dating all the way back to colonial times. The literature on government services that have been contracted out is quite vast, but little empirical research has been done on contracting-out of the personal social services. Most of the studies focus on housekeeping services such as garbage collection and street repair. In spite of the vast sums spent on Purchase of Service Contracting for public welfare services, this remains a little studied area of privatization. (Kramer, 1994, Paulson, 1988) The literature is limited by the fact that it only includes studies of a few public services, these studies have then been used to generalize their positive conclusions to other public services including the human services. (DeHoog 1984) It is then even further limited by an absence of any definitive studies that show the advantages of the

voluntary or for-profit sectors compared to each other, even as states are increasingly turning to for-profits as the providers of choice. (Karger, 1998)

Most writers agree that there is little empirical research that focuses on the social services, and therefore the literature does not demonstrate whether or not this can result in improved effectiveness and/or efficiency. DeHoog(1984) does not find it surprising that this dearth of information exists. She writes that officials are likely to be more concerned with quality than with cost in the “soft” services that are provided directly to people. “Service quality and effectiveness are the key issues, yet for each type of service, these elements are not simply defined and measured. Not surprisingly, few scholars have examined any of the large number of human or soft services that are purchased from outside suppliers.” (pg. 10)

E.S. Savas in his almost religious preaching of the virtues of privatization, only pays lip service to the special considerations of human services. In his 1982 book, Privatizing The Public Sector: How to Shrink Government, he studies the available evidence, service by service, to judge the relative desirability of contracted or direct government services. In this review, he looked at solid waste collection, electric power, fire protection, airlines, bus transportation, postal service, nursing homes, protection services and food services among others. When he looked at the social services, he reported that he could find no reports that compared the efficiency and effectiveness of the different service structures. Savas concludes his discussion of the social services by stating that "considering the large expenditures for social services, careful comparison of the relative performance of different arrangements are badly needed and have the potential of leading to large savings of public funds. (pg.79) He is

willing however, to make the leap of faith, in the absence of any empirical evidence that privatization in the social services, despite its uniqueness from other municipal services, will result in a cost savings.

Nelson (1992) questions the claim that private firms and free markets are the most efficient and effective method of providing all goods and services. He states that as a result of the complexity and uncertainty of tasks involved in welfare delivery, there results a difficulty in guaranteeing equal access, reducing costs and maintaining quality. Through a literature review, Nelson finds little support for applying market norms to social welfare in the areas in which its proponents find to be its strongest assets: competitive markets, rationality and cost reduction.

Hatray (1983) takes a more negative view of the available research on contracting. In his review of privatization, he finds that “most available information is descriptive, anecdotal and advocacy or public relations oriented. Information on the consequences of the uses of these approaches, when mentioned at all, is usually provided by the government that took the action, and such information is usually limited to assessments in the first year of the activity, before longer term consequences have been identified. Estimates of cost savings that are provided, are often estimates of expected savings.” (pg. 9)

Herman (1979) writes “...there is virtually no systematic information available in our field that could help us identify what difference to clients various service provision methods offer. Because this dimension has been inadequately identified, decisions to purchase have been based almost exclusively on administrative, fiscal or political considerations... to focus on them without assessing the potential impact on

clients is to ignore the critical element that should underlie purchase decisions.” (Pg. 30)

A computer search of available research on contracting, privatization and POSC found no studies of social services. Savings from larger scale operations and creating competitive markets were located for a variety of services, among them: garbage collection, electrical power, fire protection, transportation, police protection, custodial services and various support services.

Although the authors and research cited above are from 70's and early 80's, it appears that little has changed. In 1994, Kramer published a review of recent research on POSC, and came to the same conclusion. He concluded that “valid and reliable information about the consequences of POSC for the agencies involved, the service delivery system and the users, is scarce, controversial, and generally of poorer quality. It is safe to say that there is little tested knowledge about the effects of POSC. (pg. 42) Valid comparisons are difficult because of the significant differences inherent in these three sectors such as size and makeup of client populations, staffing patterns and qualifications, and approaches to treatment. Little is known about the differences to the clients whether a service is provided directly by government, or through contract with non-profit or for-profit providers, or the impact on client access to services in any of these arrangements. (Hardina, 1990)

Kramer (1994) highlights three areas where there is little or no data, these are:

1. when and to what extent client stratification is promoted by POSC, with nonprofit organizations serving the worst or the best off;
2. whether governmental agencies “dump” some of their most intractable cases through referrals to nonprofit organizations

- obligated under contract to accept all persons or a specified number of referrals; or
3. whether through “creaming,” by nonprofit organizations, government ends up serving mainly low-income, minority cases, which are more difficult. (pg. 45)

In her 1988 article on privatization, Bell-Lowther states unconditionally that “there is no conclusive empirical evidence documenting how best to deliver services. There are no studies that systematically compare the efficiency and effectiveness of different models for service delivery.” (pg. 102) Kramer (1981) is equally as adamant about the lack of research when he writes that there is “no evidence from the US that the two trends of increased reliance on voluntary agencies and the spread of service contracts and payments to private vendors has reduced the cost of delivering service, enhanced consumer choice or even improved accountability.” Barnekow (1989) speaks to this lack of evidence specifically on how privatization impacts on quality. He states that studies that describe efficiencies gained from contracting, do not address the impact of privatization on quality. This lack of information makes it difficult to judge whether the lower costs cited were gained through true efficiencies or through lowering the quality of the service provided.

Writers from both sides of the issue, those staunchly supporting contracting, and those opposed to it are joined by writers who do not express an opinion either way, in their unanimity about the lack of evidence relative to the human services. Depending upon which side of the issue a given author is on, they either believe that the results already obtained can be generalized to the human services, or they cannot, due to the uniqueness of these services and the clientele served. However, what is obvious on all sides, is that more empirical research is needed to make a final judgment

about the efficacy of contracting-out in the human services for meeting the dual goals of efficiency and effectiveness.

## CHAPTER IV

### METHODOLOGY

#### Introduction

The purpose of this dissertation study was twofold; to describe the experiences of senior center members who belonged to centers that were transferred from the Human Resources Administration auspices to that of the Department for the Aging, and then contracted out to nonprofit providers; and, to examine the process of this transfer through the eyes of those seniors who experienced it to gain insights into the impact of contracting-out this type of personal social services. One emphasis has been on gaining insight into the perceptions and measures of quality through the point of view of the consumers of the service, and the impact of transition related phenomena on the centers and their participants.

It is hoped that this study, undertaken in response to the lack of empirical data on contracting-out human services, will produce data analysis that will lead to recommendations for policy makers to help guide contracting decisions. As highlighted in the literature review, decisions to contract out are rarely made with the consumers in mind or with quality as the primary concern. Rather, these decisions have been made primarily as hoped for money savers, even though again, there is little empirical evidence to support this. By looking at one such transition through the eyes of the consumers of that service, policy makers can begin to understand the impact of these changes and ways to facilitate the change without diminishing the services or negatively impacting the consumer. As such, these policy makers would likely benefit from a

deeper understanding of this transition related phenomena and ways to ease a transition so that it reduces the negative impact and opposition.

### Overview of the Research Design

Descriptive research efforts, as defined by Fellin, Tripodi and Meyer are “empirical research investigations which have as their main purpose the delineation or assessment of characteristics of phenomena, evaluation of programs, or the isolation of key variables.” (1969, pg. 38) This study is descriptive in that it attempts to delineate the characteristics of a specific phenomena - the contracting-out of the senior centers.

Patton (1990) describes phenomenological inquiry as focusing “on what people experience and how they interpret the world...” (pg. 66), this is accomplished through focusing on specific experiences of people “and how it is that they experience what they experience.” (Pg. 66) Phenomenological inquiry looks at the basic elements of the experience that are common, but goes deeper by recognizing that “each person has a unique set of experiences that are treated as truth and which determine that individual’s behavior.” (Patton, pg. 66) In order to accomplish this, the researcher needed to allow the discussants in the focus groups to reveal their experiences as they recalled them, without leading them in any particular direction. Following grounded research methodology, the interviews were held at the senior centers so that the interviewer would enter the world of the seniors as it related to this research project.

Through this phenomenological study, focus group interviews were held with seniors from a population of the sixty-four senior centers that were contracted out to nonprofit sponsors. Through these focus group interviews, participants were asked to respond to a number of open-ended questions, to elicit their comparative views of

program quality and satisfaction levels under each form of sponsorship, and their recollections about the impact of the change in sponsorship.

Focus group interviewing is an efficient technique for qualitative data collection, through which the researcher can reach greater numbers of people to gather information. “The object is to get high quality data in a social context where people can consider their own views in the context of the views of others.” (Patton 1990, p.335) The focus group technique lends itself both to the population that is being queried and the type of information being sought. Members will be asked to remember back several years, and to compare program aspects to current programming. According to Brown, et. al. (1989, p.40) group interviews “give rise synergistically to insights ... that would not come about without them.” Lofland and Lofland (1984,p. 14-15) support this view when they state that group interviews have the “advantage of allowing people more time to reflect and to recall experiences; also, something that one person mentions can spur memories and opinions in others.” Considering the age of the population being interviewed, and the period of time for which information is being sought, group interviews can help participants to remember specific aspects and feelings about their senior programs. Also, since some participants may feel passionately about certain aspects of the program, or have distorted recollections, the use of focus group interviews can also “provide some quality controls on data collection in that participants tend to provide checks and balances on each other that weed out false or extreme views.” (Patton, 1990, p.335)

Qualitative research methods were chosen because they allow the researcher to gain an investigative intimacy that would not be possible through quantitative

approaches. Also, this research does not test a hypothesis, but rather seeks to develop a deeper understanding of a specific phenomena, for the purpose of informing future policy decisions.

The qualitative study of people *in situ* is a *process of discovery*. It is of necessity a process of learning what is happening. Since a major part of what is happening is provided by people in their own terms, one must find out about those terms rather than impose them upon them in a preconceived or outsider's scheme of what they are about. It is the observer's task to find out what is fundamental or central to the people or world under observation. (Lofland, 1971, pg. 4)

Qualitative methods are best applied in areas where little research has been done and there is not a great deal of empirical knowledge. As an approach, it is best applied in this area as there has been little research accomplished on contracting of social services, and none that looks through the eyes of the consumers. As a first step in knowledge building in this important area, qualitative methods using a grounded approach are most appropriate. Grounded Theory is based upon the researcher going into and getting close to the world of the subjects so that the results are then grounded in the reality of the subjects being observed. According to Merton (1988), grounded theory methodology is best suited for understanding processes, where this methodology can be used to capture the complexity of processes in ways that hypothesis testing cannot.

Grounded theory methodology seeks to integrate practice with social science theory. This integration occurs at "four levels of conceptualization: the study itself, the data, the theoretical implications, and the practice implications... conceptualization

involve[s] moving from the general to the particular deductively and from the particular to the general inductively.” (Bernstein, S.R., Goodman, H. & Epstein, I., 1992, pg 6)

#### Description and Selection of the Sample

The sampling frame for the interviews were the sixty-four centers that were contracted out to non-profit status from direct HRA administration. Twelve of these centers were chosen for interviews using a stratified random sample. These centers were divided into two categories, those serving more than 100 seniors daily and those serving 100 or fewer. Six centers were randomly chosen from each of these two groups by writing the names of all centers in each of the two categories on sheets of paper and then choosing six at random from each. The decision to divide the centers into these two categories was based on the fact that budget size is determined by the number of participants, and that this would guarantee that the sample included equal numbers of centers with large and small budgets, controlling for resources as an intervening variable. The final sample set of centers included five centers with 100 or fewer participants, and six centers with greater than 100 participants. (See figure 1)

The plan for this study was to perform focus group interviews at twelve senior centers, with a target of six to eight participants in each group. However, the final number of centers where interviews were done was eleven. This was due in part to the difficulty in scheduling interviews. At a number of centers the interviewer would arrive at the scheduled time to find that no seniors were available because of a special program or trip, or the director neglected to inform the members in advance, or there were not enough members available that met the required criteria for participation. As a result of these logistical problems, it required several visits to each center to complete

these interviews. In addition to these difficulties, through the use of the “constant comparative method” (Glaser and Strauss, 1967) whereby the data is jointly collected, coded and analyzed, it was demonstrated to the researcher that the themes that were emerging were fairly consistent throughout the interviews, the saturation point had been reached and that scheduling additional interviews would most probably not reveal new information.

In choosing the sample of seniors for the focus group interviews, it was important to select people who were members long enough to have had familiarity with both forms of center sponsorship, and were currently or had been active in center governance. To accomplish this, participation was limited to individuals who had been center members for at least six years at the time of the interviews, so that they would have been participating at their center for at least two years before going through the changeover. In addition, it was required that all participants were current or past members of their center’s member advisory committee, so that they would have familiarity with the way that the center was operated under both forms of sponsorship, and that this participation would signify an interest in and basic understanding of center operations, thereby making them better informed informants.

There was a total of 87 participants in the eleven focus group discussions. Of this total, sixty were female and twenty-seven were male, with length of center membership ranging from six to twenty-five years. Both the median and the mean length of membership for the total sample set was fourteen years. For the most part, this sample represented long-term members of their centers, perhaps longer than the

average membership. In addition, the vast majority of these individuals participated at their centers on a daily basis.

Figure 1 Characteristics of Sample

Center	Center Size	Focus Group Size	Male	Female	Avg. Yrs Member
I	250	10	3	7	7
II	200	7	2	5	16
III	160	8	2	6	17
IV	100	6	1	5	14
V	200	8	2	6	15.5
VI	100	9	4	5	12.5
VII	170	7	1	6	15
VIII	100	6	3	3	12.5
IX	90	10	3	7	7
X	100	6	2	4	16
XI	120	12	4	8	14
	TOTAL	87	27	60	14

### The Interviews

Center directors of the selected centers were first contacted by telephone to explain the purpose of the study and to gain their cooperation. All twelve centers that were contacted agreed to participate in this study. Once a center director agreed to participate, I then contacted the executive director of the sponsoring organization to also gain their permission. These telephone calls were followed up by letter, again

reiterating the purpose of the study, thanking them for their willingness to participate, and confirming the interview date.

Directors were asked to make an announcement the day before and the morning of the interviews to recruit volunteers. The directors were asked not to choose members, but to ensure that all volunteers interested in participating fit the stated criteria. At the start of each interview, all of which took place at the respective senior centers, the researcher explained the purpose, ascertained that all participants were there voluntarily and that they fit the criteria. Confidentiality and anonymity were explained to the participants with the assurance that their names nor the name of their center would not be revealed in the report. They were further assured that the information and opinions gathered in the interview would not be shared with the center or sponsor staff. They were also informed that the interviews would be tape recorded. If a volunteer did not fit the criteria or objected to the tape recording or the parameters of the interview, they were excused. Each of the eleven focus group interviews ranged between 1 ½ and 2 hours.

An interview guide was utilized for each of the focus group sessions, following the “general interview guide approach” laid out by Patton (1990).

The *general interview guide approach* involves outlining a set of issues that are to be explored with each respondent before interviewing begins. The issues in the outline need not be taken in any particular order and the actual wording of the questions to elicit responses about those issues is not determined in advance. The interview guide simply serves as a basic checklist during the interview to make sure that all relevant topics are covered. The interview guide presumes that there is common information that should be obtained from each person interviewed, but no set of standardized questions are written in advance. The interviewer is thus required to adapt both the

wording and the sequence of questions to specific respondents in the context of the actual interview. (Pg. 280)

Following this approach to qualitative interviewing, a guide was developed that covered six major areas, and contained probes for each of these topic areas. This guide was used in the interviews to help the interviewer focus on the areas to be covered, but the order that questions were asked, and the actual questions themselves differed for each interview, dependent upon the responses of the participants. Questions focused on areas of center services and those areas that would be of concern to members, including: adequacy and quality of nutritional services; changes in the physical facility; changes in number, qualifications and attitudes of staff; introduction of new programs or reductions of existing ones; changes in member participation including ethnic makeup of center, opportunities for member involvement and numbers of members attending regularly; and overall impressions of the impact of the change. See Appendix A for a copy of the interview guide. The interviewer used probes and follow-up questions to increase the detail and richness of responses when needed, and also to jog memories and to involve other participants in the discussion.

All of the recorded interviews were transcribed and then reviewed carefully over a six month period to organize and analyze the data. During this inductive analysis, the data was reviewed to ascertain the patterns, themes and categories of analysis as they were suggested by the data. Each interview was first treated as a separate case study, and reviewed for the themes that emerged within each case. During this data analysis the researcher manually highlighted common areas and responses that led to the identification of themes within each case study. Once these

themes were identified, a cross case analysis was performed reviewing each interview in comparison to the others to develop themes that were common to the eleven case studies.

### Limitations of the Study Design

In analyzing and utilizing the data produced by this study, certain limitations in the design must be taken into consideration that could impact on both the internal and external validity of the research. The first of these limitations is selectivity bias. Since the recruitment was done voluntarily, members who had stronger feelings about the topic could have been more or less prone to volunteer to participate. Also, since the directors were asked to recruit the volunteers, it is possible that some of these directors could have favored members whom they knew to be satisfied and supporters of the new sponsorship.

The data was gathered by a single observer, one who possessed a deep personal involvement in the phenomenon being studied, introducing the possibility of selective perception and bias in the observations.

The design of this study resembles an ex post facto design, with no pretest measures available, but relies on retrospective data. In actuality, the pretest is the recollections and the memories of the participants, about the way things were in comparison to how they are now. Relying on memories for this information in and of itself can be problematic as memories do change over time and important material could have been forgotten or modified.

Lastly, the possibility that the sample was not reflective of the membership must be recognized. Since this was a self-selected sample from the current membership of

the center, those members who were profoundly unhappy with the change may have chosen to stop participating at the center, or those members who were primarily long-term members may not have truly represented the opinions and feelings of newer members.

## CHAPTER V

### CASE STUDIES

#### Introduction

Each of the eleven focus group interviews presented in this chapter were performed at the respective senior centers in sessions ranging from 1 1/2 to 2 hours each. The results of each interview are presented here as individual case studies. These case studies are presented as a way of gaining a depth of understanding of the experience as told by the participants.

The case study includes the information that will be communicated in the final report; it represents the descriptive data presentation in the report. The report may consist of several case studies that are then compared and contrasted, but the basic descriptive data of the study are the cases... The case study should take the reader into the case situation... Each case study in a report stands alone, allowing the reader to understand the case as a unique, holistic entity. At a later point in analysis it is possible to compare and contrast cases, but initially each case must be presented and understood as an idiosyncratic manifestation of the phenomenon of interest. (Patton, 1990, pg. 387)

Each case study provides insight into the experiences and opinions of the members of each of these centers. They are presented to give the reader a richness of detail which is supported with extensive quotes of the participants, so that the story can be told in their own words.

Following these case study presentations, Chapter VI presents the cross-case analysis of the eleven centers, focusing on themes that emerge from this comparison that synthesizes both the experience of the participants, and the lessons to be learned from this experience. Imbedded in these case study presentations, the author has

included relevant information about the process of the contracting-out, and center operations, where this serves to contextualize the responses. This information is included where it is appropriate and relevant, and is not repeated again in following case studies.

