



**BASSC at  
20**

**Selected Works  
of the  
Bay Area  
Social Services  
Consortium**

**1987-2007**

# **BASSC at 20**

Selected Works of the  
Bay Area Social Services Consortium  
(1987-2007)

November 2007

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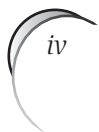
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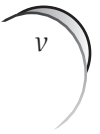
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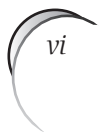
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## **Understanding the Past**

## History of the Evolving BASSC Partnership

The roots of BASSC can be traced to people with ideas. For decades, those who have served as directors of county social service agencies have sought each other out to exchange ideas and find support. In the San Francisco Bay Area, a group of “county welfare directors” met quarterly during the 1970s and 1980s to share ideas over lunch. In 1987, this group included Ernie Hiroshi (San Mateo), Helen Knutson (Alameda), Dick O’Neil (Santa Clara), Jim Ridingsword (Contra Costa), Ed Sarsfield (San Francisco), and Yolanda Rinaldo (Marin/Sonoma/Santa Clara) who joined in 1989. Among the many topics they explored was the perceived inadequate attention to mental health and child welfare in the curriculum of local schools of social work. They welcomed the opportunity to talk with the deans of social work programs. Dean Harry Specht of the U.C. Berkeley School of Social Welfare, with the encouragement of Ed Nathan (Executive Director of the Zellerbach Family Fund) seized the moment to begin a dialogue between agency administrators and university educators.

Dean Specht had been instrumental in reshaping the mission of the School of Social Welfare in the early 1980s to reflect a commitment to the public social services. In the mid-1980s, he sought out the “county welfare directors” to assist the School in implementing the new mission and began to participate in the quarterly meetings by hosting them on the U.C. Berkeley campus. By 1987, he had encouraged Ed Nathan, his long-time colleague

with extensive contacts among the Bay Area agency directors, to join the discussions. Ed had long sought to promote the improvement of social services through increased attention to service integration among public and community-based social service organizations. As a result of the foundation’s involvement, the first Zellerbach grant of \$7500 to promote regional training activities was provided to a newly formed Bay Area Social Services Consortium (1987) and Bart Grossman (Director of Fieldwork at the UCB School of Social Welfare) became the first staff director of BASSC (1987-1989).

Based on these training activities (on topics of child welfare risk assessment, homelessness, HIV infants, etc.), BASSC members became increasingly interested in the potential for securing federal training funds to attract MSW students to the field of child welfare. As a result, the idea for a statewide consortium of schools of social work and county social service agencies took hold. With the help of the Ford Foundation (where there was interest in training social workers for implementing the federal 1988 Family Support Act), a grant provided the seed money sought by the BASSC directors to launch CalSWEC, the California Social Work Education Center at U.C. Berkeley in 1990. Bart Grossman became its first director. From 1989-1992, BASSC continued to provide regional training programs with staff assistance from U.C. Extension.

By 1992, BASSC was searching for a new focus, following its success with regional training events.

Harry Specht and Ed Nathan had been successful in convincing Dick O'Neil (Santa Clara) to become the chair of BASSC. At the same time, Mike Austin had just joined the U.C. Berkeley faculty as Professor and Chair of the MSW Management and Planning specialization. He joined Ed, Dick and Harry in developing a new approach to BASSC, away from quarterly lunch meetings to bi-monthly day-long sessions in the form of an Executive Think Tank. BASSC membership grew from the primarily large counties to include the smaller North Bay and South Bay counties along with the deans of other Bay Area schools of social work.

The first activity of the reconfigured BASSC was the development of a "BASSC Vision Statement on Human Services in 2000" (See Figure 1). Throughout these discussions, BASSC members were encouraged to share some of the challenges and successes that later became part of a casebook for training on administrative practice. Many different ideas began to emerge as part of the Think Tank, including the need to recruit more minorities and women into senior management positions. Based on a decision to "grow their own talent," the BASSC Executive Development Program was launched in 1994 under the leadership and support of Stan Weisner and Barbara Weiss at U.C. Extension. It was designed to meet the challenges of a changing organizational environment and the need to develop strategies to better serve client and community needs. Each year middle managers from Bay Area social services departments are selected by top management to participate in this innovative management training program. The program received the "Best Program in the Professions

Award" by the University Continuing Education Association in 1999.

The Executive Development Program operates annually from September to May and includes three one-week modules and an internship. Module One covers leadership and organizational context; Module Two covers core knowledge and skills; and Module Three covers the integration of learning and practice. A 15 day internship project and case study help to stimulate collaborative exchanges of information and creative learning opportunities across participating counties. The case studies are published each year as part of a Participants' Casebook. Funding is provided by the individual counties as well as from a federal Title IV grant and state matching funds through the California Social Work Education Consortium (CalSWEC) for participants working in the area of child welfare. Launched in 1994, this innovative training program is now in its fourteenth year with over 300 graduates.

As the Think Tank format continued, other new ideas emerged. Based on a shared concern about the lack of in-house research capabilities in county social service agencies, the BASSC Research Response Team was launched in 1995 within the U.C. Berkeley Center for Social Services Research. During the first five years, a series of county-specific exploratory studies were completed in consultation with the BASSC Children's Services Policy Group composed of Bay Area Child Welfare Directors (also operating as the CWDA Regional Children's Committee since the 1980s). During the second five years, the focus shifted to multi-county exploratory studies (the issues and needs of foster children in public schools (2000), child welfare and the courts (2002),

**Figure 1: Human Services 2000: An Evolving Vision Statement (adopted in 1993)**

- I. Building a community service system that serves all families in need where neighborhood-based constituencies are both service users and owners of the services by:
  - Serving all people who do not have an intact or strong personal support system (nuclear or extended family to help meet basic needs for survival and growth
  - Educate consumers to utilize available service supports and empowers them by fostering self-sufficiency
  - Prevention-oriented system where outcomes are measured on the basis of community health and social supports, not by the impact of services on individuals
- II. Specially designed family-focused neighborhood community center
  - People are valued for their individuality and diversity
  - Use of a community approach to problem-solving, not just individually focused
  - Use of “behind the scenes” universal non-categorical government programs that maximize the accumulation of social and financial resources to preserve families
  - All services reflect a commitment to racial and cultural diversity
  - Substantial commitment to the promotion of employment and economic self-sufficiency, along with the provision of role models for working people and youth
  - Comprehensive array of inter-disciplinary services for children, families, adults, and senior citizens.
- III. Core values
  - Collaborative community approach to meeting the needs of individuals and families  
Professionals and service consumers work together as partners in managing the family-focused neighborhood center
    - Connecting the regional economic marketplace (employment) with the human service marketplace (housing, food, medical care, etc.)
  - Use of tangible outcomes for neighborhood betterment using the following assessment criteria:
    - Community response to changing neighborhood demographics
    - Degree of involvement of extended families in service programs that utilize culturally competent practice
    - Degree to which temporary family supports are complemented by long-term supports,
    - Extent to which professionals work together in inter-disciplinary practice
    - Degree to which neighborhood service systems include advocacy for the total community
    - Extent to which the needs of middle-income families are integrated with those of low-income families.

and participant and staff perspectives on welfare to work services (2003). In 2002, the BASSC Children's Services Committee produced a public education document addressing the important questions related to the redesign of Child Welfare Services. The publication, entitled "Promising Bay Area Practices for the Redesign of Child Welfare Services," was designed to inform opinion leaders, elected officials and the media about issues and practices that affect the redesign of the Bay Area's Child Welfare Services and was distributed to them during the summer of 2002.

Beginning in 2004, the focus of the BASSC research program shifted to pursuing evidence for practice in the form of structured literature reviews related to low-income families in low income neighborhoods (2004) and evidence for child welfare practice (2005-present). Over the past twelve years (1995-2007) the BASSC Research Response Team has completed over 20 studies and ten structured literature reviews described elsewhere in this volume.

In addition to research, the multiple challenges facing the county directors led to a continuous stream of BASSC policy reports. One of the most comprehensive BASSC reports, "Social Welfare at a Crossroads," was the first BASSC attempt to educate opinion leaders and elected officials involved in the development of the CalWORKs welfare reform legislation.

The flood of human resource challenges regarding the implementation of welfare reform led to the formation of the second BASSC policy group on Human Resources composed of senior staff development and personnel managers. The Bay Area Human Resources Committee (BAHRC) works

to help transform public social service agencies into learning organizations and has developed multiple reports on creating the learning organization, staff recruitment and retention and promoting the transfer of learning. The "learning organization" principles and practices continue to be the top priority for BAHRC where members continuously share information, explore different ways of resolving common issues, learn from each other and develop innovations in the area of human resources.

In 1997, BASSC secured substantial Title IVE funding for a new regional child welfare training program called the Bay Area Academy designed to provide professional development services for BASSC county child welfare staff. Today the Academy utilizes the oversight guidance of BASSC through its Training Advisory Board (comprised of child welfare managers and trainers led by the Vice Chair of BASSC) and the administrative guidance of San Francisco State University School of Social Work.

Since 1998, the Academy has grown from a single-funded contract providing training to Child Welfare staff (primarily funded through the California Department of Social Services) to a regional training institution funded by multiple regional, county, state, and federal contracts. Most services focus on training workshops such as Foundations of Child Welfare Supervision, Ethnographic Interviewing, Risk Assessment, Issues in Domestic Violence, and The Effects of Trauma on Brain Development. Other significant activities include policy summits and conferences including Managing the Workforce Crisis: Issues in Recruitment & Retention in Public Social Services, Meeting the Educational Needs of Foster Youth, and Identifying Barriers

and Building Bridges in Domestic Violence. The Academy also provides technical assistance and consultation in curriculum development, technology integration, facilitation, research dissemination, videoconferences, mentoring, and strategic planning.

To complement the extensive investment in child welfare research, policy development and training, a third BASSC policy group was formed in 1999 to focus on adult and aging services. The first results of this collaborative effort was the BASSC publication, "Riding the Wave: Charting the Course of Adult and Aging Services into the Next Decade" (2000) which is summarized elsewhere in this volume. The BASSC Adult and Aging Policy Workgroup is committed to adopting policies and values to improve adult and aging services. These values include fostering consumer choice and independence, integrating service systems, and promoting cost benefits within a flexible service system to support consumer independence. The workgroup's attention has been primarily centered on policy issues related to In-Home Supportive Services (IHSS).

By the year 2000, BASSC members had developed their second vision statement that reflected the era of welfare reform (see Figure 2). In addition, a total of 22 case studies were developed and published by BASSC to capture the promising practices emerging from welfare reform implementation in order to share the experiences across BASSC counties, the state of California, and the nation. The discussions of these cases led, in 2002 to the formation of a new BASSC Welfare to Work Policy Group (related to research, training, and service delivery issues) to address issues of welfare to work and to prepare for the reauthorization of federal and state welfare

reform legislation. The initial activity of the group was related to the design and monitoring of BASSC's first regional study of welfare participants and services. The second issue related to the training of welfare-to-work staff and the planning for implementing CalWIN. The third issue involved an array of service delivery issues, from culturally competent practices and programs to service integration and one-stop centers.

Since 1994, BASSC has demonstrated an ongoing investment in analyzing current public policies, seeking alternatives to existing public policies, and deriving lessons learned from public policy implementation. Most of the BASSC policy analyses, implementation discussions and reports are supported by BASSC policy groups in the three service delivery areas of child welfare, adult and aging, and welfare to work. In addition, BASSC members engaged in international video conferences with colleagues in England to foster comparative views of social policies and practices. These exchanges led to reports on welfare reform implementation and evidence-based practice in the United Kingdom and noted elsewhere in this volume. The national and international reach of BASSC was further enhanced by the launching in 2002 of the BASSC website, [www.bassc.net](http://www.bassc.net).

### *From the Past to the Future*

Given this brief history, it is clear that BASSC represents an unusual partnership of county social service agencies, universities and local foundations. BASSC's current mission statement is described in Figure 3. Over the past decade the following deans and directors have represented their various

**Figure 2: Supporting Low Income Workers in the 21st Century: An Evolving BASSC Vision Statement (adopted in 1999)**

This Vision Statement is organized around the following principles:

**Social Development Approach:** Social development focuses on enhancing the capacity of the needy to participate in the economy by targeting investments in specific communities and individuals.

**Building Community and Fostering a Civil Society:** A civil society recognizes the importance of private, voluntary associations, as well as the ability of government to organize broad initiatives, mobilize resources, and build infrastructure. Social service agencies in a civil society therefore need to work as partners for change in multiple collaborations in order to create healthy families and communities.

**Developing a Career Resilient Workforce:** Social service agencies have an important role to play in supporting workers and employers in order to ensure that skill development keeps pace with the rapidly changing economy.

**Supporting the Family:** Social service agencies must seek to help working families to move out of poverty through family-centered investment policies that provide support for child care, transportation, housing, and health care.

**Family-Focused, Neighborhood-Based Human Service Systems:** Human service systems should be based on values of social inclusiveness, community development, and social investment.

**Changing Professional Roles:** In order to support workforce development and empower families, agency staff need to blend the current responsibilities of assessment, counseling, referral, advocacy, and program development with a new social activism based on an understanding of the work-related values and skills of entry-level employees.

**Social Service Agencies as Catalysts for Private Action:** Social service agencies need to expand their roles as catalysts for change in order to ensure that communities do not abandon the neediest families.

**Promoting New Public Policy Directions:** The unfinished business of welfare reform will require new, more targeted public policies to increase the income and assets of low income families and address the inequities of the private market for those who are working to support their families (e.g. earned income tax credit, child or family allowances, and asset development or micro-investment programs).

social work institutions as part of the Bay Area Social Services Consortium: Simon Dominguez and Sylvia Rodriguez Andrews (San Jose State University), Michael Reisch, Marvin Feit, and Eileen Levy (San Francisco State University), Terry Jones (California State University, East Bay), Brian Simmons (California State University, Monterey Bay), and Harry Specht, Neil Gilbert, and James Midgley (University of California, Berkeley). The

following county directors have retired or moved on to new challenges, and several continue their involvement in BASSC as former directors: Dick O'Neil (Santa Clara), Brian Cahill and Michael Wald (San Francisco), Yolando Rinaldo (Santa Clara and Sonoma), Dan Corsello (Napa), John Cullen (Contra Costa), Rodger Lum and Chet Hewitt (Alameda), Marie Glavin (Monterey), Don Rowe (Solano), Tom Peters and Nancy Rubin (Marin), Maureen Borland

### **Figure 3: BASSC Mission Statement**

As an agency-university-foundation partnership that promotes social service research, training, and policy development, BASSC seeks to respond to the changes in public social services in the San Francisco Bay Area. It operates with a set of core purposes and programs.

#### **Core Purposes:**

- Fostering of *regional communications and understanding* about the changing nature of social services in the public and non-profits sectors;
- Serving as a catalyst for new ideas that have legislative, administrative, public education, and training implications; and
- Providing a *forum for innovative regional programs* related to research, training, and policy development.

