Nonprofit Management & Leadership

VOLUME 5  NUMBER 2  WINTER 1994

IN THIS ISSUE:

- Structure and Adequacy of Human Service Facilities
- Improving Direct Mail Fundraising Through Segmentation Research
- Human Service Organizations and Self-Help Groups: Can They Collaborate?
- Board Members' Influence on the Government-Nonprofit Relationship
- Is There a Third Way? How the Law Treats Workers in the Nonprofit, Private-for-Profit, and Public Sectors
Human Service Organizations and Self-Help Groups: Can They Collaborate?

Benjamin Gidron, Yehezkel Hasenfeld

The past two decades have witnessed a phenomenal development, worldwide, of self-help and mutual aid groups, a phenomenon that Naisbitt (1982) identified as one of ten "megatrends" in society. One can find, in many countries, self-help groups addressing practically every imaginable human problem. The proliferation of self-help groups has also been accompanied by specialization in dealing with problems, such as groups for drug addicts and groups for their parents, and in service approaches, such as groups for the mentally disabled that have radically different ideological persuasions. Assessing the number of self-help groups in a given society is very difficult because of the informal nature of this phenomenon. An earlier estimate (Katz and Bender, 1976) put their number at over half a million in the United States. A more recent one (Lieberman and Snowden, 1993) suggests 7.5 million users of self-help in the United States.

While the literature offers many definitions, it is usually agreed that a self-help group is a group of individuals who experience a common problem, share their personal stories and knowledge to help one another cope with their situation, and simultaneously help and are helped; the group emphasizes face-to-face interactions and informal and interchangeable roles. Some groups may object, but others may welcome the involvement of professionals in selected aspects of the group's work (Borkman, 1990; Powell, 1979).

One of the more important developments in that domain is the emergence of self-help clearinghouses that serve potential members, groups, and professionals by disseminating information on existing groups, providing advice and technical assistance to existing groups, and promoting the establishment of new groups. Many of these clearinghouses are supported, in part, by public funds, indicating the increasing importance that policy makers attach to self-help groups as service providers (U.S. Department of Health and Human Services, 1987). Indeed, it comes as no surprise that "by
1990, the dominant if implicit framework is to view self-help groups as an alternative human service" (Borkman, 1991, p. 645).

Self-help groups, then, must be considered as an important component in the array of services available in various human service sectors, such as health, mental health, and social welfare. Although these sectors are generally dominated by formal organizations, they are no longer the exclusive mode of service delivery. Indeed, with their emphasis on members' empowerment, and with their proven ability to reach out to members who otherwise may not be served by the established organizations, self-help groups, as a mode of service delivery, cannot be ignored by the formal service organizations. On the one hand, they present a potential source of competition for clients, and occasionally a threat to the legitimacy of "professional" modes of services. On the other hand, they are a potential resource, especially in providing complementary services. This is particularly true in an era of severe budgetary constraints on human service organizations. Put differently, self-help groups have greatly altered the environment of human service organizations by introducing new and alternative modes of service delivery. In doing so, they have forced existing organizations to examine their relations with self-help groups as they attempt to survive and adapt to their changing environment.

However, human service organizations, based on professional practice and self-help groups and on experiential knowledge and peer support, represent two distinct modes of service with very different underlying assumptions (Hasenfeld and Gidron, 1993). Indeed, many self-help groups present themselves as an alternative to professional practice. Therefore, the potential relations between the two are inherently conflictual. Yet, there are indications that self-help groups and human service organizations can cooperate and actually do so (Bryant, 1990).

Studies on the relations between these two forms of service, from an interorganizational perspective, are practically nonexistent. The literature, however, refers to a related issue, namely the relations between professionals per se and self-help groups. This literature has shown that despite the fact that self-help groups and professionals make different assumptions on the nature of the problems of the clients or members and the ways to deal with them, have different patterns of relationships between the helper and the helped, and provide their help in different organizational setups (Hurwitz, 1974), certain groups have greatly benefited from professionals' involvement when they function as advisors. Thus, for example, professionals can initiate or help to establish a group, can advise the group on resources in the community, or help the group (upon the group's request) deal with difficult interpersonal relationships (for example, Powell, 1987; Katz and Bender, 1990; Comstock and Mohamoud, 1990). In filling all those roles, professionals need to respect the group's autonomy and mode of operation and not impose their own
judgment. Thus, the professional who is interested in working with a self-help group has to accept certain parameters for interacting with persons in distress that are different from the ones he or she is used to. The fact that many groups do not use professionals, and that some even have a strong antiprofessional bias, is indicative of the major differences in the approaches and of the difficulties in that interaction. The fact that some do suggests that these difficulties can possibly be overcome.