## CENTER I

This center, located in New York's Lower East Side, was one of the original senior centers in New York City. It is housed in a large, City-owned building which was a former settlement house. The senior center occupies the lower three floors of the building, and the upper three floors are occupied by a transitional homeless housing program, funded by the city and operated by a local settlement house. At the time of the transfer, the center and the homeless facility operated separately from each other, with no interactions other than using the same front entrance to the building and elevator. The building was in disrepair, with significant structural and cosmetic work required throughout.

The center serves approximately 250 seniors daily. The members are primarily white ethnic seniors, who come to the center from the immediately surrounding community. When the Department for the Aging developed the schedule for the contracting-out of the sixty-four centers, the first seven on the list were centers that were co-located with settlement houses. This center, although not housed on the site of the settlement house, was included in the first seven due to the fact that the settlement had a significant program housed in the same building.

The focus group discussion took place in an activity room at the center, 4½ years after the center had first been contracted out. There were ten participants in the discussion, all attending voluntarily in response to an announcement made the previous day by the director. The group consisted of seven females and three males, with an average membership in the center of seven years.

N=10

Number of years at center	5	6	7	8	9
Male	1	0	1	1	0
Female	2	0	1	2	2

#### *Transition Related Fear*

When asked to describe their reaction to the news that their center would be transferred from direct City operation to a non-profit organization, the participants agreed unanimously that the primary reaction was fear. This fear was expressed in a number of ways, but primarily it centered on the fact that they believed that the changes would not be for the better. Members expressed concerns about the fear that as a result of the change the centers would be cut, others were afraid of losing staff that they had come to rely on, and another concern that was expressed was the fear of change.

Some members expressed the fact that they just feared the change, without thoughts of specific changes.

“In general, I think we all get used to something. Change is a fearful thing. I think that the seniors in general always worry when there’s gonna be a change. Don’t they always worry?”

Finally, another fear that was expressed was that the new non-profit sponsor would not be able to do as good a job as the city had and that the quality of services would diminish. This fear seemed to be based upon a sense that the changeover was a step towards cutting back and possibly closing the centers.

“I had apprehension that the services would not be as good as what the city was providing.

“I think most everybody had concerns how we would function if there would be any cuts.”

“People were afraid they would be taking the centers away. There were rumors to that effect. That’s normal.”

Concern also focused on how the changes in staff would impact on the members. Since current staff were municipal employees, they would lose their benefits and seniority if they were offered the opportunity to stay on by the new sponsor. Members were happy with the current staff, and felt that the success of the center was due in large part to them. Therefore, the possibility of losing this staff loomed quite large for the members.

“...the change of new staff coming in, we were very much concerned about losing the people that we had and who we became accustomed to.”

“In addition to which, we favored the particular director that we had. We loved this party. She was very indulgent and very helpful for whatever our needs happened to be. And we felt like somebody was being taken away from us. Like losing through a death, somebody that was very good.”

*A Sense of Being Forced to Participate*

The contracting-out process developed by the Department for the Aging, included a component for input by the center members. Each proposal review committee was designed to include up to two elected member representatives of the center being reviewed. In addition, all applicants for a center were required to make an in-person presentation to the membership, after which the membership was given the opportunity to vote. These votes were non-binding, and the members were informed that they would be taken under consideration by the review committee. The member representatives on the review committee, were generally the only lay people joining these committees made up of from five to seven people.

However, even though this level of participation in the decision-making process was unusual in municipal contracting, members were still skeptical of their ability to influence the outcome, at the same time that some members expressed appreciation at even being included in the process. But, what seemed to underlie both of these reactions, was the one that they still did not want the process to go forward, even if they were involved.

“Some of us were given the bids from other companies. We saw what they promised the center, what they were going to deliver, and what we felt was right. So we had no choice.”

“I don’t know if I was the only one, I just had a feeling that regardless how the vote came out, I thought that everything was preordained, pre-set that they were gonna be the winners.”

“It was also very good that we all had a chance to hear the different people that were putting in bids and we voted.”

*Changes in the Quality and Quantity of Food Served*

Regardless of where you go, taste in food seems to be quite a personal thing, and senior centers are no different. At this center there seemed to be no consensus on whether the food was better, or more plentiful, before or after the changeover. Although, there was no shortage of opinions on the matter.

One area where there was some agreement was on the menu. Centers must plan menus in advance and submit them to the Department for the Aging nutritionists for approval. Menus are then posted on a monthly basis at the center so that members will know what is being served and when. Substitutions are often made when a certain food runs out or more people attend the center than planned for on a particular day. Members seemed to be in agreement to some extent, that menu changes became more frequent after the contracting-out.

“...well now they put out a menu and a lot of times we’ll look at what’s for breakfast and I’ll say ‘well, where is it?’”

“Or they’ll change. They’ll have a certain dessert for lunch and they’ll change it.”

“I find a lot of times there’s a switch made and a lot of people don’t go for that. I don’t remember that happening before.”

“Now they run out, they run short.”

“We cannot blame the [sponsor] for that. Food is ordered on time, but sometimes not delivered on time.”

“If they run out, they give you substitutes, nobody’s turned away.”

“The main change is that the menu changes unpredictably. A little less being served. A lot of waste. Watered down.”

The members did seem aware however that since the Department for the Aging had become the funding agency, there was greater oversight over the quality and content of the food being served.

“We also have a nutritionist sent in by the Department who watches that the foods contain enough vitamins. It’s not just thrown together.”

“I’d like to say something about the service of the food. They have the most sanitary method of serving the food than in any other center. They give you paper plates and cups, everything is disposable. Every time, you’re getting something new.”

### *Maintenance and Repairs*

As mentioned earlier, this center is located in a large, city-owned building in need of much repair. The building, a former settlement house was vacant for years and already in disrepair when the city took it over and housed the senior center here more than three decades ago. Under the Human Resources Administration, there was a large division devoted to making repairs and managing their properties. Under the Department for the Aging, the property management has fallen to the new sponsors, who are then dependent upon the Department obtaining capital funds for repairs.

Due to its age, more than 100 years old, and a long history of neglect, the building that this center is housed in suffers from significant structural problems. The perception of the members appears to be that repairs were made in a more timely fashion prior to the changeover.

“That’s a very big problem. When it was under the other sponsorship the repairs were done much faster and more efficiently. Now it just lags.”

“The problems were fixed much sooner before.”

“In addition, I’m not sure if it’s on account of old plumbing but the repairs are made and a short time thereafter the same repairs need to be made.”

One advantage that this center had over most other senior centers, was that since it occupied an old settlement house, there is a separate auditorium with a stage for performances. However, at the time of the interview, this auditorium was mostly unusable due to leaks and structural problems.

“And that auditorium is one of the nicest auditoriums I’ve ever been in. It’s a shame; it’s really a shame.”

“We’ve lost a lot of performing arts because they can’t use the auditorium. And I’m sure that keeps some people away.”

“[director] explained to us we have a lot of little roofs and the roofs are leaking into the auditorium, it’s not the pipes.”

Under HRA sponsorship, maintenance staff worked directly for Facilities Management and had little accountability to the center director. They were dependent upon another office for supervision, assignments and materials. After the changeover, maintenance staff were hired by the sponsoring agency and supervised directly by the center director. Discussants were in agreement that the center was cleaner and maintained more effectively after the changeover, even if it appeared to be in greater disrepair.

“We have a very efficient janitorial staff. If anything is noted that something is wrong, the directorship gets in touch with them and they take care of it.”

“We have a new custodian [name], who’s very good. He’s excellent.”

“Noticeable difference in the maintenance of the building for the good. Praises for the custodian.”

“This room here used to be our thrift shop. It was a holy mess. We now have a nice room, we have three TV’s in the place. We didn’t have that before.”

### *Changes in Services, Programs and Resources Available*

This is the area where there seemed to be the most consensus that improvements had occurred since the changeover. Although resources are dependent upon the sponsor and its ability to negotiate the budget with the Department or raise additional funds for services, the discussants gave credit for the changes to the director.

“She really does follow-up and I think she tries very hard to make the center as efficient as she can.”

“It’s very hard work when you think about it. Sitting here and talking about it makes you realize what a hard job it really is to be a director of a center.”

“[director’s name] brought in a toaster so everyone could make toast in the morning. That idea came from the suggestion box.”

“New things are happening in the center. We now have a treadmill and an exercise bike.”

Members were able to identify several new programs that had begun since the changeover. There seemed to be general agreement that there were more activities now than before, and members expressed knowledge that these activities were provided with additional funds not included in the center’s government contract. These comments included:

“We just recently got a class in Shakespeare. He’s a very well liked teacher. We get a very big crowd. In fact you have to bring your own chairs, people come from all over.”

“Did you folks know that we now have a woodworking shop here? It’s new, but there’s only one problem. The teacher does the actual work, he doesn’t let us touch the machinery. Because of insurance.”

“There are more classes now. We also have tai chi, whatever, I’m southern so my accent. We also have an instruction class in bridge.”

[director’s name] manages with the income she gets from the thrift sales, from the jewelry, from the theater, the cake sales.”

“Teacher’s salaries are paid for from thrift sale, cake sale and so on.”

“I’m not sure, but I think the [sponsor’s name] also gets additional funding from the United Jewish appeal, which helps to pay for these classes.”

“there’s more programs, much better.

“More programming now, reflects members’ interests, more things to choose from.”

One change that all discussants could agree on was that a program providing transportation funds for members to attend the center had been cut after the changeover. This funding was only available to members in the sixty-four direct HRA run centers prior to the changeover. Even the other 125 centers funded by HRA but sponsored by non-profits, did not have access to these funds. After contracts were awarded, the Department gave the new sponsors the option to continue or discontinue this program of transportation stipends. This center, chose to discontinue this program and reallocate the funds within its operating budget.

“The center used to give me a buck carfare to come here. The minute the [sponsor] came in, that was it. Cut.”

“Some actually pocketed the money, others really used it for carfare.”

“One woman stopped coming here because of the carfare cut. She now goes to another center where she says she gets carfare.”

### *Staffing*

Senior centers are generally short staffed, and as a result the directors play an active role in working directly with the seniors. Members get to know the director and other staff well, and if they are good, usually feel an allegiance to them. As mentioned earlier, staff changes were a part of the contracting-out, because they could not maintain their civil service status or benefits. In many cases, the salaries and benefits

being paid by the new sponsors were lower than those paid by the City. In the case of this center, the director had little seniority with HRA and was not yet vested in the retirement system. The new sponsor, unlike the majority of nonprofit sponsors, provided a pension plan. The new sponsor, as part of its presentation to the membership promised to retain the director if she accepted the position. After the contract was awarded, the sponsor did offer the position to the director, who accepted. Other staff however, did not remain.

The discussants voiced their appreciation that the director remained, but there was also some dismay that other staff could not.

“Everybody was happy that [director’s name] stayed.”

“I said if she goes I’m not coming down here no more.”

We sent letters in, petitions, to the Department of aging that we wanted her.”

“We miss the Assistant Director. She was good. She was extremely friendly and sweet.”

#### *Relationship with Sponsoring Organization*

Since the changeover, the center became part of a large, community-based organization, while previously the center operated as part of a City agency. In this case, the sponsor is a large, multi-service settlement house with a number of programs and services, and several sites throughout the Lower East Side. Members felt that there were some advantages to being part of a larger organization, and there were certain opportunities for them to take advantage of its services.

“Maybe the [sponsor] is really looking out for our good.”

“That’s right, they’re sort of the rock that holds us up.”

“We could go there for classes anytime we want.”

“Through the courtesy of the [sponsor] we now have the use of a van that takes members to centers. Use twice a month. There was a show on Broadway and we got a lift.”

### *Member Preference for Sponsorship*

Although the members did not have significant complaints about the new sponsor, and there was general consensus that there were improvements including a cleaner center and more programming, they still felt insecure with the new sponsorship arrangement. This uneasiness, however, was not based upon a reaction to the sponsorship, but rather a greater sense of security as part of the Human Resources Administration. Shortly after contracting-out, there were three years of fiscal crisis in the city, resulting in cuts and in flat budgets not taking into account inflation and increased costs. There were also strong rumors of a deepening financial crisis that would result in further cuts to social services. This uncertainty was reflected in many of the comments of discussants, and in the consensus of the group that if they were given the choice to stay with their new sponsor or return to direct city operation, they would choose to return city operation.

“We had a little more rapport. It seemed that way at least. Well, the city was a whole lot more liberal with the money anyhow.”

“I feel they’re much more concerned with money than it was previously with the city.”

“I feel like a microscope is in on the spending now, where before it was a magnifying glass.”

In spite of these feelings, the discussants were quite vocal about their feelings about pending city cuts and the way that the city was providing funds for the center’s

operation. There was some recognition, that their fight lay with how the city was funding centers, and not how the new sponsor was spending the funds available.

“How many times do we go to City Hall, no more cuts. No more cuts.”

“I would only hope that the city of New York, wherever money is coming from to operate these places, continues to do so.”

“If they have money to give the politicians, I can’t see why they don’t have money for the seniors.”

“I would like to see all politicians, including the president, take a pay cut.”

“We don’t know if in the meantime the city would have done the same cuts. But it’s running, that’s the most important thing.”

In spite of this, there was some resignation that this is how things are, and they would make the most of it, as one participant so eloquently stated:

“But it’s running, that’s the most important thing.”

Another participant seemed to sum up the feelings of the group, when she stated that:

“I think that all things considered, we still have our center; we still have wonderful things going on. Everybody has some kind of complaint or something, but we all come. So there must be a reason for it. Sometimes you’re lonely and you want to come in and talk a little bit.”

Or as another participant succinctly stated:

“I think they’re doing the best they can under the circumstances.”

## CENTER II

This center is located in the Upper East Side of Manhattan. Located in a public housing project. The housing project where the center is located, is surrounded by a mixed residential community with expensive homes and apartments and older, rent controlled apartments. Prior to being contracted out, this center shared its facility with

a settlement house that housed a range of programs and services in the same building using the center's space after hours. The settlement house ran a successful capital campaign and renovated the space that it occupied in the building, shortly before the program was contracted out. Immediately after winning the contract to sponsor this center, the settlement house extended the capital campaign to fund renovations to the space occupied by the senior center. At the time of this interview, five years after the center was contracted, the renovations had been completed for more than two years, and the center facility was bright, cheerful, airy and modern looking.

This center serves approximately 200 seniors daily. The membership consists mostly of white ethnic and Hispanic members, primarily from the surrounding community. The focus group discussion took place in an activities room with a closed door. There were seven participants, all attending voluntarily in response to a request made by the director. The group consisted of five women and two men, with an average membership of sixteen years.

N=7

Number of years at center	8-9	10-15	16-19	20-25	25+
Male	0	1	0	0	1
Female	2	0	2	0	1

#### *Anticipation of Change*

Early on in the discussion, it became quite evident to the interviewer that there was a feeling of unanimity amongst the participants that they did not fear the

changeover to DFTA or to a private sponsor, in fact they welcomed it as an opportunity for improvement.

“We were hoping for a change to the better.”

“I was concerned, but also I thought that as time goes by, when you do something over again or change usually it does get somewhat better. Not that it wasn't always good, but there's always room for better.”

This last statement seemed to sum up the feelings of the participants. They were supportive of what they had, in fact they liked the center under HRA operation, but were not opposed to nor did they fear the change. One aspect that was different at this center than in all of the other sixty-four centers, even those that were previously operating in settlement house locations and were being contracted out to those settlements, is that the members here had just seen, shortly before the contracting-out, the fruits of the recent capital campaign. In fact, the facility had been renovated around them, with space that was exclusively for the use of the center remaining unrenovated, in contrast with the remainder of the facility. They had seen first hand, what might be possible for them outside of HRA sponsorship, because they had not benefited from this effort while under HRA auspices.

Perhaps their discussion about the changes in the physical plant in comparison to its condition prior to the contracting-out may help to explain their anxious anticipation of the contracting.

### *Facility Improvements*

Prior to the contracting, the center portion of the facility was poorly maintained and roach infested. In addition, many of the members pointed out that the kitchen was too small to handle the numbers served, and that it was dirty and poorly equipped. The

participants were quite graphic in their recollections of the condition of the center facility prior to contracting-out.

“The ladies room had no toilet paper. The men’s room had no toilet paper. We had roaches around here. The kitchen was dirty. We have a nice kitchen now. It’s a nice clean place. People are happier now than before.”

“You couldn’t come into this room because there were roaches all over. We went into the pool room and we had to open the light and stamp our feet to chase the roaches away. And god forbid, there was a mouse.”

They were equally as unanimous in their agreement about the quality of the improvements in the center.

“I see a great change and I’m more satisfied than I was with HRA. Working around the kitchen, that was my greatest concern, seeing the conditions there.”

“The condition is so clean in general, that it looks like a palace.”

“The new sponsor did all the work here, and the people are happy with this.”

“A new dining room. It’s not as big as it used to be, but it’s a beautiful dining room.”

In fact, one member went so far as to challenge this interviewer to find a better center anywhere in the City. He was confident that his center was the best looking center.

“Well let’s put it this way, you said you’re going to a lot of different centers, have you seen any other center better than this yet...? Well I rest my case then.”

### *Operational Improvements*

The positive regard and satisfaction that the members expressed towards their new sponsor as a result of the renovation carried into other areas of the center’s operations. Discussants were in agreement that there had been an overall improvement in the programming at the center. In fact, the discussants were overwhelmingly

positive about the changes throughout the center, including staff, food service and opportunities for member participation. Two members summed up this new attitude for all the discussants.

“The place is so nice, and the food and how the people are, they’re friendly and we have so many activities here. We have bingo, we have art class. We have a dance class. We got everything here.”

“You’ll see as you go to other centers, this is one of the best centers. We don’t like the center, we love it! All of us are here every day, every day.”

Members were ready with specific examples to back up these claims. The members believed there was an increase in center participation since the change, and highlighted this increase as proof that the center had improved.

“Some days you might have 200 for lunch and 100 for breakfast. What also brings a lot of members is our trips. We have a beautiful trip program.”

“I have some friends in Astoria. She came by mouth, now she comes every week. And to play with us in the band. By my mouth telling her how great the center was; the reason that she came.”

### *Staff*

There was general agreement that the staff had improved since the change. In addition to identifying new staff positions that were created, the members also related to the attitude and competence of the staff. Through visits to many senior centers, made by the author prior to this research project, one theme that has emerged is that the center members can form a very close personal attachment to the staff if they feel they are competent and accepting. Many centers seem to reflect the collective personality of their staff and the members react to this staff personality. This was evident in the following comments of the discussants.

“Now we have a lady, the supervisor of the education department. This lady has been very, very special because she has created music, theater, choral, you name it. We are all very happy with her.”

“I don’t know about before but we have a lady here and she goes out of her way, and she doesn’t get recognition all the time, but she’s a great person. She goes to people’s homes to take care of personal problems. And she doesn’t have to.”

“There have been changes now because we have a new staff in the kitchen. They do care and the kitchen is very clean. And the people in the kitchen, they’re all sociable. They’re not sarcastic. And we see those things.”