#### **Core Programs:**

- bi-monthly meetings designed to promote a Think Tank on public policy and program issues.
- a multi-county research program on topics selected annually by the BASSC members.
- a multi-county training program related to Executive Development for middle managers, a Senior Executive Development for deputy directors, and a Bay Area Academy serving the training needs of line and supervisory staff in child welfare and related fields.
- a multi-county policy development program that develops and publishes policy reports for opinion leaders and case studies on policy implementation for agency staff.

The leadership that guides and sustains BASSC emerges from the active participation of eleven county social service directors, five university deans/directors of social work programs, two foundation directors, emeritus county directors, and the BASSC staff located at the School of Social Welfare and University Extension, University of California at Berkeley as well as the School of Social Work at San Francisco State University.

(San Mateo), Dianne Edwards (Sonoma), and Chet Hewitt (Alameda).

The current membership celebrating the 20<sup>th</sup> anniversary of BASSC includes: Elliott Robinson, BASSC Chair (Monterey), Patrick Duterte, BASSC Vice Chair (Solano), Dan Corsello (VanLobenSells/ RembeRock Foundation), John Cullen (former director, Contra Costa), Cecilia Espinola (Santa Cruz), Yolanda Boldavinos (Alameda), Alice Hines (San Jose State University), Beverly Johnson (San Mateo), Diane Rush Woods (California State University, East Bay), Rita Takahashi (San Francisco State University), Will Lightbourne (Santa Clara), Larry Meredith (Marin), Lorraine Midanik (University of California, Berkeley), Ed Nathan (Founding Director), Trent Rhorer (San Francisco), Brian Simmons (California State University, Monterey Bay), Randy Snowden (Napa), Joe Valentine (Contra Costa), Ellen Walker (Zellerbach Family Foundation), and Jo Weber (Sonoma).

As we celebrate the 20th Anniversary of BASSC, we salute the founding directors and honor one of our founders, Ed Nathan, who has guided the entire process, first as a foundation executive and now as

a loyal BASSC member. As a Think Tank, BASSC has become a dynamic regional partnership that explores and supports collaboration and provides an arena where people with ideas can create innovative programs and practices.

In reflecting back over the twenty year history of BASSC, it is clear that the consortium provides a mechanism to launch regional training, research and policy activities that would be difficult for individual counties, universities or foundations to accomplish on their own. As an intermediary organization, BASSC has evolved as a think tank and support group for its members. The evolution of the various BASSC vision statements reflects the results of numerous discussions. The most current vision reflects a strong need to “get the house in order” by transforming organizational cultures to be more responsive to the demands related to changing client demographics and increased accountability in the form of measuring service outcomes (see Figure 4). When BASSC celebrates its 25<sup>th</sup> anniversary in the year 2012, much progress will be made on reaching the vision of transforming human services systems into learning organizations.

## **Figure 4: Transforming Human Services Systems into Learning Organization Networks: An Evolving BASSC Vision Statement for 2015 (adopted in 2007)**

### **Introduction**

In order to provide a guide for transforming human service systems by the year 2015 into learning organization networks, members of the Bay Area Social Services Consortium have identified a process for envisioning the future of public human service agencies. The process includes accounting for the context of agency life related to affirming current agency commitments, enduring values, and major trends that impact agencies on a daily basis. The agency context provides a preamble to key principles that can guide the discussion of a vision for each county as staff members seek to transform their systems into learning organization mechanisms and networks.

### **AGENCY CONTEXT**

#### **Agency Commitments**

- Improve the health and safety of children, the self-sufficiency of families, and protection of vulnerable adults and the aged in our communities
- Improve our ability to assist people in their efforts to make life better for themselves and their children
- Assist communities to increase their capacity to support families, children and adults in order to enable communities to provide a healthy environment in which their residents can prosper;
- Serve as a catalyst for change in the governmental and non-profit sectors
- Strive to become learning organizations to promote knowledge management by gathering information and problem-solving, experimenting, learning from the past, learning from promising practices, and transferring knowledge.

#### **Agency Enduring Values**

- People are capable of significant change when treated with respect and involved in defining their own hopes, dreams and goals;
- Communities can be strengthened through partnership efforts with public and private entities and the shared commitment to measure outcomes over time;
- Public and private agencies are committed to organizational self-assessment and renewal in order to better meet client and community goals
- Social policies and practices are informed by disseminating and utilizing administrative data and evidence from the research community.

### Current Trends that Impact the Agency

- **Substantial change in community-agency relations** (based on changing client demographics, increased need for inter-agency collaboration, increased demand for outreach and prevention services, increased involvement of nonprofit partners in service delivery, and the increased impact of advocacy organizations)
- **Increasing accountability for public funds** (due to increased competitive and categorical funding, demand for revenue blending and leveraging, demand for documenting performance outcomes, and to engage in community planning to address changing client needs);
- **Increasing use of technology to manage and improve organizational operations** (based on the increased demand for identifying and using promising practices, the need to retain the workforce and engage in succession planning, the challenges associated with managing the transition of an organizational culture from reactive to more proactive, and the need to assist with capacity building among nonprofit partners)
- **Increasing need to strengthen agency-university partnership related to workforce development and applied research** (based on the need to link program evaluation expertise with the increased demand for service outcome measurement, to monitor and improve the transfer of learning outcomes of pre-service student learning and in-service staff development programs, the need to strengthen the role of agency-based field instruction, and to promote knowledge management related to disseminating and utilizing evidence to inform practice).
- **Increasing interaction with the business community** (based on the need to promote workforce development for welfare-to-work participants as well as children aging out of foster care).
- **Increasing interaction between human services, health and mental services, and criminal justice services** (based on the need to develop a seamless, integrated network of services that reflect the values and commitments of human service agencies).

### VISIONARY PRINCIPLES FOR TRANSFORMING HUMAN SERVICE SYSTEMS INTO LEARNING ORGANIZATION NETWORKS

The following principles for transforming human service can be used by county agencies and their partners to frame their respective vision.

Principle #1: Make *community-oriented client-centered services* a top priority in order to:

- Integrate services across programs using comprehensive screening and evaluation tools;
- Involve clients across generations in developing multi-disciplinary service plans that strengthen families
- Create mechanisms for consumer input, complaints, and feedback.

Principle #2: Create a *supportive organizational culture* to enable staff to focus on client-centered services related to:

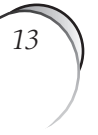
- Promoting more participation in agency decision-making
- Promoting team functioning across service programs
- Increasing collaboration with community nonprofit partners
- Engaging in evidence-informed practice.

Principle #3: Restructure agency operations to promote *knowledge sharing and management* in collaboration with universities by:

- *Maximizing IT resources:*
  - o track evidence and integrate it into programs and operations (knowledge management);
  - o utilize technology and information to increase effectiveness and improve outcomes (continual quality improvement); and
  - o incorporate research generated by practice and informed by client and community outcome improvements into in-service and pre-service curricula (evidence-informed practitioners).
- *Improving planning processes:*
  - o develop mechanisms for communicating and educating communities, partners and public officials
  - o engage in service planning with other county departments including community-based agencies
  - o enhance financial claiming mechanisms to maximize funding
  - o establish research priorities to improve practice and service outcomes, including the use of agency-university proposals to foundations.
- *Improving training processes:*
  - o develop systems for leadership and career development for agency managers and staff
  - o incorporate evidence-informed practice principles into pre-service and in-service curricula
  - o evaluate outcomes by capturing the changing nature of practice in infuse pre-service and in-service training programs (especially community-oriented client-centered practice).

### **An Evolving Vision for 2015:**

**Bay Area human service organizations and their partners will provide truly community-oriented client-centered services by using a supportive organizational culture that enables staff members to pursue excellence through the sharing of knowledge to inform practice.**



## **Evidence for Practice**

## **Evidence-informed Practice\***

### ***Introduction***

The use of research evidence to guide practice and develop policies in the human services has become increasingly important given the limited resources and the pressures to document service outcomes. These pressures have emerged from increased scrutiny of public expenditures and the call for information about the impact of interventions on the reduction or elimination of social problems. For example, empirically-based governmental initiatives such as the Child and Family Service Reviews (CFSR) have emerged in the U.S. to ensure that state child welfare agency practice is in conformity with federal child welfare requirements and national standards through the use of qualitative and quantitative information sources.

What has become clear, however, is that the reliance on the random dissemination of a growing volume of research information to health and human service professionals is unlikely to adequately inform staff or improve client services. For research evidence to impact practice and policy, at least five steps are needed: (a) agreement on the nature of evidence, (b) a strategic approach to the creation of evidence and the development of a cumulative knowledge base, (c) effective research dissemination approaches combined with effective strategies for accessing knowledge, (d) initiatives to increase the use of evidence in both policy and practice, and (e) a variety of action steps at the organizational level

### ***What is Evidence-based Practice?***

The concept of evidence-based practice (EBP) was first developed by a Canadian medical group at McMaster University that defined EBP as a process that includes the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individuals and includes the following steps: (a) becoming motivated to apply evidence-based practice, (b) converting information needs into a well-formulated answerable question, (c) achieving maximum efficiency by tracking down the best evidence with which to answer the question, (d) critically appraising the evidence for its validity and applicability to practice, (e) applying the results of this evidence appraisal to policy/practice, (f) evaluating performance, and (g) teaching others to do the same. A notable feature of the evidence-based practice with clients is the attention given to the values and expectations of clients and to their active involvement in decision-making processes.

### ***What is the Best Evidence?***

There are differing opinions about what information is considered appropriate for implementing evidence-based practice. In general, research evidence can be divided into two broad categories: primary and secondary research. Primary research includes: (a) experiments, where an intervention is tested in controlled surroundings, (b) clinical trials, where an intervention is offered to a group of participants that are then followed up to see what

happens to them, and (c) surveys, where something is measured in a group of participants. Secondary research includes: (a) overviews or summaries of primary studies conducted systematically according to rigorous and predefined methods; (b) guidelines that are used to draw conclusions from primary studies about how practitioners should behave; (c) decision analyses that use the results of primary studies to generate probabilities for making choices about resource allocation, and (d) economic analyses that use the results of primary studies to find out whether a particular course of action is a good use of resources. Traditionally, the import and relevance of evidence has been arrayed hierarchically with systematic reviews considered to be the best evidence and case reviews considered to be the least rigorous as noted in Figure 1.

The hallmark of EBP is the systematic and rigorous appraisals of research related to relevant practice questions. The primary focus is on the validity of assessment measures and the effectiveness of interventions. The development of systematic reviews for the human services is still in its infancy but is growing. As a general rule, the type of evidence needed will depend, to a large extent, on the type of questions asked. For example, the randomized controlled trial is preferred for the determination of treatment effectiveness, whereas a cross-sectional survey may be sufficient to demonstrate the validity and reliability of an assessment instrument.

In the light of these challenges, it is important to place more emphasis on “evidence for practice” than on evidence-based practice. This approach involves structured literature reviews that are made

transparent by the explicit use of search terms, database identification, and inter-rater reliability checks on the description and interpretation of findings. Structured reviews include the assessment of multiple types of research (qualitative and quantitative studies) that are relevant to direct practice with clients and the management of human services. Each structured review begins with a general question (e.g. “what does research tell us about the disproportionate number of children of color entering the public child welfare system?” or “what does research tell us about the challenges of disseminating and utilizing research findings in daily practice?”). The goal of a structured review is to provide a synthesis of the most rigorous and relevant research (when available), the identification of major themes, and the specification of preliminary implications for practice. While structured reviews are quite common, the unique features of these reviews are that they are driven by the needs of practice and reflect an attempt to summarize available research for a practice audience. Another key aspect of these structured reviews is the identification of the many gaps in the research and the need for more rigorous research.

While some argue that line staff should be trained to identify, select, assess, and incorporate research findings, the magnitude of such an endeavor in the light of heavy agency service delivery demands is so great as to overwhelm the most talented among us. Therefore, it appears that university researchers may be in the best position to conduct the reviews while agency practitioners are in the best position to:

- 1) identify topics or questions to guide a search,
- 2) assess the utility of structured reviews in evidence-

**Figure 1: Hierarchy of Evidence from a Research Perspective\***

<b>Research Design</b>	<b>Description</b>
<i>Systematic reviews and meta-analyses</i>	Secondary research papers where all primary studies on a particular topic have been critically appraised using rigorous criteria
<i>Randomized controlled trials (RCT)</i> with (a) definitive results (i.e., confidence intervals which do not overlap the threshold clinically significant effect), and (b) non-definitive results (i.e., a point estimate which suggests a clinically significant effect but with confidence intervals overlapping the threshold for this effect)	Participants are randomly allocated by a process equivalent to the flip of a coin to either one intervention or another. Both groups are followed up for a specified time period and analyzed in terms of specific outcomes defined at the outset of the study.
<i>Cohort studies</i>	Two or more groups of individuals are selected on the basis of differences in their exposure to a particular agent and followed up to see how many in each group develop a particular condition or other outcome
<i>Case-control studies</i>	Participants with a particular condition are identified and “matched” with control cases. Data are then collected on past exposure to a possible causal agent for the condition. Case-control studies are generally concerned with the etiology of a condition rather than treatment.
<i>Cross-sectional surveys</i>	A sample of participants are interviewed, examined, or otherwise studied to gain answers to a specific question. Data are collected at a single time-point but may refer retrospectively to experiences in the past.
<i>Case reports</i>	A case report describes the history of a single participant in the form of a story. Case reports are often run together to form a case series in which the histories of more than one participant with a particular condition are described to illustrate an aspect of the condition, the treatment, or their adverse reaction to treatment.

\* Adapted from Guyatt, G. H., Sackett, D. L., Sinclair J. C., Hayward, R., Cook, D. J., Cook, R., J. (1995). Users' guides to the medical literature. IX. A method for grading health care recommendations. *Journal of the American Medical Association*, 174, 1800-1804.

informed practice and the need for organizational supports. In essence, without managerial support, this new form of practice would be difficult to implement.

Up to this point, the focus has been on the research methods used to generate evidence. However, there is another way of viewing evidence; namely, the multiple sources of knowledge that are available to practitioners who seek to engage in evidence-informed practice. Five types of knowledge can inform practice as noted in Figure 2. The first domain includes evidence supplied by service users or consumers of social services as well as the family members, volunteers, and others who assist service users and are considered to be paraprofessionals (e.g., foster parents, home health aides, volunteers, etc.). This user and carer perspective is rarely captured and reported in the practice literature but represents an important dimension of evidence-informed practice. If this domain is placed on a hierarchy of knowledge, some would suggest that this represents the highest level in assessing the outcomes of services.

The next domain in Figure 2 refers to practitioner knowledge (line staff and management) and is often poorly researched except when placed in the context of practice guidelines. The next level in the hierarchy involves organizational knowledge that is often reflected in administrative data and sometimes codified in policy and procedure manuals. Similar to organizational knowledge, policy knowledge is captured in both the policy development stage (white papers and legislative testimony) and the policy implementation stage (outcome and process studies). And finally, research as noted earlier in

Figure 1 comprises the generally accepted method of compiling knowledge related to service users and providers as well as organizational and policy specialists.