The purpose of this article is to identify organizational strategies that can lead to and enhance various forms of collaboration between human service organizations and self-help groups. We assume that the development of cooperative relations is generally desirable, especially from the consumers' perspective, because it enables them to access and use both modes of help in a coordinated manner. We frame the issue from an organizational perspective to identify the conditions under which these two systems can develop one or more of the following forms of cooperation: referrals, coordination, coalition, and joint ventures.

An Organizational Perspective

We suggest that, despite their differences, human service organizations and self-help groups are purposeful systems characterized by four common sets of variables: domain and mission, dependence on external resources, service technology, and internal structure. We argue that these variables characterize all organizations. In order to accomplish its purpose (domain and mission), an organization must obtain resources (external dependency), transform the resources into outputs (technology), and develop an internal structure to sustain the transformation process (Katz and Kahn, 1978). We employ these four variables to discuss some of the similarities and differences between human service organizations and self-help groups as two types of service delivery systems. We are mindful of the fact that we are describing ideal types, recognizing that in the empirical world there are considerable variations and exceptions within each type (Hasenfeld and Gidron, 1993).

The domain defines for the self-help group or the human service organization the target population it seeks to reach, the type of problems it wants to respond to, and the range of services it attempts to provide (Hasenfeld, 1983). Many self-help groups define their domain either as a response to a lack of a distinctive service or a failure of the human services to meet their members' specific needs. Therefore, their domain tends to be narrowly defined, focusing mostly on persons with a specific set of needs or experiences, and a service based primarily on peer support and shared information. Human service organizations, on the other hand, tend to define their domain more broadly in order to appeal to a larger group of consumers, strengthen their ability to mobilize resources, and enhance their survival.
The mission refers to the set of values that the organization wants to uphold and advance. It gives the group or organization a sense of direction and identity, signifying the impact it seeks to make on its environment. A self-help group can adopt a mission that focuses primarily on personal change, social change, or some combination of the two. A focus on personal change, in its extreme form, reduces the need for external resources to a bare minimum, mostly to the recruitment of new members. A focus on social change would, by definition, necessitate an orientation to the external world, and interaction with other groups and organizations. The same dynamics can be found in human service organizations; some prefer to emphasize personal change, such as psychotherapy, while others may also include community organization and social advocacy as part of their mission.

Dependence on external resources indicates the extent to which the survival and mission attainment require the mobilization of external resources. In general, by emphasizing peer support and relying on their own members for legitimacy, self-help groups are less dependent on external resources than are human service organizations. The latter usually depend on the external environment for their clients, funding, and legitimacy.

The service technology refers to the processes used by the self-help group or the human service organization to bring about changes in their members or clients in order to improve their well-being (Hasenfeld, 1983). This variable is further subdivided into two components: intervention strategies and practice ideologies. Intervention strategies refer to the battery of techniques used to bring about changes in the clients or members. Self-help groups rely, almost exclusively, on peer group relations, especially the common revelation and sharing of personal experiences among a group of equals, as the predominant mode of intervention (Lieberman, 1986). Human service organizations, in contrast, are much more likely to rely on highly structured interaction patterns between staff and clients in which staff members control much of the content and form of the interaction (Hasenfeld, 1983).

Practice ideologies refer to the belief systems by which the organization justifies, rationalizes, and validates the choice and uses of its intervention strategies. Self-help groups invariably rationalize their activities on the basis of experiential knowledge (Borkman, 1976), and validation is achieved through a community of shared experiences. Human service organizations tend to justify their intervention strategies on the basis of professional and scientific knowledge, and claim validation through various rationalized measures of effectiveness and efficiency, such as professional evaluation.

The internal structure refers to the differentiation and formalization of roles in self-help groups or human service organizations. More specifically, we are interested in the degree to which the structure is formalized, the role of professionals, and the role of clients or
members. Formalization in an organization pertains to "the extent to which the rules governing behavior are precisely and explicitly formulated and . . . the extent that roles and role relations are prescribed independently of the personal attributes of the individuals occupying positions in the structure" (Scott, 1987, p. 21).

