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Assessing Access to Social Services in Emerging Systems: A Conceptual Approach

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There has been considerable concern about systemic factors that serve as access barriers for vulnerable groups in need of services, but conceptual and empirical work related to such issues have been limited. This article presents a new conceptual approach for considering and assessing access, which we call the "Funnel Framework." The framework is explicated abstractly, and is illustrated with use of the U.S. child care subsidy system. We argue that the framework can usefully guide the analysis of access to any social benefit system, and can be helpful to administrators and program developers as they design and implement benefit systems.

Key words: social service access, poverty, bureaucracy

The extent to which various types of social services and other public benefits have been available to general populations, and especially to disadvantaged groups, has received considerable research attention. Resulting indicators of the percentage of those "in need" that receive selected benefits have consequently become common. In addition, a literature has emerged on "barriers" to receipt, as well as on disparities in the characteristics of persons who do or do not receive benefits (see, for example, Bentele & Nicoli, 2012; Greenberg, 2010; Herbst, 2008; Kissane, 2010; Li, 2006; Park, Fertig, & Metraux,

2014; Schlay, Weinraub, Harmon, & Tran, 2004; Studts, Stone, & Barber, 2006). These studies collectively have resulted in the elaboration of diverse systemic and individual factors that restrict access.

Despite the importance of such issues to policy planners, administrators, advocates, and researchers, attempts to conceptualize access more generally have been limited and imprecise. This has fostered several problems for those interested in interpreting service access issues. First, interesting conceptual models have been developed to explain access in particular service systems (see, for example, Andersen, 1968, 1995; Stiffman, Pescosolido, & Cabassa, 2004), but access conceptualizations across different types of social systems have been lacking. This has resulted in unnecessary limitations in conceptual generalizations. Second, the term access itself has been defined in widely varying ways, which creates difficulties in understanding competing claims about the severity of access issues. Third, from an empirical standpoint, there have been relatively few rigorous attempts to systemically evaluate the relative importance of various service access barriers. Although this limitation derives partially from difficult measurement issues, the explication of a sound conceptual approach may foster meaningful empirical improvements in assessing access.

This article addresses each of these problems, with an emphasis on developing a new conceptual framework for assessing access to a wide array of social benefits. After first discussing selected overarching issues that complicate the evaluation of service access, we present the conceptual framework, which categorizes the mechanisms through which persons potentially in need of benefits are eliminated from service receipt. The U. S. child care subsidy system will be used to illustrate how the categories we develop may operate in one social service system. However, the framework can be generalized for use with any social benefit system. We conclude by discussing how the suggested framework can guide human services administrators and policymakers as they consider potential service access difficulties and related ways of improving policies and administrative practices. We also argue that the framework can be used to guide empirical research that more precisely

assesses the importance of various types of access problems.

How Should Access to Services be Defined?

One of the difficulties in comparing access studies is that they often reflect different points of departure or emphasis. For example, one study may focus on a population subgroup that receives designated benefits through any means, while another may more narrowly examine the proportion of persons eligible for a public program that actually receive such benefits. For example, with respect to child care, the former approach would focus on the mechanisms through which anyone thought to need child care services received them (i.e., markets, kin networks, government); the latter approach, rather, would center on the proportion of those eligible for the Child Care and Development Fund or Head Start that received these particular public benefits. There is nothing inherently incorrect with either approach. However, these differing foci should be clearly understood when comparing studies, as should the fact that the results of employing one definitional lens rather than another will result in quite different policy and programmatic implications.

In this section, we briefly describe two types of definitional issues that are important in conceptualizing access to services. These pertain to: (1) measuring the extent of need for services in an entire population; and (2) determining the auspices through which needed services are provided. Rigorous attention to factors falling within each of these realms will result in a more informed consideration of access issues in any substantive area.

Defining Need: Estimating Populations with an Access Goal

Determining the relevant population base against which access assessments are made is a critical first step in considering access issues. Such determinations always entail some societal conception, either explicitly stated or implied, about factors associated with need. An initial step in defining service need therefore involves assessing the personal characteristics that indicate a need for some form of care or benefit. For our purposes, we wish to begin by limiting such considerations to

the characteristics of the service recipient that suggest need, without considering how the needed service is provided (i.e., through family, private markets, or governments).

There are four primary criteria generally used to estimate the subset of a population that may need a service. These include: demographic or social characteristics; ties to selected social statuses, such as work; diagnoses based on functional criteria; and financial means (Gilbert & Terrell, 2010). We will discuss each of these criteria in more detail in a later section on establishing service eligibility criteria.