Based on these research and practice hierarchies, it is instructive to consider how the translation of other empirically-based materials might improve social services.

### ***Best Practices and Guidelines***

The mushrooming guidelines industry owes its success, in part, to the growing “accountability culture” that is now being set in statute and within many fields of practice. Officially produced or sanctioned guidelines, defined as systematically developed statements to assist practitioners in making decisions about appropriate care, are used to achieve several objectives in the provision of care. Practice guidelines are designed to make standards explicit and accessible, simplify clinical decision making, and improve cost effectiveness. Practice guidelines are also used to assess professional performance, to control the range of practice, to delineate divisions of labor, and to educate clients and professionals about best practices. Despite these benefits, there are drawbacks to the use of guidelines when they only reflect “expert opinion” that may, in fact, lead to unsound practices. For example, the consensus of experts may inadvertently incorporate disciplinary biases, may not reflect local needs when developed at national or regional levels, may not include ownership by local practitioners, or may not reflect different population or clinical factors. The wholesale implementation of practice guidelines may have the effect of inhibiting

**Figure 2: Hierarchy of Knowledge from a Practice Perspective\***

**Service User and Care Provider Knowledge**

As active participants in the use or provision of services, service users possess often unspoken and undervalued knowledge gained from the use of and reflection on various interventions. Similarly, paraprofessional providers of care (e.g., foster parents, home health assistants, volunteers, etc.) have unspoken and undervalued knowledge gained from the provision of various interventions.

**Professional Practitioner Knowledge**

*Line staff:* Practitioners possess tacit knowledge, often shared informally with colleagues, that is based on their repeated experiences in dealing with clients of similar backgrounds and problems. Similarly, practitioners have acquired knowledge how organizations function to facilitate or inhibit service delivery, how policy changes impact service delivery, and how community (neighborhood) factors influence service provision. This knowledge tends to be acquired one practitioner at a time and specific to service settings and may be difficult to articulate and aggregate.

*Management staff:* Practitioners at the supervisory, middle management, or senior management levels have acquired knowledge about client populations, staff experiences, internal organizational dynamics, and external inter-agency dynamics that also tends to be acquired one practitioner at a time and may be difficult to articulate and aggregate.

**Organizational Knowledge**

Often assembled in the form of policies and procedures manuals, organizational knowledge also includes administrative data gathered on a regular basis to account for the number of clients served, the outcomes of service, and the costs associated with service provision. The aggregation of this data is captured in quarterly or annual reports to funding sources (government, foundations, and donors) and to the community at large.

**Policy Knowledge**

Often assembled in the form of legislative reports, concept papers, grand jury investigations, court decisions, technical reports, and monographs from research institutes, this form of knowledge focuses on what is known that could inform policy development or what has been learned from policy implementation that can inform administrative practice as well as future policy development.

**Research Knowledge**

Often derived from empirical studies utilizing an array of quantitative and qualitative research methodologies, this knowledge is displayed in research reports, service evaluations, and service instrumentation (see hierarchy of research methodologies noted in Figure 1). It is also possible for research knowledge acquisition to focus on one or more of the previous categories noted above (user/carer, practitioner, organizational, and policy)

\*Adapted from Pawson, R, Boaz, A. Grayson, L., Long, A. & Barnes, C. (2003). *Types and Quality of Knowledge in Social Care*. London, UK: Social Care Institute for Excellence.

innovation and preventing individualized approaches to treatment. Furthermore, by reducing practice variation, guidelines may standardize “average” rather than best practice.

Effective guidelines are those that interpret disconfirming and confirming evidence based on thorough search procedures and objective standards for evaluating evidence. For example, guidelines for the mental health assessment and treatment of child abuse victims and their families were developed by an advisory committee of clinicians, researchers, educators, and administrators for the U.S. Office for Victims of Crime. They evaluated the treatment protocols based on their theoretical grounding, anecdotal clinical evidence, acceptance among practitioners in the child abuse field, potential for causing harm, and empirical support for use with victims of abuse. While local adoption and ownership is crucial to the success of a guideline or best practice program, local practitioners also need to draw upon the range of resources available from national and international databases related to evidence-based practice.

### ***Translating the Evidence to Policy and Practice***

Despite advances in research and dissemination efforts, a substantial body of literature documents the failure of conventional educational approaches to promote the transfer of various types of research evidence into practice and policy. The fit between the intervention or guideline and the context of service delivery is not always taken into consideration. For example, researchers in the field of child mental health have made an

important contribution to transportability research by developing frameworks for validating interventions in different settings by focusing on the following questions: “What is the intervention?”, “Who can and will conduct the intervention in question, under what circumstances, and to what effect?”, and “Which aspects of the protocols, practice guidelines, and practice settings require modification?”. The following need to be taken into account:

1. Intervention characteristics (focus of treatment, model complexity, implementation specifications)
2. Practitioner characteristics (training, clinical supervision, types of practitioner such as social worker, physician, parent, etc.)
3. Client characteristics (age, gender, ethnicity and cultural identification, family context, referral source)
4. Service delivery characteristics (frequency, duration, source of payment)
5. Organizational characteristics (structure, hierarchy, procedures, organizational culture and climate, size, mission and mandates)
6. Service system characteristics (financing methods, legal mandates, interagency working relationships)

Given that organizational factors can be the most significant obstacles or enhancers of evidenced-informed practices, there has been call for more attention to the role of organizational factors.

### ***Organizational issues***

While there is limited research on the experiences of organizations that have attempted to develop an organizational culture that supports evidence-based practice and policy, it is becoming increasingly clear that evidence-informed practice is an innovation that requires: (a) *ideological and cultural change* (by winning over the hearts and minds of practitioners to the value of evidence and the importance of using it when making decisions), (b) *technical change* (changing the content or mode of service delivery in response to evidence about the effectiveness of interventions), and (c) *organizational change* (changing the organization and management to support evidence-informed practice). It appears that a combination of “micro” and “macro” approaches is more likely to achieve lasting change; “micro” approaches refer to altering the attitudes, ways of working and behaviors of individual practitioners and “macro” approaches relate to the “top-down” strategy to redesign key systems (such as the system for dissemination of evidence or the system for developing policy). *Organizational approaches that include micro and macro strategies* focus on the context within which practitioners and systems operate by redesigning embedded routines and practices as well as supportive structures to sustain evidence-informed practice. Intensive efforts to alter practice are more successful when coordinated with active dissemination and implementation strategies that pay special attention to the characteristics of the message, the recognition of external barriers to change, and the practitioner’s level of preparedness for engaging in change.

In contrast to the large number of studies on efforts to change individual behaviors, the research on macro approaches to changing organizational cultures related to evidence-informed practice is more limited. For example, few individuals within organizations hold common views about the nature of evidence and, therefore, there is little consensus on how evidence could be effectively utilized. In addition, there is little clarity about the types of mechanisms needed to promote and sustain an evidence-informed organizational culture. However, there is considerable consensus on the need for organizations to provide a common understanding of what constitutes “best evidence” based on continuous dialogue about the nature and relevance of evidence. Such dialogue is needed before practitioners could be expected to effectively manage the dissemination, implementation and adoption processes at either the management or line levels. In addition, there was a high level of agreement that responsibility and accountability for evidence-informed practice should be devolved down through an agency by the active leadership of top management through the use of coordinated strategy groups. At the same time, there was equally strong agreement that accessing evidence and reflecting upon its relevance should be an integral part of everyone’s job with time allocated during the work week to read and reflect.

Some of the major barriers to the implementation of evidence-informed practice are: (a) lack of time to engage in the process, (b) isolation within their agencies in terms of promoting evidence-informed practice initiatives, (c) lack of resources, and (d) a lack of a sound knowledge base of

relevant evidence. The major strategies to address these barriers include a willingness to address organizational issues, specific leadership competencies, and leadership support in the form of meetings and seminars to maintain momentum. Some of the leadership competencies include: (a) setting agency directions and expectations for staff, (b) increasing staff competence, supporting and enabling critical thinking about practice, (c) using evidence to improve services, (d) generating and sharing evidence, and (e) creating strategic partnerships through networking and personal skills. In addition, the modeling of appropriate evidence-informed practice behaviors include: (a) a demonstrated commitment to one's own personal development (i.e., "still learning" rather than "burned out"), (b) demonstrating a belief that research evidence can be used to advance practice, (c) seeing the connection between research and practice whereby evidence-informed practice is part of everyday work, and (d) demonstrating an awareness of key issues and being sufficiently well-read to identify research evidence relevant to key issues.

At least four major organizational factors can be considered for implementing evidence-informed practice: (1) developing decision-making coalitions at the top and/or bottom of the organization, (2) making the link between the new initiative and current organizational goals and objectives, (3) documenting and disseminating the results/experiences of implementing evidence-informed practice, and (4) making efforts to develop "learning subcultures." Other examples of organizational strategies include: (a) regularly scheduled staff

training programs that make reference to evidence, (b) staff supervision that regularly draws upon evidence to inform decisions about cases and projects, (c) staff meetings that regularly include references to evidence on what has been tried elsewhere, regionally, nationally and internationally, (d) support facilities (e.g. internet access) to assist staff in efforts to keep abreast of relevant research, (e) supporting a workforce that takes personal responsibility for acquainting itself with the empirical evidence on service effectiveness, and (f) promoting a range of collaborative arrangements between social services departments and local and regional research institutes and universities. Both top-down and bottom-up strategies are noted in Figure 3.

### *Future Directions*

In the context of limited resources and accountability pressures, agencies need innovative strategies to harness information for the benefit of the individuals and communities that they serve. Evidence-informed practice appears to operate best within an organizational context that supports practitioners at each stage of the process leading to evidence-informed practice. Future directions suggest that agency-university partnerships, staff training, and the modification of agency cultures may be an effective mechanisms for organizations to introduce evidence-informed practice. Agency-university partnerships can be used to identify the data that will support evidence-informed practice. Key questions that need to be addressed are: (a) how will human service agencies develop the research questions needed to guide the systematic search of the literature? (b) how will research questions be addressed by

**Figure 3: Creating and Sustaining an Evidence-based Organizational Culture in Social Service Agencies\***

1. *Team or unit level strategies:*

- Develop and disseminate an in-house newsletter on relevant research
- Form and support monthly journal clubs to discuss an article or book of relevance to practice and to encourage knowledge sharing among practitioners
- Include research on the agenda of supervisory meetings, unit meetings, and departmental meetings
- Involve students in agency field placements to search for, summarize, and share relevant research
- Create a library in every supervisor's office of relevant research articles, reports, and books
- Help staff access existing databases (Cochrane and Campbell Collaboratives)

2. *Department or agency level strategies:*

- Develop an organizational environment that recognizes the importance of research in making decisions at all levels of the organization
- Identify champions for evidence-based practice (chief information officer, knowledge manager, etc.)
- Demonstrate ownership of evidence-based practice by senior and middle management (may require special orientation sessions)
- Provide resources for evidence-based practice (internet access, training, library materials, etc.)
- Establish a steering committee responsible for implementing evidence-based practice
- Support the design, implementation, and utilization of service evaluations
- Create a climate of continuous learning and improvement (learning organization)
- Promote evidence-based training and evidence-based decision-making
- Develop system of email alerts of recent, relevant articles
- Create a policy on supervision that includes evidence-based practice
- Consider mandatory in-service training on evidence-based practice and lobbying for similar content in local pre-service university programs
- Promote protected reading time for staff to review relevant research
- Structure student placements around evidence-based practice

3. *University/institute research development and dissemination strategies:*

- Provide clear, uncomplicated, user-friendly presentations of research findings
- Conduct research relevant to the service mission of the organization
- Develop research and evaluation partnerships between agencies and universities/institutes
- Utilize multiple methods of dissemination
- Build dissemination into all research projects
- Engage practitioners in research topic identification and development

#### 4. *Implications for senior management*

- Develop and circulate a policy statement that clearly identifies the value-added qualities of evidence-based practice including:
  - An approach to assessing service effectiveness
  - A way of finding promising practices for adaptation/incorporation
  - Provide evidence to support decision-making at the line and management levels
  - An approach to making decisions about the effectiveness of contracted services
- Develop an orientation program whereby senior staff become thoroughly acquainted with evidence-based practice and begin to redesign the organizational culture to make it possible to install this new approach to service delivery
- Identify a champion from the rank of either senior management or middle management to serve as the agency's chief information officer (knowledge manager) to guide this organizational change (based on a well-defined job description or work portfolio)
- Identify a university/institute partner to conduct systematic reviews of existing evidence by involving agency staff in:
  - selecting the areas for review,
  - reviewing the results of the reviews and recommendations,
  - designing the strategies for incorporating new knowledge into ongoing practice and evaluating the outcomes
  - coordinating all agency efforts to promote evidence-based practice through the agency's chief information officer or knowledge manager.

\* Adapted from Center for Evidence-based Social Services (2004). *Becoming an evidence-based organization: Applying, adapting, and acting on evidence – Module 4. The Evidence Guide: Using Research and Evaluation in Social Care and Allied Professions*. Exeter, UK: University of Exeter

researchers?, and (c) how will results be shared and incorporated into practice?.

Staff training, within human service agencies and on university campuses, that feature problem-based learning approaches are in the best position to support the introduction and utilization of evidence-informed practice. Major questions might include the following: To what extent are practice guidelines needed and how can they be incorporated in staff training programs? How can training become more

“problem-based” in order to promote evidence-informed practice? How can the transfer of learning be efficiently/effectively assessed?

Finally, the modification of agency cultures may be necessary to support and sustain evidence-based practice. The modification of an agency's culture needs to include strategies that address the reality that practitioners generally do not consult the research literature to guide practice decision-making due to the overwhelming volume of information,

lack of critical thinking skills, lack of time, and lack access to information. In essence, what does management need to do to build and sustain the supports for evidence-informed practice? What do supervisors need to do to assist line staff in the process of adopting evidence-informed practice? And what adjustments do line staff members need to make to incorporate evidence-informed practice into their daily routines?

### ***Conclusion***

Evidence-informed practice seeks to integrate the expertise of individual practitioners with the best available evidence within the context of the values and expectations of clients. While the development of rigorous research in the human services is still in its infancy, other types of agency-based evidence hold promise for improving practice. The strategies related to agency-university partnerships, problem-based learning in training programs,

and the transformation of agencies into learning organizations hold much promise for promoting evidence-informed practice.

This analysis of evidence-informed practice clearly leads to an exploration of evidence-informed management practice and a focus on how research is used to inform managerial decision-making. This focus draws upon the literature of the for-profit sector known as knowledge management. Highlights of this literature are described in Attachments 1 through 4 that address the following questions: 1) how is knowledge managed in terms of the difference between tacit practitioner knowledge and explicit research-based knowledge? 2) how have human service agencies in the U.S. implemented evidence-informed practice and what has been their experience? 3) what is the impact of an organizational change (like evidence-informed practice) on the organization's culture, and 4) how is research effectively disseminated and utilized?