Self-help groups are more likely to have informal structure, especially when they emphasize peer support as their primary "service." Some groups have no set activities, no set rules that govern them, and the members' roles are undifferentiated. One of the key attributes of a self-help group is its emphasis on horizontal rather than vertical relations, on interchangeability of roles and diffusion of authority among all members, and on a participatory and democratic structure characterized by few rules. In contrast, human service organizations are generally characterized by formal structures, mostly because of their greater dependence on the external environment. Such a structure reinforces hierarchical relations in the organization.

While professionals tend to dominate the service delivery functions in human service organizations, self-help groups typically do not have professionals in control of their services. Yet some groups may be led by professionals and still others may use professionals as consultants (Schubert and Borkman, 1991). Groups that accept professionals as leaders and consultants are more receptive to professionally sanctioned service technologies. Groups that purposefully exclude consultants also are more receptive to professionally sanctioned service technologies. Groups that purposefully exclude professionals, however, also oppose their intervention strategies (Yoak and Chesler, 1985).

Finally, members of self-help groups generally occupy the key positions and, therefore, have the power to make decisions affecting their services. In contrast, in human service organizations, clients generally assume temporary and low-level positions in the organization's structure, and they lack the power to influence decisions about the delivery of services (Hasenfeld, 1987).

Interorganizational Relations

The organizational analysis of self-help groups and human service organizations points to inherent structural differences between these two modes of service delivery, suggesting that there are some serious barriers to the development of cooperative relations. Nonetheless, such relations are possible. According to the resource dependency theory (Pfeffer and Salanick, 1978), the opportunity for an exchange relationship increases when at least one of the organizations is dependent on the resources controlled by the other. These may include clients or members, funding, and legitimacy. Yet, dependence on the other's resources is a necessary but insufficient condition for the emergence of a cooperative relationship. According to
the institutional perspective (Meyer and Scott, 1983), in order to actualize the relationship, it is necessary for both the self-help group and the human service organization to share a sufficiently common normative frame of reference so that they can communicate and negotiate an exchange relationship. This is likely to occur when the self-help group and the human service organization share a common domain and mission, and when their service technologies are not in direct conflict with each other. Finally, for the relations to become stable, some degree of structural isomorphism must develop over time (DiMaggio and Powell, 1983). That is, both the self-help group and the human service organization will need to share some similar structural arrangements. For example, the self-help group may formalize some leadership functions, while the organization may institute a group decision-making structure.

Strategies for Interorganizational Cooperation

The above interorganizational model provides directions as to the type of strategies each organization can adopt in order to promote cooperative relations. We present them from the perspective of the human service organization for three reasons. First, it generally controls more resources than are needed to initiate such relations. Second, it has access to a larger pool of clients who could benefit from the services of the self-help group. But most importantly, it can initiate such strategies with less fear that the relations might lead to its co-optation by the self-help group. As we shall note below, the threat of co-optation is greater for the self-help group.

Four types of increasing degrees of cooperative relationships are possible between human service organizations and self-help groups: mutual referrals, coordination, coalition, and joint ventures. The interorganizational model suggests that the specific type of cooperative relationship possible between human service organizations and self-help groups will depend on the degree of resource dependency and the normative and structural (that is, institutional) compatibility. The greater the degree of mutual dependency and the greater the level of institutional compatibility, the greater the degree of cooperation. Moreover, each higher level of cooperation is predicated on the successful implementation of the lower level. Put differently, success breeds success in the sense that each degree of cooperation improves and facilitates the conditions, especially the institutional, for the emergence of a higher degree of cooperation.

Mutual referrals. They are the least demanding form of cooperation. They describe a relationship in which the organization and the self-help group are aware of each other's benefits and refer clients or members. The relationship, however, is mostly passive in the sense that the burden falls on the clients or members to initiate the contact (for example, Mehr, 1988, p. 272). From the human service organization's perspective, it is an excellent way to recruit potential
clients who would otherwise not likely be reached. Also, by referring clients to the self-help group, the organization enriches the repertoire of complementary services that can contribute to the ultimate success of its own services. The self-help group can also benefit from such relationships by potentially renewing and increasing its membership, and by enabling its members to obtain, when needed, professional help.