The important summary point here is that meaningful discussions of service access must begin by clearly determining the parameters of need. Although it is true that judgments about such service needs almost always are imprecise, failing to make educated estimates with documentation of the methods used severely limits the constructive assessment of service access. It can result in confusion regarding whether a service simply is considered unnecessary, or rather whether failures to obtain a service result from unintended access problems.

Means of Service Provision: Access through Private Markets, Voluntary Associations, and Public Auspices

Another difficulty in assessing service access involves the extent to which various service-providing mechanisms are considered. In general, services may be conceived as being provided through four primary methods: (1) kinship and friendship networks; (2) voluntary organizations, including both religious and non-religious organizations; (3) private proprietary markets; and (4) governmental programs (Gilbert & Terrell, 2010). In reality, these mechanisms often become quite mixed, as when a government program pays family members to provide care for their relatives, or when government services are purchased from nonprofit or proprietary service providers. Given these complexities, and because of the importance of public provision from a policy standpoint, we will focus primarily on access to services provided through public auspices in this paper. Nonetheless, in relatively free-market economies such as the United States, considerable service provision occurs through market purchase without direct government assistance. Prominent examples include the high

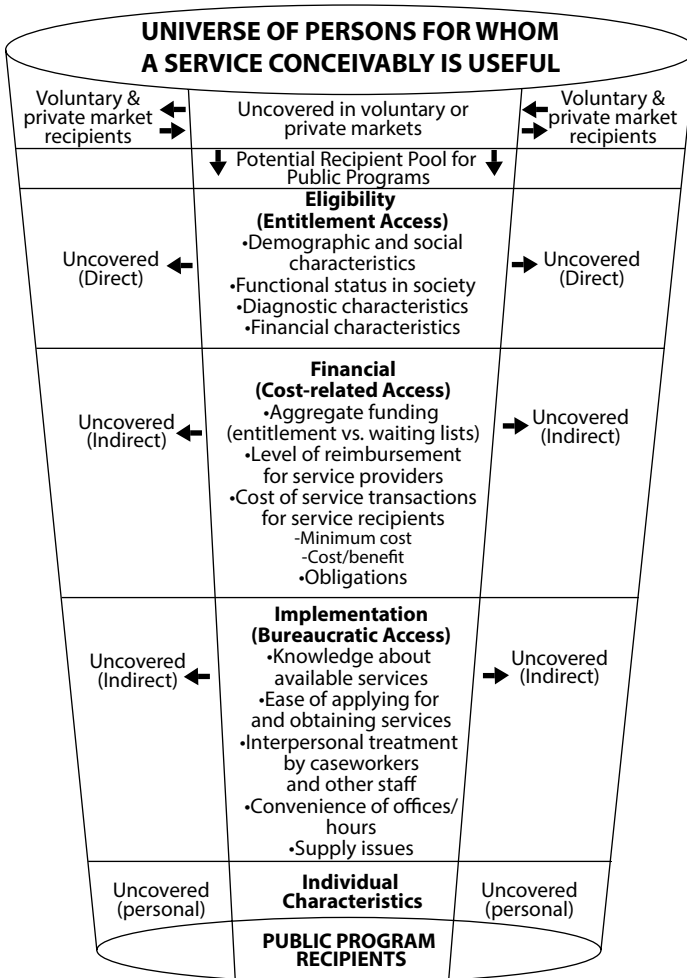
percentages of the population who purchase child care from private markets solely with their own funds. The government in such systems typically plays a "residual" role in providing services to designated portions of populations considered in need and unable to obtain market-based care.

Assessing access to public services therefore requires at least some consideration of the often complex and multi-directional interactions between public programs and private market exchanges. That is, just as perceived inadequacies in public service provision may stimulate private care seeking, the scope of government's residual role is influenced by the extent to which private markets provide access. For example, when rising costs make market-based child care unaffordable for many families, governments face pressures to increase access to publicly subsidized child care. At the same time, if government-run child care subsidy programs have fairly stringent eligibility requirements or are perceived to be of low quality, larger numbers of persons are forced to seek help through kinship networks or to purchase whatever child care they can through private markets. Although interactions such as these often are very difficult to interpret precisely, they often matter a great deal both in determining overall access to services and in assessing the primary mechanisms through which access is obtained.

