

Stakeholder perceptions of an effective CIL

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Abstract. This paper presents the methods and findings of a Rehabilitation Research and Training Center on Independent Living Management (RRTC-ILM) study which identifies the profile of an effective center for independent living (CIL) as seen by CIL stakeholders, with a focus on structural elements and expected outcomes. This study represents an initial phase of a larger RRTC-ILM project that seeks to identify CIL management practices with a view toward helping the centers identify training needs. Five hundred and eighty-eight (588) stakeholders participated in the study representing CIL board members, executive directors, staff, volunteers, consumers and funders. Their responses, collected in focus groups and via telephone interviews, were subjected to qualitative content analysis. Findings include nine management categories into which stakeholder-perceived elements clustered. Consumer Involvement emerged as a category distinct to CILs and showed the importance of consumer control in the organization. Outcomes found to be important to stakeholders were congruent with the management categories that were important to them.

Keywords: Independent living, independent living center management, inclusion, stakeholder involvement, organizational structure

1. Introduction

CILs are a unique type of community-based social organizations. They share the independent living philosophy and mission that unifies them and also distinguishes them from other community-based organizations. Their mission lies in their commitment to people with disabilities. CILs serve consumers with disabilities and are managed by people with disabilities. The operations and objectives of these organizations are driven by emerging needs of their individual communities. As goals and needs gain clarity, CILs develop more stable organizational structures. Individual CILs are developing practices that seek effectiveness and efficiency – a stage at which organizational management becomes especially crucial.

It is timely and opportunistic that the RRTC on Independent Living Management was established at the Western New York Independent Living Project, Inc.

(WNYILP) which is a center for independent living. RRTC-ILM is funded by the National Institute for Disability and Rehabilitation Research (NIDRR) at the US Department of Education (USDE) and the Rehabilitation Services Administration (RSA).

RRTC-ILM addresses an essential CIL need which is to identify and replicate suitable management models, from CILs and other organizations, which will assist CILs in achieving a greater degree of economic self-reliance and excellence in management [21]. Seeking successful management models in community-based organizations is of particular interest to the RRTC-ILM. Are there successful management models in other community-based organizations? If there are, how might they be adapted and transferred smoothly to the CIL context? Transferability implies that the newly absorbed capacity can take root, be nurtured, and sustained in CILs on a long term basis. It is important to know the status quo of CIL management practices. This is also essential for subsequent training needs identification. What practices are CIL managers currently using? Are there strengths that might be tapped into and

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transferred between centers? What light can they shed on the need for external models or strategies? After identifying the collective strengths in current operating management practices, areas of needed improvement can be identified. External management models can be tapped, either entirely or partially, by focusing on relevant components. The needs assessment had to start first, uncovering current IL management models and practices.

The current study precedes and informs RRTC-ILM's goal of testing and developing management strategies. This research seeks to identify the status quo of CILs regarding (a) the existence of a management model that drives effective practices; (b) the corresponding goals CILs seek to fulfill and (c) the organizational structure they perceive as necessary. In particular, this paper describes what an effective CIL looks like according to its diverse stakeholders, both in terms of expected outcomes and corresponding structural elements. This participatory approach of involving stakeholders in the process of planning and management from the beginning is consistent with the independent living philosophy of empowerment. Stakeholders are involved in identifying where they need to go (goals/outcomes), what they need (structure) to get there and their current status (and gaps) in getting themselves to the goal. The approach is inclusive [11] and the most appropriate way to introduce management practices to CILs.

A review of nonprofit organizational effectiveness and management practice literature provides an appropriate context for gathering CIL input. It provides a backdrop to the present research question and enlightens data analyses and interpretation.

A brief description of the evolution of CILs follows to provide a contextual framework for understanding CIL organizational culture.

1.1. Background

CILs evolved from grassroots community-based organizations serving people with disabilities. CILs serve people with all types of disabilities in their service areas and are managed by people with disabilities whom they serve. In the early 1970's, the Center for Independent Living in Berkeley, California became the first CIL. Simultaneously, CILs were developing around the country. The independent living philosophy governs CILs, defines their mission and guides their activities in the community.