### **Attachment 1: Knowledge Management**

While organizations have come to realize that their greatest asset is the knowledge of their workers, they often fail to capture this knowledge in tangible and meaningful ways. The term “knowledge management” first appeared in the literature of the for-profit sector in the early 1980s in an effort to capture the knowledge buried in their workforce and in the larger research community. A more recent interest in knowledge management has emerged in public and nonprofit human service organizations. This interest is linked to an increased understanding of tacit and explicit knowledge, the networks and social interactions utilized by workers to create and share knowledge, and the factors associated with effective knowledge management systems.

The two primary forms of knowledge that exist within organizations are tacit knowledge and explicit knowledge. Tacit knowledge is the knowledge that exists in the minds of workers (“know how” or “practice wisdom”) and influences their decisions and actions. In contrast, explicit knowledge refers to knowledge that has been captured and codified into manuals, procedures and rules that can be disseminated. Tacit and explicit knowledge are interdependent and equally important. As a result, it is essential for organizations to create opportunities for the sharing of tacit knowledge by encouraging workers to use formal and informal networks to promote a culture in which knowledge sharing is supported and encouraged.

Knowledge sharing allows individuals to learn from one another as well as contribute to the

organization’s knowledge base. Knowledge sharing also promotes creativity and innovation as individuals collaborate together, circulate new ideas and contribute to innovation and creativity in organizations. While knowledge sharing often occurs naturally between colleagues, organizations can take active steps to encourage knowledge sharing. Organizations need to create a culture that values knowledge as a communal resource and has social norms and incentives that encourage the sharing of knowledge.

Once organizations begin to understand the different forms of knowledge and the structures needed to promote knowledge sharing, they are in a position to embed knowledge management into the fabric of their organization. Organizational factors that facilitate knowledge sharing and effective knowledge management systems include organizational culture, structure, leadership, and education. Essential for successful knowledge management is the creation of an open, innovative and supportive climate where ideas are welcomed, people are encouraged to learn from their mistakes, and people are invested in improving the work environment. Secondly, organizational structures that facilitate knowledge sharing are essential for successful knowledge management systems where leaders and managers model the knowledge sharing process and create reward systems that value knowledge sharing and foster an awareness of its importance.

The most success in implementing knowledge management systems is found in organizations that embed it in existing organizational structures. A knowledge management system needs to fit the

culture of the organization and utilize the following six strategies:

- 1) Build a visible connection between knowledge sharing and organizational goals and outcomes.
- 2) Link knowledge sharing with values held by the organization including the expectations, language, recognition and mission.
- 3) Tailor the knowledge management system to the style of the organization so that knowledge sharing builds upon the strengths of the organization.
- 4) By identifying the breadth and depth of knowledge that already exists in the organization, staff can build upon current sharing networks to disseminate this knowledge.
- 5) Identify the key knowledge worker within the organization as well as the roles and responsibilities of all staff to increase knowledge sharing.
- 6) Utilize a knowledge management task force or committee to facilitate the implementation of knowledge management strategies.

Effective knowledge management systems make extensive use of evidence for practice.

## Attachment 2: Implementing Evidence for Practice

Implementing evidence-informed practice involves a number of individual, organizational, contextual and research factors. The ideal organizational culture to support the implementation of evidence-informed practice is one in which: 1) the culture is consistently reflected at all levels of staff, 2) there is a clarity of mission and goals among staff, 3) staff are cohesive and autonomous, 4) communication is open, 5) change is valued and embraced, 6) job stress levels is manageable, 7) resources are devoted to human resources and professional development, and 8) systems are in place to provide feedback for continuous improvement. The major components of organizational culture that are supportive of evidence-informed practice include: 1) *leadership* provided by change managers or champions, 2) *the involvement* of stakeholders at all levels and phases of implementation, 3) the development of a cohesive team and the realization of *teamwork*, 4) the availability of organizational *resources*, both physical and human, and 5) readiness to become a *learning organization* that values and encourages learning.

While winning over the hearts and minds of leaders, managers and direct service staff to value the importance of evidence and the importance of using it when making decisions is a fundamental cultural and ideological shift, a variety of organizational change strategies have been identified to support the use of evidence-informed practice. The approaches utilized in human service organizations can be categorized into three general areas: micro (or individual), macro (or systems) and organizational (or context/combination) approaches.

The micro approach involves the teaching of practice skills needed to appropriately utilize evidence and views the implementation of evidence-informed practice as a long-term organizational process designed to slowly alter the attitudes, practices, and behaviors of individual practitioners. Macro approaches relate to the “top-down” strategy to redesign key systems (such as a system for dissemination and utilization of research and/or the newest evidence) in order to achieve planned change to support the use of evidence for practice. Organizational approaches, which utilize components from both the micro and macro approaches, seek to increase the research knowledge, skills and attitudes of staff through the creation of organizational processes and procedures required to incorporate evidence-informed approaches into the daily routine.

Promising strategies for creating an evidence-informed organizational culture within the human services are those related to agency-university partnerships, problem-based learning in training programs, and the transformation of agencies into learning organizations in which innovation and knowledge seeking and development are ingrained in an organization’s culture.

### **Attachment 3: Managing Organizational Change and Building a Learning Culture**

Due to an ever-changing funding climate and growing body of evidence, most human service agencies are engaged in implementing and embracing change. When considering change and the introduction of an evidence-informed practice, change is viewed as a process by which an organization identifies, examines and potentially implements a new idea in relationship to three major categories: 1) types of change, 2) degree of change, and 3) structural facilitators and barriers to change.

The two main types of organizational change are administrative (process) and technical (product). Administrative refers to changes in organizational structures and administrative processes (e.g. the creation of a new employee performance evaluation system), while technical refers to changes in services or process technology that affect daily work activities (e.g. employing the use of a new type of therapy). When considering evidence-informed practice, oftentimes an administrative change may need to accompany the technical change. For example, it is generally the case that new policies and procedures need to be developed to support new service delivery technologies. In addition to the type of change, it is also important to consider the degree of change that can be viewed along a continuum from minor change to radical change; understanding the degree of change is critical to planning for a change and anticipating staff response to the change.

With the understanding of the types and degrees of change, the next step is to determine the factors that facilitate or inhibit the adoption of a change, whether associated with the change itself

or the characteristics of the organization. The key characteristics associated with successful and sustainable change are: 1) leadership, 2) the clarity/ simplicity of the change, 3) the degree to which it is similar to previous practices, 4) the advantage of the change is clearly articulated and understood, 5) the change is rolled out incrementally and practitioners are supported at each stage, and 6) the change is readily observable to those being asked to implement the change. Characteristics such as staff resistance and receptivity as well as organizational and staff readiness for change are also factors associated with successful implementation of change.

Organizations can help facilitate greater receptivity to change by providing staff with the space needed to deal with the psychological loss that often accompanies change and to begin to recognize the potential positive benefits associated with the change. In addition, organizations can help to ensure the successful adoption of change by assessing both individual and organizational readiness for change by determining what is important, what is necessary and what is appropriate for the change to occur. Staff receptivity and resistance as well as staff and organizational readiness for change have a great deal to do with organizational culture.

Organizational change takes place within the context of an organization's culture, which can inhibit or facilitate change. Relevant considerations include whether the organization is open and capable of

change and/or if the culture needs modifications before implementing a change.

In addition to understanding the elements of culture that have an impact on an organization's management of change, it is important to analyze the type of culture operating within the organization. The two primary types of organizations operating within the human services field are: 1) informal family-type structures where relationships are highly valued but where decisions and changes are made based on minimal planning and discussion and 2) formal, role-oriented and hierarchical structures that stress stability and predictability. The hierarchical nature of the organizational structures of many public social service agencies, for example, may create challenges when it comes to knowledge sharing and collaborative problem-solving, decision-making and planning. Therefore, many organizations need to find ways to modify the organizational culture in such a way that supports the successful implementation of evidence-informed practice.

As with any change, successful implementation and sustainability of the change is more readily ensured through the use of a thorough assessment process. Assessment includes an evaluation of the readiness for organizational change, the individuals (staff), and the change itself, all within the context of the organizational culture. Ensuring that all the voices of those who are affected by the change are involved in the assessment, planning and implementation phases of the change can facilitate greater success.

#### **Attachment 4: Effective Dissemination and Utilization of Research**

Human service practitioners and researchers have long been aware of the gap between research and practice. The two primary contributors to the gap are: 1) staying up to date with and consuming the growing volume of evidence for practice and 2) finding ways to utilize evidence in practice. The factors that can act as either barriers or facilitators to effective dissemination and utilization of research include four areas: individual, organizational, research and communication factors.

Within the domain of individual factors, some of the barriers include lack of access to and interaction with knowledgeable colleagues with whom to discuss the research, feeling incapable of evaluating the quality of research and not being aware of research. All of these also relate to communication barriers. In contrast, some of the facilitating factors related to individuals include a greater knowledge of research methods, a positive attitude towards research (even when it contradicts “what we thought we knew”), and a disposition towards critical thinking. At the organizational level, barriers include the lack of time, staff and/or management resistance, and lack of authority to change practices. These barriers can be minimized by: a) providing more staff development (in-service training) on the skills needed to promote evidence-informed practice involving the use research in practice, b) creating an organizational structure for the use of research (e.g. providing staff with time to read and discuss research), and c) demonstrating leadership by making administrative and organizational commitments to support the use of research,

including changing policies and addressing resource and operational barriers.

The third area relates to research factors that include such barriers as the perceived relevance of the research for the practice setting or the equivocal nature of some research findings (e.g. “it could mean this, or it could mean that”). Other barriers involve the lack of availability and accessibility to research reports and articles (which could be as simple as lack of access to the internet in the workplace). Many of the communication-related barriers can be addressed if research results are presented in a user-friendly and understandable way, made more accessible, and developed in collaboration between the research and practice worlds. The core elements of effective practitioner-researcher collaborations are: 1) an incentive to collaborate, 2) shared values, trust, open communication and respect, 3) the ability to collaborate, and 4) the capacity to build and sustain collaboration.

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## Evidence for Child Welfare Practice\*

As a result of federal and state legislation and a need to efficiently and effectively use scarce resources, there is an increasing emphasis on evidence-informed practice in the social services field and in child welfare in particular. Further, there is a critical need to use evidence in practice in order to more effectively combat child maltreatment, both its effects and etiology. Moreover, vulnerable child welfare populations have urgent and immediate needs and practitioners are increasingly being pressed to identify and implement evidence-based interventions. Therefore, it is important to build the knowledge base with regard to evidence for practice in public child welfare, namely in the areas of racial/ethnic disproportionality at the front-end of the child welfare system, assessment tools in child welfare and child welfare outcome measurement.

### *Racial/Ethnic Disproportionality*

Racial/ethnic disproportionality in the child welfare system is a complicated social problem that is receiving increasing amounts of attention from researchers and practitioners.

Research suggests that children of color tend to be disproportionately represented in the child welfare system as a whole, as well as at various points throughout the life of a case. There is also evidence to suggest that children of color, and in particular African American children, tend to have longer stays in out-of-home care, receive less comprehensive services and are less likely to

reunify than white children. African American and Native American children are over-represented in the child welfare system, while white children tend to be under-represented, both nationally and within California. Hispanic/Latino children are neither over-represented or under-represented in the child welfare system nationally, but in California they are somewhat under-represented, as are Asian American children. To better understand where and how disproportionality is introduced into the child welfare system, it is important to identify and analyze four major decision-making points in the front-end of the system. First, a community resident or mandated reporter decides whether to make a referral to the child welfare system. Once a referral is made, child welfare workers must decide: 1) whether to investigate the report, 2) if investigated, whether to substantiate the allegation of maltreatment or dismiss the case, and 3) if substantiated, whether to place a child in out-of-home care.

Some research suggests that children of color are referred, investigated, substantiated, and placed in care at a higher rate than white children. California's child welfare data corroborates the claims related to initial referral and placement in out-of-home care. With regard to placement in foster care, Native American (41.9%) and African American children (41.7%) are most likely to be placed out of the home, followed by whites (32.9%), Hispanics (29.2%) and Asian Americans (25.0%). As demonstrated, African American and Native American children are

the most disproportionately represented compared to any other racial/ethnic group when it comes to out-of-home placements. The reasons for the existence of racial/ethnic disproportionality in the child welfare system are both complex and unclear. There is insufficient evidence to claim that this disproportionality is reflective of actual rates of child maltreatment occurring in these groups.

A number of theories have been developed to explain disproportionality. One theory suggests that bias and inconsistencies in decisions made by the referring community and child welfare agency staff result in disproportionality. A second theory proposes that poverty and experiences of oppression in communities of color result in greater stress and higher rates of maltreatment, and thus greater representation in the child welfare system. A third theory focuses on the stressful and sometimes chaotic nature of child welfare agency practice as a contributor to disproportionality. Based on each of these theories, a variety of interventions have been developed.

The theory that bias and inconsistencies are behind racial/ethnic discrepancies in the child welfare system is supported by several national studies suggesting that there are no racial/ethnic differences in the occurrence of child maltreatment. Yet, there are increased rates of referral, investigation, substantiation, and placement for children of color. If disproportionality is due to bias and inconsistency in decision-making by agency staff, three primary interventions have been identified: 1) *risk assessment tools* intended to reduce subjectivity and therefore bias in child welfare decision-making, 2) *family group conferencing* designed to reduce bias by engaging

families of color in decision-making processes, and 3) *improving cultural competence* in an effort to reduce bias by acknowledging and incorporating cultural responsiveness into the delivery of services.

The second theory related to poverty and oppression of families of color includes such risk factors as poverty, living in impoverished neighborhoods or single parent status. According to this theory, poverty (and other risk factors) and a lack of adequate prevention services bring African American children to the attention of the child welfare system in greater numbers than children whose families are not confronting the same stressors. These problems and stressors can contribute to the differences in referral, investigation, substantiation, and placement rates for families of color. Five primary interventions have been developed related to this theory and include: 1) *differential response* designed to intervene to address underlying factors that lead to child maltreatment, 2) *out-stationing child welfare workers* to create a stronger link between the child welfare system and community resources in order to destigmatize the use of public social services, 3) *neighborhood-based ethnic-specific services* designed to offer services that attempt to respond to the cultural needs of specific ethnic groups, 4) *home visitation services* intended to improve parenting and health outcomes of parents and their young children by providing emotional and problem-solving support and concrete assistance, and 5) *increasing involvement of fathers in child welfare services* in a effort to help stabilize families so that future child welfare system involvement in unnecessary.

The third “theory” suggests that system-related factors (e.g. agency infrastructure, organizational

culture, resources, and leadership) can influence the delivery of child welfare services (quality and outcome) and thereby impact on racial/ethnic disproportionality. For example, in the 2003 federal government report on children and families of color in the child welfare system, participants noted an overall lack of agency resources as a contributing factor to racial/ethnic disproportionality and poor outcomes for children and families of color. Three primary interventions related to the systems theory are: 1) *leadership and sustained commitment to reducing disproportionality* intended to bring about the organizational changes needed to better serve children and families of color, 2) *organizational restructuring through vertical case management* (e.g. assigning the same worker to oversee all phases of the family's involvement with the child welfare system as a way to reduce disproportionality), and 3) *collaborations with racial/ethnic communities* to help improve outcomes for children and families of color and reduce disproportionality.