The Funnel Framework for Assessing Access to Public Benefits

In this section, we present a basic conceptual model that differentiates systematic factors that affect access to public benefits. The framework is depicted in Figure 1. We refer to our approach as "The Funnel Framework," which is intended to metaphorically reflect how populations in need of service are systematically funneled toward or away from receipt based on a range of political or bureaucratic mechanisms. Our approach differs from well-known earlier work by Andersen (1968, 1995) in that it focuses on macro or systemic factors that affect access, while treating individual motivations and proclivities more as residual factors that operate within the context of broader systems.

Figure 1: The Funnel Framework of Social Service Access



Our approach is to begin by trying to estimate the broadest population subset that would be considered in need of a particular service, as is indicated at the top of the figure. We next discuss selected issues that affect the receipt of services through private markets, because many systems depend heavily on private provision and then use public systems to meet the needs of those not served privately. The many factors that can preclude receipt of public benefits for persons who do not receive benefits through private systems then are

examined in greater detail. The shaded portions of Figure 1 display four sets of factors that are particularly important in this respect. The first three of these—eligibility, financial, and implementation factors—all are systemic in nature in that they are substantially determined by public policy making and implementation decisions. We treat the final set—individual factors—as somewhat of a residual category to capture disparities in outcomes that may occur regardless of how well a system is operating.

Difficulties related to any of these four sets of factors may result in needy persons not receiving public benefits, as is denoted in the "uncovered" boxes next to each set of factors; these uncovered boxes indicate the portion of the potential pool that are eliminated from service receipt due to the access factors in question. Collectively, the uncovered boxes represent the portion of the population in need that we consider to have public benefit access problems. In contrast, if people negotiate each of these sets of factors without being screened out, they receive public benefits, as is shown in the bottom of the figure.

In the following sections, we describe the various access factors, and provide illustrations of how each may serve to screen potentially needy and eligible persons from service receipt. To provide some consistency in presentation, we will use the U.S. child care system, and especially the Child Care and Development Fund subsidy program, in illustrating access factors. A brief introduction follows to provide some minimal background on this child care system.

Background on the U.S. Child Care System

Child care in the U.S. involves a wide mix of private market transactions, government tax incentives, and direct government care subsidies. In general, child care by noncustodial parents is considered to be needed as parents engage in work or school; the ages at which care is needed may be subject to debate, but U.S. policy has focused on children under age 13 as well as older children who have special needs.

Many parents obtain needed care through private market transactions as well as free help provided by relatives, and a smaller number obtain assistance through their

workplaces. Government policies intersect with such arrangements primarily in two ways. First, the Child and Dependent Care Tax Credit (CDCTC) provides federal tax credits up to \$3,000 (\$6,000 for two or more children) for childcare expenses for children under age 13 whose parents work or go to school. The credit is non-refundable—that is, it can only reduce a family's income tax liability to zero; any additional credit is lost. As a result, low-income families who owe little or no income tax get little benefit from the credit.

Second, the Child Care and Development Fund (CCDF) provides block grant funding to states to establish child care subsidy programs. While program rules vary widely across states, a family must have monthly income below the state determined income eligibility threshold for a family of that size. Most states set income eligibility limits substantially below the maximum level allowed by federal law, which is 85% of the state median income (SMI). Both the mother and the father (if there is a spouse present) must be either working or attending a job training or educational program and have a child under age 13 (or older with special needs) in order to receive subsidies.

Parents receiving subsidies may obtain care in a range of child care settings, including center care, family child care, and care in the child's own home. Many states allow noncustodial family members to be the subsidized caregiver. Assistance is provided in the form of either a contracted child care slot or a voucher that may be used to access care by any provider that meets state requirements. Families typically pay a monthly co-payment, based on factors such as income, family size, and the number of children in care.

The child care subsidies are not a federal entitlement, meaning that eligible applicants do not necessarily receive subsidies. Findings from previous studies suggest that, although a large fraction of low-income families are eligible for child care subsidies, states serve between 15% and 30% of the eligible population. From fiscal year (FY) 1996 to FY2001, federal and state funding for subsidized child care increased from \$3.6 billion to \$11.2 billion, and then to 14.9 billion in 2012 (Administration for Children and Families, 2014). In 2010, the

CCDF served approximately 1.7 million children per month (Office of Child Care, 2012).