Federal funding under Title VII of the Rehabilitation Act began in 1979 and resulted in a rapid increase in the number of centers by the middle of the 1980's. The Rehabilitation Act provided clear standards for performance that CILs must achieve. By assuring CILs of fiscal stability through base funding, centers can focus on seeking other funding sources for growth.

CILs are community change agents, service providers and small businesses at the same time. They are subject to the same rules, regulations, and personnel issues as other businesses. They continue to better define their programs, recruit competent staff with disabilities, recruit consumers, network with other organizations, develop multiple funding streams, and administer services and programs. In addition, CILs work within multiple funding source guidelines, interpret new regulations and policies for persons with disabilities, implement new and innovative programs, and educate staff about the ever-changing rules, processes and services available to persons with disabilities. CILs need to maintain their role as community change agent and provide sound internal management to sustain their leadership role in the community.

As disability rights have increased through legislative action, community demands upon CILs have also increased. As programs for individuals with disabilities are realized (Medicaid waivers, the Workforce Investment Act, consumer-directed personal assistance services, etc.), CILs are required to work with a variety of federal, state and local governments' administrative and fiscal regulations. These federal mandates and regulations create problems as well as opportunities for CILs. Understaffed and under-trained, CIL managers are placed in situations where they often need to secure funding and develop administrative processes retroactively. Many CILs choose not to pursue funds beyond their original funding, feeling intimidated by fiscal and programmatic demands.

Under-funded centers find themselves losing staff to more profitable job offers. With high turnover in staff, keeping up with changing community needs and being a community resource for new programs, CILs do not have the time and resources needed to plan, coordinate, and retain qualified staff.

As CILs try to keep up with the increasing program demands, there continues to be substantial administrative, advocacy, strategic and service delivery issues that are not being adequately addressed. Like other small businesses, CILs need to proactively develop their funding and resource management capabilities, recruit and retain quality staff, and foster produc-

tive relationships with other agencies in their efforts to be leaders in today's changing disability environment.

CILs need solid financial management capacity, the ability to find, understand and implement existing policies and regulations, the ability to locate and replicate proven models of programs and services that are applicable to their mission, and to determine what policies or programs may hinder their efforts. Centers are looking for funds that reach beyond their specific program guidelines in order to fulfill their community change mission. They are developing and applying outreach strategies to extend their programs and services to underserved and underserved populations. They are responding to increasing demands by the educational system, where youths with disabilities face challenges in transitioning from school to the community and employment. CILs are expected to provide knowledge and skills to youth with disabilities that will help them integrate as full partners in our communities.

As CILs assist with deinstitutionalizing people from nursing homes, staff members need information about medical regulations and policies surrounding such programs and guidelines for finding appropriate services and assistive technology to prevent or delay institutional placement.

These increasing programmatic, fiscal and staff-related demands on CILs require good managerial practices. CIL managers need to retain qualified staff through better pay and increased levels of responsibility within the organization. Executive directors need to incorporate management teams. Middle managers and supervisors are quickly becoming necessary as CILs stretch themselves in a variety of programmatic areas. CILs need current and frequent management training programs that will assist in maintaining quality staff as they grow with authority and responsibility.

In summary, the independent living philosophy controls the internal environment of CILs and defines their mission. It creates a unique organizational culture and commits CILs to unique reactions to external demands.

1.2. Literature review

This study addresses the NIDRR sub-priority to "develop and test strategies to enable (CILs) to benefit from management models of other successful community-based organization or business organizations" [2]. Our literature review focused on how success and community-based organizations are defined and their relation to the concepts of open-systems model theory and organizational effectiveness. For the

purposes of this study, success will be defined as effectiveness. The term "community-based" will be limited to private, nonprofit agencies at the local, or community level [1]. Thus, in defining organizational effectiveness, we will focus on the nonprofit sector.