To create opportunities for cooperation, the human service organization first needs to become aware of the self-help groups that are active in its domain and could be significant referral sources. Second, to actualize the relationships, it has to initiate a dialogue with such groups in order to establish some common normative framework. This stage may involve some reframing of the organization's own conceptions of mission and practice ideologies in order to become more receptive of the self-help groups. Third, if these relationships are to stabilize, the organization and the self-help group have to work out an understanding about appropriate referrals.

An example of mutual referrals can be between a hospital-based alcohol treatment program and a local Alcoholics Anonymous (AA) branch. If the hospital sees in the AA approach a unique service technology that complements but does not undermine its own services, and vice versa, both could cooperate at the level of mutual referrals. While neither is appreciably dependent on the other for members or clients (or other resources), there is enough compatibility of domains and missions, and acceptance of their respective service technologies, to enable such a relationship. Thus, the major barriers to mutual referrals are lack of knowledge, misconceptions, or bona fide ideological incompatibilities about missions and service technologies.

The limitation of referrals as a strategy of cooperation is that the onus of responsibility to initiate the contact falls on the client or member. Nor is there an effective feedback mechanism to correct mistakes or refine the referral system.

Coordination. It involves some degree of formal linkages between the organization and the self-help group, typically managed by designated liaison persons. Thus, in the case of referral of clients or members, the liaison person initiates and establishes the contact. Coordination requires at least a modest degree of resource dependency, compatibility of domain and mission, nonconflictual service technologies, and some formalization of internal structure.

The opportunities for coordination can arise from successful mutual referrals, and a desire to institutionalize them. This is especially the case when the organization comes to recognize the benefits of the services or clients provided by the self-help group and their importance to the success of the organization's own service delivery system. The same may also hold for the self-help group. Thus, there is an increasing awareness by both parties of their mutual resource dependencies, which increases the opportunity for
further cooperation. Moreover, the increased contact between the two organizations may expand the perceptions of compatibility of domain and mission. Yet, to actualize this opportunity will require that the organization commit itself to appoint one of its staff members to be the liaison to the self-help group. A similar role needs to be defined in the self-help group. The liaison persons generate additional bridges between the two organizations, especially by interpreting the ideologies and activities of the other organization to their members. The appointment of a liaison person also signals that each organization is granting legitimacy to the other and what it stands for. To stabilize the coordination between the two organizations requires some continuity in the liaison roles, and the accumulation of systematic knowledge about their respective services.

There are several examples of successful patterns of coordination, especially between AA chapters and hospitals with alcohol treatment units (Kurtz, 1990). The AA chapter uses the hospital for its meetings, and for recruitment of new members. The medical staff, in turn, agrees to avoid the use of tranquilizers with patients referred to AA. In other cases, organizations may offer their professionals as speakers or consultants to groups. The role of the liaison person can even be extended into facilitating the formation of a self-help group. Kurtz (1990) describes a case where a psychiatric hospital was interested in forming an Emotions Anonymous (EA) group. It invited, with the help of the local AA chapter, several members of an EA chapter in another city, who came for a few days to help form the new group. Bryant (1990), in her study of the relations between hospitals and self-help groups, found that hospitals were on the receiving end for speakers, training, and consultations by self-help members; self-help groups tended to use more tangible services, such as meeting space, offices, and supplies. This level of cooperation is more likely to develop when the two organizations are in physical proximity.

An important feature of coordination is the acceptance by each party of the legitimacy and benefits of the other's service technology. Moreover, it signals that the two technologies complement each other. This is an extremely important step in the evolving relations between human service organizations and self-help groups, because conflicts frequently arise when each organization challenges the validity or efficacy of the other's service technology.

* The limitation of coordination as a cooperative strategy is in its primary focus on the clients. In the human service organization, line staff are typically assigned the liaison role and they lack the authority and influence to extend the coordination to other activities of the two organizations. In the self-help group, the liaison role may not be sufficiently stable for knowledge to accumulate about effective use of the services of the human service organization. Thus, further opportunities for cooperation may be missed.