Since there are multiple factors contributing to disproportionality at the front end of the child welfare system, attempts to achieve sustained reductions in racial/ethnic disproportionality may also benefit from an evaluation of the tools used to assess child welfare situations as noted in the next section.

### ASSESSMENT IN CHILD WELFARE

In order to understand how to use the best assessment for all children who come from a variety of backgrounds and experience unique circumstances, effective tools are needed. For example, from a judicial perspective, when a worker suggests that a child be removed from their home, judges need to know

upon what basis a recommendation of such severity is made in order to make their own determination based on the best available evidence. Similarly, agencies need to know how workers are making service delivery determinations as well as how the evidence used to support their recommendations and actions. The research on child welfare assessments suggests three tools for assessing child abuse and neglect cases: 1) risk and safety assessment, 2) family assessment, and 3) child and youth well-being assessment. While each of the assessments should inform one another, they may be used for distinct purposes, at differing decision-making points of a child welfare case and result in different types of recommendations.

#### *Risk and Safety Assessment*

Most states in the U.S. formalize the process of assessing risk by using a structured decision-making process or tool. Risk assessment instruments generally include the broad categories of abuse and neglect, behavioral descriptions, levels of risk, and standardized recording forms.

Currently, there are two major approaches to risk assessment in child welfare decision-making: the *consensus-based* model and the *actuarial* model. Both include family or case characteristics believed to be associated with risk of maltreatment. The two approaches differ in the processes used to identify factors for inclusion in the instrument and how the instruments are utilized in practice. As a result, the preliminary research findings suggest that actuarial risk assessment instruments (using statistical procedures that identify and weigh factors that predict future maltreatment) appear to have

greater predictive validity and inter-rater reliability than consensus-based instruments that rely primarily on clinical judgments about child maltreatment. The most promising findings for the identification of an efficacious risk and safety assessment instrument were related to the Children's Research Center (CRC) actuarial risk assessment instrument.

Some of the debate regarding the best approach to assessing risk and safety may be due to a lack of clarity regarding the purposes of "risk assessment." Distinctions between risk assessment and family assessment can be somewhat unclear and a number of researchers have argued that they have often been confused. If the goal of an assessment is to predict the likelihood of the recurrence of maltreatment in order to provide services to the families at greatest risk, this is clearly a risk assessment. The research evidence strongly suggests that the actuarial instrument will produce a more accurate and reliable prediction than the consensus-based instruments. On the other hand, if the goal of an assessment activity is to gain a comprehensive understanding of the service needs of a family or individual, a family needs assessment instrument may be more appropriate.

### ***Family Assessment***

Family assessments require that workers systematically gather information and continuously evaluate the needs of children and their caregivers as well as the ability of family members to use their strengths to address their problems. However, the states' performance on the federal Child and Family Services Reviews, in both outcomes and systemic factors, suggests that it is not often

clear how caseworkers gain a full understanding of family strengths, needs, and resources or how this information is incorporated into ongoing service planning and decision-making. Family assessment instruments hold promise for enhancing clinical judgment by structuring decision-making processes and demonstrating the linkages between assessment, service provision, and child and family outcomes.

Comprehensive family assessment has been defined as the process of identifying, gathering and weighing information to understand the significant factors affecting a child's safety, permanency, and well-being, parental protective capacities, and the family's ability to assure the safety of their children. Federal guidelines identify key points in the life of a case for comprehensive family assessment, beginning with the initial contact with the family and continuing through several decision making stages (including placement, reunification, termination of parental rights, and case closure). Other assessment points include decisions related to changes in the service plan or case goal, independent living decisions, formal progress reviews, and new information leading to additional assessment. Yet, existing guidelines for family assessment in child welfare services typically do not recommend particular tools or instruments for monitoring the complex and often challenging circumstances that bring families to the attention of child welfare services.

Federal guidelines do, however, identify four federally-defined domains of family assessment: (1) patterns of social interaction, including the nature of contact and involvement with others, and the presence or absence of social support

networks and relationships; (2) parenting practices, including methods of discipline, patterns of supervision, understanding of child development and/or of the emotional needs of children; (3) background and history of the parents or caregivers, including the history of abuse and neglect; and (4) problems in access to basic necessities such as income, employment, adequate housing, child care, transportation, and other needed services and supports. Several additional behaviors and conditions have been associated with child maltreatment (e.g. domestic violence, mental illness, poor physical health, disabilities, and alcohol and drug use). Ideally, a comprehensive family assessment instrument will address these conditions and indicate whether a need for more specialized assessment exists.

Interest in family relationships began expanding in research and clinical practice with the advent of systems of child protection in the 1970s; however, only in recent years have significant efforts been made to develop family assessment instruments specifically for the child welfare practice setting. Research reveals that a variety of family assessment instruments exist, ranging from comprehensive assessments (that measure all of the federally-defined domains of family assessment and additional risk factors for child maltreatment) to domain-specific family assessments (on the domains of social interaction patterns and support, parenting practices, family background characteristics and basic needs fulfillment). In addition, instruments are used at various points in the life of a case; some are designed to be used at each of the different stages

of decision-making in a child welfare case and some are designed to be used only at specific stages.

Empirical research examining 85 family assessment instruments suggests that there are seven comprehensive family assessment instruments that are appropriate for use in child welfare settings to address the four federally-defined domains of family assessment. Of these, the North Carolina Family Assessment Scale (NCFAS) and the NCFAS for Reunification (NCFAS-R) appear to be the most promising in that they have been extensively tested with child welfare populations and utilize a strengths-based perspective. However, it is also important to carefully review the measurement criteria and the practical implications (especially agency resources) for the use of any family assessment instrument in child welfare. For example, a comprehensive family assessment is a process rather than the simple completion of a tool; therefore, once decisions are made regarding the selection of instruments, consideration needs to be given to how the agency supports its use. The family assessment process includes at least nine components: (1) the evaluation of information; (2) interviewing; (3) obtaining and integrating information from more specialized assessments; (4) identifying family strengths and needs; (5) decision-making; (6) documenting and maintaining records; (7) linking assessments to service plans; (8) evaluating outcomes; and (9) disseminating information to other providers, as needed.

A comprehensive family assessment process incorporates information collected through other assessments, such as safety, risk, and child assessments. Policies need to address how these

multiple assessments are conducted in day-to-day practice and how this information will be incorporated into the development of service plans that address the major factors that affect safety, permanency, and child well-being over time. Given that the engagement and building of worker-client rapport are of central importance in gathering information from families regarding their needs and strengths, organizational and administrative supports are necessary for implementing family assessment techniques. These include allocating staff time for assessment, formal training, clinical supervision, and mentoring in areas such as completing comprehensive assessments in a culturally sensitive manner, engaging families in a change process, and reaching the appropriate conclusions about the meaning of the information gathered.

### ***Child and Youth Well-Being Assessment***

While a comprehensive family assessment can help to identify the underlying factors that led to child maltreatment and the services needed to ameliorate the negative repercussions of those factors and build upon family strengths, the use of child and youth well-being assessments can serve a number of purposes. One of the primary purposes of measuring child well-being relates to the federal emphasis on assessing and measuring outcomes for children and families. (Adoption and Safe Families Act of 1997). These two directives of assessment and outcome indicate the need for identifying and developing standardized tools for developing and monitoring service plans related to child well-being.

Child and youth assessments are related to both risk of deleterious child/youth outcomes and family

functioning related to problematic behaviors and ecological difficulties. However, in response to federal guidelines for the identification of strengths and protective factors in assessment processes and to the shortcomings of the pathology-based models of the past, there has been a major paradigm shift towards strengths-based practice. Incorporating strengths, assets, protective factors and abilities in the assessments of children and youth provides a more complete and accurate picture than those that focus on risks alone and can help identify pathways for successful development.

The additional reasons for the use of a comprehensive assessment of child and youth well-being in child welfare include the following: 1) to ensure normal development and functioning based on observable characteristics, self- and caregiver-reports, and other sources of information (including school records and other care agencies, 2) to identify child/youth strengths in order to inform service/treatment planning, to reduce identified risks, to monitor the course of service, and to provide outcome scores, 3) to obtain a quick “snapshot” of the child or youth’s general status in order to make referral to specialty care, 4) to develop a stronger partnership with families in offering a unique perspective on the strengths and assets of the child and family, 5) to enhance worker satisfaction by providing opportunities to see progress and change, and 6) to inform policy and program development and evaluation at a county- or state-wide level based on population surveys.

At the same time, the concepts, operationalization, and measurement of “well-being” present numerous challenges. One of the major challenges relates to

assessment instruments that emphasize deficits, rather than identifying strengths and protective factors. To further complicate matters, assessment procedures have historically ignored the context in which the child resides; research now supports the notion that the well-being of a child is not simply the product of the child's internal characteristics but rather the interaction between the child and the environment. As a result, child assessment needs to be multidimensional, including a multi-systems perspective that addresses family and community influences. Another challenge is that not only is the concept of well-being not clearly defined in both research and practice arenas, but also the outcome of well-being is not clearly defined in mandated performance indicators.

In addition to this lack of clarity, child welfare workers are expected to assess the multiple dimensions of each *child* within the constraints of limited time and resources. For example, the categories for comprehensive child assessment recommended by the federal guidelines include the following: 1) physical and motor skills, 2) intellectual ability and cognitive functioning, 3) academic achievement, 4) emotional and social functioning, 5) vulnerability/ability to communicate or protect themselves, 6) developmental needs, and 7) readiness of youth to move toward independence. In addition to these dimensions of child well-being, the categories of *youth* assessment include: 1) readiness to live interdependently, 2) ability to care for one's own physical and mental health needs, 3) self-advocacy skills, 4) future plans for academic achievement, 5) life skills achievement, 6) employment/career development, and 7) quality

of personal and community connections. Given this wide range of categories, it is unclear which aspects of assessment would be most helpful to a child welfare worker, especially since the majority of reliable instruments do not focus on well-being.

Despite these challenges, there are instruments that provide comprehensive assessments of child and youth well-being, focus on strengths and competence, demonstrate relevance for child welfare populations, and demonstrate validity and reliability. There are several implications for child welfare practice. First, consideration of the *developmental process of a child* is essential in the assessment of well-being. What constitutes well-being in infancy varies considerably with middle childhood; in essence, a one-size-fits-all approach to assessment fails to consider this complexity. For example, efforts to develop well-being instruments for middle childhood and adolescence should consider the need for multiple informants, assessment of subjective factors related to self-perception, and the impact of social networks on children and youth. The most promising developmentally-appropriate instruments include the following:

- Infant and Young Child Instruments: Battelle Developmental Inventory; Child Development Inventory; Child Observation Record; and Ages and Stages Questionnaire
- Middle Childhood Instruments: Social Skills Rating System and Behavioral and Emotional Rating Scale
- Adolescent Instruments: Clinical Assessment Package for Assessing Client Risk; and Strengths, 4-D: Strengths-Based Assessment

Tools for Youth in Care; Family, Friend, and Self Form; Child and Adolescent Social and Adaptive Functioning Scale; Adolescent-Coping Orientation for Problem Experiences; Resiliency Scale (Jew et al, 1999); Resilience Scale (Wagnild & Young, 1993); and Ansell-Casey Life Skills Assessment

Second, the assessment of child and youth well-being may have several purposes at the client as well as the service level. In the processing of a case, for example, child well-being assessment can be particularly useful during critical decision-making points such as: 1) temporary removal and disposition, 2) out-of-home placement considering reunification, 3) permanent placement hearing, and 4) transition and emancipation. Child well-being assessment may also be influential in the prevention of future abuse or neglect for the referred child as well as for other children in the family. On a broader scale, individual level well-being assessments can be aggregated to inform policy and program development, as well as to identify needs in specific communities. Third, the demands of child welfare practice require that global well-being instruments be inexpensive and available, relatively brief, easy to administer and score, and produce practical results that can be translated into effective practice or policy strategies. Finally, the assessment of child and youth well-being is multidimensional and therefore single domain instruments do not capture this complexity. Even comprehensive well-being assessments need to be interpreted along with other indicators of well-being. When used in conjunction with medical and school records as well as existing risk and safety measures, a strengths-based assessment of

child well-being has the potential to “complete the evaluation triangle” between safety, permanency, and well-being in a heavily risk-focused process.

In summary, there are three primary uses for assessment instruments in child welfare: to assess risk and safety in child abuse and neglect situations, to assess family functioning and other relevant family factors, and to assess child and youth well-being. However researchers have found that people make a number of common errors in their predictions and decisions (e.g. ignore the probability of an event in making predictions about the likelihood of its occurrence; become overconfident of their ability to predict an event and experience difficulties when weighing factors related to a decision). For example, child welfare workers who have similar experiences, these difficulties are compounded by the complex nature of child welfare reporting and case management. Therefore, while assessment instruments should be used as aids to decision-making rather than replacing clinical judgment, they are a necessary tool through which critical decisions are made for families and children, especially related to entering the child welfare system, developing and implementing case plans, and exiting the system with respect to achieving desired outcomes.

### **CHILD WELFARE OUTCOMES**

Although calls for accountability in the public social services have existed for decades, two key federal acts have increased this mandate in the field of child welfare, namely the Government Performance and Reporting Act of 1993 and the Adoption and Safe Families Act of 1997. In addition, a new federal review process related to child welfare outcomes

was instituted in 2001 called “Children’s and Family Services Reviews” (CFSR) to formalized a state accountability process. As a result, states and child welfare agencies have become charged with understanding, conceptualizing, operationalizing and measuring child welfare outcomes across a variety of domains. In order to inform child welfare policy-making and to create a stronger foundation upon which the child welfare system can increase accountability efforts and ultimately improve service delivery, reviews of the literature were completed in the following areas: 1) understanding and measuring client outcomes, 2) identifying service outcomes related to parent education programs, and 3) identifying service outcomes related to substance abuse interventions.

### ***Client Outcomes***

The most frequently cited child welfare outcomes in federal and state accountability efforts fall into three broad domains: 1) safety, 2) permanency, and 3) well-being. The outcomes for safety include protecting children from abuse and neglect and maintaining them safely in their own homes. In the permanency domain, outcomes assess whether children in out-of-home care have permanency and stability in their living situations. The outcomes related to well-being include education, physical health, and mental health of children while they are in care and upon emancipation from the system. In order to measure any outcome, one must first identify the relevant indicators relating to a particular outcome. Both the research literature and federal administrators (in development of the CFSR process) have identified numerous indicators to determine the extent to which child welfare clients are achieving

the three broad federal outcomes of safety, permanency and well-being.