“Gladys is the head cook. She doesn’t run doesn’t run the kitchen like the old cook used to run it. She doesn’t allow anything to go on back there, no beer drinking.”

“We are very happy with the place right now. They are great people, they really work with the people.”

#### *Food Service*

The participants did not relate any significant differences in the quality of the food. As was discussed earlier, the sponsor was already providing settlement house programs on-site and had accomplished renovations of the facility except for those areas that were exclusively used by the center. One such area was the kitchen, which remained inadequate and in poor condition until the change in sponsorship was completed and the new sponsor extended the renovations to the kitchen and other areas exclusively used by the seniors. As one member described the conditions in the kitchen:

“For instance the kitchen. It looked very dirty with roaches. I was a volunteer here for sixteen years, and I worked in the kitchen. I worked in the storage room and various other things, and I saw what was happening.”

#### *Member Participation*

The discussants agreed that since the new sponsor had taken over the center, they were more open to input from the membership. The members seemed to

appreciate this, and it appeared that this factor added to a more inviting atmosphere at the center. Participants were able to relate to this as a factor of member power, which was opened up to them through a more extensive committee structure.

“When it was HRA, the people didn’t have much to say. We have committees now, all kinds of committees, and you can voice your opinion and you can join the committees.”

“I think we have eight or nine committees, and we discuss where to go. Anybody can join.”

“The way it is now, I consider it more advanced because we have so many programs. Before it was run by the office and now it’s practically run by the members. There’s more power for the members because we have so many committees.”

#### *Satisfaction with Change*

Although throughout the interview the members consistently expressed their satisfaction with the change and appreciation for the way things had turned out, they were still asked what they would do if they had the chance to choose between HRA and their current sponsor. The consensus among the group, with little hesitation was to choose to remain with the new sponsor.

“The way I remember HRA and the Department for the Aging, the Department for the Aging has been much advanced in general. We have it better now.”

However, at least one member was willing to see both sides of the coin, expressing satisfaction with the way things were under HRA and with the current sponsorship. In trying to reconcile the differences between the two, the following comment seems to ascribe the changes that were made to the availability of more resources under the Department for the Aging. The stated assumption being that there had to be more resources because things were so improved.

“You know what I also see. I believe they both did the best they could, and that HRA did the best they could with what they had to work with. When the Department for the Aging came in, maybe there was more cash. Maybe there was more money, more donations to work with. I mean there had to be.”

With this in mind, one member summed the differences up quite succinctly:

“We prefer now, it’s much better.”

### CENTER III

This center is located in a moderate income NYC Housing Authority project, in a racially and ethnically mixed area of the Bronx. In spite of the heterogeneous population in the surrounding area, the center membership is predominantly white, with a large number of retired civil service workers. The membership of this center was stable over the years, and as a result did not incorporate new members to help make it more reflective of the community. Although the largest number of members are Jewish, and this is not an orthodox area, HRA provided kosher meals and the Department for the Aging as a result of its promise to the membership not to change anything, opted to continue providing kosher meals. As with other centers that serve predominantly one ethnic or racial group, it is difficult to attract new members of other groups because they do not feel welcome.

The successful bidder to operate this center, serving approximately 160 seniors each day, was a large, multi-service, Bronx-based senior service organization already operating several senior centers in the surrounding areas. The basement space occupied by this center in the housing project, was cramped, dark and in need of paint and repairs at the time of the interview, approximately 4 1/2 years after it was

contracted out. The focus group took place in the card room, with the participants sitting around a folding table. The lack of acoustics and noise from outside the room made it difficult for members to hear each other. As a result participants interrupted each other, and had a difficult time following the conversation. Due to space constraints in the center, there was no other appropriate space available at the time of the interview.

There were eight members participating in the focus group discussion, all attending voluntarily in response to an announcement made by the director that morning. The group consisted of six females and two males, with an average membership in the center of seventeen years. Seven of the eight participants were white, one was African-American.

N=8

Number of years at center	10-12	14-15	20-21	23-24
Male	1	0	0	1
Female	1	2	2	1

#### *Transition Related Fear*

The participants were unanimous in their agreement that their first reaction upon learning that their center would be transferred to DFTA and then contracted out

was fear and mistrust. They expressed a sense that the agencies bidding for their center were insincere and that they would be unable to maintain the services

“We were upset. I was part of the committee. At first my individual reaction was against it because the agencies that applied for the contract, I didn’t think they were sincere, they were making promises they couldn’t keep. I felt at the time that the mayor was giving us the shaft.”

“At a membership meeting, the consensus was very strongly against the change. We took a vote on it. The same thing happened when we went from DFTA to private. The majority of us preferred to remain under the city.”<sup>2</sup>

“I didn’t believe what they were saying. I thought that they were going to replace our staff with less qualified staff.”

#### *Changes in Staff Attitude*

Many of the members participating in the discussion felt that the new staff did not have the same positive attitude toward the members or the operations of the center as the previous staff.

“Let’s put the cards on the table. The attitude of the administration of the center was completely different from what we have now. The social workers were truly concerned. If there was a problem they would try to help you, they would listen in a very businesslike situation. It was an attitude of appreciation which we don’t have.”

“The staff is smaller now. Before this the staff were more concerned, they functioned like true social workers.”

As one member expressed this dissatisfaction with staff is also based upon a continuing distrust of the non-profit sponsor.

“There’s all sorts of ways in which they milk the center and make money. There is a lot more sweetness and light in the center now, but at what cost?”

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<sup>2</sup>Although this member indicated that the membership voted first against the transfer from HRA to DFTA and then against the contracting-out, they were never given the opportunity for input into these two decisions. The decision to transfer from HRA to DFTA and then the decision to contract out was made by the Mayor. The only time the members were asked to express their opinion through a vote was to signify their preference of choice of new sponsor, even though this was advisory and was not binding on the City.

Although this member was able to point to what could have been a positive change, the “sweetness and light,” this is still cast in a negative tone, feeling that the cost of “the meetings going very smoothly with less dissent,” may have come at a financial cost to the center. The member expressing this opinion did not specify how these two might be connected in his mind. This seemed to set a theme for the discussion, that even when a discussant would point to a change that could be interpreted as positive, a negative spin was placed on it.

### *Reduced Member Involvement*

Although the discussants agreed that there was less strife in the center now, this was counterbalanced by what they saw as less member involvement in the operations and decision making of the center.

“There was more democracy then, you felt like you had a voice.”

Members talked about how divisive things were in the past, but at the same time bemoaned the loss of input, even though they seemed to connect the reduction in member input with the lessening of divisiveness and friction. It appeared to the interviewer, that this divisiveness was worn as a badge of courage by the members, a sign that they were indeed participating, even if it may cause grief.

“Most of us have been on the executive board and there was very hot debates and arguments at the meetings. A lot of friction and cliques.”

This comment was contradicted by the one African-American participant who seemed to feel that things worked smoothly before because they were done through an informal process.

“Years ago, being a black representative, when some of the blacks didn’t like what was going on, we went to the executive board meeting. Indirectly, we smoothed it out there so I would have an answer to give.”

Another member added that this process had been formalized into a grievance procedure. Although the member identified that the new sponsor created this grievance procedure, it was done by the sponsor in response to DFTA requirements that mandate that each center have a formal grievance procedure for the membership to use.

“Now there’s a new grievance committee. We don’t have any grievances.”

One member succinctly summed up her view of the changes in the level of member involvement,

“You got satisfaction before. These days you take what you get, or just stop coming here.”

#### *Changes in Meal Service*

The one activity that almost all members attending the center participate in is lunch. Centers are funded by DFTA on the basis of the number of meals that they serve and daily count is often based on the meal service. Therefore, changes in meal service, if they are not unanimously considered to be for the better, can cause much dissatisfaction and dissension amongst the members. All agreed that there were changes in the meals service, and very little was said to suggest that these changes were considered to be for the better.

“There’s always plenty of food. The amount there is too much. It isn’t as good as it used to be, the food itself used to taste better.”

“Enough food? There’s too much food.”

“From a lot of the budget, she’s got to cover the center salaries and expenses. DFTA only allows a certain amount of money. She’s cut out afternoon juice. The fish is very, very expensive and the quality is very poor. The quality is not what it was.”

“You get what the nutritionist recommends. You gotta have protein, you gotta have starch. It’s always stewed corn.”

Although the cook and kitchen staff changed with the change in sponsorship, the members did not relate the change in the quality of the food to the kitchen staff. One member did however see a positive effect from this change.

“We had one cook for fifteen years. She used to serve chicken. This cook would not allow any partiality, you just take what you get. Which was bad. Now we don’t have that problem, we all get the leg.”

### *Changes in Programming and Activities*

Programming at centers falls into the areas of educational, recreational and social activities that should be designed to meet the needs and preferences of the membership. Discussants were able to identify changes in programming, some that they saw as positive and some that they saw as reducing the options available to them. There was no consensus of the participants on whether the changes were primarily positive or negative. One change that the members agreed upon that they saw as negative was a reduction in afternoon programming.

“Everybody leaves about 1 to 2 o’clock, before we left at 4 o’clock. Now there are very few activities in the afternoon.”

“Before we had a dance class in the afternoon, we played bridge and we had brunch.”

The discussants did however, attempt to balance their feelings about the reductions in programming with a possible explanation of why the dance program was reduced, and recognition of new programming that was added by the sponsor.

“A lot of the dancers have gotten old, so they’ve cut down on dancing.”

“Now the center has a van and we have meals on wheels.”

“The van picks people up and takes them back and forth.”

“There are about seventy-five meals on wheels each day, and the van is used for intergenerational and various other programs. This is all new.”

“There was some extra money, so we had Saturday lunches for a while. That went on for about six weeks.”

“About thirty or forty people were served each Saturday.”

“I hear that if a member is sick, they can call [the director] and ask for temporary meals on wheels, and [the director] will send them meals on wheels even though they don't belong to meals on wheels.”

The members also identified a new program - aerobics - that was started as the result of the sponsor obtaining a special grant.

Even though the discussants were able to identify new programs and initiatives started by the sponsor, they still felt that overall there was a reduction in programming at their center. However, they did show some recognition that even with this perceived reduction in programming, their center was still strong enough to attract participants from another community with its own center. Located a distance away, and accessible only by automobile or bus, is a huge middle income cooperative development with a large number of senior citizens and a center located on the grounds. However, discussants pointed out that 10-20% of their membership comes from this development. They attributed this to the fact that they come for the activities, especially the dancing. And there was general consensus that they come for the food which is better than the food at their own center, and a smaller contribution is asked of them here.

#### *Changes in the Physical Plant*

At best, the space allocated to this center in the basement of the housing development is inadequate and unattractive. However, the members have been making

the most of it for twenty-four years, accepting it as the only center they have. The discussants were able to identify positive changes in the physical environment of the center, since being contracted out. They identified these changes as more equipment and furniture and that the center was cleaner. Even though this was seen as an improvement, at least one discussant was able to find a negative aspect to it.

“Do we need a fax machine and two xerox machines. I mean this money could be pout to better use in the center.”

Discussants were able to give a couple of concrete examples of improvements that the sponsor provided.

“Months ago I went to [the director] and said that our library is increasing, a lot of donations and the shelves are overflowing. That we could use one or two new bookcases. Well, she got three brand new bookcases.”

“We also got carpeting.”

#### *Member Preference for Sponsorship*

The discussants tried to take a balanced view of their preference for sponsorship. They recognized the improvements and changes that the sponsor had made, and also recognized where they felt things had deteriorated. Throughout the discussion of sponsorship they seemed to be accepting of the fact that this was the way that it would be and that they needed to make the most of it. One member quite succinctly summed this up by stating,

“Times have changed.”

Only five of the eight discussants expressed a preference for one form of sponsorship or the other. Four said that if they were given the opportunity to vote whether to remain with the sponsor or return to HRA sponsorship, they would vote to

remain with the sponsor. Three of the discussants said that they would stay because of the transportation, they now find it difficult to get to the center without this transportation.

The member who said that he would prefer to go back to HRA sponsorship said that he would want to do so because under HRA they had more democracy, "the members had a real voice."

Another member, who did not express a preference said that she would "switch to HRA on one condition, that the original social work staff would come back."

#### CENTER IV

This small center, serving 90-100 seniors daily, is located in the basement of a public housing project in western Queens. Entering this center, one truly gets the feeling of entering a basement. Pipes are exposed, the walls and ceiling are concrete, and boxes were stacked and stored throughout the center. Activity space is severely limited as the center consists of several small rooms that are connected or open on to each other.

Upon entering the center, this writer observed that there were a small number of members present, but that those who were, seemed to be older than the average age of most center participants that I have encountered, and they were, for the most part, not involved in activities. Although the director informed me that he had told the members about the meeting, it seemed that those who he approached and who other members tried to involve in the discussion, were unaware of its purpose. After much cajoling and movement back and forth, six members agreed to participate in the

discussion. After presenting the purpose of the discussion to those who agreed to participate, it appeared that two of the members were still unsure of the purpose of the discussion. This confusion was further complicated by the design of the center and the lack of private space for the discussion. The focus group interview took place in a corner of the main room, providing a number of distractions and interruptions. Although this was a less than ideal set up for this type of discussion, it appeared to be standard operating procedure for this center. As a result, discussants were easily distracted and it was difficult for them to hear each other, resulting in a discussion that was somewhat disjointed.

Through observation at the time of the interview, the membership of the center seemed diverse. African-American and Hispanic members were present, but represented a minority of the membership, which appeared to be primarily white ethnic. The new sponsor of this program is a city-wide organization with an ethnic identity that is not reflective of the ethnicity of this center.

There were six participants in this focus group discussion, that took place five years after the change of sponsorship. Of these six members, one was male and five were female, with an average center membership of slightly more than fourteen years.

N=6

Number of years at center	8	10	15	22
Male	0	1	0	0
Female	1	0	3	1

### *Reactions to the Change*

The members of this center appeared to have a more open and accepting attitude toward the changeover. They professed a “wait and see” attitude. During this part of the discussion they did not express any fears about losing the center, or a deep connection to the center staff and concerns about losing them. The sponsor that was chosen, was a major transportation provider in this section of the borough, and as such was known to the membership prior to the contracting-out. In addition, the new sponsor chose to retain the popular activities coordinator under HRA as the new center director. So, although the members expressed few concerns upon hearing about the planned change in sponsorship, it appears that the transition was further eased by their familiarity with the new sponsor and the retention and promotion of a popular staff member.

Reflecting upon their initial reactions to learning about the change of sponsorship the members stated:

“My idea of the change that was coming over was that I had to stay and see the results. That was my biggest ambition.”

“Actually we didn’t fear that the center was going to close; we knew that it would go on. We gained in the change.”

“We were curious about the change, kinda just wait and see what would happen.”

### *Programs/Resources*

The members were able to identify several areas where they felt there had been improvements in programming and additional resources. Programs that they identified

as new included a nurse on-site that performed health screening, additional art classes and a transportation program provided through vans from the new sponsor.

“Now we have a nurse. We never had her before. She comes every Monday. She does blood pressure; she takes my sugar once a week because I’m diabetic.”

“We got a van from the sponsor. If we go on a trip he makes a couple of trips because it’s not a big one. One day we had to go to the doctor and [director] took us all the way up to the doctor with the van.”

“We have attractive days like birthday parties. You’d be surprised how it fills up. We open early to get your tickets or you don’t get your seat.”

“We have more activities here. We have all this arts and crafts. We have exercise on Wednesday. We have line dancing. We didn’t have that before. Every Wednesday, [teacher] is here, we have singing.”

### *Food*

There did not seem to be consensus on whether the food had improved, declined or stayed the same. Some members seemed to remember that the food was better, others thought that it had improved since the change, and still others felt that there had been no change in the quality or quantity of the food served.

“They don’t plan the food, they get it from somebody else. They’re told what they have to give us. The food is always good. BY law, that’s a health service, and we have a wonderful cook.”

“A lot of them complain, but they don’t complain in the right place. They say they get a lot of red meat, which a lot of the old people aren’t supposed to have. They talk amongst themselves. They don’t go to [director] and say “look, we don’t want red meat.”

“Better in every way. He has to go by the nutrition and if you don’t like the food here, he always has something else on the side. They have cottage cheese, the other centers don’t give you that.”

“You get more than enough. Holidays, you don’t get room on the tray. Thanksgiving, birthday parties; very, very good.”

### *Facility*

There was unanimous agreement that the physical appearance of the center had been improved. Although the center was still located in the basement, in a series of tiny rooms with pipes overhead, the members seemed satisfied with the cosmetic changes that were made, and all agreed that the center was cleaner. These changes were directly attributed by the members to the director.

“It’s cleaner, it’s been painted a few times. The bathrooms are cleaner.”

“He’s always after the cockroaches here.”

“They bought new equipment in the kitchen. He has all different color tablecloths. Every week we get them hygienically cleaned. And he changes colors from time to time.”

“We have pictures up all over the walls, he’s taking pictures, and whatever holidays he puts flowers on the tables.”

### *Staff*

There was consensus among the participants that the new staff was more solicitous and that even though the actual number of staff had been reduced, there was noticeable improvement. Most of the positive comments focused on the director. It appears that he has set a tone of respect and caring in the center and that the members respond to this well. As a result they seem prepared to give him some leeway, for what was referred to several times as his “big mouth.”

“There’s less staff now...there used to be three people in the kitchen, but now a lot of times we have only two.”

“I think [director] would always like to have more staff. Because he pitches in if someone’s missing behind the kitchen..”

“We gotta say it’s different now because [director’s] a different man, and he’s younger.”

“We can’t do without [director]. I mean I would miss him. He is such an asset to this place. He has a big mouth at times, but we all have.”

“Before, if you went into the office, she’d say hello to you sometimes and other times she’d look right through you. Over here, they say hello to you, they answer you. I think they look at us in a different way, they look at us like special.”

### *Overall Impact*

When asked about the overall impact upon the members of the transfer and their preference to remain with the new sponsor or return to HRA, the consensus seemed to be, that the center was improved as a result of the transfer, and that they would prefer to stay with the new sponsor.

“The difference is fine, I like the difference. I say it’s better.”

“I think it’s been better since the change. We’ve got a lot of little things. I would choose [sponsor], I think it’s better.”

“I don’t think the change had a big impact on the members. I think they sort of roll with the punches.”

“Yeah, we roll with the punches.”

### CENTER V

Located in a public housing project, this center had been in operation for seventeen years at the time of the contracting-out. Although the housing complex where this center is located is populated predominantly by African-American and Latino people, the center membership reflected the primarily Italian American community surrounding it. At the time of the contracting-out, the center population was overwhelmingly Italian-American with a small number of Jewish members and an even smaller number of African-American and Latino members. In recent years, HRA had come to identify this as a problem, but it appeared that little had been attempted to

change these numbers, and what was tried did not have an impact on the makeup of the 200 members using the center daily.

When the Department for the Aging took over the sponsorship of this center and was preparing to contract it out, this lack of minority representation in the center membership was identified as a problem that would have to be addressed by potential nonprofit sponsors. Therefore, a plan for dealing with this and broadening the center membership was included as an addendum to the proposal that would be rated for feasibility. Of the sixty-four centers that were being contracted out, this was the only center where such an addendum was added, as a requirement, to the proposal application.