Criteria are key to defining success. Yet, there does not seem to be consensus in the literature about what these criteria should be. Katz and Kahn [7, pp. 149] state that "there is no lack of material on criteria of organizational success" emphasizing that the concept of organizational success is a term with numerous and conflicting meanings. The organizational researcher faces a challenging task when selecting meaningful criteria for organizational effectiveness [4]. Ghorpade points out that there are three areas that need to be addressed in studying effectiveness: how to conceptualize the organization; what frame of reference should be used in selecting criteria of effectiveness (society, organization, consumer/customer or other); and, third, analysis of the process or the organizational functioning. This argues for the importance of conceptualizing CIL organization as a fundamental step before attempts can be made to address issues of effectiveness. The present study makes this attempt.

Our study brings in stakeholder perceptions and judgments to implicitly bear on the question of criteria selection (Ghorpade's second point). In the present study, CIL stakeholders collectively define the structural elements of a CIL based on their expectations of a CIL, bringing their own definition and criteria to bear on the concept of effectiveness.

As for organizational functioning (Ghorpade's third point), a suggested research strategy in the literature is to apply methods used in qualitative studies of social settings [7] and participatory action research [20]. This is the approach taken in our study. Further, open systems theory [8] lends a backdrop against which to derive meaningful interpretations of CILs' performance and functions. However, Katz and Kahn recommend caution in interpreting the meaning of organizational effectiveness due to assumptions that require conceptual clarification. Their insight into open-systems theory is that it is not a theory, but rather, a framework, which includes "an approach and a conceptual language for understanding and describing many kinds and level of phenomena." [8, p. 752]. They further state that "the functioning of any open system thus consists of recurrent cycles of input, transformation, and output. Of these three basic systemic processes, input and output are transactions involving the system and some aspects of its immediate environment." [8, pp. 752-753].

Their work defines the concept of open-systems theory and applies it to human service organizations. The open-systems model seems to define CILs, for it takes into account internal and external factors in defining the functions of the organization. Lundgren, Frieden, House and Ziskin [10] used a systems model to describe a CIL organization and its workings. This will be of particular value in understanding and interpreting CIL organizational interactions as we uncover their practices. We recognize that to understand CILs, we must also understand what internal organizational functions and what external factors contribute to effectiveness.

Rojas [14] views organizational effectiveness as a critical concept in organizational theory focusing on how the concept of organizational effectiveness research has evolved from goal-based [5] through system models [12] to multidimensional construct models [6]. Herman and Renz report from the perspective of how stakeholders judge the effectiveness of their nonprofit organizations. They applied the multiconstituency model (a modification of the goal model) and social constructionism, which “considers reality or some parts of reality to be created by the beliefs, knowledge and actions of people” [6, p. 24]. The multiconstituency model of human service organizations recognizes that stakeholders are different and that each may have different goals. The social constructionism perspective “treats organization effectiveness as stakeholder judgments formed in an ongoing process of sense making and implicit negotiation” [6, pp. 25]. These researchers operationalized the two organizational concepts by selecting practitioners (chief executives of nonprofit organizations) to identify what they considered objective effectiveness criteria based on judgments and then modified the criteria through the Delphi process. They developed an instrument to measure nine elements of nonprofit organizational effectiveness: financial management, fundraising, program delivery, public relations, community collaboration, working with volunteers, human resource management, government relations and board governance, reporting their findings in these groupings.

Slesinger [16] used an instrument to measure stakeholder judgments of board effectiveness. The importance of the board of directors and the link between the organization and the nonprofit environment is the focus of Shoichet [15]. His work is supported by several research studies that focus beyond the two dimensional model of efficiency and effectiveness to “a third aspect of organizational life: stakeholder relationships” [15, p. 72]. The three-dimensional model illustrated by

Shoichet provides a model for design, diagnosis and measurement of change.

The conclusions of Herman and Renz [6] and Shoichet [15] are particularly useful in understanding CIL management, structure and outcomes. Our study draws upon the research conducted by Herman and Renz in understanding the organizational requirements for measuring CILs’ organizational effectiveness. Their findings provided a reference framework for the present study to compare the management categories.