Potential Population in Need

We turn next to describing the conceptual framework more fully, using examples from the child care system outlined above and frequently referencing Figure 1 for explanatory purposes. As previously mentioned, all analyses of access to services necessarily begin with some conception of the population that needs a particular benefit. Such need determinations vary dramatically across societies and communities, ranging from universal access for an entire population to fairly narrow determinations of need for defined groups. Thinking of child care in the U.S., for example, it generally is accepted that child care from a non-custodial parent is needed if the parent(s) are engaged at least part-time in work or school. Conceptions of the ages of children for which care is needed vary; they may range up to the age of 18, but more commonly are considered as less than 13 in U.S. policy discussions. We will use the latter convention here, and thus the "universe of persons for whom a service conceivably is useful" depicted in Figure 1 would refer to all families with parents working or in school who have children under age 13.

Options for Obtaining Needed Benefits

The boxes immediately below the "universe" in Figure 1 are meant to signify that this defined population potentially has multiple options for meeting their needs. Many persons obtain needed services through private market transactions or through free assistance from kinship networks, as indicated by the "private voluntary and market recipients" boxes; such transactions often are aided by government or employer incentives. For example, a very large portion of child care in the U.S. is provided through private means, with the Child and Dependent Care Tax Credit (CDCTC) then used by a subset of these families to defray a portion of the costs.

However, as is well known, private transactions typically do not allow adequate provision for all families, due to financial limitations and many other difficulties. Those who

are not able to fully meet needs through private transactions thus may be viewed as being "uncovered in private markets," and in turn they constitute a "potential recipient pool for public programs." The horizontal arrows in the figure between those covered or uncovered through private provision denote the previously mentioned simultaneous influence these sectors typically have on each other, and the related fact that movement in and out of private provision may be quite fluid; it is affected by market conditions, the relative generosity of public provisions, and changing individual incomes and other circumstances.

Access Through Public Programs

This brings us to a consideration of the various mechanisms in the public decision-making sphere that serve to either enhance or restrict access for the pool of persons in need of public services. In general, eligibility requirements tend to restrict access in a direct way, while financial and implementation factors operate more indirectly. We turn next to describing the principal ways in which each of these broad categories affect service access.

Eligibility (Entitlement access). Some access restrictions are the deliberate result of policy design, as when governments limit eligibility for services depending on income or other criteria. This type of conscious and "direct" service access restriction occurs in some instances because persons are not considered sufficiently needy to require public supports. In others, persons are precluded because it is assumed that they will receive comparable or at least related services through other means, usually because of higher incomes or due to being tied to a status through which benefits are provided (i.e., jobs). In this sense, people may be restricted from public programs even though they seemingly are in need and are not receiving services as indicated in Figure 1 through private market transactions.

The most direct way in which government officials restrict access in this manner is through the eligibility rules that they set for programs. We will refer to these types of rules as "entitlement access," in the sense that they establish the boundaries with respect to the broadest group of persons who may have

a claim on a benefit. Meeting such initial criteria is a necessary but not sufficient condition for obtaining benefits.

Before we discuss some of the more general methods of restricting access through eligibility rules, a distinction between two primary types of programs should be made. In what we call "strong entitlement programs," a decision has been made (generally through legislation) that anyone who meets the defined eligibility rules in fact should be entitled to receive services. The U.S. Social Security system is a classic example of a strong entitlement program.

In other programs, which we will term "discretionary programs," eligibility determination only establishes a pool of persons who may be considered eligible, but those selected for service from this pool then are further constrained by a variety of deliberate bureaucratic procedures. In practice, many programs combine elements of these entitlement and discretionary features, in that rules are established that clearly define the pool of people eligible for services, but limited funding serves to constrain all people meeting such guidelines from receiving services. The CCDF is a good example of this, in that eligibility rules for receipt are established, but not all people meeting these criteria will receive services, even if they apply.

There are many ways in which entitlement to services is directly limited through eligibility rules. Figure 1 indicates four such categories that are of particular importance: demographic and social characteristics; functional statuses in society; diagnostic characteristics; and financial characteristics. Although we describe each of these separately, it is important to note that programs often include combinations of these criteria.

Demographic and social characteristics generally are used to "attribute need" based on factors that research findings or social norms indicate are associated with a given problem. For example, child care subsidies usually are limited to families with children under 13, based on the belief that older children can more easily care for themselves or that nonpaid options may be more readily available.

Second, some benefits are tied to functional statuses in society, under the assumption that service need is related to that status or that benefits are earned through some type of service. In child care, for example, parents need to be employed or in school for a minimum number of hours per week

to be eligible for child care subsidies. Special health care and other benefits for veterans serve as an example of the "earned through service" types of benefits; they are received because a societal decision has been made that service to the country should be rewarded with such benefits.