Only two organizations applied for the sponsorship of this center, an African-American organization located in Harlem, and the local Jewish community council. While preparing for oral presentations to the membership preceding their vote to signify member preferences, the executive director of the Jewish community council was informed that as sponsor he would not be reimbursed for kosher meals and that this would not be considered a kosher center. Based upon this presentation, and an assurance that the types of meals served would not be changed, and possibly based upon fear of an African-American sponsor, the membership voted overwhelming in favor of the Jewish community council as their new sponsor. Based upon this vote, the overall quality of the proposal submitted and the plan to develop a more representative center membership, the sponsorship was awarded to the Jewish community council.

Since assuming the sponsorship of this center, the Jewish community council has proceeded to convert the meal service into a kosher service, and has met with

minor success in opening up the center membership. It is with this backdrop, that the focus group discussion was conducted at this center, 4 1/2 years after the center had first been contracted out. The discussion took place in an activity room, with six members attending, all in response to a request for volunteers from the director. However, about one half hour into the discussion, a disagreement broke out between the president of the center advisory council and another member. The member seemed to be accusing the president of making excuses for the sponsor and taking its side in opposition to the general membership. The president walked out in a huff and refused to continue her participation in the discussion. Rebuffing the interviewer's attempts to re-engage her in the discussion, the president stated her belief that the comments that she perceived as an attack, were in fact a manifestation of anti-Semitism directed at her and the sponsor. However, during the remainder of the focus group discussion, there were no remarks or intonations made that this interviewer interpreted as anti-Semitic.

The membership of this center had been extremely stable over the years, and this fact was represented by those participating in the focus group discussion. Of the six members present, the average length of center membership was in excess of fifteen years, with three members participating for more than twenty years each.

N=6

Number of years at center	9	10	11	12-20	20+
Male	1	0	1	0	0
Female	1	1	1	0	3

*Changes Designed to Meet the Needs of the Sponsor, Not the Members*

Participants did not focus on their reactions to the news that their center would be contracted out, instead seemed resigned to that fact. The concern that was expressed was that members would lose programs that they currently had.

“I was concerned that some of the programs would be eliminated.”

In the course of the discussion, it appeared that concerns after the contract was awarded to the Jewish community council overshadowed any fears that members might have felt prior to this. Participants were unable to focus on fears about the contracting-out, instead their primary concern was changes that had resulted from the change in sponsorship that were designed to meet the sponsors needs and not those of the membership.

“The fears came after, because when they came and talked we were never told this center would become Kosher and that’s the biggest problem that we had.”

“It was always said nothing’s gonna change, and then the rabbi took over.”

“We weren’t told it was gonna be kosher, but subsequently the rabbi came back and said it has to be kosher and if we wouldn’t accept he would bow out. We took a vote of hands and it was agreed it would be okay.”<sup>3</sup>

Although the members voted overwhelmingly to accept kosher meal service and retain the Jewish community council as the sponsor, the reality of the kosher meal service continued to be a problem for the members.

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<sup>3</sup> Author’s note: After the Jewish Community Council won sponsorship of this center, the director asked for a ruling by the religious body overseeing his organization on whether or not he could provide non-kosher food since there were in fact Jewish members of the center. He was informed that it would violate Jewish law for him to serve non-kosher food to Jewish persons. As a result, the rabbi notified the Department for the Aging of this change in his plans. The Department then required him to make another presentation to the membership and win their approval for kosher meal service. It is this vote that is referred to in this quote.

“The food is different, we’re not used to kosher food.”

“The problem is that they started the rumor that blacks were gonna take over. This center is very, very prejudiced. I work with the rabbi, I know he’s good. But it’s the kosher part that’s no good.”

“When HRA was here, we were able to say what we liked to eat and we got it. Today you don’t get what you want. Sometimes the food is not edible. Maybe to a Jewish person it’s good.”

In addition to changing the meal service to kosher, the new sponsor also changed the center calendar so that the center would be closed on Jewish holidays, another requirement of the religious body overseeing the Jewish community council. The sponsor is free to establish its own calendar of operation, as long as it meets its contractual obligation to keep the center open for a minimum of 250 days per calendar year. If this 250 day requirement cannot be met on weekdays, sponsors must open on weekends to meet the minimum number of days. Based upon the government calendar of official holidays and the religious days when the sponsor required that the center be closed, a number of days are made up each year on weekends. However, since the sponsor cannot open the center on Saturday the Jewish Sabbath, the required days are made up on Sundays. This again seemed to put the needs of the sponsor in conflict with the needs and preferences of the membership.

“There are times when there’s two Jewish holidays together and the seniors are walking on the Avenue lost. No place to go.”

“Some of these seniors, the children don’t care for them so this is where they come. Those days, they’re walking around, they’re lost.”

“As a matter of fact, a lot of volunteers feel this is their day, a Sunday. The Jewish people observe their Saturday, their holiday.”

Prior to becoming the sponsor of this center, the JCC was a provider of direct social services focusing mostly on low income elderly providing transportation, case management, home care, job training and placement and information and referral. Upon assuming sponsorship of this center, as a continuation of its service model and as a part of its plan approved by DFTA to broaden the representativeness of the center membership, the sponsor began developing a program of social services aimed at low income elderly. This was not in response to a felt need of the membership, but primarily an outcome of the service model already developed by the sponsor and the requirements of DFTA.

“They were going to make this a multi-service center. You could apply for Food Stamps, for public assistance. It wasn’t gonna be per say just a senior center, which I don’t think is good. A senior center is a senior center, it is not part of a welfare center or a community service center. That’s what they were trying to explain, you will get your food stamps out of here, your Medicaid out of here. It can’t work that way.”

“My idea of a senior center is a place for people to go for help. That’s it. You have a Medicaid problem, there should be a person here who could help you with it.”

For the most part, the participants were in agreement that these changes were not implemented to better serve the current members, but were instead serving to drive members away from the center.

“There’s only a few of us, every time they try to leave we say stay. We try to stick together but we’re getting screwed. Because in this center we were moving forward, everybody was getting along, now we’re being pushed back again.”

The members seemed to want the center the way it was prior to the contracting-out. More than the kosher food, they seemed to mourn the loss of the large number of members whom they perceive as having stopped attending. The fact that the center was in a minority housing complex and served only a very small number of minority

elders was not seen as a problem. Discussants seemed to believe that if those folks wanted to come, there was nothing stopping them. Participants commented on the sponsor's attempt to reach minority elders living in the housing project.

"People were afraid at the beginning when they said there were black people here. They didn't know what to expect."

"Lots of letters were sent out to the people welcoming them to the center. The response was poor."

The one African-American discussant responded to this by expressing her belief that new members were not made to feel welcomed at the center.

"If you send me a letter and I come to the center, I'd tell you some of the problems. They [current members] feel they own the center, and they feel this is their seat. If I come new here, and I happen to sit there I'm told off."

However, another participant did not think that this behavior was a result of racism or prejudice, but that it was typical behavior at senior centers.

"This is seniors. I've visited over 64 centers. No matter where you go; whether it's a center, or a temple or a church - this is my seat."

#### *Changing Membership & Decreased Member Input Into Operations*

The discussants agreed that the membership of the center was changing, and this was having a direct impact on the quality of the center operations. The long-term members were feeling that center programming was suffering, in part due to the lack of participation and the different interests of the newer members. There was a feeling among the members that this was no longer their center, in addition to the changes in membership and programming that had taken place, they also related to a feeling of having less input. Discussants felt that they were listened to more under HRA and that their opportunities for input are more limited under the new sponsorship.

“Under HRA we ran the center. We did programming, the kitchen, the ordering, input into programming. We were able to do all that.”

“The executive committee is in existence. We have our meetings but they don’t let you function.”

“Members complain about the food but nothing changes. We have a lot of loyal people here that really want to help, they want to do things here. It seems they can’t get through.”

“The advisory board was more open before. We used to have regular meetings. Now, meetings are happening and the people don’t even know what it’s about.”

Adding to this feeling of a loss of input and control of the center, are the feelings that the newer members are somehow different, and want different things than the long-term members.

“It was such a beautiful crowd.”

“A lot of people don’t take part. The old arts and crafts were old-timers who crocheted and sewed. The new people coming here are only looking for husbands, boyfriends and music. They’re not the same quality of people. So we’re down to having nobody here.”

“My only problem on the buses, is a lot of people on the buses are dying. We go to Atlantic City, the Staten Island Mall, New York City. Now we’re doing less. The new ones that come aren’t looking for activities.”

Under HRA, members participated in the Senior Corps stipend program where they received a small weekly stipend for volunteering. As with the transportation funds discussed earlier, senior stipends were only available to members of the sixty-four direct run centers. After the changeover, DFTA permitted sponsors to choose to opt out of this program and to absorb the funds into the center budget. The JCC took advantage of this option and ended the Senior Corps program at this center. According to the discussants, this further resulted in a drop off in volunteers and in participation at the center.

“We had people taking care of the coatroom. As soon as they stopped, coats got robbed.”

“That happened because we used to get a stipend from the City. And all of us were on that stipend, then the rabbi took it away so then there’s nobody wants to do nothin.”

Some got it that didn’t deserve it. Maybe thirty were loyal to do everything. But now everybody says - well, I’m not getting paid.”

“The center has the same number of staff now, but when we had stipends more seniors helped out. Now it’s harder to get things done.”

The discussants bemoaned these changes and felt that they were experiencing the beginning of the end of their center. If it continued the way it was going, the feeling was that they also would stop coming. In fact, unhappiness with the changes had already led some of the members to change their participation habits. From regular daily attendance, most of the discussants were coming more infrequently and participating less in activities.

“Sometimes I don’t feel like coming in. I used to be so happy here.”

“I really enjoyed coming here and that’s changed. We’re all seniors and we like to do what comes natural - eat, sing and dance. It was great, you know, if you’re able to do it.”

“Every day I come, sometimes I don’t want to come back. I have to fight or cry because I don’t feel that this center should be a servicing [social services] center. There’s homelessness, there’s someone hungry, this is not the function of the center.”

“We won’t be here next time you come.”

### *Staffing*

There was consensus amongst the discussants that the quality of staff at the center had decreased since the changeover. The feeling was that staff was less available and somewhat disinterested in the needs and opinions of the members.

Although the sponsor had agreed to provide open avenues of participation for the membership, in fact they were feeling that quite the opposite had taken place.

“Mr. C [the former director] was a neighborhood person. You used to call him at his house if you had a problem. He was a friend.”

“The staff now, sometimes they just don’t respond; they don’t want to bother.”

“Marvin was hired by HRA and would teach us harmony, you know like a regular teacher. Music was his field. Now we have a volunteer, he’s not an instructor.”

“I had trouble with the arts and crafts ‘cause what happened was we used to have a man come from the City to teach. We need people from the outside, a teacher, one who really knows. I’m talking about professionals.”

“We had a social worker, and she was never replaced.”

In spite of the sentiments expressed above, the discussants did not spend much time on staff issues. They liked the former director better, but this was only on issue in what they saw as the changes in the center.

### *Food Service*

Although the change to kosher food at the center, in spite of the very small number of Jewish participants, was the greatest change in the food service, discussants voiced displeasure with the quality of the food. The members expressed a willingness to accept the kosher meal service, but were in agreement that the quality was unacceptable and that this was not due to the fact that it was kosher.

“The kosher food, it’s not all that bad. It’s not the food, it’s the cook. It’s how it’s prepared.”

“No seasoning, no taste. He throws everything he wants into the food. It’s not cooked thoroughly.”

“I used to eat here everyday. Now, I still come each day, but I don’t eat here. I eat at home.”

*Changes in Services, Programs & Resources Available*

In addition to the changes already discussed, the members were able to identify transportation as an area where the new sponsor brought with it additional resources to the operations of the center.

“Now we have transportation for the blind. They come by car service, but I don’t know if he provides it or the blind.”

“I will say this, if I knew I could get a group to come to the center, he would provide a bus for me.”

*Member Preference for Sponsorship*

In spite of the problems and dissatisfaction with the operations of the center that were surfaced during the course of this focus group discussion, there was no clear preference among the choices of returning to direct HRA operation, remaining with the current sponsor or choosing another sponsor at the time of contract renewal.

“I don’t think it’s HRA. I think if you would say - let ‘em stay but non-kosher, I think that’s where the whole problem comes in.”

“HRA definitely.”

“I would stay with the rabbi [executive director of the JCC] because they give us services, it’s not that they don’t.”

“I would say that he could keep it ‘cause the rabbi is good. We just never get the input to work with him. He always gives us services. The problem would be to have more input as to what’s going on.”

One member summed up the relationship between the center and its new sponsor as: “If he loses this group, then he ain’t got nobody. That’s it.” Perhaps she was also summing up their feeling about the predicament that the membership had now

found itself in, without the sponsor they seemed to feel that they had nobody, for better or worse.

### CENTER VI

This center is located in a Housing Authority facility in western Queens. The HRA center was co-located with a settlement house, with both programs occupying separate and distinct areas of the facility. At the time of the transfer, there was no contact between the seniors and the youth and others that utilized the settlement house programs. This was one of the first seven centers contracted out that were co-located with settlement houses. The successful bidder for this contract was the settlement house located in this facility. The center, serving approximately 100 seniors daily, is almost 100% African-American and low income, with the vast majority of members coming from the housing project in which the center is located.

The focus group discussion took place in an activity room at the center, approximately 4 ½ years after the center was contracted out. There were nine participants in the discussion group, of which six were female and three male, with an average center membership of 12 ½ years.

N=9

Number of years at center	5-9	10-15	16-20	21+
Male	1	2	0	1
Female	2	2	0	1

### *Resigned Compliance*

When asked to discuss their reaction to the news that their center was going to be transferred from HRA sponsorship to non-profit sponsorship, the members seemed to recall being resigned to the fact. They did not recall being concerned or fearful, but rather that they had no choice and would therefore go along with the decision. The following comments sum up the feeling of resignation that the members expressed.

“We didn’t want the changeover, but they forced it on us anyway.”

“You know what you got, but you don’t know what you’re getting”

“Young people just lunge into things, you know. So naturally we didn’t know what was going to happen. We thought we was satisfied with what we had.”

### *Food*

There was consensus among the discussants that the meal service had improved noticeably under the new sponsor. Members felt that the meal service was unpredictable under HRA, but now, under the non-profit sponsor, the quality of the meal service was higher and more consistent. This seems to be based in part on the fact that the center has had one cook since the changeover, while under HRA the members recall that the cook changed often. One member summed up the importance of the meal service at senior centers in the following way: “Some of the seniors that come here, that’s the only balanced meal they get, they don’t cook at home. You enjoy your food because you’re with people.”

Other comments that demonstrated a greater satisfaction with the food service under the new sponsor included:

“It’s more steady now. Years ago we had a delicious meal and sometimes we felt like we were scrapping. We did have different cooks. We have steady cooks now.”

“Some days they had a cook, and some days they didn’t.”

“Once in a while, we ran out, now there’s always plenty of food.”

The members seemed to understand, in their discussion, the importance of the quality of the food service in drawing participants to the center, and in a center such as this, serving a primarily low income population, the daily meals are an important adjunct to their nutritional intake. One member summed up the importance of the nutrition services at senior centers, and this one in particular by saying “New people are coming to the center, and the attraction is the food. I’m telling the truth, on certain days you have more people.”

#### *Facility Issues*

Although the building was shared by the settlement house and the senior center prior to the contracting-out, the two programs were kept separate, each with its own assigned space in the building. Since the contracting-out, with the same sponsor, the settlement house’s programs and the senior center all share the same space. In discussions about the facility, this is what the participants seemed to focus on. Sharing the space with the youth programs at the settlement house, although both programs are not operating at the same time, has caused some dissatisfaction with the members that did not exist before. The positive side that the members identified was that they now had more space to utilize, the negative aspect was that their supplies and equipment were being damaged by the young people.

“Under HRA we were restricted to back here. Now we can use the whole space. Before we had the sewing room all to ourselves. Now we have to share it with the children; it’s totally different. Machines all scratched up and parts are missing on the machines.”

“As soon as they fix it up, the children come down and tear it. That’s why we don’t have anything with the children. No supervisors at night for those kids.”

However, in spite of these apparent problems with sharing the facility with the youth programs, the members were able to point to at least one benefit of having the youth programs in the buildings. The sponsor obtained a grant to purchase computers for the youth programs, and has made them available, with an instructor, to the seniors during the day.

“They got the computers donated for the kids, but we can use them also. He gives us an instructor twice a week. We can use the computers on our own at other times.”

“The computers are here now about three or four years. We use the computers to make cards - Christmas and Valentines. We have instructors to teach us how to use computers.”

Additionally, most of the discussants agreed that under the new sponsor the center was maintained in better condition, and that new equipment and furnishings had been purchased for the seniors.

“I think it’s more comfortable. The maintenance director, if there’s something wrong, they always listen to your complaints. Floors are washed and waxed. Hundred of people come to this place.”

“It’s better now, we have a TV room, VCR, computers, and new furniture.”

“It’s more comfortable, they keep it cleaner.”

“It’s better now, cleaner now. The chairs in the TV room were worn out, now we got better equipment. We got new tables and chairs in the dining room. They got computers.”

### *Staffing*

The discussants were in agreement that the staff changes since the contracting-out have been for the better. They related that the staff seemed better trained, more skillful and more willing to listen to the members. The members did not appear to miss the prior staff and had little positive to say about the previous director. In fact one member made the comparison by saying that the “previous staff was dictatorial.” In addition to now having a consistent cook and regular maintenance workers, the members also pointed to a new social worker position. When it came to describing the staff, comments were only positive with the members showing much satisfaction with the new staff.

“More staff, we got about eight or nine different people on the staff. Usually, it was run by two or three.”

“We have a director, assistant director, a secretary, kitchen staff and then you have volunteers who come and help out. We have computer staff, arts and crafts and a social worker. We have so much staff now.”

“I don’t think HRA had much to do with what was goin’ on here before. We had a person here, if you suggest something to them they say somethin’ else. They had a way they wanted to run it, and basically they run it their way. If you didn’t like it, go some other place.”

For the discussants it appeared that their responses to the new staff were based on aspects other than formal training. Members summed up their feelings about the new staff in the following ways:

“I have no way of knowing if they’re better trained or not. But they’re a little more polite.”

“I understand that this staff we have now is much younger. When you get older you lose your patience. I lose mine you know. And some people are very stressful.”

“We need the younger staff; more energy, They understand elderly people.”

*Changes in Programs, Services and Resources Available*

The discussants were able to point to a number of areas where they felt that programs and resources had been reduced since the changeover, and they also pointed to a number of areas where they felt there were increases. During this part of the discussion, the members seemed to take the changes in stride, merely pointing out the changes, but not evaluating whether it was for better or worse. It seemed that they were saying only that it was different. Included in the areas in which they felt there was a reduction, was the subsidizing of trips using contributions monies to reduce the amount that members paid to participate in center trips.

“Another thing we had before, they subsidized trips too, under the old way. I don’t know what’s going on now. They don’t, because we used to go on the boat rides and we don’t do that no more.”