Research reveals that researchers and federal administrators have framed outcomes differently, and, as a result, may use different indicators to measure the same outcome. For example, some outcomes are not captured by using current administrative data (e.g. the proportion of cases that reunify or are adopted, or placement stability for children in long-term care), some comparisons between states are problematic because of the different factors that affect outcome, and the outcomes of youth in care and emancipating from the system related to well-being are not emphasized in the federal review process. In addition, there are measurement problems in the federal review process. For example, the distortion from using estimates based upon exit cohorts (combined with the questionable reliability of the data from the on-site reviews due to the small sample size) suggest that conclusions about state performance drawn from these data sources *could very well be erroneous* and result in heavy fines. In addition, these inaccurate estimates could lead to “corrective action” taken by a state that negatively affects the true outcomes being sought. Because financial penalties can be imposed if targets are not met, states have a strong incentive to achieve the targets even if these efforts do not necessarily serve the best interests of children and families. For example, in order to reach the re-entry target, an agency might reunify fewer families, since fewer reunified families results in fewer re-entries. Similarly, current practices that benefit children might negatively affect the outcomes. For example, successful efforts to

move children currently in long-term foster care into adoptive homes would negatively affect a state's performance on the adoptions indicator (e.g. any child adopted after having been in care over 24 months will reduce the proportion of those adoptions that are completed *within* 24 months).

With the CSFR review process, the federal government has chosen to hold states accountable for what can be counted, even though these measures do not always capture meaningful outcomes. To correct the situation, the following changes are needed: 1) administrative indicators should be redefined based upon entry cohorts and longitudinal data, rather than exit cohorts and point-in-time samples, so that a more accurate depiction of case processes can be obtained, 2) additional administrative data indicators (based upon longitudinal entry cohorts) should be incorporated into the review process in order to capture important aspects of child welfare case, (e.g. the proportion of cases reunified, adopted, and still in care at certain points in time), and 3) national standards for administrative indicators should be eliminated. Given the diversity of state characteristics, they should only be compared against themselves. If this is not possible, estimates could be risk-adjusted. For example, while incorporating all relevant risk factors would be impossible, it would not be difficult to use some basic demographics like age and race to adjust performance estimates.

In summary, federal and state legislatures need to devote resources to helping public child welfare agencies carry out their responsibilities for accountability. States need the ability to configure data so that it conveys meaningful information for

management and accountability efforts. This requires the resources to hire personnel with the capacity to conceptualize and calculate appropriate measures of systems improvements. These resources are needed so that states can evaluate and improve the outcomes of services to children and families.

### ***Service Outcomes of Parent Education Programs***

While many outcomes are managed from within the agency, there are additional outcomes that are managed from outside the agency as a result of contracting for services not directly offered by child welfare agencies, such as parent education programs. Parent education programs may be one of the most frequently delivered services to parents involved in the child welfare system who are attempting to maintain their parental rights. However, there is insufficient understanding of the most effective programs for parents in the child welfare system. With over 500,000 children currently in out-of-home care and more than a million families receiving child welfare services to maintain the safety and well-being of their children in their homes, it is apparent that large numbers of parents engage in behaviors that are determined to be harmful to their children. As a function of their involvement with the child welfare services system, it has been estimated that approximately 850,000 families in the U.S. participate in voluntary or court-mandated parent education programs each year. Parent education programs, whether explicit or implicit, assume an underlying theory of action; that is, intervening with parents directly can improve: a) improve parenting skills and capacities, b) improve certain child outcomes, and c) reduce the risk of future maltreatment. Therefore, training

for biological parents may be provided at various stages of the child welfare services continuum: 1) as a preventative measure to strengthen and preserve at-risk families or 2) as a response to prevent the recurrence of child maltreatment either in intact families or in families where children have been placed in out-of-home care.

Despite the widespread development and implementation of parenting programs for families that come to the attention of the child welfare services system, little is known about their effectiveness in preventing child maltreatment. By analyzing outcome data generated from parenting programs with families determined to be either at-risk of child maltreatment and/or abusive or neglectful, it is possible to identify parenting programs that can improve specific child welfare outcomes.

There are five core domains of parenting difficulties within maltreating families. These include deficiencies in: a) social cognitive processing, b) impulse control, c) parenting skills, d) social skills, and e) stress management. Similar sets of parenting problems apply in situations of physical abuse, emotional abuse, neglect, and, to a lesser extent, sexual abuse. Depending on the parenting program, it may address one of these domains or any combination of them.

While there are many promising parenting programs, only two rigorously evaluated programs address specific child welfare outcomes: 1) home visitation and 2) Project SafeCare. Home visitation addresses four of the five caregiving domains (all but impulse control) and operates as a prevention and early

intervention for families at-risk of or in early stages for child maltreatment. While the home-based program content varies, it generally includes the following objectives: establish a relationship of trust between the professional home visitors and the family, promote maternal-infant attachment, improve parental adoption of health promoting behaviors, promote positive parenting practices, reduce parental stress and improve maternal mood, reduce child abuse potential, and promote the use of community and neighborhood support systems to assist families. The child welfare outcomes demonstrated as a result of participation in the home visitation program are: a) improved parenting competence and parenting efficacy; b) improvement in the home environment; c) promoted use of non-violent discipline; d) reduction in parenting stress; e) fewer child maltreatment reports; f) decreased injuries from partner violence in the home; g) greater linkages with resources; and h) improved maternal mood adjustment.

The second program, Project SafeCare, addresses the caregiving domains of cognitive processing and parenting skills and targets parents with children between birth and five years of age who have been reported for physical abuse or neglect. In-home service (up to 24 weeks) is designed to improve parenting skills in infant and child health care, home safety and cleanliness, and parent-child interactions to reduce future occurrences of maltreatment. The outcomes related to child welfare are: a) improved ability to identify children's health symptoms and seek treatment, b) increased use of planned activities and parent training techniques, c) positive parent behaviors, d) improvement in home safety; e)

reductions in home hazards maintained at 4-month follow-up, and f) reduced likelihood of recidivism for families who completed all three training components.

Though many promising parenting programs have demonstrated positive changes in parenting, agencies considering the adaptation and/or implementation of these programs should be aware of several limitations. The conditions under which most research is conducted differs in many ways from the conditions under which parenting programs are delivered in everyday settings. Therefore, the outcomes that are demonstrated in research may differ from those achieved in practice. Other factors include the physical location of the sessions, characteristics of the organization responsible for service delivery, as well as other elements of service delivery such as payment and financing. Furthermore, deviations or modifications from the original intervention model are likely lead to different outcomes than demonstrated in research. From the perspective of child welfare organizations, however, the more complex the program, the more difficult it is to implement. Therefore, the process of moving a promising program into the practice setting requires decision making about which variables are most relevant, the resources available to implement and monitor the program and the capacity to measure outcomes.

### ***Outcomes of Substance Abuse Treatment Programs***

Another program provided outside the child welfare agency relates to the outcomes of substance abuse treatment. Although both mothers and fathers are equally likely to abuse drugs or alcohol,

mothers make up the majority of substance-abusing parents in the child welfare system. As a result, it is important to note that women who abuse alcohol or other drugs typically experience different circumstances than men and have unique needs that should be considered in the design of substance abuse interventions. Overall, women with substance abuse problems typically experience a high incidence of socioeconomic problems, criminal justice system involvement, histories of victimization, and mental and physical health problems. Further, substance-abusing mothers involved with the child welfare system differ from substance-abusing mothers not involved in the child welfare system in a number of ways that make them especially vulnerable. Child welfare system-involved mothers tend to be: 1) younger, 2) unemployed, 3) have less education, 4) are less likely to be married, 5) are more likely to have a chronic mental illness, 6) are more likely to have more children, 7) are more likely to use methamphetamines, and 8) are more likely to have unsatisfactory exits from treatment.

There is an urgent need to understand the types of interventions that are most effective with parents in the child welfare system, especially due to the significant risk of poor outcomes for children in the child welfare system with substance abusing parents and the special vulnerabilities of substance-abusing mothers involved in the child welfare system. Research suggests that compliance with substance abuse treatment is related to faster reunification, however less is known about the actual effectiveness of substance abuse interventions for parents in the child welfare system. Parental substance abuse is a serious problem for the child welfare system, with

estimates that between 50 to 80 percent of child welfare cases involve a parent who abuses alcohol or other drugs. Further, research suggests that children in the child welfare system with parents who abuse alcohol or other drugs are at an increased risk of a variety of poor outcomes (e.g. increased likelihood of being placed in out-of-home care, longer periods of time in out-of-home care, more likely to have a case plan of adoption, and tend to be approximately two years younger than children with parents who do not abuse alcohol or other drugs).

Research suggests that parental substance abuse is associated with a variety of problems related to child and family functioning. In general, parental substance abuse increases the risk of poor child developmental outcomes in a variety of domains (e.g. complications at birth, lower cognitive functioning, physical and mental health problems, and problems with social adaptation). There is also evidence that children with a family history of substance abuse have an increased risk for substance abuse themselves.

Problems in family functioning have also been associated with parental substance abuse. Maternal substance abuse has been linked with: 1) increased punitiveness toward children, 2) increased rigidity and excessive control in parenting, and 3) authoritarian attitudes toward parenting. In addition, parental substance abuse has been found to be associated with increased parenting stress and a greater likelihood of neglectful or abusive parenting behaviors toward their children. Despite the evidence suggesting that parental substance abuse is associated with problems in parenting and family functioning, other research indicates that mothers

who abuse drugs may also be strongly attached and committed to their children.

Unfortunately knowledge is very limited with regard to which interventions have demonstrated outcomes related to substance abusing parents in the child welfare system. However, the following program components have emerged as potentially effective with parents in the child welfare system: 1) women-centered treatment that involves children, 2) specialized health and mental health services, 3) home visitation services, 4) concrete assistance (e.g. transportation, child care, assistance linking with substance abuse treatment), 5) short-term and targeted interventions, and 6) comprehensive and holistic programs that integrate many of these components. While specific outcomes related to child welfare populations have not yet been identified with either specialized health and mental health services or short-term targeted interventions, they have been associated with the other four program components. Women-centered treatment increase the likelihood of the mother maintaining child custody. Home visitation programs have also demonstrated this outcome, as well as decreased involvement in the child welfare system. Concrete assistance can increase the likelihood and timeliness of accessing treatment as well as decrease time in out-of-home child placement. Lastly, comprehensive and holistic interventions have demonstrated reductions in out-of-home placements of children.

In addition to interventions for parents, the professionals involved with the child welfare and AOD (alcohol and other drug) systems generally recognize the importance of collaboration between the two systems in order to ensure accurate

assessment of parents, access to treatment, and monitoring of clients. The numerous barriers to effective collaborative between the child welfare system and the AOD system include differences in how the two systems define the client, time line constraints, differences in training and education, funding barriers and shortages of available treatment, problems surrounding confidentiality mandates, and differences in defining a successful outcome. However, collaborative models contain the following core elements that address the barriers to collaboration: 1) outstationing AOD workers in child welfare offices, 2) joint case planning, 3) using official committees to guide collaborative efforts, 4) Training and cross-training, 5) using protocols for sharing confidential information, and 6) using dependency drug courts.

### KEY THEMES

Based this review of research on child welfare assessment and outcomes, two key themes emerged:

- 1) *Individualization is critical.* Choosing an intervention to reduce ethnic/racial disproportionality requires that an agency identify the factors contributing to disproportionality in their individual agency and community and select a related intervention that is practical, appropriate and feasible for their use. In addition, child welfare agencies need to choose the most appropriate assessment instrument based on the individual characteristics of children and families. When it comes to measuring child welfare client outcomes, states need to be assessed individually in order to account for
- 2) *Multidimensional and comprehensive approaches demonstrate greater effectiveness for use in the child welfare system.* While combining and utilizing multiple intervention modalities appears to demonstrate greater effectiveness in reducing racial/ethnic disproportionality, a multifaceted approach of utilizing individual-level interventions in collaboration with system-level interventions may prove more effective for substance-abusing parents involved in the child welfare system. In addition, the utilization of parenting programs that cross multiple domains and/or combine different parenting programs related to parenting beliefs and practices have a greater impact on outcomes relate to child welfare populations. Since the child welfare outcomes of safety, permanency and well-being are multidimensional and complex, a multidimensional approach to defining and measuring these outcomes is also necessary. Lastly, comprehensive assessment tools related to risk and safety assessments, family, and youth and child well-being

local differences, to capture more meaningful information and to avoid creating a situation where states are forced to make difficult decisions only to meet a national standard. Lastly, parent education programs and substance abuse interventions need to be designed for child welfare populations in order to address child welfare outcomes. Further, referrals to such programs need to be based on individualized assessments of parents rather than relying programs that do not take into account child welfare populations.

assessments are multidimensional and therefore are needed to provide a more comprehensive assessment of children, youth and families.

### **Conclusion**

Given the limited and uneven support of child welfare research in the U.S. over the past half century, it is increasingly clear that evidence-informed child welfare continues to be the goal or vision of future practice. The federal standards for child welfare outcomes are only the beginning of this movement to promote evidence-informed child welfare practice. Efforts to build evidence-informed practice in the areas of ethnic/racial disproportionality, child welfare assessment and child welfare outcomes have been highlighted in this summary. More detailed descriptions of each area can be found in the references noted below that are also available on the BASSC website [www.bassc.net](http://www.bassc.net).

\*Abstracted from the following articles that will appear in Austin, M. (Ed) (2008) *Evidence for Child Welfare Practice*. Binghamton, N.Y.: Haworth Press:

*Understanding and Addressing Racial/Ethnic Disproportionality in the Front End of the Child Welfare System*

Kathy Lemon Osterling, Amy D'Andrade, & Michael J. Austin

*Risk and Safety Assessment in Child Welfare: Instrument Comparisons*

Amy D'Andrade, Michael J. Austin, & Amy Benton

*Family Assessment in Child Welfare Services: Instrument Comparisons*

Michelle A. Johnson, Susan Stone, Christine Lou, Catherine Vu, Jennifer Ling, Paola Mizrahi, & Michael J. Austin

*Assessing Child and Youth Well-Being: Implications for Child Welfare Practice*

Christine Lou, Susan Stone, Elizabeth Anthony, Catherine Vu, & Michael J. Austin

*Understanding and Measuring Child Welfare Outcomes*

Amy D'Andrade, Kathy Lemon Osterling, & Michael J. Austin

*Substance Abuse Interventions for Parents*

*Involved in the Child Welfare System: Evidence and Implications*

Kathy Lemon Osterling & Michael J. Austin

*Assessing Parent Education Programs for Families Involved with Child Welfare Services: Evidence and Implications*

Michelle A. Johnson, Susan Stone, Christine Lou, Jennifer Ling, Jennette Claassen, & Michael J. Austin

## Serving Low-income Families in Poverty Neighborhoods Using Promising Programs and Practices

Following the passage of welfare reform, public social service agencies witnessed overall declines in welfare caseloads, yet these declines have not necessarily been accompanied by improvements in the status of low-income families and neighborhoods. In an effort to highlight the important relationships between poverty, place and family in a post-welfare reform era this summary highlights findings from an extensive literature review in the following areas: 1) the status of low-income families, 2) the status of low-income neighborhoods, 3) promising programs to serve low-income families living in poverty neighborhoods, and 4) promising practices for meeting the multiple needs of low-income families living in poverty neighborhoods.