1.3. Problem

We conceptualize CILs as an open system of organized elements (structure) which interact (practices) and achieve desired (idealized) outcomes. The basis for achieving a subsumed set of outcomes common to all CILs comes from Title VII of the Rehabilitation Act of 1973, as amended, Section 725 Standards and Assurances. Implementation of the standards and assurances by CILs in response to their specific communities has generated multiple outcomes. At this time, we know of no unified comprehensive measure that covers multiple outcomes where we can view the outcomes expected of CILs except for the Section 704 Annual Performance Report. In light of this, we decided to work through stakeholder perceptions and judgments and derive a “core set of desired outcomes” along with the organizational elements CILs need to manage for delivery of these outcomes. Our stakeholders included funders, executive directors, board members, staff, volunteers and consumers.

1.4. Research question

In the perception of CIL stakeholders, what are the outcomes of an effective CIL organization and what are the corresponding structural elements that enable CILs to deliver these outcomes?

2. Method

Data was gathered to obtain a profile of an effective CIL in the collective concept of its stakeholders. This is the frame of reference for subsequent research, which will identify management practices for CILs to review their individual performance (actual practices) and determine their management training needs. Thus, the present study is a part of an overall needs assess-

ment effort that will assist CIL managers in their effort to seek or design training. The methodology followed is for descriptive research in the role of a context evaluation [18].

Needs are identified by determining the gap between “what is” and “what should be.” Typically, standards chosen for comparison are previously known, established, and appropriately generalized. In light of the unavailability of such a standard, we chose to construct the desirable (targeted) practices through collective stakeholder judgments. Later, comparisons of the status quo of individual CILs can be made to identify needs. The study’s data gathering departs from the conventional and embraces inclusiveness [11].

2.1. Instruments

Our principal data gathering mechanisms were focus group interviews and structured telephone interviews. Focus group sessions were conducted at the 2001 National Council of Independent Living (NCIL) conference and at the 2001 Association of Programs for Rural Independent Living (APRIL) conference. The same moderator conducted all focus groups sessions. In addition to focus groups, telephone interviews were conducted by appointment with CIL executive directors, staff, funders, volunteers and SILC staff. Interviews replicated the focus group process, eliciting responses to the same questions in the same sequence. The same moderator completed all telephone interviews.

Two basic open-ended questions were asked at the focus groups and during telephone interviews: (a) What are the outcomes of a successful center for independent living (CIL)? (b) What are the elements of a successful CIL? Responses to these questions were individual. Participants wrote their responses in the blank spaces of a questionnaire. In order to motivate participants and to help them make the connection between their responses to the two questions, the focus group moderator asked two additional questions between the first and the second questions: What are the elements of a house? What makes a house a home? The moderator briefly facilitated this discussion. Responses were shared orally in the group while the focus group moderator wrote the responses on a flipchart. This was meant to bridge the elements of the participant-imagined CIL to their own conception of an effective CIL (expected outcomes). Each focus group session lasted over a half hour and was composed of 10–15 individuals. Telephone interviews lasted as long as necessary depending on the communication patterns and needs of the interviewee.

Telephone interviewees recorded their responses on a previously mailed questionnaire and then mailed their questionnaire back to the telephone interviewer.

2.2. Sample

Five hundred eighty-eight stakeholders participated in this study. They represented 7 major groups from the diverse stakeholder population: executive directors, board members, staff, volunteers, consumers, funders and representatives from state independent living centers (SILCs). These stakeholders represented 50 states and the territories of Puerto Rico, Virgin Islands and the Commonwealth of the Marianas Islands (from all 10 federal regions). 192 individuals participated in focus groups. 396 participants responded to telephone interviews. We ensured geographic coverage in the sample by including telephone interviewees from randomly chosen centers representing states and territories originally not covered by the focus groups. Six participants did not list their affiliation to a center or to a stakeholder group. The distribution of the remaining 582 participants into their stakeholder groups can be seen in Table 1.

The 582 participants represented 145 centers, approximately 37% of all CILs. Care was taken to include centers that serve urban and rural populations. Of the 145 centers, eighty-eight (61%) were urban while fifty-seven (39%) were rural. They were drawn from all fifty states and three territories, where eighteen states/territories were represented through exclusively urban centers; 10 states/territories through exclusively rural centers; and the remaining 25 states/territories through both types of centers.