“Trips are more expensive now, definitely.”

“Each center brought the price down. Now whether it was announced to the center I don’t know. I’m not aware of any price being subsidized, I know it was talked about.”

There was a perception of a disparity between resources available to the youth programs and those available to the seniors. Other than the sharing of the computers noted above, the discussants felt that the youth programs were favored in the allocation of resources.

“They get much more than we get, the children. We don’t get nothing much anymore. The kids get extra timing, why don’t the seniors get it too?”

“One thing I’d like to say, if something is coming to the seniors, don’t give it to the children, give it to the seniors and let the seniors decide to give it to the children.”

“I believe the kids get their share, but the seniors are not getting their share.”

“About a year after I joined the center, they used to always make the remark - ‘this is not yours, this is for the kids’ - and the kids heard so what can you say?”

However, in spite of these problems as identified by the members, the discussants exhibited an increased satisfaction with the programming, although they in fact did not specifically point to new programs or resources since joining their new sponsor other than the increased staff and computers.

“Under HRA there were less activities, the supervision was lousy.”

“The director has this on her activities list, she brings it to you and you decide whether you want to go to that class.”

### *Member Participation*

Although the members pointed to the fact that the senior advisory committee no longer met with the same frequency that it did under HRA, there was a general feeling amongst the discussants that their opinions were valued more now and that there were opportunities for member input.

“We used to have an advisory board under HRA. I think we should continue the advisory board. Used to have someone from Housing and the Police Department. Meeting once a month, and all of a sudden it just dissolved.”

“We have monthly membership meetings. We have a president of the senior citizens, a vice president, secretary and treasurer. We have it in the morning after our coffee.”

“We have membership once a month on Tuesday, and then you can voice your opinions, your dislikes, whatever.”

“I don’t think HRA had much to do with what was going on here before. We had a person here, if you suggest something to them, they say something else. They had a way they wanted to run it, and basically they run it their way. If you didn’t like it, go some other place.”

This last comment seems to be consistent with previous comments about staffing, suggesting that the members feel that the current staff is more responsive to

their needs and their input. Members were able to point to specific examples of opportunities for member input and participation into activities of the center.

“Now we are asked to participate in fundraising. We have bake sales and bazaars. We raise money to buy table cloths for the dining room and we try to beautify the place and make it look nice. We have money to go on trips, we have control of the money we raise.”

“Before the new sponsor, we didn’t have as much control over the money.”

“When we have members sick in the hospital, we’re able to send them flowers. When somebody passes away, we can send a wreath. So we have control.”

### *Level of Satisfaction*

On balance, the discussants unanimously expressed satisfaction with the way the center was being run. The members felt that the changeover was working for their center, and that the executive director of the sponsor was available to them and would listen to their issues. There was consensus among the participants that if they were asked to vote to remain with their new sponsor or return to HRA sponsorship, they would choose to remain.

“It’s working. I went to some of the meetings after the changeover, and some of the centers got along horribly and I told them we didn’t.”

“I don’t think there’s anything to be changed. [the sponsor] comes every day, talk to him, he’s very open.”

“Maybe that’s what we should do, invite [sponsor] to the next membership meeting and tell him. He would come. We have anything to say to him, we tell him.”

Members talked of a different feeling at the center, one that seemed to be more open and friendly.

“I think it’s more friendly. More pleasant now. Some of them don’t talk much, but you know some people are not very talkative. They get along.”

'I come here from Brooklyn, I like it. I'm planning to join over there so when the weather gets bad I can go there. I have friends here too. We get along beautifully. My husband he drives over, so he has his friends and I have mine.'

One member summed it up by saying "I don't think there's anything to be changed."

## CENTER VII

This center, which serves approximately 170 members daily, is located in a public housing project in a middle class, residential community in Queens. The center membership is primarily white, which is reflective of the population of the housing development and the surrounding community. At the time of the contracting-out, there were two non-profit bidders for this center. One was a community based agency located in the same facility, providing youth and community development services. The other organization was a well known, City-wide aging services organization with a Jewish affiliation. The members expressed a recollection that they would have preferred the city-wide organization as their sponsor, but that they were afraid that the center would close too often for religious holidays. As one discussant stated,

"We didn't have any choice. Somebody, one of the members, steered us wrong. She gave us a story that didn't match about [the Jewish organization]. Closing and this and that about the Jewish holidays."

At the time of the interview, construction was being completed on an elevator that would make all of the program space, divided on two floors, handicapped accessible. The plans for this improvement were developed under HRA sponsorship and were brought to fruition under the oversight of the Department for the Aging. The construction, although welcomed by the members was both disruptive and distracting to

the participants, cutting short much of the discussion during the focus group. The group consisted of seven members and was held in a corner of the main room, further adding to the available distractions. Members volunteered to participate in the discussion, in response to a request by the director the day before. Of the seven members six were female and one was male. Six of the members were also white, all of whom were members for fourteen years or more and one was Hispanic. The Hispanic member had the shortest tenure in the center, with ten years participation at the time of the interview, which took place five years after the center was contracted out.

N=7

Number of years at center	10	14	15	20
Male	0	0	1	0
Female	1	1	3	1

#### *Transition Related Fear*

The discussants all agreed that their first reaction to the news that their center would be transferred out of HRA and then contracted out to a nonprofit organization was a sense of being upset. They could not understand why the change was being made.

“We were quite upset because everything was going so nicely. We didn’t know what we were gonna get into. So we tried not to have it changed, but it didn’t work out that way.”

“We were happy with it, the way things were.”

The fear about change was based on the knowledge that they would not be able to retain the staff, even if the jobs were offered to them as promised.

“These people were civil service people, so when private people took over, they would have to give up their pensions and everything. So therefore we wouldn’t be able to hold on to these people.”

“We knew them for fifteen years, the director and assistant director.”

“We were very used to them, and senior citizens worry about these things when there’s a change.”

The members’ anxiety about change was well founded. As the discussion continued, the participants unanimously agreed that the center had changed. They identified these changes in four main areas staff, programming, member participation and the meal service. However, in discussing these changes, although there were positives and negatives, there seemed to be a fatalism about accepting the inevitability of change.

### *Changes in Programming*

Participants were able to identify changes that resulted in both increased or new programs and those that eliminated activities or programs. The focus however, was on those programs or activities that no longer exist. A lot of discussion focused on the drama and choral groups, and the changes that have taken place.

“We used to have one day that was taken up from early in the morning to late afternoon. Mornings we would do plays, drama and skits. The afternoon we had a choral group that was the greatest. We went to other senior centers to entertain; we had a full two hour program. And we looked forward to it tremendously.”

“No money for this now, cut it out.”

“We went to nursing homes and they looked forward to us. They still would love to have us back. But there’s no money for buses.”

“We have a choral group now, but it’s not the same type of program. We have no way to go and visit the different homes.”

Although funds were identified as the primary reason for cutting these programs, discussants also identified the changing population of the center as impacting on the viability of programs.

“The older people are getting sicker and dying, so new members are coming.”

“The new members are not as cooperative as the old members.”

“Everybody seemed to collaborate, very friendly. Now it’s different, we have a whole different group.”

“We’re the old members and we know the difference. They’re new so they don’t know the difference.”

Although the discussants did at first focus on changes in programming because of funding reductions, they then acknowledged that activities were also changing to meet the needs of the changing membership. They were able to identify several new initiatives that were undertaken since the contracting-out. However, it was clear from the discussion that these programs were started by the sponsor in response to funding availability, and they were not initiated through a process involving the membership. In talking about these programs, the members clearly referred to them as programs started by the sponsor, no sense of ownership was suggested on the part of the members.

“Oh yeah, they started new programs, they went out and got money from the city to do programs like crime victims, escort services and an intergenerational program.”

Although each of these new initiatives had the potential to benefit the participants in the discussion, none of them saw them as benefiting them directly. They were good programs, but not ones that they would be taking advantage of.

“The crime victims is a good service, but it’s not limited to center members, they get information on elderly crime victims from the local precinct and offer help to these people.”

“The escort services are for folks who are homebound or can’t get around for themselves. Those of us who come to the center don’t really use it.”

Discussants however did not seem to be upset by the changes. Instead they appeared to be mourning things as they used to be, but accepting of the inevitability of change. Overall, throughout the discussion, a sense of basic satisfaction with the center seemed evident to this interviewer.

#### *Staff Changes*

Other changes, such as what was generally seen as a decrease in the quality of the food served, was credited to the change of staff. There was a general feeling amongst the members that the meals were better under HRA, and this was attributed to the fact that the “cook was better.”

The staff changes seemed to be hardest on the members. They talked about the length of time that staff members were there, and for many it paralleled their own participation in the center. To the members best recollection, the former director and assistant director had been at the center for fifteen years, the same as the average length of membership of the participants. One member said it quite succinctly, “we knew them for fifteen years, the director and assistant director.” Although her words

were brief and to the point, her facial expression belied her feelings of loss after such a lengthy relationship.

However, other discussants seemed willing to accept the inevitability of the change after the time that had transpired. A short time before the interview, a new assistant director had been hired for the center, replacing the one that had been there since the changeover. Perhaps because the members had already been through a change of staff, or perhaps because they had not yet had time to connect with the new staff, there did not seem to be any sense of loss over the assistant director who had left. Instead, the members seemed to be welcoming of the new assistant director.

“Now we have a new assistant director, just as if she was always here with us. And it’s only a matter of a few weeks.”

#### *Return to HRA*

It was no surprise that when the group was polled as to whether or not, given the choice, would they return to HRA or stay with the current sponsor, the consensus was that they would change. The members gave three concrete reasons for returning to HRA. These were staff, more funds for the center and that the meals and the cook were better under HRA.

As one member summed it up for the group:

“Things were pretty good under HRA, we were all satisfied. Nobody asked us if we wanted to change. So why shouldn’t we want to go back to the way things were.”

## CENTER VIII

This center is located in a Housing Authority project in upper Manhattan. During the focus group discussion, it became evident that this center posed some unique issues that did not affect the other centers being studied. There were a number of interested bidders competing for this center, as in other centers, and the process did in fact become quite competitive. The members voted to recommend a city-wide senior services organization that had no prior experience running a senior center.

At the time of the contracting-out, this center had been scheduled by the city for renovations, and the timing was such that the center was closed for several months for renovations, and then opened under the new sponsor. This presented an unusual situation that was not faced by any of the other 63 centers. It is not clear from the discussion whether or not this had an impact upon the center operations or the members, but it does serve to set this center apart from the others, at least in this regard.

The center, serving approximately 100 people daily, was utilized primarily by white ethnic and Dominican seniors. After the transfer, the membership began to change drastically, with a larger number of Puerto Rican elders attending, until at the time of the focus group discussion the members estimated that about 80% of the membership had joined since the transfer and that they were primarily Puerto Rican. This factor was attributed to a partnership that the new sponsor had developed with a city-wide Hispanic services group. This group outstationed a social worker, at the center, to provide direct services for Spanish speaking elders. The discussants believed

that this worker was known and popular in the Latino community and as a result had attracted a large number of Puerto Rican and Dominican elders to the center.

“I got the statistics here. Before we closed the center, the population was stable and the ratio was stable of Black, white and Spanish. Then we reopened it, we had an entirely different set of circumstances. We had someone from the [Hispanic service organization], the population soared. Instead of two a month, we were having 20 or 30 a month. It picked up tremendously, now they are 80% of the center.”

“They’re only here for the service, which was not known in the center. She has brought her population with her. She’s well known and a hard worker so they came here for the social work service.”

From the discussion, exemplified by these comments, it was clear that a dichotomy had developed in the center since it was contracted out. The older members, looked with suspicion upon the newer, mostly Puerto Rican members, and felt that along with their increased participation the services at the center had deteriorated. The discussants felt that the services were now focused on social work services, which was not the case before. Of the six participants in the focus group discussion, none had need to avail themselves of these social services.

Based upon the criteria for participation in the focus group, at least two years active membership prior to the transfer, none of these new members were represented in this discussion. Based upon this lack of representation by the newer members, it was not possible to judge the quality of the services as far as meeting their needs. Part of the mandate of funded senior centers is to serve the low income and minority population of the communities where they are located. This change in population at the center may have been a result of the new sponsor addressing this requirement in their contract, and bringing in the Hispanic services organization to help them do so. Although the members recalled quite clearly their fears and concerns upon learning

about the transfer, the major change that they focused on in the discussion was this change in the membership.

The interview took place at the center, 4 years after the transfer. There were six participants, with an average center membership of 12½ years. Of these, there were three female and three male participants, representing a group of long-term members, with the exception of one member who joined two years before the transfer.

N = 6

Number of years at center	6	10	12	15	18
Male	0	0	1	1	1
Female	1	1	0	1	0

#### *Fear of Change*

The members were quite articulate in their expressions of their concerns about the transfer. In fact, as a group they actively participated with members of other centers in an attempt to stop the transfer. They told of picketing City Hall, writing letters to Congress members and Senators, and holding membership meetings at the center to voice their concerns. They were convinced that there would be changes, and remembered hearing stories that suggested that their fears were true. Their concerns focused on three areas, control of member funds, the change of staff and reduction of services.

“I was concerned. We picketed down at City Hall. We wrote letters to the Congressmen and Senators saying that we didn’t want DFTA. HRA was in it for so long and they seemed to be running it very well.”

“We had a general membership meeting where people voiced their concerns. There was a lot of concern about what the new staff would be like; what their credentials would be; what would happen to the money that we already had, would it disappear. Would we have the same kind of services that we were used to.”

“One big problem - we worried about the meals being cut back. You understand, not only about the meals being cut back, but about raising the price. There was a lot of talk about that at the time. The price here is very reasonable for breakfast; most of the people here that come can't afford any more.”

“They [DFTA] made promises, and we were afraid they wouldn't keep these promises. We tried to stop it, but were unsuccessful. So we had no other choice.”

Other than the change in membership discussed above, it appeared that the fears of the members did not materialize. Although one could say that if their major fear was change, they certainly did experience change through this change in population, and this was clearly viewed as negative by the discussants. Other than the change in population, the other changes that were focused on include staff, activities and food. However, none of these changes were seen for the better either.

### *Staff*

As in other centers, the participants exhibited insight into the importance of the staff in setting the tone for a successful center. There was general consensus among the discussants that under HRA the staff was older, more experienced and more professional. They then drew a direct connection between this difference in the staff, and the differences in the center's operations since the transfer.

“A good portion [of the change] would be a lack of management from the staff. You lose members, there is no coordination for what happens here. Everything is up in the air. This is a big problem; you gotta have staff that has ability.”

Much of the discussion on staff, focused on the fact that the members agreed that the HRA staff was more experienced, older and more educated than the current staff.

“You gotta remember, you don’t always get what you pay for. But there’s a good chance you’re gonna get what you pay for. You don’t have a CSW here, or an MSW which we maybe had before. This all enters into it. There is no job security here that was here before, under HRA...A lot of people won’t even come look at this job...”

“The new staff are trying, but they’re not experienced. Right now we have one professional, and one person can’t run the whole center. And that’s the problem now.”

“It’s not really a senior center anymore. It all stems from the director. Our old director was here for years. We’ve had three directors in four years, that’s a problem in itself.”

#### *Activities*

The participants were not in agreement amongst themselves as to whether or not there was a reduction in activities since the center was contracted to the nonprofit sponsor. Some readily agreed that since the new sponsor had come in and invited the Hispanic service organization to provide social services, that this had become the thrust of the programming. Others felt that the staff did not have the ability to provide programming, and there was a third opinion that there really wasn’t much programming going on prior to the changeover, so that aspect of the center had not really changed.

“It’s changed quite a bit. There aren’t many programs now. The dominoes and card playing, that’s the biggest thing that goes on here now, there is no arts. Not too many programs.”

“On paper we had a very busy center when the city had this. Not always carried out in reality. I was sitting in on many discussions with the director who chastised the staff to get their act together and do the things they were supposed to do

that was on paper. So on paper, it looked like the center was functioning beautifully, but in reality there was problems because it was a lack of activity.”

Others voiced their opinion that the perceived change in the level of activities was a function of the disinterest in the newer members. The feeling was that there had been efforts to involve the newer members, but that they choose not to become involved. Once could not help interpreting a problem bridging the gap between the different ethnic groups at the center. The newer, mostly Puerto Rican members had been identified in some members minds as the cause of the decline. In strongly voiced opinions, several of the participants laid out attempts that they had made to initiate programs, but that they failed because of the lack of interest on the part of the new members. It appeared to this interviewer, that the change in the population at the center had become a serious problem leading to misunderstanding, mistrust and resentment amongst the members, and that the center staff nor the sponsor had begun to address this situation in any positive way. At the same time, the new sponsor had successfully reached out to and brought into the center a significant segment of the older population in the community, that had not previously been served.

“Let me explain something. I initiated two or three activities in the center; poetry, drama, short story classes but it never got off the ground because there wasn't enough interest. Because there was a Spanish group here, I asked one of our old time members to do it in Spanish and it still didn't take effect because of the nature of what we were giving these people. They weren't that interested.”

“I think there's a core group who has been here for many years called the 'old timers,' and they're sitting here now who are more articulate. They remember the way it used to be. We have a whole new population here, so they don't have a history. They know us to have breakfast, and they know us to have lunch. And they know us to have pokeno and to have dominoes, and that's it. And that basically satisfies them and they're happy.”

Another member commented on the current state of affairs at their center, but without the implied value judgment of the two previous comments.

“It’s like we became very segregated. When it reopened it began gradually. It was very segregated and it still is. The complexion of the center has changed.”

At the time of this interview, this center had come to epitomize some of the problems inherent in a center trying to address demographic changes in a community, when the population of that center has not changed with the community. Taking their mandate seriously, the new sponsor changed the population of the center, but from the point of view of the participants in this focus group, representing the “old timers,” it was done in a way, and with a result, that was detrimental to the center. There were obvious problems that had grown out of this change, and the new sponsor had not developed an effort to address these problems. As expressed by the participants, this issue was the primary reason that the members did not approve of their sponsor, and expressed their desire for a new sponsor, but not necessarily their desire to return to HRA.

#### *Desire for Change of Sponsorship*

There was a clear consensus amongst the discussants that they did not wish to remain with the current sponsor. The discussion did not only focus on the population changes, but seemed to stem also from a sense on the part of the members that the sponsor was at the same time too controlling and too far removed.

“Anything we want, we have to tell [director]. He has to bring it to the [sponsor] for their okay. Before, we used to discuss it among ourselves, bring it up at a general meeting and it was done.”

“Everything is downtown, including the bookkeeper. We can’t do anything unless we get their permission.”

Along with this control from downtown, is a sense of loss of input into the center operations. One example that was given was in the hiring of the most recent director.

“The staffing was changed. We were supposed to get a director with an MSW. Somebody without that degree was promoted to that position without discussing it with us. We were not given that input...”

The members very clearly related an “*us and them attitude*” toward the sponsor. It was seen as this monolithic, downtown organization that had taken over their center, and now only wanted to hear from the members that they were doing a wonderful job.

“They’re coming with the attitude that they’re doing a wonderful job. They’re looking for our validation. And they want that validation from us. They don’t come up here thinking that they’re not wanted.”