### ***The status of low-income families in a post-welfare reform era***

The major research findings on low-income families includes the following:

- One-third of all workers in the U.S. earn below poverty wages and of these workers, one-third are persistent low-wage earners who are responsible for the bulk of their family's income.
- The primary earner in a low-income family works full-time, year round, and the average income of a single-parent working family is barely above \$15,600
- African American and female-headed households earn considerably less than White and male-headed households.
- In California, the high cost of living increases the financial hardships of low-income families; more than 16 percent of households in California spend over 50 percent of their income on rent alone.

### **Based on a review of the literature on the status of low-income families, four key themes emerge:**

- 1) *Low-income families experience severe hardships whether they rely on cash assistance, work or a combination of both.* Research suggests that over 72 percent of low-income families earning twice the poverty line (or up to \$37,320 using 2003 data for a family of four) experience a serious hardship (affordable housing and lack of childcare) within a twelve month period. Earnings from government assistance and low-wage labor are inadequate for providing even a minimal standard of living to low-income families and therefore many families must choose between health care and food, or between other necessary expenditures (America's Second Harvest, 2002).
- 2) *Low-income families are resilient and resourceful. Many low-income families exhibit strengths equal to non-poor families and demonstrate a remarkable capacity to employ*

*flexible and creative coping strategies.* Low-income families are able to make use of extensive social networks such that more than 75 percent report receiving cash assistance from a friend or family member. Low-income families also rely on side work and help from private charities when necessary.

- 3) *Low-income families face significant barriers to using public and private services and to increasing earnings from work.* Many low-income families who would otherwise be eligible for government cash or in-kind assistance either do not know they are eligible, or find that the application process is an obstacle to receiving assistance. For families that do receive government assistance, there are disincentives to increasing their earnings because as earnings increase, other government assistance is reduced.
- 4) *The quality of life for families of color and immigrant status is continuously affected by discriminatory practices in the employment and service sectors.* Low-income families of color and immigrant families still face the burden of poor educational systems, random crime, gangs, high unemployment, ongoing issues with the police, job and earnings discrimination, discrimination within TANF programs, and constant fear of remaining in poverty for generations.

### ***The status of low-income neighborhoods in a post welfare reform era***

The major research findings on low-income neighborhoods includes the following:

- 1) Between 1970 and 1990, concentrated neighborhood poverty (defined as those census tracts where more than 40 percent of the residents are living in poverty), increased, especially among the urban African American population and among poor, female-headed families with children.
- 2) Emerging immigrant communities, especially those from Mexico, the Caribbean, Central America and Southeast Asia also tend to experience high rates of poverty.
- 3) Geographically speaking, of the 34.6 million people in poverty in 2002, 27 million lived in metropolitan areas (78%): 13.8 million in inner cities (40%) and 13.3 million in the suburbs (38%). Among those living outside metropolitan areas, 7.5 million (22%) people were in poverty in 2002.

A review of the literature on the status of low-income neighborhoods reveals four key themes:

- 1) *Macroeconomic trends have contributed to the creation of segregated, high poverty neighborhoods.* A major force shaping low-income neighborhoods has been the transformation of the urban economy, which for the past fifty years and most rapidly, in the past two decades, has become more decentralized, global, and heavily reliant on finance, services, and technology rather than on its once larger and more powerful manufacturing base. These macroeconomic changes have fueled the concentration of poverty and joblessness in central cities where low-income minorities tend to be disproportionately located.

- 2) *Low-income neighborhoods tend to be characterized by a variety of social problems.* The term “neighborhood effects” is used to describe the simultaneous presence of neighborhood socioeconomic disadvantage with other social problems, including high rates of unemployment, crime, adolescent delinquency, teenage childbearing, social and physical disorder, single-parent households, child maltreatment, high levels of mobility, poor child and adult health and mental health, and poor developmental outcomes for children and adolescents.
- 3) *There are several possible mechanisms through which the social environments of low-income neighborhoods impact residents.* The environmental conditions of low-income neighborhoods may impact residents in several possible ways: 1) the level or density of social ties between neighbors, the frequency of social interaction among neighbors, and patterns of neighboring; 2) the mutual trust and shared willingness to intervene for the public good; 3) the quality, quantity, and diversity of institutions in the community that address the needs of residents; and 4) the land use patterns and the distribution of daily routine activities that affect well-being.
- 4) *Neighborhood indicators for Bay Area neighborhoods can help inform social service practice and delivery.* In 2003, 72 Bay Area neighborhoods experienced concentrated poverty; the majority of these neighborhoods are

clustered around the cities of Richmond, San Jose, Oakland, and San Francisco. These cities are located in the counties of Contra Costa (20 neighborhoods), Santa Clara (16 neighborhoods), Alameda (11 neighborhoods) and San Francisco (9 neighborhoods) and account for 77 percent of the concentrated poverty neighborhoods in the Bay Area. Additional data reveal variations in the social, health and economic status of these neighborhoods. Neighborhood specific assessment techniques can assist program planners in designing the most appropriate interventions. By developing a set of indicators in the domains of well-being for which significant neighborhood effects have been demonstrated, local institutions may be able to better locate services and target strategies for neighborhood intervention.

### ***Promising programs for low-income families living in poverty neighborhoods***

A review of the literature on promising programs reveals three key themes:

- 1) *Earnings and asset development programs are used to increase the economic self-sufficiency of low-income families.* Programs to increase the earnings and assets of low-income families include employment programs, including place-based strategies that target employment services to an entire neighborhood, linking low-income parents to “good jobs,” and the use of work incentives and supports; as well as asset development programs, including promoting

banking and savings accounts, promoting low-income car and home ownership, and linking families to the Earned Income Tax Credit (EITC).

- 2) *Family strengthening programs are used to improve health and educational outcomes, as well as link families to needed support and benefit services.* Programs that strengthen families include the promotion of healthy child and family development through home visitation programs, parenting education programs, and programs implemented through California's First Five; as well as early childhood educational programs to increase school readiness; and strategies to facilitate the receipt of support services including outreach efforts and strategies to streamline eligibility procedures.
- 3) *Neighborhood strengthening programs are used to improve community development, collaboration among service providers and promote resident involvement in neighborhood affairs.* Programs that strengthen neighborhoods include community development corporations (defined as neighborhood-based nonprofit business ventures) that most often focus on improving housing options in low-income neighborhoods. Comprehensive community initiatives are long-term strategies to increase collaboration, planning and coordination of funding among community-based organizations in low-income communities. Community organizing strategies are used to increase resident involvement in community planning, decision-making, and advocacy in order to bring resources into a neighborhood.

***Promising practices for low-income families living in poverty neighborhoods.***

A review of promising practices for meeting the multiple needs of low-income families living in poverty neighborhoods reveals four main themes:

- 1) *The challenges facing low-income families living in poverty neighborhoods are multifaceted.* The parent who needs living wage work is often the same parent who needs services to promote healthy child development and resides in a neighborhood that needs more resident involvement, community collaboration and economic development. Promising practices to address the multiple and complex challenges facing poor families and poor neighborhoods are increasingly using a more holistic approach that brings together various levels of intervention.
- 2) *Integrated family and neighborhood strengthening practices represent innovative strategies to address the multifaceted issues facing low-income families living in high-poverty neighborhoods.* The Annie E. Casey Foundation's Making Connections (MC) Initiative and the Harlem Children's Zone (HCZ) are two programs that currently implement the following integrated approaches: a) earnings and asset development, b) family strengthening, c) neighborhood strengthening and d) an emphasis on collaboration, capacity building and producing tangible results.
- 3) *The organizational structure, challenges and successes of the MC and HCZ provide insight into the nature of integrated family and neighborhood approaches.* The organizational

structure of MC sites is loose and flexible and many sites are hosted by local organizations with an emphasis on collaborative committees with strong resident participation. Challenges facing integrated approaches are related to keeping residents engaged in the process, forming and maintaining collaborations with partners, dealing with certain characteristics of the community, and handling the expectations of the funding sources. Overall, the major success reported by staff involves the development of resident leaders to direct the course of programs.

- 4) A framework for the design of an integrated family and neighborhood program includes the following features: 1) internal processes include reformulating service models, organizational strategies, and a responsive organizational structure, 2) neighborhood processes include targeting the neighborhood and the scope of service, and assessing neighborhood characteristics, and 3) external processes include structured and strategic partnerships, community buy-in, community leadership development and tracking outputs and outcomes. This framework can assist social

service agencies in moving their services toward a more integrated family and neighborhood approach for all low-income families, not just welfare-to-work participants.

\* Abstracted from:

J. Hastings, J., Taylor, S. & Austin, M (2006) "The Status of Low-Income Families in the Post-Welfare Reform Environment: Mapping the Relationships Between Poverty and Family". *Health and Social Policy*, 21 (1)

Chow, J., Johnson, M. & Austin, M. (2006) "The Status of Low-income Neighborhoods in the Post-Welfare Reform Environment: Mapping the Relationship between Poverty and Place". *Health and Social Policy*, 21 (1)

Austin, M. & Lemon, K. (2006) "Promising Programs to Serve Low-income Families in Poverty Neighborhoods". *Health and Social Policy*, 21 (1)

Austin, M., Lemon, K. & Leer, E. (2006). "Promising Programs and Procedures to Serve Low-income Families in High-poverty Neighborhoods". *Health and Social Policy*, 21 (1)



## **Exploratory Research and Case Studies**

## Child Welfare and the Courts\*

The child welfare system is a complex system designed to protect and promote the safety and well-being of children. The juvenile dependency system is a component of complex system and includes professionals working in dependency courts while child protective services are part of a county social services agency. The professional relationships among social workers, lawyers and judicial officers are part of the challenge of promoting effective collaboration in order to best serve and protect the needs and interests of children and families.

Despite the prominence and persistence of tensions between child welfare practitioners and court-related personnel, there are five primary factors that contribute to this tension: 1) organizational culture, 2) professional status, 3) resource availability, 4) role definition, and 5) job stress. The first factor, organizational culture, can be seen in the social service culture that stresses a biopsychosocial perspective in which clients are seen their developmental, social, political, and cultural context. In contrast, the culture of the court system emphasizes the rights of the individual that are often seen as discrete and unrelated to the environment or relationships. In addition, the social work profession focuses on collaboration in the pursuit of problem solving, while the legal profession emphasizes the adversarial process as needed to protect individual rights. The different approaches of these two professions can inhibit the collaborative process

where social workers emphasize empathy, the acceptance of ambiguity and the use of professional discretion and lawyers focus on concrete rules and the use of assertiveness in the adversarial process.

The relatively low professional status of legal and child welfare professionals is another factor affecting their relationship. Lawyers and judicial officers who work with child dependency cases are frequently paid less and have lower professional status than lawyers who work with adults. Moreover, as the social work profession has historically been linked to serving people from disadvantaged backgrounds, social workers are often not perceived to be professionals by lawyers. The lower status accorded to both social work and legal professionals in the juvenile dependency system, combined with the difficulty of the work itself, can undermine their ability to work effectively together.

Their ability to work together is also affected by the lack of resources. The child welfare system is overburdened, under-funded, and overwhelmed by rising caseloads. Extremely high caseloads can inhibit the collaborative process in that workers may view collaboration as an effort requiring time that they do not have. Moreover, due to low professional status and pay, many child welfare professionals, judicial officers, and lawyers are inexperienced and not adequately trained for collaborative work in the juvenile dependency system. This is compounded by high turnover rates of child welfare workers and the short tenure for judges and attorneys who are often

rotated into higher status assignments, resulting in a loss of experienced court personnel.

Factors related to role definitions also affect professional relationships in the juvenile dependency system. The boundaries of responsibilities between juvenile courts and child welfare agencies can be unclear. Similarly, increased role conflict may occur when responsibilities and areas of expertise overlap among professionals working in the juvenile dependency environment. Furthermore, the court's expanded monitoring role may create tension with child welfare agencies, particularly as the courts adjust to an increased workload. These factors, in addition to other job stressors (e.g. the emotionally challenging nature of child welfare work) can strain professional relationships in the juvenile dependency system.

In light of these factors, an exploratory study of these professional relationships was conducted in ten Bay Area counties in 2001 in order to assess collaboration between legal and social work professionals and identify recommendations for improving the quality of professional relationships. The study included focus groups and interviews with judicial officers, attorneys, social workers, Court Appointed Special Advocates and clients of the juvenile dependency system.

Though the perceptions of professional relationships varied among the different groups within the study, all of the factors previously noted, as well as additional structural and operational factors, were found to contribute to the quality of professional relationships. The additional factors included breakdown in communication, insufficient resources

affecting competence, and training. Failures to communicate were attributed to inadequate time, suspicion, and negative attitudes about cooperation. There was common acknowledgment that inadequate resources present a barrier to competent interpersonal relations and performance. Lastly, inter-professional training is needed to address the differences in culture and norms and create a shared language.

It is necessary to understand the factors affecting professional relationships in the child welfare system in order to ultimately decrease the adversarial aspects and increase the collaborative component. Problematic professional relationships can contribute to high turnover among social workers and the impact of high staff turnover can negatively impact clients. The recommended strategies for improving relations between the staff in child welfare agencies and staff in the courts include: 1) joint training; 2) meetings to improve communication; 3) staffing rotations; 4) scheduling of hearings; 5) staff resources; 6) public education; 7) culture change.

An increase in collaboration and cross-training for both legal and child welfare staff should address specific, job-related knowledge or competencies, an understanding of different professional cultures, and the identification of changes in the law and clinical training programs. Though increased training may facilitate increased communications, more specific strategies are needed in the form of structured systems meetings, informational meetings, and informal and social gatherings. To implement these strategies, judges need to assume a role in promoting communication and developing structures for collaboration.

The recommendations related to staffing issues include establishing guidelines providing for longer assignments for judges and attorneys and special programs to improve retention of social workers. Recruiting committed professionals in juvenile dependency can improve professional relationships, enhance role clarification and increase respect for professional boundaries. Addressing the problems of scheduling includes reducing hearing delays that negatively impact social workers with heavy caseloads and fail to address issues of equity when it comes to granting of continuances.

While greater attention paid to scheduling is an important recommendation, the level of resources for the juvenile dependency system needs to be increased by adding legal and social work personnel as well as administrative and support staff to handle the high caseloads that need to be reduced in order to improve professional relationships. Resources are also needed to educate the public in order to gain public support for increased funding. In order to combat the tension that exists between social work and legal professionals and promote a stronger collaborative relationship, it is essential for judges to play a central role in setting guidelines

for professional interaction and modeling respectful behavior.