2.3. Data analysis

As previously mentioned, the open-ended responses to the two major questions came in the form of narration regarding outcomes of a successful CIL and elements of a successful CIL. Thus, the data was qualitative. The task was to sort the data into meaningful groups to describe a CIL in a way useful to a CIL manager directing activities for effectiveness. The work of Herman and Renz [6], through their categorization related to nonprofit organizations, gave us a lead into this task. We also obtained insights through a pilot study we conducted with members of the RRTC-ILM’s Steering Council members testing planned focus group procedures and the two focus-group questions. Three researchers independently content-analyzed the Steer-

Table 1
Distribution of Focus Group Participants by Stakeholder Group

	Stakeholder group							Total
	Funder	SILC Director	Board Member	Executive Director	Staff member	Volunteer	Consumer	
Focus Groups	7	21	37	26	85	6	4	186
Tel. Interviews	19	16	66	79	86	17	113	396
Total	26	37	103	105	171	23	117	582

ing Council members' responses. They grouped the elements and triangulated their findings amongst each other. The groupings, when checked against the findings of the Herman and Renz study, resulted in eight categories of elements relevant to CIL management.

These categories were used in subsequent analyses of the responses of all 582 participants. Researchers grouped the responses into these categories in independent analyses. By triangulation and consensus, they then distributed the responses across nine categories (one more category emerged which will be discussed later). The emerging pattern described how important these categories were for a CIL organization according to the stakeholders.

The same researchers performed a similar content analysis of the participant responses about expected outcomes of a CIL organization. They used the 725 Standards and Assurances as grouping categories because the Standards and Assurances are what facilitate and generate outcomes.

3. Results

The analyses of pilot study data resulted in eight categories. These categories consistently emerged in the analyses of all subsequent data, which validated them. Additionally, a ninth category emerged in these analyses. While the original eight categories corresponded to earlier findings from the literature regarding nonprofit organizations, the ninth category, identified as "consumer involvement," appeared unique to CILs. These details can be seen in Table 2.

Given the unique, consumer-controlled characteristic of CILs, the emergence of consumer involvement as an original category in our study is not surprising, CILs are distinguished from other nonprofit organizations by the presence of consumer decision-making.

Table 3 presents the response pattern of the stakeholder groups with respect to their expected outcomes. The first column lists the 725 Standards and Assurances. For each, the last two columns respectively show the frequency of responses of all the stakeholders, and their percentage equivalents. The middle columns pair

up and show the response frequencies and their percentage equivalents for each of the seven stakeholder groups.

The way in which the responses clustered together in the analyses shows how important stakeholders consider the standards and assurances to be. If all stakeholders considered all the standards and assurances equally important, the response percentages in the last column would each be approximately 7%. However, this was not the case. There were four cases where percentages were higher. We can see that the highest percentage (35%) in the last column corresponds to "Standard 5 -IL Services." This shows the importance of fulfilling this standard. Next in importance to stakeholders (18%) were outcomes corresponding to "Standard 6". This standard directs CILs to implement advocacy activities for community change. Third, in the order of importance (15%) is Standard 4, by which all CILs must achieve and expand community options available for person with disabilities. IL Philosophy (Standard 1) received the next important place by stakeholders, with a proportion of 13%. Although the other percentages are not as significant, being below 7%, it is evident that stakeholders see value in these outcomes and the corresponding standards and assurances. It is plausible that responses might overlap on several categories (such as staff development, supervision and staff benefits). Therefore, it may be possible to collapse responses into fewer categories in future refinements.

Although all stakeholders chose the above four standards as the most important, individual stakeholder groups differed slightly in their preferences among these four standards. The table shows that each stakeholder group held Standard 5 in the first place. However, consumers held Standard 1 in second place. All other groups chose Standard 6 (activities). IL philosophy was also important to funders and SILC representatives who placed it higher than Options, unlike other stakeholder groups.