Coalition. Coalition denotes the joining of forces between the
organization and the self-help group to influence a third party, such as a funding agency or a legislative body. They do so because they recognize that by pooling together their respective resources they have a better chance of attaining success than by trying to go at it alone. When successful, a coalition can benefit an entire population in need and a whole service network (Mehr, 1988, pp. 299–301).

A coalition signals a high degree of resource dependency that generates the impetus to join forces. That is, the parties to the coalition—the organization and the self-help group—recognize that to attain their respective aims they are highly dependent on each other's resources. Thus, the opportunity for building a coalition arises when the parties develop the awareness that they have a mutual interest in influencing a key factor in the environment they share. The assigned liaison to the self-help group could be the one who develops such awareness.

Building the coalition can commence when a joint forum or team is established in which the leaders of each organization participate. The goals of this forum are to define the specific objectives of the coalition and to agree on the strategies to achieve them. However, the ability to coalesce necessitates not only highly compatible domains and missions, but at least moderately compatible service technologies. Highly compatible domains and missions are needed in order to forge a common aim. Moderately compatible service technologies are necessary so that an acceptable strategy to achieve the common aim can be articulated while preserving the integrity of each party's service technology.

Finally, some formalization of the respective internal structures is needed in order to sustain the coalition at least for the duration of the campaign. A successful coalition necessitates the development of stable interorganizational communication channels, and an organizational capacity to formulate and coordinate common strategies. This is especially important in light of the different roles that each party in the coalition has to undertake throughout the process.

The major limitation of a coalition is in its short life, especially as more organizations become involved in it. In particular, some members of the coalition may feel that they are not treated as equal partners, or that they are not receiving their fair share of the successful gains of the coalition. Others may lose the incentive to remain in the coalition once it has accomplished its main task. On the other hand, successful coalitions may lead to more ambitious joint ventures.

Joint venture. A joint venture, in this context, is the formation of a new organizational entity that encompasses elements from both the human service organization and the self-help group. The idea is to establish a new mode of service that combines some unique features from both organizations. For example, a mental health center and a peer support group for former psychiatric patients join to establish a day treatment program that is operated by former
patients, uses peer group activities as its core technology and is augmented by professional counseling and consultation. The mental health center provides the organizational infrastructure and the needed professional expertise, while the support group provides its service technology and recruits the clients or members. Thus, the joint venture presents a hybrid organization that capitalizes on the unique resources of both organizations, combining them in a way that generates an innovative mode of service or one that fills a serious service gap.

The opportunities for a joint venture generally arise when new funding sources become available, mostly as a result of a public or private policy initiative. Such initiatives may target a specific client population that is salient to both organizations, or may encourage new service approaches requiring the technological skills of each organization. The opportunity could also spring out of existing cooperative relationships, such as coordination and coalition, between the organization and the self-help group. The successful relationship may generate an awareness that particular needs of clients or members can be met through the joining of the complementary service technologies of both organizations. For example, a rehabilitation hospital and a center for independent living may have developed a coordinated relationship to provide social and psychological support services to patients with spinal injuries. Over time, both organizations may recognize the medical and psychological desirability of developing special sports programs for such patients and may join forces to develop such a joint venture. The hospital contributes its professional expertise in setting up the physical arrangements while the center brings its expertise in motivating and organizing the patients to participate.

To actualize a joint venture requires a high degree of mutual trust between the organization and the self-help group. Both organizations must feel that their belief systems and technologies, while open to adjustments, are fully respected and valued by the other party. More importantly, each organization must presume that by entering the joint venture it would not be exploited by the other party. For example, the self-help group must be assured that it is not being used merely to meet the new grant requirements and to recruit clients. Moreover, a joint venture requires considerable investment of resources (for example, time or staff) by both organizations. Again, to do so requires a high degree of mutual trust.

The stability of a joint venture depends on the continuity of resources. In the long run, unless the joint venture can generate sufficient resources on its own, it is less likely to survive, even if both organizations recognize its importance. A joint venture also poses a unique risk to the self-help group in that it might lose its distinctiveness in the process. That is, to make the joint venture successful, the self-help group comes to adopt many of the structural characteristics of the human service organization (that is, structural isomorphism),
especially by modifying its service technologies to complement those of the organization and by formalizing its internal structure. The pressure for isomorphism is greater on the self-help group because it is generally in a power disadvantage vis-à-vis the organization with regard to access and control over needed resources.