Third, the need for many services is tied to what Gilbert and Terrell (2010) refer to as diagnostic differentiation, which generally denotes specific malady-related conditions within a population that require some form of diagnosis by professionals. For example, although the general age of service receipt under the CCDF is under 13, services also are provided to households with older children with special needs. Nursing home care and special education services in schools are other prominent examples of services in which eligibility is based partially on diagnostic differentiation criteria.

The fourth criterion—financial means—is among the most widely used but also conceptually muddled. The confusion revolves around whether income is being considered because of limited ability to pay for services, or because income level may suggest a need for services regardless of ability to pay. In the latter case, if study shows that the children of low-income families are more likely to have poor school-readiness preparation, a strong case can be made for child care or early learning program eligibility rules that are income-related. For example, the Head Start program aims to provide comprehensive services to support the mental, social, and emotional development of children from birth to age five give in low-income families through agencies in their local community. The eligibility is largely income based—families must earn less than 100% of the federal poverty level; a primary reason for this criterion is that research has found that children from low-income families often have insufficient early learning opportunities. Generally, however, financial status is more important in thinking about the means through which a benefit should be provided, as opposed to serving as an actual indicator of service need. We will return to this issue in the following section on "financial (cost-related access)."

Eligibility criteria such as those discussed above typically screen out many persons in need from the potential pool for public provision. These persons are depicted in Figure 1

by the "Uncovered (Direct) boxes." Persons not screened out in this manner form the largest group that decision-makers have specified as being eligible for services. Of course, not all persons in this "eligible" group will subsequently receive services; the percentage of an eligible population that actually receives services often is referred to as the "take-up rate" for a benefit. This brings us to a consideration of the principal mechanisms through which members of this group with "entitlement access" further are screened out from service receipt. As shown in Figure 1, and described in the following sections, financial, implementation, and individual factors all play a role in affecting take-up rates and hence further restricting access. While the forms such restrictions take vary considerably, in general they are more indirect than the eligibility criteria previously described.

Financial (Cost-related Access)

Program financing can affect program access in three distinct ways. First, and most directly, the aggregate level of funding for a program directly impacts the number of persons served. Especially in discretionary programs, a specific amount of funding is designated for the program purpose. If the amount of money provided is insufficient to serve all of the people who meet eligibility criteria, some people simply are not served. This restriction on numbers served may be accomplished by instituting a waiting list for services, creating targeted subgroups for service priority from among those who meet eligibility requirements, or else simply by closing the application process when funds are exhausted. For example, the block grant nature of the CCDF system suggests that total funding levels may be insufficient to meet demand. Some form of rationing is needed in such situations, such as by starting waiting lists or freezing intake. One study found that 18 states had implemented one or both of these strategies, and that two-thirds of single mothers lived in states with waiting lists, suggesting that such practices are important factors in determining access to child care (Herbst, 2006; Schulman & Blank, 2006).

For benefits in which a third party provides services, the rates paid to service providers constitute a second important way in which service access may be financially restricted. The

adequacy of rates varies greatly in social service programs, and payment rate decisions can significantly affect the extent to which providers are willing to offer their services. This, of course, can seriously impact access to the benefit by constraining service supply, and also can compromise the quality of any benefit provided. In the child care subsidy case, it has been found that provider reimbursement rates are associated with increases in subsidy usage among eligible families, and in particular, that more generous provider reimbursement rates are associated with greater use of formal sources of child care, such as center and family-based services (Herbst, 2008).

Finally, access is affected by the financial or other costs that potential recipients must incur in order to obtain the benefit. The most direct form of such costs is fees associated with service receipt, such as the co-payments assessed when CCDF benefits are obtained. Such costs potentially have two related but distinct effects on service access. First, if persons are destitute, the inclusion of any fees may preclude access; persons in need simply cannot afford the payment. Second, for those with more disposable income, the level of fees may generate an informal cost-benefit assessment concerning the relative value of the benefit in relation to the assessed fees.

Implementation (Bureaucratic Access)

Even if a person is formally eligible for a program and cost issues do not preclude service receipt, there are many factors associated with how a program is implemented that can curtail access. We refer to these as implementation or bureaucratic access factors. In some cases, bureaucratic access constraints may be an intentional strategy designed to restrain demand for services, such as when application procedures are personally invasive or workers are trained to discourage potential applicants from applying for services. A classic illustration of such strategies at their most onerous was the often flagrant inappropriate questioning of African Americans as they attempted to register to vote during the civil rights era. Such strategies have been referred to more generally as "bureaucratic disenfranchisement" (Brodkin, 1997; Lipsky, 1980). However, bureaucratic access constraints also often are unintentional in nature, and result from the general difficulty in implementing social

programs in an effective manner. The following sections describe five principal types of bureaucratic access constraints.