These findings are hardly surprising given CILs' mission of systems advocacy rooted in the independent philosophy. Aggregates from the analysis of stakeholder responses about elements of a CIL corroborate the above findings. Table 4 presents the response pat-

Table 2
CIL Management Categories and their Identification

CIL management category	Category code	Category identification	Corresponding NPO management category
IL Philosophy	ilp	Participant Responses that pointed to: An idea, policy or principle underlying IL philosophy as an integral part of a CIL.	Organizational Culture
Programs & Services	prog	A service, program, benefit or a specialist as an integral part of a CIL implementing IL policies.	Program Management
Fiscal Responsibility	fisc	Provisions within a CIL for handling money and funding issues in congruence with its IL policies.	Financial Management
Physical Plant/resources	phy	Requirements in the physical environment; and resources [other than human resources] needed at a CIL to put an IL policy into practice.	Resource Management
Personnel	per	Human resources needed as an integral part of a CIL to put IL philosophy into practice.	Human Resource Management
Governance	gov	The importance of providing direction to CIL activities through policies and principles underlying IL philosophy.	Governance
Administration	Adm	Administration of CIL activities that put into practice ideas, policies and principles underlying IL philosophy.	
Community Presence/ Systems Change	comm	CIL's interactions with (or its posture in relation to) the community in bringing about community change congruent with IL philosophy.	Marketing
Consumer involvement	cons	Persons with disabilities as an integral part of a CIL's dynamics reflecting IL policies and principles put into action.	

Table 3
Frequency and Percentage of Responses by Stakeholder Group and 725 Standards

Standards & Assurances	Stakeholder groups												Totals			
	Funder (N = 26)		SILC rep (N = 37)		Board Member (N = 103)		Exec Dir (N = 105)		Staff (N = 171)		Volunteer (N = 23)		Consumer (N = 117)		F	%
	f	%	f	%	f	%	f	%	f	%	f	%	f	%		
Std-5 (IL Services)	154	48%	71	29%	237	39%	197	25%	341	33%	53	45%	323	48%	1216	35%
Std 6 (Comm. Activities)	45	14%	45	19%	114	19%	177	23%	196	19%	18	15%	80	12%	636	18%
Std-4 (Comm. Options)	27	8%	27	11%	89	14%	139	18%	179	17%	13	11%	57	8%	503	15%
Std-1 (IL Philosophy)	37	12%	37	15%	56	9%	113	14%	145	14%	10	9%	132	20%	464	13%
Std-7 (Funding)	8	3%	8	3%	34	6%	34	4%	16	2%	6	5%	7	1%	110	3%
Std-3 (Goals)	5	2%	7	3%	11	2%	18	2%	48	5%	5	4%	3	0%	96	3%
Relocate from institutions	21	7%	8	3%	9	1%	22	3%	27	3%	1	1%	7	1%	92	3%
Std-2 (Cross-Disability)	13	4%	2	1%	14	2%	10	1%	20	2%	5	4%	23	3%	76	2%
Assur-10 (Outreach)	5	2%	13	5%	6	1%	15	2%	26	2%	2	2%	7	1%	71	2%
Assur 2 (Board)	1	0%	1	0%	7	1%	12	2%	3	0%	1	1%	6	1%	28	1%
Assur-8 (Eval)	0	0%	1	0%	6	1%	18	2%	18	2%	0	0%	3	0%	45	1%
Assur-4 (Planning)	1	0%	17	7%	4	1%	14	2%	3	0%	0	0%	1	0%	40	1%
Assur-5 (Staff benefits)	0	0%	0	0%	13	2%	1	0%	0	0%	0	0%	0	0%	14	0%
Assur 6 (Supervision)	0	0%	0	0%	0	0%	0	0%	2	0%	0	0%	0	0%	2	0%
Assur 11 (Staff dev.)	2	1%	6	2%	15	2%	13	2%	23	2%	3	3%	22	3%	73	2%
Total responses	319		243		615		783		1047		117		671		3460	

tern of the stakeholder groups with respect to the elements.