When asked if they had the opportunity to vote to go back to HRA sponsorship would they do so, the members did not jump at the opportunity. Instead they expressed the desire for another nonprofit sponsor, but not necessarily a return to HRA.

“Well that’s not a fair question. Get another sponsor who might be willing to meet our needs. Then we’d have a legitimate choice. But this sponsor is not gonna stay here for ever. Their contract runs out in two more years.”

“I’d try another sponsor. Another sponsor would be an improvement. We would like to have a choice.”

“What director are we getting? If we have a director who doesn’t know anything about it, nothings gonna change.”

## CENTER IX

This small center, serving approximately 90 seniors daily, is located in community space in a housing project in the South Bronx. The center consists of several small, interconnected rooms in space that was shared with a youth program in the afternoon and evening. At the time of the interview, the space appeared to be pleasant, clean and well maintained. The majority of the members are African-American and live in public housing adjacent to the center. The center had been contracted out a little more than four years at the time of the interview.

The focus group discussion took place in a small activity room with eight participants who had responded to the director's announcement the day before. All eight were African American, five were female and three were male. The average length of membership in the center for this group was 9½ years.

N=8

Number of years at center	7-8	9-10	11-12	13-14
Male	2	1	0	0
Female	1	1	2	1

*Fear of Change*

The participants were all in agreement that the immediate reaction of the membership to learning that the center sponsorship would be changed, was fear of loosing the center. The members were concerned that there would be budget cuts that would reduce their food service, programming and "overall well-being."

“I remember it was the fear about the changeover. The main fear was that the would be shortchanged in their food, in their activities and in their overall well-being. They thought that the new center was going to be a monster that would destroy them. There was a lot of buzzing, this and that. I’m not the only one that felt that way, ‘cause I discussed it with my fellow members and they all thought that we were gonna die when the new people took over.”

Based upon these concerns, and a realization that they would be unable to prevent the changeover from taking place, the membership devoted themselves to doing what they could to ensure that the new sponsor would be responsive to their needs.

“We were afraid we were gonna lose the amount of food and so on; we were very upset about it. We wanted to keep what we had. We had them make a promise to us that we would have things just as good as before or even better. One lady said ‘let’s get a tape proving that they’re gonna give us the same as we had before.’ And I said let’s not have a tape, ‘cause they could destroy a tape. Let’s have it written out. I felt better when they said they were gonna do the same or advance and do better.”

Upon gaining agreement from the proposed sponsor that everything would remain the same, the members voted to accept their bid for the center. The bidder that the membership supported was a religiously affiliated, City-wide, senior services group, based in Manhattan. This contract would represent their first contract with the City to sponsor a senior center.

At the time of the interview, the members seemed to be, for the most part, satisfied with the change and with their new sponsor. They were able to identify some specific areas where there had been improvements, but mostly related to a general sense that the center was better as a result. The two primary areas that they recognized as improved were food and staff, with some improvement noted in programming. The participants identified both the quality of food and the way that it was served as improvements that they valued.

### *Food*

There was consensus amongst the participants that the food had improved under their new sponsor. The areas of improvement that were highlighted included the meal service itself and the actual quality of the food. In their discussion, the members recognized the importance of the meal service as an attraction to members. Additionally, the members comments seemed to suggest that the way in which the meals are served is a measure of respect that the staff have for the seniors.

"The food is cooked better than before, because before almost all the time the meat was burned. The rice was not cooked good. If they put in your meal a burned piece of meat, you know what they say? 'Don't eat it, put it in the garbage can.' Just like that, and they don't give you another piece."

"The service that we have is beautiful. Before time when we had to get served, you had to wait in line like a bread line. Nowadays you don't have to wait in line. You sit down and they bring your food to you. We're served right at our table... Before, sometimes they run out of the food and don't replace it. Now there's enough food and we have more members coming in. Much more people coming in to eat than before. The quality of the food is better."

"One thing that I would like to say is that the cleanliness of the center is better. And the way they serve it. Everything on separate dishes. Before they served it all on one plate. It's cleanliness added to less pork and less beef because you're not supposed to have that much of that."

### *Staff*

Discussants recognized the importance of good staff to the functioning of their center. They seemed pleased with the center staff under HRA, but were also now pleased with the new staff under the nonprofit sponsor. In the four years since the changeover, they had had a change in center directors. The current director, whom the participants liked and supported, was not the first director since the transfer. In fact,

the members recalled serious problems with that first director, and were appreciative of the sponsor's action in removing her and bringing in the current director.

“When the city had it, the staff were very good. When the second one came in, well, come see come sa. It worked out to a certain extent, but we didn't have all those things we have now. We didn't have all the honesty we have now. The people involved say they're really dedicated to the center...”

The members were mixed in their recollections of the former HRA staff. They liked the director and thought that she was “beautiful,” but recalled that the rest of the staff were not good. The members had very strong recollections of the first director under the new sponsor as aloof and not interacting with the members. However, there was general agreement that on the whole, the staff had improved measurably under the new sponsor.

“After the changeover the staff was better. Before the change, we had no membership meetings. The former director (first director under the new sponsor) locked herself in the office and you had to see her almost by appointment. She kept her distance. There was no camaraderie.”

“HRA director was beautiful. But the rest of the staff wasn't good. Before the kitchen wasn't clean, roaches everywhere. Now the kitchen's more clean, better portions of food. She's very dedicated to the center. She is for everyone. The assistant director is beautiful too.”

The feelings of the group were summed up by one member's brief comment that garnered agreeing nods from the rest of the participants: “When it comes to the center, it's run in a better way.”

### *Programming*

The members addressed programming very briefly. They expressed satisfaction with the program schedule at the center and all of the discussants expressed that they were active participants in programs.

“We have more activities now. We have to keep these activities going ‘cause if you don’t have no activities, you don’t have no center.”

“I come every day. I can’t stay away. I’m only waiting now to go to another meeting.”

“I just had a class, it’s wonderful, it’s exercises.”

### *Overall Satisfaction*

As discussed above, the members expressed a generally high level of satisfaction with the way their center was being run. They were able to point to specific improvements since the changeover, at the same time that they were able to relate to positives about the center under HRA sponsorship. However, the members did not express a strong preference for one type of sponsorship over another. Although they expressed satisfaction with the way the center was being run, one member stated her opinion that the sponsorship really didn’t matter to them what did matter however was that they keep the current staff. This seemed to suggest that the members had not made a connection with their sponsor, distantly located in Manhattan, but that they identified the center with the staff, whom they saw everyday. They also were not familiar with the executive director of the sponsoring organization.

“I don’t care who takes over, as long as I have the same personnel as I have to run the center right now.”

Rather than focusing on who they would prefer to sponsor their center some of the members focused on broader issues, such as what happened to the staff who had left as a result of the changeover, and the overall funding picture for centers. These comments suggested strongly that the members did not care who or how the center was

sponsored, as long as it received adequate funded and had good staff on-site to operate the center.

“The only thing we have to say with the changeover, is that the people who had to leave the center, the staff, is that they lost a lot, their pensions and so forth, it’s a tricky situation for them.”

This member was expressing concern for the former staff at their center, even though the change had taken place four years prior. In actuality though, very few staff lost pensions and benefits, as most were transferred to other positions within HRA.

The discussion ended with one participant who expressed the concern of all present about the funding of senior centers. This seemed to be more of a concern for the participants than who actually sponsored their center.

“If the city keep on cuttin’ us the way they do, I swear to God, every senior citizen that I know, vote them out of office. We paid out dues, so don’t take nothin’ away from us. Don’t mess with us. We paid for it.”

#### CENTER X

This center, located in Brooklyn, is housed in a former hospital building that is now functioning as a community health center, with the senior center occupying one floor. The center serves approximately 100 seniors daily, most of whom are African-American and live in public housing adjacent to the center. The new sponsor is a local community-based organization that also sponsors several other senior centers and several day care and head start centers throughout the community. At the time of the interview, the center had been sponsored by the non-profit for approximately four years.

The focus group discussion took place in an activity room at the center. There were six participants, all attending voluntarily in response to announcements made by the director the previous day and that morning. The group consisted of four females and two males, with an average membership in the center of sixteen years.

N=6

Number of years at center	9	15	16	17	23
Male	0	1	1	0	0
Female	1	0	1	1	1

The major theme that emerged during this focus group discussion was that the participants felt that much had been lost to them as a result of the contracting-out of their center, but that they did indeed enjoy coming to the center. In fact, much of the opening discussion focused on how important the center was to them, and how much it meant to each of them. In response to questioning about the changeover, they began to talk about the many differences that they perceived, as a result of budget cuts.

The participants were quite effusive in their discussion of why they came to the center and how important it was to them. In fact, responding to the opening question of the discussion, which was “do they remember when they first heard that their center was going to be contracted out?” one member responded by telling why he liked coming to the center, and the other participants readily picked up on this. Reviewing the tape and the transcript revealed that the interviewer neglected to bring the discussion back to the participants’ response upon learning about the contracting-out.

Instead, this focus group discussion remained focused on the members' reasons for and responses to participation at the center, and the differences between HRA and the non-profit sponsor. Therefore, information was not elicited from this discussion group on their response to the contracting of their center.

### *Importance of Center Participation*

Although their discussion of how much they enjoyed the center and how important it was in their lives led directly into the discussion about how things have been diminished since the changeover, the discussants all spoke of the center as a positive place that they each attended on a daily basis.

From the following comments one would have thought that the members were happy with the center and that criticisms would have been minor. The following comments would seem to suggest that neighborhood based senior centers can become such an important part of individual senior lives, in spite of the specifics of the programming. That the center as a refuge and a place to go to, may actually be the draw, rather than the specific programs.

"I enjoy coming here because it's a place to go to get away from home. And it's an open place, where you can speak your mind. Say what you want... I come practically every day."

"I enjoy coming here because it's a place that's warm. Different people with different ideas. It has so much that we can have if we want to. It's an opportunity for seniors rather than staying home. I come just about every day."

I enjoy coming because I've made a lot of friends. And I do feel that I enjoy them and we enjoy each other. And then we do arts and crafts and I feel at home, I forget my sickness.... I'm here every day."

"I enjoy coming to the center. It gives you a chance to meet with people, converse with people... In many cases you can initiate whatever you like to be involved in."

This member ended the discussion of why they were coming to the center when she closed her comments with the following statement: “As to comparing what it is to what it was, I’m more in favor of what it was to what it is.” The interviewer then followed this train of thought, and did not return the discussion to their reaction to the contracting-out.

*Changes in Programs, Services and Resources Available*

The participants were very clear in their discussion of the changes, that their center no longer had the resources that it had prior to being contracted out, and that as a result programs and services had been reduced. One area that all agreed had been reduced was the meal service. As with the overall reductions in services or programs, the members attributed this to a reduced budget. They did not blame the sponsor for this, but were able to see how it impacted their center.

“When you cut a budget, it’s just like at home now when you food shop. If you’ve got plenty of money to shop, you can get whatever your appetite calls for. But when that budgets cut, you gotta say no, no, no I can’t buy all those steaks and things I feel like eating. I got to cut down. So that’s what the budget cut means to us, and of course a lot of people stay home.”

The members felt that the food service and activities had been reduced, and as a result, there were fewer members coming to the center on a regular basis.

“I think the whole thing is the center doesn’t have as much to offer as it used to, so if you don’t have nothing to offer nobody, they don’t have no reason to come. Just to get a meal and go home, and the meals aren’t all that good so you can stay home and make yourself a meal.”

“Not as many come now as before, it did cut off. We used to have somebody come and give us exercise, Tai Chi, but they said that was too expensive so it stopped. That used to draw them to the center.”

“Just less reason to come, that’s the whole thing.”

“The trips and the quality of the trips began to change, gradually after the changeover.”

Prior to the contracting-out, the member daily contributions were used as a fund to subsidize trips, reducing the fee so that most members could afford to go. After the takeover by DFTA and the contracting-out, members funds were allocated to budget lines to offset center operations. As a result, this center, like many others that were contracted out, reduced or terminated the subsidies available for trips as these funds were now used for budget items like supplies, equipment and session workers.

“When they plan trips, we don’t get subsidized for the trip. So if the trip costs too much we can’t afford to go on the trip because everybody in the senior center is a senior citizen on fixed income. So if you can’t afford to go, and you don’t get enough people to go, the trip has to be canceled. Wherein before, we were getting subsidized and you got more people to go, so we went more places and we did more things.”

“Yes, because they couldn’t afford it so they just don’t go. We used to take two or three buses, now we don’t even have one bus full. People can’t afford it.”

In addition to the reduction in trips because of the lack of funds available to subsidize the costs to the members, the discussants also identified activities in general as an area that had suffered since the changeover.

“This arts and crafts room used to be full of people working in here every day. Now we do arts and crafts once a week. Now we’re hardly making anything.”

“We used to have a piano, we don’t have that anymore, and there’s less exercise in general.”

“We have a creative arts program over in the library, they made eyeglass cases and little purses. Now we’re supposed to start making book covers and picture frames to sell. We have to have things to sell because we need the money. Fundraising. Oh yeah, it’s changed, because as she said, we’re making more things to sell.”

### *Changes in Staff*

The discussion of reductions in activities, led directly into a discussion of staff reductions. The members expressed consensus in their feelings that the staff was reduced both in size and in the expertise that they brought with them to the center.

A common operating procedure at senior centers is to hire hourly session workers to run specific activities, so that they are paid only for the time spent running these activities or classes. Along with the reductions in the budget, was also a reduction in these session workers.

“We have less professionals around now who were part of HRA staff and used to come from time to time. We don’t get that now.”

In addition to these workers, members were able to identify other areas where there had been staff reductions that had a direct impact on the quality of services being provided at the center.

“There’s less staff, we had about eight or nine people, now we have about four staff.”

“We no longer have a social worker full time. No one filled in... Where do they go for assistance now, who knows. It’s just not available.”

“For the most part, the top three or four people, they all were from the Department of Social Services [HRA], so they all had some expertise in assisting. The director was a social worker from HRA. But when the Department for the Aging took over, those people were transferred or they had to leave so we lost all of that. Some of them were never replaced.”

“We haven’t discussed the level of knowledge of the people involved here, because they all were from HRA and all previously trained to deal with seniors, they came with an expertise, and now I think with the budget cuts it’s difficult to get the knowledge a person must bring into the job if you’re paying a higher salary.”

After the tone of this discussion, it was no surprise that when asked if they had the opportunity to choose again between HRA or their current sponsor what would they

choose, the participants were unanimous in their agreement that “we’ll go back the way we were.”

## CENTER XI

This center located in the East Harlem community, is housed in an old public school building that is owned by the City. The center occupies all four floors of the building, which was in a seriously deteriorated condition at the time of the transfer. Both structural and cosmetic work is needed throughout the facility, and the center is located next door to an abandoned building and vacant lot, both of which are garbage strewn. The center serves approximately 120 seniors daily, the vast majority of whom are Latino and live within walking distance. The current non-profit sponsor of this center is a City-wide organization specializing in services for Hispanic elderly. At the time that this center was contracted out, this was this organization’s first senior center.

The focus group discussion took place at the center in an activity room, around a large table. There were twelve participants, all volunteering to participate in response to an announcement made prior to the group by the director. The membership had previously been informed about the date, time and purpose of the group, but participants were not sought out until the interviewer arrived at the site. The group consisted of four males and eight females, with an average membership of fourteen years, representing a very stable portion of the center membership.

N=12

Number of years at center	6-10	11-15	16-20	21+
Male	2	1	0	1
Female	3	1	3	1

This group was both large and enthusiastic. Members were interested in participating in this activity, although several members did not actually participate in the discussion, they seemed happy to be a part of the activity. Attempts on the part of the interviewer, who did not speak Spanish, to involve those members who did not participate were responded to by other members who informed that those three members did not speak English, but would follow what they could.

Without being prompted, some members began right in by discussing how long they were members, why they started coming to the center and how long they have been participating. Without making comparisons, they described what the center means to them and spoke in very positive tones. The interviewer politely interrupted this discussion to center it on the focused questions that had been developed. Members were cooperative in changing the direction, and seemed somewhat satisfied that they had made their point about the importance of the center in their lives. Their extemporaneous discussion was used as the segue into the first topic of discussion, which was their recollections of how members reacted to the news that their center would be transferred to DFTA and then contracted out to a non-profit provider.

*Transition Related Fear*

The members agreed that their fears about the changeover were based on their uncertainty about the changes that would occur in their center. As described above, they were for the most part pleased with the center and long-time members. They were regular participants prior to the contracting-out, and their concerns did not focus on the actual fact of the change from HRA to DFTA and private sponsorship, but primarily on fears of reductions in programs and the possible loss of the center.

“My fear was that the center might close. We were concerned because we need the center here, in this neighborhood particularly. It’s a very poor neighborhood.”

“Our feeling was that the cuts were gonna take place and we would be suffering because of the cuts in every respect - the food and the programs itself.”

The concerns as demonstrated above focused on fears of cuts. At the time of the transfer and contracting-out, the City was going through a severe fiscal crisis and social service and other city services were being cut across the board. Many seniors, as exemplified by this group, feared that the transfer was first and foremost a budget cutting ploy, and that as a result their centers would be cut. The Mayor and the Commissioner made an effort to make public statements that there would be not cuts as a result of the transfer, but the fears remained.

In addition to the expressed fear of cuts and possible loss of programs and perhaps even the center itself, the participants also recalled that they were concerned about the loss of staff. They were happy with the center and the staff, and saw no reason for the change.

“I’m afraid they’re gonna leave and new people come. You don’t know them. We don’t know who’s gonna come over here.”

From this point on in the discussion, it appeared that all the participants were in agreement that conditions at their center had improved noticeably since the change and that their fears were unfounded. In each category that they were asked to respond to, there was consensus amongst the discussants that there had been improvements. These improvements included staff, programming, resources and the general condition and maintenance of the center.

### *Staff*

In spite of their professed connection to the former staff, and the stated fears about losing this staff, the members related their satisfaction with the quality of the new staff and their responsiveness, and all agreed that there were now more staff in the center.

“Right now it’s a little different. Before we don’t have too much opportunity to talk. Over here when we see something wrong, we tell them and they stop. They take care of everything quickly. The staff listens better than before.”

“The center is getting much better than before. The center now is very clean and they fix up so nice, so beautiful and I feel happy they way they [staff] treat us.”

“Now you go to the director and you can talk to him.”

In addition to expressing satisfaction with the new staff members and how they treat and relate to the membership, the discussants agreed that there were more staff available on-site than before. They were able to name specific staff positions that were new and seemed aware of the benefits to them of these new staff lines. Considering the fact that this center is located next to a vacant building and litter strewn vacant lot, and that it is a four story building, it was important to the members that the new sponsor was able to create a security guard position for the center.

“Now we got a security guard here.”

“He sits in the entrance and makes sure that everybody that comes into the building belongs here. I like that better.”

As far as the additional staff, it was summed up this way:

“We had less, now they have more staff. We have two secretaries. We have a learning division here where they send people who are on welfare to learn to work here.”