Knowledge about services. A fairly wide body of literature across different types of social services has found that eligible persons who do not receive benefits often simply do not know about them, or else believe that they are not eligible (Anderson, 2002). A portion of such non-receipt doubtlessly is attributable to individual characteristics, including educational and language factors and motivation to apply. However, another portion, in which we are interested here, is more systematic and hence falls under the purview of bureaucratic control.

There are many actions that public program managers do or do not take that can affect knowledge about the availability of services. In some instances, programs simply do not advertise their services widely, because program managers know that service demand will outstrip available resources. In this case, lack of advertising becomes a mechanism for rationing services, although arguably not a very fair or rational one.

More commonly, systemic problems in information about available services result from either lack of sufficient resources for advertising or from substantive inadequacies in advertising. Social service programs routinely are poorly funded, so program managers often face difficult choices with respect to how much of a limited budget to allocate to direct service provision versus administrative or other concerns. In such decision-making environments, it is understandable that budgetary attention to advertising services often receives short shrift.

Inadequacies in advertising service availability extend well beyond monetary limitations. Expertise in developing a successful outreach and publicity strategy often is lacking in social service agencies. This can lead to such problems as unclear or otherwise ineffective presentation of program messages in advertisements; lack of cultural sensitivity in promoting programs; language issues, both in terms of over-reliance on dominant languages and insensitivity to educational levels of prospective clients; lack of sophistication in technology use; and inadequate attention to the primary methods of communication used by potential recipients in various communities.

Problems of this nature have been well-documented in the child care subsidy program (Adams, Synder, & Sandfort, 2002;

Fuller et al., 1999; Meyers & Heintze, 1999; Schlay et al., 2004). For example, Schlay et al. (2004) reported barriers related to knowledge deficiencies among potential recipients, either due to lack of knowledge of the existence of subsidies altogether, or lack of knowledge of the subsidy eligibility rules and the multiple ways in which subsidies could be used.

Administrative ease of applying for and obtaining services. Access problems also may be caused by the relative ease of applying for services, both from administrative and convenience perspectives. With respect to administration, the paperwork and/or interviewing that must be completed to obtain services is of utmost importance, as are procedures for maintaining eligibility over time or as circumstances change. As administrative procedures grow in complexity, they may impose non-financial transaction costs that applicants view as too high. Or, even if explicit cost/benefit calculations are not made, some applicants simply may find the application process overwhelming. Unfortunately, such administratively-created access problems often are likely to fall most heavily on those with limited education, persons with limited English skills, or mental health and related problems, as these persons may have more difficulty managing complex applications. In the child care subsidy program, for example, it has been estimated that one-third of eligible non-recipients do not apply for subsidies because of the perceived hassles (Schlay et al., 2004).

Constraints of this type can operate in three distinct ways. First, people may go to a social service agency to begin the process of applying for a benefit, but then become discouraged by the complexity of the process and the types of information they are asked to supply. Second, even those who complete initial applications and begin receiving services may subsequently terminate services if administrative reporting and eligibility re-determination processes are considered ominous (Adams et al., 2002; Schlay et al., 2004).

The third mechanism through which administrative procedures may limit access can be quite insidious but also is difficult to measure. That is, much information sharing about social benefits occurs through informal contacts in communities, such as someone who receives a benefit telling a friend about it. There are two related problems in such

communications from a service access standpoint. First, if the person with experience with the service conveys negative information about administrative processes associated with benefit receipt, some eligible persons may be hesitant to apply. Second, in some cases misinformation may spread informally from one person to another, which can lead to persons assuming they are not eligible for a benefit when they in fact are. It is reasonable to hypothesize that such informal provision of misinformation is likely to increase as the administrative complexity of programs increase.

Interpersonal treatment by caseworkers and other staff. The nature of the relationship between service providers and service recipients is inherently unequal in most situations, with the former exercising considerable power and the latter typically highly dependent (Handler, 1992). In this atmosphere, caseworkers and other program staff exercise high levels of discretion when interacting with service applicants or recipients. This discretion can be exercised in either a positive or negative manner, often with quite dramatic impacts on client perceptions about services (Anderson, 2001).