In Table 4, from highest to lowest, the categories important to all stakeholders are: Programs and Services (21%); IL Philosophy practice (20%); Community Involvement as well as Physical Plant (both 13%); and Personnel (12%). Other categories are not as significant with percentages less than 11%. (This would be the

percentage if all categories were equally important to stakeholders). These findings are compatible with the stakeholder preferences for outcomes. Although Programs and Services came out as most important overall, IL Philosophy is in the first place for SILC representatives, executive directors and staff, whereas Physical Plant is the first for volunteers. There was a certain overlap of responses between IL philosophy (20%) and

Table 4
Frequency and Percentage of Responses by Stakeholder Group and Categories of CIL Management

Management Category	Stakeholder group															
	Funder (N = 26)		SILC rep (N = 37)		Board member (N = 103)		Exec Dir (N = 105)		Staff (N = 171)		Volunteer (N = 23)		Consumer (N = 117)		Totals	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	F	%
Prog & Serv	49	23%	41	15%	176	24%	162	17%	272	19%	27	18%	218	28%	921	21%
IL Phil. Practice	37	18%	55	20%	133	18%	261	27%	296	21%	33	21%	108	14%	905	20%
Community Involvement	30	14%	44	16%	108	15%	137	14%	200	14%	11	7%	46	6%	561	13%
Phy. Plant	16	8%	37	13%	59	8%	78	8%	171	12%	45	29%	198	25%	597	13%
Personnel	20	10%	39	14%	86	12%	82	8%	177	12%	19	12%	100	13%	513	12%
Admin.	24	11%	13	5%	69	10%	74	8%	108	8%	5	3%	32	4%	325	7%
Consumer Involvement	11	5%	14	5%	33	5%	72	7%	106	7%	8	5%	40	5%	279	6%
Fiscal Oper	7	3%	22	8%	31	4%	44	5%	54	4%	5	3%	20	3%	180	4%
Governance	15	7%	15	5%	31	4%	55	6%	53	4%	1	1%	20	3%	183	4%
Totals	209		280		726		965		1437		154		783		4464	

consumer involvement (6%). Taken together (26%), the responses reflect CILs' organizational structure dictated by the independent living philosophy.

4. Conclusion

A major finding from the study is the establishment of nine categories of CIL management as perceived by stakeholders. Consumer involvement emerged as a distinct category. Consistent with this finding, stakeholders identified IL Philosophy practice as the second most important category to be managed in an effective CIL.

Stakeholder judgments were consistent between their perception of outcomes and elements. Individual consumer outcomes was most important to stakeholders. Findings pointed to Standard 5 (IL Services) as the most important and to Programs and Services as the most important management category. Another finding is the importance of Standard 4 (community options for consumers). An element of importance to stakeholders was community involvement. Both Standard 6 (systems advocacy outcomes) and Community Involvement (as a management category) came out as important. Findings showed the importance of IL philosophy both as a management category and as a generator of CIL outcomes (Standard 1).

The intent of this study is to lead and enlighten next steps in research that will identify CIL training needs in management practices. CILs' unique organizational culture cautioned against any presumed transfer of external management models without first attempting to uncover current CIL practices and needs. The present study made an attempt to construct the profile of an effective CIL grounded in stakeholder perceptions. Findings include stakeholders' views of an effective CIL

including broad outcome areas and needed structural elements in order to achieve the outcomes.

The inclusive approach to needs assessment used in this study was necessary to achieve maximum context validity, dictated by the unique context in which the needs evaluation would be contemplated. Mertens [11] calls for inclusion of community members likely to be affected in the methodological decisions governing the conduct of the evaluation. The present study deals with people with disabilities, an increasingly significant subset of special needs populations. There are over 600 CILs serving people with disabilities in community-based, nonprofit organizations. They are run by and serve people with disabilities. The independent living philosophy directs CIL structure, dynamics, and goals, and reflects deeply held values and beliefs about how people with disabilities can acquire and maintain their personal independence, as opposed to receiving professional services to 'sick or impaired' individuals. Federal laws and initiatives, such as the Americans with Disabilities Act (ADA) of 1990, support the concept that people with disabilities are the best judges of what they need. The approach of including CIL stakeholders in the current study is consistent with this philosophy. It also lends authenticity to the information collected, adds meaning and use [12] and empowers [3] the participants.

The next step is to uncover the corresponding practices. They will guide the appropriate use of external benchmarks for training needs identification.

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