One member summed up her enthusiasm for the new staff: “I love all the staff here, because they call you ma. They kiss you and they say bless you ma. They are sweet with us you know.”

### *Activities*

There was agreement amongst the discussants that there was now a broader range of activities for them at the center. These included classes, a thrift shop, trips and a new transportation program with vans supplied by the sponsor.

“We have a dominoes class, a dancing class, we have ceramics, we have arts and crafts, we have exercise, we have a singing group. And it keeps people active.”

“More activities now. Besides that I like music. I invite you to come next Saturday.”

“We have more activities now. Ceramics and arts and crafts. Exercise is new. We don’t have art right now.”

“We have thrift shop downstairs. WE call it Macy’s Number 2. Oh, we have a beauty parlor too.”

“Today we had transportation for the people to come here. Sometimes they bring food to the people who can’t come here. They bring them food to the house. We didn’t have that before.”

“We have several trips, we go to Atlantic City once a month. We have different activities in-between. We go to the village, we go on shopping trips. We go

to Rye Beach, to the mall in New Jersey and to City Island. The center has its own buses for these trips. Two buses that we didn't have before."

### *Food*

Changes in the quality, types and serving of the food were identified by the members.

"We have table service for the invalid people, we didn't have that before. We serve them first, then the other people."

"The food is excellent. We had a lot of pasta before, now it's more Spanish food."

"We have a Spanish cook now, cooking Spanish. Is much better."

Even though the members were in agreement that the food had improved, in large part because the cook was now cooking Spanish food which appealed to them, they were also able to recognize the down side of this change, and the center's relationship to the new sponsor which is an Hispanic organization. Several of the members agreed that "when we were run by HRA there was more English speaking people here."

### *Remain With Sponsor*

When asked if they were given the choice, knowing what they know now, would they choose to remain with their current sponsor or go back to HRA, the group was unanimous in its desire to remain with the current sponsor. Overall, the members thought that the change had been beneficial to them and that the center had improved. However, part of this satisfaction could be that the center was now run by an Hispanic organization and was catering more to the tastes of the Hispanic members. Since this

group was all Hispanic, it was not possible to learn how non-Hispanic members felt about the changeover. One member addressed this dilemma in the following way:

“We had a lot of English speaking people here. After it was taken over, quite a few of them left for the simple reason that they did not know if we would be bi-lingual or just Spanish. Right now we are supposed to be bi-lingual, even though some of them feel we should not be here.”

Another member summed up the feelings of the group as far as the result of the change when she stated:

“Change from HRA to the [sponsor], much better the [sponsor]. With the [sponsor] we have help, and with HRA we don't have too much help.”

## CHAPTER VI

### CONCLUSIONS

#### Introduction

The purpose of this study was to investigate the contracting-out of senior centers from direct city sponsorship to non-profit sponsorship through the eyes of the senior participants who experienced the changeover. By doing so, it was hoped to gain insights into the impact of this contracting-out, and to develop knowledge that could be used in policy decisions about contracting-out such services.

Although the original purpose was to evaluate the impact of the contracting-out, through the focus group interviews, it became evident that there was no clear consensus on the relative advantages or disadvantages of this contracting. In each of the interviews, participants were asked to express their opinion, given the chance to decide on sponsorship, would they choose to remain under the current setting, or return to HRA sponsorship. Of the eleven groups interviewed, five expressed their desire to stay with their current sponsor, three preferred to return to HRA, two groups expressed no consensus decision, and one group expressed their desire to change non-profit sponsors but not to return to HRA. Of the three groups expressing a consensus opinion to return to HRA sponsorship, one group expressed their satisfaction with their current non-profit sponsor, but wished to return to HRA for a sense of security, feeling that there was more protection from budget cuts there. Evaluating these opinions, one could conclude that since six out of the eleven were happy with non-profit sponsorship,

and only three groups expressed a clear consensus to return to HRA, that overall, the contracting-out was accepted by them.

#### Preference of Sponsorship

Remain with current sponsor	5
Return to HRA sponsorship	3
No consensus opinion	2
Change nonprofit sponsor, remain under DFTA	1
TOTAL	11

Although there is no attempt to generalize these findings based upon limitations in the study design discussed previously, there are references in the literature to viewing the generalizability and validity of studies of this type in different ways than one would judge these issues in a quantitative research project. Wolcott (1990), expresses the belief that there is no single correct interpretation, therefore making the search for validity unnecessary. Donnemeyer, (1990) also supports this perspective by positing that there is an inadequacy of traditional ways of thinking about generalizability in relation to research in education and human services, which seeks to gain an understanding about people and meaning in their lives. “For those of us interested in questions of meaning and interpretation in individual cases, the kind of research done in education and human services, traditional thinking about generalizability falls short.” (Janesick, V.J., 1994, pg. 217) According to Janesick, the reliance on generalizability and reliability in traditional research methods “limit the

ability of the researcher to reconceptualize the role of social science in education and human services...In fact, the value of the case study is its uniqueness; consequently, reliability in the traditional sense of replicability is pointless here." (pg. 217)

During the coding of the transcripts, different categories began to emerge that were not among the areas of inquiry in the original interview guide. As a result, the focus of this study shifted from the experiences of the members and the impacts of the contracting on them, to broader themes that can provide lessons for contracting-out in general.

Focusing on these themes illuminated that while the participants in these eleven focus groups shared experiences that were both similar and unique, they were all providing insight into the process of contracting personal social services. While explaining their personal reactions and those of the membership of their centers, and describing changes in their programs, the participants evoked many images and themes that began to categorize themselves into broad areas that went beyond this specific phenomenon of the contracting of the senior centers.

Reading the case studies, the reader can begin to see that there are certain categories of concerns that cut across most of the centers, and may indeed be unique to senior centers. Issues such as food quality and quantity, programs, staffing and facility maintenance impact on the individual and group experiences of the membership. Even in centers where there was consensus that overall, things were better, there were still areas where members could identify changes that were less than positive. Reading through the individual case studies it became clear that there was no universal manner in which to measure satisfaction amongst center participants. Different people come to

the centers with different needs which are satisfied in different ways. In fact, a senior center satisfaction survey, performed by the NYC Department for the Aging in 1991, demonstrated that most seniors are happy with whatever services are provided as long as they have the center to attend. This finding was confirmed several times in these interviews.

### CROSS-CASE ANALYSIS

The discussion that follows, based upon a cross-case analysis of the previous case studies, extrapolates four themes which most appear to have relevance beyond this specific phenomenon and beyond senior centers themselves.

#### *No Compelling Reason for Change Communicated to Members*

A consistent theme that runs throughout the interviews is the commonality of the initial reaction on the part of the members upon learning about the changes that were being planned for their center. These reactions range from quiet resignation, to fear that this was a preliminary step in closing their center, to anger and frustration that this was being done in spite of their feelings and desires to remain as they were. Without any sense of the reason for the changeover, members were perplexed, angry and confused by it.

Overriding these reactions was a distrust of the City and the Department for the Aging, based upon the belief that this was not being done to improve the centers but instead to reduce them.

“We were upset. I was part of the committee. At first my individual reaction was against it... I felt at the time that the mayor was giving us the shaft.”

“We were quite upset because everything was going so nicely. We didn't know what we were gonna get into. So we tried not to have it changed, but it didn't work out that way.”

Some of the respondents related this fear directly to the population that was being effected, believing that change is difficult especially for seniors.

“In general, I think we all get used to something. Change is a fearful thing. I think that the seniors in general always worry when there’s gonna be change.”

Without an understanding of the reasons for and possible benefits to be accrued from the change, many of the centers mobilized opposition to the change, including demonstrating and letter writing.

“I was concerned. We picketed down at City Hall. We wrote letters to the Congressmen and Senators saying that we didn’t want DFTA. HRA was in it for so long and they seemed to be running it very well.”

“They [DFTA] made promises, and we were afraid they wouldn’t keep these promises. We tried to stop it, but were unsuccessful. So we had no other choice.”

Much of this fear that was expressed by the participants was based upon their belief that their center, or certain programs or services, would be reduced as a result. In fact, several of the participants expressed their belief that this was an intermediate step towards closing down their center, charging for services, or eliminating services.

“One big problem, we worried about the meals being cut back. You understand, not only about the meals being cut back, but about raising the price. There was a lot of talk about that at the time. The price here is very reasonable for breakfast, most of the people here that come can’t afford any more.”

My fear was that the center might close. We were concerned because we need the center here, in this neighborhood particularly. It’s a very poor neighborhood.”

“Our feeling was that the cuts were going to take place and we would be suffering because of the cuts in every respect - the food and the programs itself.”

“I remember it was the fear about the changeover. The main fear was that they would be shortchanged in their food, in their activities and in their overall well-being. They thought the new center was going to be a monster that would destroy them...”

The participants related to the change as being forced upon them from the outside. For the most part, they were happy with the way their centers were operating and saw no reason for this change. Not only did they not petition for it, but they had no inherent reason to support or welcome the pending changes.

“We were happy with it, the way things were.”

“We were quite upset because everything was going so nicely. We didn’t know what we were gonna get into. So we tried not to have it changed, but it didn’t work out that way.”

“We didn’t want the changeover, but they forced it on us anyway. You know what you got, but you don’t know what you’re getting.”

The themes of concern about loss as a result of the change and not understanding why it was being done if everything was going so well at their centers, are present throughout the interviews. These center members were adults, many of whom had been participating at their centers for more than a decade, but were feeling left out and double crossed because this major change had been planned without consulting them or attempting to bring them along. The city was providing this service to them, but did not make the effort to recognize their pride of membership/ownership by laying out for them the reasons for and the plan to implement this changeover. The reactions of the discussants suggest that if they had been included prior to the decision being made and if a compelling reason had been communicated to them, that perhaps a great deal of the fear and concern expressed by the members in their opposition to the change could have been reduced, making the changeover less contentious than it was.

Efforts on the part of DFTA included reaching out to each of the centers to explain the planned changes, promising that there would be no changes in services as a

result of the transfer, and involving the membership in the formal change process (at least with respect to input into the choice of sponsor). The management literature focusing on changing organizations can give insight into the impact of change and ways to manage its negative results. Most of this literature focuses on change as it affects the personnel and the organization itself. However, by adapting some of this to address the clients of human services organizations, we are able to see what the impact of change on individuals can be, and gain some insight into how the negative aspects of these changes can be managed.

Discussants spoke about being given an opportunity to become involved in the change process, but going along reluctantly because they believed they had no choice, and they did not see any cogent reason for this change. According to Weinbach (1984) clients require assistance sorting through changes and assessing their ultimate impact on services. However, it appears from the point of view of the discussants this was not done. Although they were reached out to by DFTA, they do not feel that they were given sufficient information to make this assessment.

Kurt Lewin (1951) suggests that the first step in the process of change is what he termed “unfreezing,” whereby individuals must first become sufficiently uncomfortable with the old way of doing things before they will desire the changes proposed. According to Weinbach (1984), this unfreezing on the part of participants can be achieved through presentation of data or through appeals to values, logic, ethics, etc. Newman, Warren and Schnee (1982) describe this as a learning process, whereby “learning new relationships and attitudes - like any other learning - is aided by clear explanations, opportunity to try the new way, further questions and explanations, more

trials and adjustments, and then practice...(however) the need for learning will not always be willingly accepted.” (pg. 575) Although the attempt to reach out to center members was made, DFTA was unsuccessful in achieving Lewin’s “unfreezing.” In the end, after the attempts made by DFTA, center members still resisted because they saw no compelling reason for the changes being implemented over their protests.

Although promises were made by DFTA and by potential sponsors that the centers would remain the same and there would be no substantial changes as a result of the contracting, the members remained skeptical. Several expressed their belief that the transfer was nothing more than a ploy to cut the centers back and possibly even close some.

Weinbach (1990) addresses this when he writes “managers need to communicate both stability and certainty at the same time that they are working to implement change. Staff and clients must be helped to recognize that the objectives and essential characteristics of the agency, in most instances, will remain largely unchanged. If chaos and trauma are to be avoided, the manager must also assure that change is incremental and implemented in tolerable amounts. (pg. 298)

#### *Little or No Connection to the New Sponsor*

One hoped for outcome of the contracting-out, was that with community-based organizations as sponsors, the centers would become more integrated into their communities. Instead of functioning as a separate, city-run entity, they would now have a base in the community and function as a part of a larger whole with access to additional resources. However, throughout the interviews, when the sponsor is referred to it is usually in the third person. None of the participants related to their

centers or themselves as being part of a larger, community-based organization. Instead, the sponsor loomed as some separate entity that had to be dealt with to gain what the membership wanted.

“Everything is downtown, including the bookkeeper. We can’t do anything unless we get their permission.”

“Anything we want we have to tell [the director]. He has to bring it to [the sponsor] for their okay. Before, we used to discuss it among ourselves, bring it up at a general meeting and it was done.”

With consistency, when the sponsor is referred to it is with terms such as “they” or “he” referring to the executive director. Even when discussing benefits that they had accrued as part of the sponsoring organization, the sponsor was still referred to as some third party. Programs and services that could be identified as originating through the sponsor, were related to as things that were being done “for” the members, not “with” the members.

“They got the computers donated for the kids, but we can use them also. He gives us an instructor twice a week...”

This dichotomy was most obvious at the one center that is sponsored by a Jewish organization, conforming to Jewish dietary laws and observing Jewish holidays, even though a very small minority of the membership is Jewish. At this center the membership expressed their feelings that the changes were made to meet the needs of the sponsor and not those of the membership, even though they did eventually agree to go along with the changes.

“The fears came after, because when they came and talked we were never told this center would become kosher and that’s the biggest problem that we had.”

“It was always said nothings gonna change, and then the rabbi took over. We weren’t told it was gonna be kosher, but subsequently the rabbi came back and said it

has to be kosher and if we wouldn't accept it he would bow out. We took a vote of hands and it was agreed it would be okay."

Other references were made to changes that the members felt were not made to serve them better. These were programs or services that were created, expanded or terminated by decision of the sponsor, seemingly without involving the membership in the decision making process. These included programs designed to draw a more diverse membership to the center, the creation of additional social services, and establishing a partnership with other service providers to bring additional expertise and services into the centers. Changes that were implemented by the sponsor and were seen by members as taking something away from them included reductions such as eliminating the transportation and Senior Corps stipends.

According to the focus group participants, in the centers where these changes took place, all were implemented without the input of the members, and in fact the members saw it as designed to service people other than themselves. Even though many of these changes represented improvements to and broadening of the services offered at the centers, the members were not involved or made to feel a part of these changes by the sponsor. Consequently, there was resistance and a sense that things were being done for others, at the expense of the current membership.

"They were going to make this a multi-service center. You could apply for food stamps, for public assistance. It wasn't gonna be per say just a senior center, which I don't think is good. A senior center is a senior center, it is not part of a welfare center or a community service center. That's what they were trying to explain, you will get your food stamps out of here, your Medicaid out of here. It can't work that way."

"Oh yeah, they started new programs, they went out and got money from the city to do programs like crime victims, escort services and an intergenerational

program... The crime victims is a good service, but it's not limited to center members... The escort services are for folks who are homebound or can't get around for themselves. Those of us who come to the center don't really use it."

"They're only here for the service, which was not known in the center. She has brought her population with her. She's well-known and a hard worker, so they come here for the social work service."

In addition to this dichotomy between the members and the sponsor as revealed in the discussions, review and coding of the transcripts highlighted that there were no focus groups where the members related that they were given any direct input into the procedures or policies of the sponsoring organization. So, in addition to having to accept changes that the sponsor developed without member input, the members were further isolated from the sponsor. Although the centers retained their member advisory councils, these groups, where they were active, had limited input into planning and operations at their center. This was not a vehicle for establishing input into, or a direct link to, the sponsoring organization or its board of directors.

*The Most Satisfied Centers Are Those That Can  
Point to Specific Improvements*

Of the three centers where there was consensus that they would prefer to return to HRA sponsorship, two of the centers could not point to improvements at their centers which they felt benefited the members. At Center VII, even though the members were able to identify programs that were eliminated and new programs created since the transfer, their focus was on those that were eliminated. They identified service-rich programs developed by the new sponsor that reached out to previously underserved or unserved senior constituencies, but felt that these did not serve the previous members. Instead of focusing on these new programs and the

benefits accrued to seniors in the community, they focused on the programs that were reduced or cut back.

“We used to have one day that was taken up from early in the morning to late afternoon. Mornings we would do plays, drama and skits. The afternoon we had a choral group that was the greatest. We went to other senior centers to entertain; we had a full two hour program. And we looked forward to it tremendously.”

At Center X, although the participants in the focus discussion were regular attendees and talked about the importance of the center to them, they related that the center did not have as many programs as before, and that as a result less people were attending. Although the transfer and ensuing changes had not impacted on the attendance habits of those participating in the focus group, they did relate that these changes had been for the worse, and could not identify any positive changes that had taken place.

“I enjoy coming here because it’s a place that’s warm. Different people with different ideas. It has so much that we can have if we want to. It’s an opportunity for seniors rather than staying home. I come just about every day.”

“I think the whole thing is the center doesn’t have as much to offer as it used to, so if you don’t have nothing to offer nobody, they don’t have no reason to come. Just to get a meal and go home, and the meals aren’t all that good so you can stay home and make yourself a meal.”

Center I, the third center expressing a consensus opinion favoring HRA sponsorship, was able to point to positive changes and few that they considered negative. However, they expressed their desire for HRA based upon a collective belief that their center was more secure under HRA sponsorship. At the time of the interview, they had not come to trust DFTA, and felt that they were more vulnerable to budget cuts with DFTA than with HRA.

Participants at the five centers that expressed their consensus preference to remain under DFTA with their current sponsor, were able to identify specific changes that they felt were improvements to their center. At all of these centers, the discussants related a sense of being better off now than before. This sense of satisfaction was based upon improved staff, perceived improvements in facility maintenance and food quality, and new and improved services and programs. Even at Center IX, where there was a difficult transition period with the sponsor going through three directors, the members were satisfied with their current director and the changes that had been implemented. This demonstrates that as long as the members can feel a sense of positive growth and forward movement at their center, they may well be willing to overlook problems that do arise in the management of the center.

The changes that the discussants relate to as having meaning to them, are not necessarily significant, nor are they always budgetary. Simple changes that impact on the feel of the center, appeared to have great importance to the members.

“The service that we have is beautiful. Before time when we had to get served, you had to wait in line like a bread line. Nowadays you don’t have to wait in line. You sit down and they bring your food to you. We’re served right at our table...”

“...He has all different color tablecloths. Every week we get them hygienically cleaned. And he changes colors from time to time. We have pictures up all over the walls, he’s taking pictures, and whatever holidays he puts flowers on the tables.”

“The center is getting much better than before. The center now is very clean and they fix up so nice, so beautiful and I feel happy the way they [staff] treat us.”

Of course, some centers referred to high cost items as examples of improvements that had been made. These ranged from very costly such as renovations, to more moderate cost items such as transportation services using agency vehicles, to

new programs provided by additional funding sources. But whether they were referring to a high cost improvement or a low or no cost improvement, did not seem to have an impact on their level of satisfaction. What did impress them though, was that they could identify specific improvements that occurred since the changeover. The lesson here being that small changes have an impact equal to that of larger, more costly changes.