From an access standpoint, these interpersonal interactions may either encourage or discourage service receipt (Anderson, 2001). Caseworkers who are unfriendly, demeaning to service applicants, or personally invasive of service applicants or clients may discourage persons from continuing the application process or service receipt. In contrast, more positive caseworkers may help persons through the application process, and subsequently assist with service-related difficulties. Again, the effects of such caseworker behavior are likely to be greatest among applicants or beneficiaries who have the greatest difficulties in negotiating bureaucratic service environments.

In child care, subsidy staff are critical in shaping the experiences that families have with the subsidy system. They translate policy into practice, communicate details of policies to parents, help them with forms, process paperwork and claims, and help identify possible service providers. They are the basic point of human interaction with the subsidy agency. Research indicates that parents' experiences with these workers is highly variable (Adams et al., 2002). In some cases, parents describe how workers helped them resolve a problem and

how they were responsive and helpful. However, in other instances, parents describe being treated disrespectfully, having to wait for long periods of time, being misinformed, having paperwork lost, and so forth. The effects of these problems on parents have been argued by scholars to affect subsidy use.

Convenience of office locations and hours. The relative convenience of service receipt also can have important effects on service access. Most services require at least some face-to-face meetings to apply for and/or receive services. The relative effort required of recipients to arrange for necessary meetings thus may present problems that make services more difficult to obtain. There are two types of factors that appear most prominent in this respect. First, the physical location of the service provider may constrain many potential recipients. Locational issues and related problems of this nature may partially result from financial issues, in that the amount of program funding available likely will affect the geographic density of providers. However, problems often extend beyond funding issues, and may be due to factors such as poor planning in relation to transportation routes or areas where large numbers of recipients reside.

Non-spatial aspects of convenience also may be important. For example, many low-income persons work non-traditional hours, so service providers that operate only during daytime hours may present severe obstacles to services receipt. Likewise, the relative friendliness of offices to clients may affect a potential applicant or recipient's willingness to visit an agency, as may many other physical characteristics of agencies (Meyers, 2000).

Such convenience factors are prominent in child care, and influence not only whether services are received but the types of services used. For example, the density of child care providers in various areas varies substantially. Perhaps more important, most child care centers only are open during traditional work hours, and yet many parents need child care while working swing shifts or at night. Anderson, Ramsburg, and Scott (2005) found that about 80 percent of child care subsidy users in their Illinois study required some nontraditional hour care. Adams et al. (2002) also have described how locational, convenience, and general office practices can affect child care

subsidy access.

Supply issues. As mentioned in the previous section on financial access, the rates paid to providers have important effects on access. However, the available supply of providers for any given service often extends beyond such rate issues. For one thing, bureaucracies differ dramatically in their understanding of their clientele, which can impact provider selection decisions in ways that either encourage or inhibit access. For example, understanding the racial and ethnic composition of a population in need may lead to service contracting decisions favoring the selection of minority contractors in some instances, with the expectation of enhancing access among certain groups. As mentioned, the adequacy of understanding the spatial distribution of potential service recipients also can affect geographic location decisions in ways that can substantially affect access.

Less obvious but still important are the myriad of bureaucratic decisions that structure service relationships between funding agencies and services providers. For example, if service reporting requirements are onerous, some providers may decide that provision is not worth the effort. The amount of technical support that funding agencies offer to prospective providers also is important, as is the efficiency with which funders process payments and other administrative information. It should be noted that sometimes there is a fundamental tension between encouraging service provider participation and service accountability. That is, greater demands for accountability often result in fairly complicated bureaucratic requirements to document various aspects of service provision. This complexity, in turn, can reduce access, as some providers resist the pressure for excessive paperwork.

Individual Characteristics

As mentioned earlier, we treat differences in characteristics primarily as a residual category in this model, because our focus is on systemic factors controllable by program planners and administrators. Nonetheless, differences in individual characteristics have been found to be associated with service access, so there are obvious interactions between individual factors and the systemic factors previously discussed.

The difficulty in this respect is untangling the extent to which lack of coverage results from systemic barriers versus differences in individual proclivities and related actions. For example, educational barriers to access may be related to systemic problems in how information is disseminated, but educational level also may be associated with how much individuals value services and thus seek care. In child care, the fact that eligible households with higher levels of education are more likely to receive subsidies may suggest that state administrators are "creaming," such that those with higher skills are given priority over individuals with potential barriers to employment (Herbst, 2008). However, it also is unclear whether those with lower incomes or educational levels are less likely to apply, or if they rather are more likely to seek care from informal caregivers as opposed to child care centers (Anderson et al., 2005).