Conclusion

Human service organizations can no longer ignore the importance of the services provided by self-help groups for the well-being and welfare of their own clients. To mobilize the resources of self-help groups requires the adoption of an organizational strategy that initiates and promotes cooperative relations with self-help groups. This is not easy because reaching out to such groups is not what human service organizations usually do unless they have to. The promise of a better coordinated service to the client is weighed against the price that organizations pay in terms of, for example, professional ethics (the possibility of sharing confidential information with those who should not obtain it) or introducing nonprofessional elements in professional considerations. Yet, despite the fact that both forms of service are based on totally different underlying assumptions and modes of operation, we argue that cooperative relations are desirable and possible. Indeed, there is beginning empirical evidence for this (Kurtz, 1984; Remine, Rice, and Ross, 1984; Sharing Caring, n.d.). We were unable to find many more examples of such relations, and the ones we found report primarily on the lower levels of cooperation (referrals, coordination). This in itself is, of course, indicative.

In this article, we have outlined the conditions for the various modes of cooperation and the types of relationships that could evolve in each case. We have suggested that this is an evolving process in which success at a lower level of cooperation, such as mutual referrals, may gradually set the conditions for a higher level of cooperation, such as coordination or joint venture. Each form of cooperation is based on certain opportunities that must be created and exploited, and the actualization and maintenance of the relationship necessitates various degrees of structural compatibilities between the two organizations.

From the perspective of a manager of a human service organization, cooperation with self-help groups provides three potential advantages:

1. Increased efficiency and effectiveness of its own services; that is, the ability to help clients with new tools when the situation calls for it
2. Widened service options for the agency's clients; that is, offering more possibilities, including those that do not "fit" the agency's overall orientation
3. Increased visibility of the agency among potential users; that is,
exposing the agency to populations that are currently not accustomed or not interested in using its services

From the perspective of the self-help group, the three advantages are:

1. Access to services and the possibility to influence them
2. The opportunity to recruit new members (the agency's clients)
3. Legitimacy of its mission and its service technology; relationships with a formal agency means recognition and approval of the self-help mode of work; rather than being treated as a fringe group, it is being treated as a partner

While the risks of a cooperative relationship to the organization are small, the same cannot be said about the self-help group. Under conditions of close cooperation, the self-help group faces the danger of becoming co-opted by the organization. This is due to the fact that maintenance of cooperative relations is predicated on structural predictability and stability, which characterize human service organizations but less often self-help groups. The informal nature of their operation makes it very difficult for them to fit into modes of coordination commonly used in the interorganizational domain of professional agencies (for example, councils or task forces). Furthermore, the formal human service organization has a power advantage over the self-help group in terms of access and control over resources and legitimacy. To illustrate, a group for parents of mentally ill children, which works in close cooperation with a community mental health agency by inviting professionals to its meetings, consulting with them, and so forth, runs the risk of feeling less confident in its unique medium of peer support and needing to rely more on the professionals. The next step may be to become a professionally run therapy group that is formally affiliated with the agency. For those who perceive self-help as a unique mode of help, this is a totally unacceptable price of cooperation, resulting in a group losing its unique attributes. Yet a group for parents of mentally ill children, who may not be sophisticated enough to articulate the differences, may be tempted to use this approach because it may mean less work and less organizational frustration for them. In the long run, such a sequence of events negates the logic of cooperation, namely linking service technologies that are distinct and unique.

Thus, managers of human services who are interested in promoting cooperative relations with self-help groups have to be cognizant of the tightrope they and even more so, the self-help groups, have to walk, when they decide to form such relations. The managerial challenge is to find a specific mode of cooperation that will benefit the clients, will suit the community conditions and needs, and will not undermine the distinctiveness of self-help groups. Sim-
ilarly, the self-help group must be on guard not to abandon many of its unique features as the price of cooperation.

Benjamin Gidron is associate professor and former chair, Spitzer Department of Social Work, Ben Gurion University of the Negev, Beer-Sheva, Israel.

Yeheskel Hasenfeld is a professor of social welfare at the University of California, Los Angeles. He has published extensively on human service organizations, with special emphasis on client-organization relations; his most recent publication is Human Services as Complex Organizations.

References


Sharing Caring. A communication kit to assist hospitals in their involvement with self-help groups. American Hospital Association, n.d.