### *Prior Claim on Membership*

In addition to the disruption, fear and anxiety caused by the change as related by the members, another change that evolved as a theme was a membership change or the fear of this at some centers. Since most of these centers were founded more than twenty-years ago, the communities in which some of them are located have undergone demographic changes. However, in spite of their changing communities, several of the centers continue to serve those older persons who have been long-term residents of the community and have not expanded their membership to include the newer, usually minority and immigrant seniors.

DFTA includes in its contract language a clause that require contractees to target minority and low income elderly persons for services. As some of these centers developed programs to reach out to and include these underserved groups in the elderly population, their current members balked and saw it as a threat to their participation. As a result sponsors were placed in a "Catch-22" situation. If they took this mandate seriously, they then posed a threat to the membership of their center. As the interviews indicate, the three centers participating in this study whose membership was not

reflective of the community, appear to have alienated some of their current members by creating efforts to reach out to others.

Suzanne Pharr (1988) describes this as lack of prior claim when she writes, "At its simplest, this means that if you weren't there when the original document was written or when the organization was first created then you have no right to inclusion." (pg 57) The current members saw these centers as their own, and the newer members being outreached to, although legitimate recipients of the service, were seen as outsiders who did not have a statutory right to participation. They were not represented in the membership of the center, and therefore had no right to participation.

At Center VIII, where the membership did not represent the increasing numbers of Puerto Rican elderly in the neighborhood, the sponsor's creative way of reaching out to this constituency met with resistance and resentment from the membership. This reaction was in large part responsible for the members consensus that they would like to find another non-profit sponsor and not remain with their current sponsoring organization. The sponsor developed a cooperative working relationship with a city-wide Hispanic aging services provider, to place an outreach worker at this site providing information and referral services. This creative solution appeared to be a no cost way to meet the DFTA mandate by expanding services to a previously underserved constituency. However, in spite of, or more precisely as a result of the success of this effort, the members resented the sponsor and wished to change.

"I got the statistic here... the population was stable and the ratio was stable of Black, white and Spanish. Then... we had an entirely different set of circumstances. We had someone from the [Hispanic services organization], the population soared.

Instead of two a month, we were having twenty or thirty a month. It picked up tremendously, now they are 80% of the center.

“I think there’s a core group who have been here for many years called the ‘old timers,’ and they’re sitting here now who are more articulate. They remember the way it used to be. We have a whole new population here, so they don’t have a history. They know us for having breakfast, and they know us to have lunch. And they know us to have Pokeno and to have dominoes and that’s it. And that basically satisfies them and they’re happy.”

Located in a low income public housing project, surrounded by a mostly Italian middle income community, Center V, under HRA sponsorship, served primarily that middle income, white population, excluding the low income Black and Hispanic elders living in the housing project. Under pressure from DFTA to reach out to those minority elderly not being served by the center, the sponsor began to develop programs to do just that. These efforts were met with the dismay and disapproval of the center membership.

“People were afraid at the beginning when they said there were Black people here, they didn’t know what to expect. Lots of letters were sent out welcoming people to the center, the response was poor.”

The one African-American participant in the discussion responded by saying: “If you send me a letter and I come to the center, I’d tell you some of the problems. They [current members] feel they own the center, and they feel this is their seat. If I come new here, and I happen to sit there I’m told off.”

### IMPLICATIONS FOR PRACTICE

The information gathered in this study has given insight into a major change process through the eyes of the clients of those human service organizations affected. However, the organizational literature focuses little attention on organizational change and its impact upon service recipients. As social work practitioners, we must be ever

mindful that the purpose of human services organizations are first and foremost to provide a needed service for the clients of that organization. One way of doing this is to adapt the lessons in the literature about organizational change, that focuses on staff, board and community to also focus on the clientele. The four themes that were developed through these interviews, as delineated by the clients, can provide a lens for such an examination.

Weinbach (1994, pgs. 301-303) lays out a typology of sixteen reasons why staff may resist change in human service organizations. Reviewing this list through the four themes developed here, there are nine which may be applied to change as it impacts clients. Each of these nine must be understood and taken into consideration in the planned change effort, as a way of including clients and lessening disruption and alienation. These nine are:

1. *Inertia*: people tend to resist change that might upset their routines. The change effort must be approached with the understanding that all change, will upset routine, even if the change agent may feel that the routine can be improved upon. Individuals and groups become used to, and comfortable with things as they are. In an attempt to maintain this, they may resist change that is perceived as changing routines that are familiar and comfortable.
2. *Change results in uncertainty*: people will resist change that threatens to move them from a known, which may or may not be favorable, to an unknown. This uncertainty can be addressed through education, sensitivity and full disclosure. Making decisions that will impact on people's lives, without involving them in

understanding the process, and the reasons for the change, may create fear based upon the uncertainty of the unknown.

3. *Misunderstanding of the change:* often, rumors and exaggerations can spread quickly, before changes are fully understood. The change agent must move quickly to disseminate correct information, and be prepared to respond to rumors and misinformation. Reaching out to clients to keep them informed, and to address their concerns, questions and fears can go a long way to ameliorating the negative impact of rumors.
4. *Fear of loss:* this can be represented by loss of favored position or status, loss of privileges, services or loss of desired benefits. Early on, plans for the service after the change should be shared with clients. In doing so, it is important that the change agent take great pains to ensure participants that there will be few losses incurred in the change. This must address the variety of fears associated with loss. Proposed new programs, services or additional benefits to be accrued as a result of the change should also be shared as a way of showing what the exchanges will be.
5. *Antagonism towards the proposers of the change:* even changes that seem positive or to be of benefit can be opposed because of a mistrust of the proposer of the change. When the change agent is an outside body, or a government agency, there must be the assumption that there will be some level of antagonism on the part of participants toward the outsider. This may be based on a mistrust of the motivation for the change. Whatever it is based upon, this antagonism needs to be accepted as

part of the process, and should be seen as a challenge to be overcome through winning the participants over, not by overpowering the antagonists.

6. *Lack of confidence in change agent*: a feeling that the change agent cannot successfully implement the change in the way that is being proposed due to lack of resources, lack of concern or just their inability to do so. The change agent must work to win the confidence of the participants. This can only be done through actions that show the sincerity of the change agent and their ability to accomplish what they say they will.
7. *Lack of participation*: resentment at noninvolvement can often lead to resistance to change that may have been avoided. Participants need to be included in planning and implementing any major change, to help them feel ownership and a sense of respect that is due them. Even if it is not feasible or possible to include participants in the decision that sets the change in motion, the earlier that they are included in the planning, the more likely that they will cooperate.
8. *Failure to see the need*: participants may remain genuinely unconvinced as to why the change was needed in the first place. As in the case of the senior center transfer, the participants saw no clear reason for this change. Attempts must be made to inform participants about the reason for the change and to include them in the planning as a way of helping them to further understand the need and its implications.
9. *Change resistance itself has benefits*: through organizing change resistance, individuals can ascend to leadership positions or heighten their own self-worth

within the client population. As community organizers have learned early on, the best way to overcome a person or persons who seek personal reward from resistance to change, is to develop a role for these individuals so that the leadership opportunity exists for them in moving the change forward, rather than resisting it.

The information gathered in the focus group interviews supports the need to address each of these concerns. Applying these considerations to the four themes, we see that they represent areas that need to be taken into consideration to address the fears, concerns and needs of the clients during periods of organizational change. Often, those responsible for change in human services organizations view client groups as being neither motivated nor able to adapt to new ideas. (Sarri & Sarri, 1992) Within this view, they are also seen as not being able to “commit to changing behaviors.” This can result in planned changes that do not take into consideration the needs or desires of target populations who are not given the opportunity to delineate these for themselves. “Failed change efforts often neglect to incorporate the participants in the management of change or to obtain the participants’ understanding of their situation or environment.” (Sarri & Sarri, 1992, pg. 102)

In their review of the management literature, Sarri and Sarri (1992) found four factors that lead to resistance or acceptance of new ideas. These include:

1. Lack of active, ongoing involvement in innovation and change efforts.
2. Powerlessness, actual and perceived.
3. Lack of information and knowledge.
4. Processes of change that do not include active participation and empowerment of the target populations. (pg 101)

These four factors support the typology developed by Weinbach and are also supported by the information gathered in the focus group interviews and the four

themes developed. Along with Weinbach's nine factors previously delineated, these four factors can serve to develop a road map to involving service recipients in change efforts. They also address many of the concerns, fears and reactions expressed by the participants in this study. If these are not addressed, and the change agent fails to involve and integrate the participants into the change process, this failure will contribute to resistance on the part of the service recipients, as was aptly demonstrated in the interviews. The conclusion drawn by Sarri and Sarri, is that as a result of this failure, "planned change efforts often achieve only superficial compliance from the participants. (pg. 102) Weinbach supports this when he writes "Real participation in decision making is appreciated. It can result to a more cooperative approach to change...the pretense of participation will be quickly found out and resented for wasting time..." (1994, pg. 300) The transparency of this manipulation can result in a perceived insult to the intelligence of the participants and may irreparably damage the development of trust, thereby increasing the likelihood of resistance to future participation even when it is genuinely sought.

However, through whatever change is anticipated or planned, the architects and the managers of that change must keep foremost in their consciousness that the purpose of the program is to provide a service to the recipients. Although the literature supporting privatization focuses on efficiency rather than quality, and the management literature on organizational change barely touches on the impact of change upon service recipients, these two considerations must remain preeminent.

All levels of players in the change process -planners, managers, funders, regulators - must consider the impact of the change on the quality and accessibility of

that service. Social services are unique and do not respond to market forces as do other types of consumer services. In light of the fact that the literature supporting privatization focuses on supposed cost savings, social workers need to address the issue of subjecting the social services to some cost measures. Such cost measures, by definition, should be different than those that are used to in other consumer services. When these measures are utilized in conjunction with measures of quality, then government funded welfare programs might not look so attractive to for-profit corporations. In order to increase that space between income and expenses known as profit, sacrifices in quality and accessibility may be seen as economically prudent. This can result in less qualified and lower paid staff or restrictions on service availability, and may have a profoundly negative impact on the quality of the service provided.

It is clear that we are in a different universe now when it comes to government support for social services, which are seen as merely another government function ripe for private industry. Social workers can take an active role asserting their professional concerns and knowledge into this process. The focus must be redirected to quality and accessibility, with the impact on the clients considered throughout each step of the process.

## APPENDIX A

## FOCUS GROUP DISCUSSION GUIDE

## I. INTRODUCTIONS

- Introduce myself, inform group of purpose of study
- Jog their memories, remind them when the change took place
- Participants introduce themselves
  - Name, how long a member of the center
  - Activities or committees participating in
  - What do you like most or least about the center

## II. FOOD

- quality and adequacy
- does it reflect your tastes
- has the meal service gotten better or worse since the change in sponsorship
- is there more food or less food
- are more people eating
- what, if any, changes have you noticed in the nutrition portion of the program

## III. FACILITY

- has the general appearance or cleanliness of the center changed
- has the facility improved or deteriorated since the changeover
- is program equipment more or less available
- do members have use of an equal amount of space

## IV. STAFF

- are there more or fewer staff since the changeover
- are the staff more/less attentive/sensitive to the needs of the members
- are you aware of the qualifications/experience of the staff, has this changed
- are the staff more/less reflective of the ethnic/racial makeup of the membership

## V. PROGRAMMING

- are there more/less activities since the transfer
- has the variety of programs/activities changed
- are you more/less satisfied with the number and variety of activities
- are the scheduled activities more/less relevant to the needs of the members

- do you feel that more/less members are participating in center activities

## VI. CONCLUSION

- does anybody have anything that they would like to add, any areas of interest/concern that were not covered in this discussion
- if you had the opportunity to choose between remaining with your current non-profit sponsor or returning to HRA which would you prefer

## APPENDIX B

LETTER TO CENTER DIRECTORS  
REQUESTING PARTICIPATION**Irwin Nesoff**

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20 St. Johns Place • Brooklyn, New York 11217 • (718)636-6087 tel./fax

Dear (Senior Center Director)

It was a pleasure speaking with you on the telephone on \_\_\_\_\_. I am grateful for your willingness to participate in the research project that I am conducting for my doctoral dissertation in social welfare at the City University Graduate Center. I am conducting a study into the issues surrounding government contracting for human services. Specifically, I will be looking at a random sample of former HRA senior centers that were contracted out by the Department for the aging in 1991.

As we discussed on the telephone, I would like to meet with a group of six to eight members of your center who have been participants since at least 1990. The purpose of this meeting will be to involve them in a discussion about the changes in center operations, from their point of view, since the contracting-out. This group interview will last approximately two hours. All information gathered in the interview will be kept confidential, neither the center nor the participants will be identified in the final report.

The contracting-out of the senior centers represents a unique opportunity to study the impact of government contracting on social services. I hope that through this research I will be able to contribute to the existing knowledge in this area.

Again, thank you for agreeing to participate. As mentioned in our discussion, it is important that all participants in this discussion do so voluntarily and that they in no way feel that they are being coerced or pressured into doing so. I am looking forward to seeing you on \_\_\_\_\_. If you have any questions before that date, please feel free to call me at (718) 636-6087

Sincerely yours,

Irwin Nesoff

## APPENDIX C

## VERBAL SCRIPT FOR INFORMED CONSENT

## TO BE FOLLOWED FOR ALL PARTICIPANTS

Hello, my name is Irwin Nesoff. I'd like to begin by thanking you for taking the time to join this discussion today. Before we begin I'd like to take a few moments to explain to you exactly what we will be doing here today.

As I'm sure you all remember, about seven years again the sponsorship of this center changed from the Human Resources Administration to the Department for the Aging, and then it was contracted out to your current sponsor. How many of you remember that? (pause)

I am currently doing research for my doctorate in social welfare, and I would like to look at what impact this change had from your point of view. In order to do that I will be asking you a series of questions to get your opinions. I would like to stress at this point that there are no wrong or right answers. I am interested in your opinions on a number of points that we'll be discussing. If you choose not to answer any questions that is entirely up to you, and if you choose to, you can leave the discussion at any time. I will not be asking any questions of a personal nature. I will not identify any one individually in the final written report, nor will the center be identified. Also, I will not be reporting back to your center director any of the information that we discuss here, unless of course you request that I do so. If you do, any information that I do relay back will be done in such a way that individual participants will not be identified.

Does any body have any questions about what I have said so far? (pause). Okay, if everyone is in agreement, we can begin. However, if at anytime you have any questions please feel free to ask them, do not hesitate. Also, I would like to tape record this session, if that is okay with everybody. Does anybody mind if I tape record the session. (pause) Once the tape recorder is on, please do not refer to each other by name so that all information will remain confidential and no one will be identifiable on the tape.

Thank you

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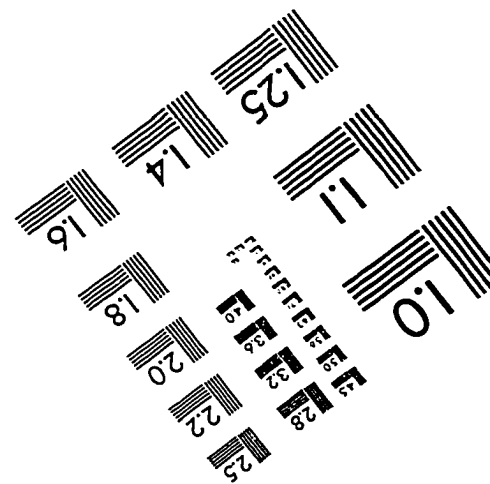
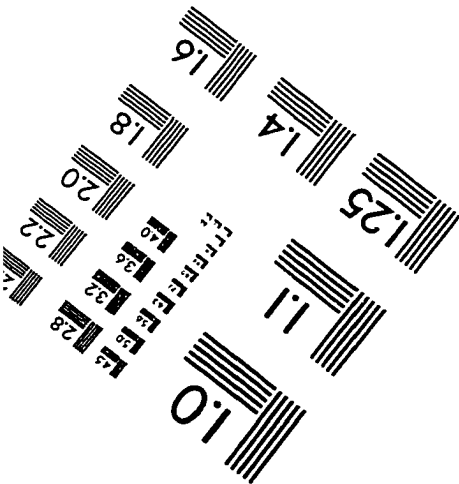
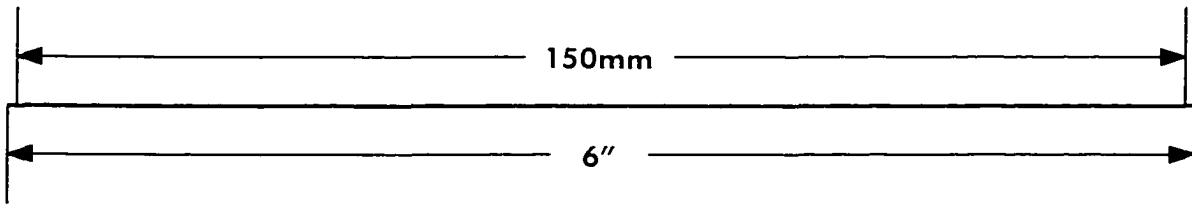
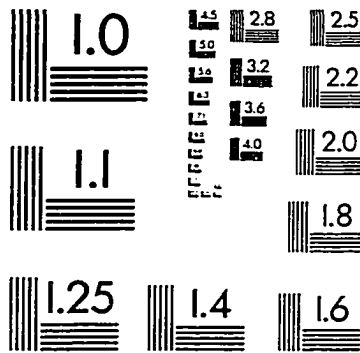
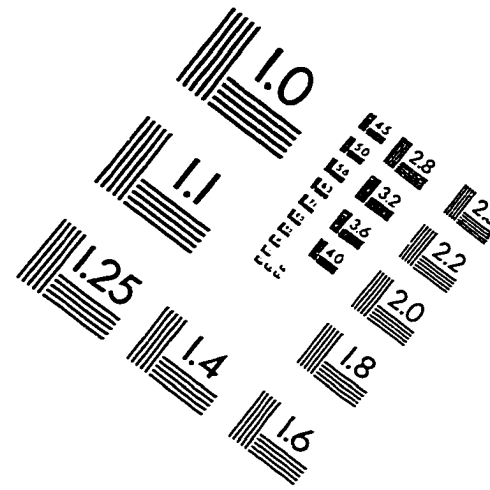
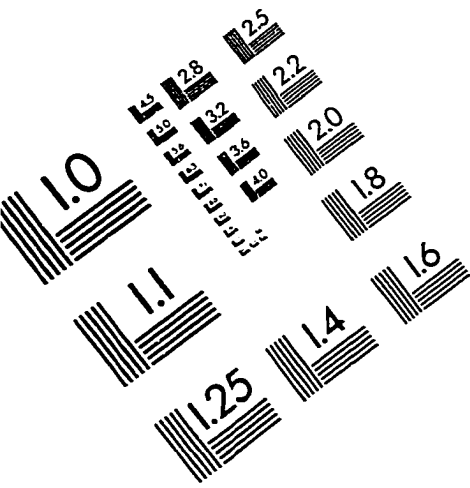
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