Discussion

Although we have used child care subsidy system in the U.S. to illustrate our access framework in this article, the Funnel Framework should be applicable in analyzing any social services system and in varying governmental contexts. For example, the U.S., as noted, relies substantially on private markets for social service provision, with governments then providing residual services for those not being served by markets. However, the framework similarly is useful in assessing access problems in governmental social systems in which markets play little or no role. In that case, the portion of the model depicting private markets in Figure 1 is inconsequential. Similarly, the model is applicable regardless of whether needs for a particular service are conceived as fairly universal or more narrowly focused on subpopulations; careful consideration of the "universe of persons for whom a service conceivably is useful" simply requires careful thought in either case (see Figure 1).

The Funnel Framework can be useful to both researchers and human services professionals as they consider access issues. From a research perspective, it can help guide studies intended to assess both the extent and nature of service access problems. Ideally, such assessments should make the best

possible estimates of populations in need, as well as of the numbers experiencing the various types of access problems depicted in the framework. Doing so can result in the more precise delineation of prevalent access problems, and related consideration of programmatic responses. In addition, using the framework to consistently apply analyses across programs could expand our understanding of the similarities and differences of access restrictions in various types of programs.

The framework also should be useful in the conduct of more applied program evaluations. In particular, program evaluators need to be sure that they systematically explore the full range of factors that limit program access. By conceptually explicating these factors, the framework can guide the development of evaluation questions related to each potential access limitation, and likewise improve the likelihood that distinctions between different types of access questions are not overlooked in question development and related evaluation protocols.

From an administrative and policy practice standpoint, differences in access restrictions have pragmatic implications for policy and program actions to improve services, and in turn should influence efforts by human services administrators and by those advocating on behalf of service recipients. For example, if assessments indicate that access restrictions derive primarily from constrained eligibility rules, improving access generally will require legislative changes in eligibility for public programs. Similarly, access restrictions that are estimated to result heavily from financial access factors may require changes in public appropriation levels, or in additional fundraising efforts in nonprofit agencies. In contrast, bureaucratic access problems are subject to correction from improved agency planning and administrative efforts.

Finally, the framework can be very useful as a teaching aid, especially for social policy practitioners and for those involved in social program development and administration. To the best of our knowledge, there are no similar comprehensive descriptions of systemic program access limitations in the research literature or in social policy or administration textbooks. Presenting the framework to students in policy and administration classes should be helpful in instruction about important issues in program design and implementation, and

also will serve as a teaching aid about the myriad ways in which social benefits fail to reach persons in need. A related assignment would be to have students use the framework to assess access issues as systematically as possible in their own program of interest.

Limitations, Refinements, and Further Research

The Funnel Framework is a useful extension of the emerging literature concerning how policy and program decisions and related implementation practices affect access to services. There are several areas in which the framework is limited, or in which improved research would facilitate its usefulness.

Probably the greatest problem in maximizing application of the framework concerns the availability of data for each of the access categories depicted. Such data availability varies greatly both between the different access categories depicted and between different social service programs. While acknowledging that such data availability can be a serious limitation in using the framework to comprehensively assess access, we would argue that the framework at least should lead researchers to obtain data for each category for which it is available. Furthermore, attending carefully to access categories with limited available information should suggest areas of needed primary data collection that would result in fuller access information.

A second limitation pertains to the previously mentioned interaction between private markets and public provision. While the framework recognizes that these two service mechanisms simultaneously affect each other, it is difficult to ascertain either the extent to which or the precise mechanisms through which this occurs. The framework consequently takes the level of private market provision as an initial starting point, and then focuses on public access issues. Nonetheless, public policy making affects private provision both directly through regulations and subsidies, and also indirectly through the adequacy of public provision. Research strategies that better assess these complex private and public interactions would be very helpful in informing broader considerations of service access.

Finally, we made a conscious decision to build our framework using factors that are clearly systemic in nature. This

contrasts with some access approaches that begin with considerations of differences in individual characteristics that may affect access. Nonetheless, further research is needed to better differentiate how access varies according to individual characteristics, such as race and education. More sophisticated research in this vein also could help determine the extent to which such differences reside in individual proclivities or maladies, as opposed to underlying systemic factors that serve to discriminate against persons with selected characteristics.

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