The array of recommendations need to be prioritized and included in an action plan developed by a leadership group of judges, county social service directors, county child welfare directors, attorneys, and volunteers. The plan needs to include objectives and target dates for implementation, identification of the lead persons to facilitate the implementation process, and methods to monitor the progress and outcomes. Leadership on the part of judges, agency directors and the directors of legal organizations serving children and families involved in the juvenile dependency can foster a culture of respect, promote forums for communication, and develop joint advocacy strategies to increase public support and resources for the juvenile dependency system.

\*Abstracted from:

Carnochan, S., Abramson, A., Han, M., Maney, J., Rashid, S., Taylor, S, Teuwen, S., & Austin, M. (2006). Child Welfare and the Courts: An Exploratory Study of the Relationship Between Two Complex Systems. *Journal of Public Child Welfare*, 1(1)

## Foster Children in the Schools\*

While a growing body of evidence documents and describes the poor academic performance of foster children, relatively little is known regarding the systemic factors that contribute to the pattern of academic difficulty among children in foster care. One of these factors is the prevalence of adversarial and uncooperative relationships between education and child welfare professionals. Since foster children are among the most educationally disadvantaged children in the country and recent federal legislation mandates that states reach particular benchmarks with regard to educational outcomes for foster children, it has become critical to identify and ameliorate the system-level barriers to greater collaboration between the child welfare and education systems.

There are a number of factors related to both the child welfare system and education system that influence the educational outcomes of foster children. The first factor related to the child welfare system is placement stability. Instability of foster care placements impacts a child's progress in school; moving a child from foster home to foster home (or other foster care placement) or the transition into and out of the foster care system that often require school transfers. Placement instability places children at higher risk for poor academic outcomes. Second, in addition to the challenges associated with placement stability, there are unique logistical and procedural difficulties (i.e. record transfer, immunization) related to school

enrollment after a child enters foster care or changes a placements that can delay educational services to foster children.

In contrast to the child welfare system, the primary factor related to the education system is the need for special education. Approximately 30% of children in foster care are placed in special education, double the amount of the non-foster population. Compared to the general population, an analysis of California data found that foster children were over-represented in classes for the emotionally disturbed and under-represented in classes for speech and language impaired children. However, learning disabilities was the most common disability for both foster and non-foster youth.

Other challenges in the educational system arise in the process of developing and implementing an Individualized Education Plan (IEP) that is required by law for a child to receive special education services. While the IEP process is designed to be a collaborative and fact-finding process to determine the most appropriate educational services, but the potential labeling process raises concerns for child welfare workers with regard to protecting confidentiality of foster children. Since it is not uncommon for a foster child to change foster placements and schools after comprehensive assessments and accommodations are made, public school personnel may be less willing follow-up on the arrangements or to find time to work with child welfare workers in addressing the special

educational needs of foster youth. Further, it is unclear if foster parents or child welfare workers have adequate knowledge or time to help foster children navigate the educational system.

While these factors shed some light on system-level barriers confronting foster children in the schools, an exploratory multi-county BASSC study was conducted in the San Francisco Bay Area to identify attributes of the child welfare and education systems that may enhance or impede the educational experiences of foster youth. The study included interviews with stakeholders from the child welfare and education systems as well as telephone surveys with foster parents. The context of the study includes the way in which educational services are delivered to foster children in California. When children are removed from their biological parents due to abuse or neglect and placed in foster care, the foster parent with whom the child is placed (or staff members in a group home) enrolls the child in school. Frequently the child is enrolling in a school other than the one he or she attended while living with his or her birth parents. The new school must contact the old school and request the forwarding of child's education records (cumulative file).

The child's school record is particularly important when the child receives special education services through an "Individualized Educational Plan" (IEP). A new foster parent caregiver may be unaware of the specific educational needs of the child, yet the new school needs this information before the child can be placed in the appropriate classroom setting and receive the appropriate services. If a child is believed to need special education services

but is not yet receiving them, an IEP meeting is requested. Generally attended by the teacher, parent or guardian, and school psychologist, the goal of the IEP meeting is to assess the need or arrange for special services needed by the child to succeed academically along with a plan for the delivery of those services. If the birth parent or guardian of the child is not available to attend the meeting and authorize any special services, the educational rights of that parent may be terminated by court decree. Then the school district may assign an 'educational surrogate' to perform these tasks. While California Welfare and Institutions Code 361(a) forbids the assignment of an educational surrogate who has a conflict of interest in representing the child, it also specifies that foster parents should not be considered to have a conflict of interest solely because they are compensated for their services. In addition, California Rule of Court 1499 (2005) asserts that "the court should consider appointing a responsible adult relative, non-relative extended family member, foster parent, family friend, mentor, or Court Appointed Special Advocate (CASA) as the educational representative if one is available and willing to serve" (California Rules of Court, 2005).

The study's findings confirm and expand upon systemic factors that influence the educational services for children in foster care. While foster parents may not have the educational expertise or ability to act as strong advocates for their foster children, special training can help to clarify the roles of foster parent regarding the education of their foster children. In addition, Court Appointed Special Advocates (CASA) are often effective as educational advocates, given their personal knowledge of

foster children and availability for participation in educational planning (e.g. IEP meetings).

Effective communication and collaboration are needed between the two systems. For example, the restrictions on maintaining confidentiality in each system can limit the type and amount of information that each can share with the other. In addition, collaboration can be very difficult when the goals and focus of each institution are different, especially when schools are overburdened by a lack of adequate resources to serve children (e.g. lack of certified teachers, qualified psychologists and school counselors). As a result, foster children are adversely affected. Similarly, the lack of resources is particularly problematic for small counties with group homes that treat children with emotional and behavioral problems (especially those children placed from outside the county). Consequently, many rural school districts feel disproportionately burdened by the special education needs of foster children.

Unfortunately, the differences in perceptions among the different stakeholders suggest that a more concerted effort is needed on the part of each system to more effectively collaborate. While child welfare stakeholders perceived delays in the receipt of special education services as “reluctance” on the part of schools to provide services, education stakeholders attributed these delays to school district and county variation in special education resources. In fact, school personnel emphasized a desire to enroll children and provide services as quickly as possible. Education participants, in turn, thought that child welfare personnel were responsible for unnecessary delays in serving foster

children by failing to respond to school personnel in a timely manner. From a different perspective, child welfare stakeholders felt that it was important to identify foster children in order to address their vulnerability and their greater need for support and assistance than other children. In contrast, education stakeholders believed that it was important to avoid differential treatment of children.

The exploratory study identified several implications for improving communications and collaboration between the two systems in order to improve educational services to children in foster care. First, each system needs to develop a better understanding of the other. For example, while child welfare personnel need to become more knowledgeable about the problems qualifying a child for special education services, education personnel need to expand their understanding of how maltreatment precipitated the need for foster care. Second, efforts to increase the residential stability of foster children and to maintain and share their educational records requires continuous educational advocacy for foster children. Finally, the high levels of mistrust and misunderstanding that currently exists between the two systems needs to be significantly reduced for more effective inter-agency collaboration to take place.

Formal structures may be required to improve communications and resolve these misunderstandings (e.g. case conferences, inter-agency task forces, memorandum of understandings). Incentives for these systems to develop and maintain collaborations at the local level may be needed. Building trust between these systems is essential in order to address the relative

benefits of disclosing a child's foster care status and how to join to address the complex needs of these youth. These recommendations are the first steps to building a stronger collaboration between the child welfare and education systems as they both seek serve foster children in the schools.

\*Abstracted from:

Stone, S., D'Andrade, A. & Austin, M. (2006). Educational Services for Children in Foster Care: Common and Contrasting Perspectives of Child Welfare and Education Stakeholders. *Journal of Public Child Welfare*, 1(1)

## **Inter-Agency Collaboration in Child Welfare and Child Mental Health Systems\***

Many children in the child welfare system experience emotional disturbances, particularly children in foster care, resulting from a number of factors. The adjustments include: a) recovering from the abuse and/or neglect that necessitated out-of-home placement, b) coping with separation from his or her biological parents, c) dealing with a very difficult family situation that led to abuse and/or neglect, and d) responding to new people and situations. Children living in foster care frequently face the complexity of dealing with two different families and neighborhoods as well as a variety of social service and public school staff. This complexity can increase when a child experiences multiple foster care placements. Finally, many children prior to entering foster care have lived in poverty (with limited access to health, mental health and educational resources) and poverty can contribute to the increased prevalence of emotional problems among children living in foster care.

The California Little Hoover Commission estimated in 2001 that almost 70% of the more than 100,000 children in California's foster care system experience emotional disturbance as a result of maltreatment or out-of-home placement, and that more than 50,000 children living in foster care are not receiving needed mental health treatment. One of the primary factors contributing to the inaccessibility of mental health services to children in the child welfare system is a lack of inter-agency collaboration. First, child welfare and child mental health services are often

delivered separately and lack coordination. Service fragmentation between these and other systems leads to a lack of continuity of care and a failure to adequately meet the needs of foster children. The mental health system is not always structured to meet the needs of children in the child welfare system; including the use of traditional service hours and office-based services, and insufficient training of mental health professionals regarding the processes used by the child welfare system.

There are two major issues related to funding and mission that can impede inter-agency collaboration. First, with respect to different funding streams, child welfare services are funded primarily by Title IV of the Social Security Act while child mental health agencies receive mostly Medicaid Title XIX funding. Secondly, they have the differing missions; namely, child protection and family preservation in the child welfare system and child development and emotional stability in the child mental health system. Despite these differences, these two human service systems share several significant collaboration opportunities; namely, 1) home-based services to preserve and reunify families, 2) treatment foster care (TFC), and 3) group or residential care.

Given these three opportunities for collaboration, there are several organizational or inter-organizational factors that can facilitate a partnership to increase the amount or quality of assistance as well as share expertise at a lower cost. In general, service systems that actively negotiate with each

other over time typically include three collaborative elements: 1) inter-agency structures or mechanisms that address shared needs (e.g., pooled funding), 2) ongoing relationship processes designed to address environmental constraints such as insufficient resources or fragmentation of services (e.g., multi-agency task forces), and 3) use of a central authority (e.g., legislation) to manage networks of systems that actively negotiate with each other.

These three inter-organizational factors can be applied to the three opportunities for collaboration between child welfare and child mental health agencies. Inter-agency structures are critical in home-based services where inter-disciplinary teams can prevent out-of-home care using mental health expertise to improve family functioning and child welfare expertise to support a stable home environment. An ongoing relationship-building process can help reduce service fragmentation and increase coordinated assistance for families with multiple needs. The third inter-organizational factor that involves the use of a centralized authority can promote a single system of care needed to view the child more holistically and provide services that are more carefully planned to address individual needs.

There are multiple factors that support inter-agency collaboration. First, shared philosophies, values and goals contribute to the foundation for inter-agency collaboration (e.g. preventing out-of-home placement, hospitalization, or the escalation of psychological difficulties, providing a continuum of care for different levels of client functioning, and relying on case plans and periodic progress reviews).

In addition to client-focused collaboration, child welfare and child mental health professionals share several administrative concerns. These include: a) reducing recidivism related to reentries to out-of-home care in child welfare and repeated psychiatric hospitalizations in mental health, b) addressing the increasing cost of out-of-home care in child welfare and costly inpatient services in mental health, c) agreeing on the meaning of key terms (e.g. competent parenting or classifying child behavior problems as developmental or disorders), d) addressing service fragmentation (e.g. multiple foster care placements or the disconnection between mental health intake and treatment), and e) stabilizing funding and services to manage uncertainty as well as seeking to obtain external resources.

While these administrative concerns and services impact the collaboration between child welfare and child mental health professionals, successful partnerships may also require organizational change in order to: a) build trust and understanding, b) create incentives for partners to become and remain involved in collaboration, c) establish clear and attainable goals, and (d) resolve conflicts between the demands of the collaborative alliance and the demands of each agency through compromise.

In the light of the shared philosophies and concerns, it is also important to identify some of the barriers to collaboration. The most common barrier to collaboration is the desire for organizational autonomy and freedom to make decisions. For example, mental health

staff may seek to limit the impact of child welfare regulations and case overload on the therapeutic relationship using the privacy of office-based services rather than field-based services (e.g., private homes, court). In contrast, child welfare staff may seek to retain their autonomy, given the lack of administrative support for collaboration with mental health staff. The barriers of autonomy and freedom are significantly impacted by funding streams whereby child welfare services are funded on the basis of caseload and mental health services are funded on a fee-for-service basis.

Given this environment of financial resource constraints, it is useful to explore the impact of financial decision-making on collaboration. Contracts are often used to manage scarce resources despite the tensions they may produce. For example, a county child welfare agency may contract with a mental health managed care organization to provide services that include administrative transaction costs that relate to assessing cost effectiveness and monitoring outcomes. Other obstacles to collaboration include: “turf” issues between different professional groups and/or the lack of knowledge across disciplines and service sectors, new legislative mandates impacting on one or both systems, and difficulties in sharing and protecting client information. Despite these obstacles, service providers and managers still seek to provide holistic services to the children who need assistance with both child welfare and mental health issues.

The failure to integrate child welfare and child mental health services can have significant repercussions (e.g. school failure due to emotional

distress, home instability, hospitalization, residential or group care placement, and/or juvenile and criminal justice system involvement). The most promising opportunities for child welfare and child mental health collaboration are in: 1) home-based services that preserve families or reunify them after a foster care placement, 2) services that address the emotional and behavioral needs of children in treatment foster care, and 3) group or residential care, for the children receiving this more custodial assistance experience typically a great deal of emotional distress. There are several ways to enhance these opportunities to promote a collaborative partnership without incurring the high cost of integrated service systems:

- Teamwork related to placement prevention, placement reviews, and inter-agency case planning can promote collaboration by increasing the access of child welfare staff to centrally linked networks of community mental health staff or family and youth therapists (as well as probation and school staff to address legal and educational child needs).
- Alliance-promoting structures (e.g. blended or pooled funding mechanisms) can help to reduce service fragmentation and increase coordinated assistance for families with multiple needs.
- Collaboration can be enhanced by centralizing authority in such areas as legislation, cross-agency board of director representation, or an inter-agency project oversight committee.
- Partnership can be promoted when cross-training includes some of the shared administrative challenges, especially the

need to control recidivism in foster care and hospitalization, and the shared values (e.g. continuity of care and the use of least restrictive environments).

- Collaboration can be enhanced by preserving the flexibility of each participating agency to make autonomous decisions, establishing attainable goals at the beginning of the collaborative alliance, and ensuring that there are positive outcomes related to realistic expectations.
- Partnership can be facilitated by joint advocacy, especially for increased funds that comprehensively assist families experiencing multiple and severe problems.
- An inter-agency oversight committee can monitor the accessibility and quality of treatment foster care, and prevent the placement of children in group care or treatment foster care whose emotional needs could be addressed equally well within the context of traditional foster care.
- The children who are distressed enough to require group or residential care can perhaps benefit the most from collaboration where

mental health clinicians are dedicated to serving older children who are less likely to be adopted or reunified with their families.

Increased collaboration between the two systems could improve outcomes for children by increasing the availability of mental health care (e.g. more intensive assistance in nontraditional working hours and environments) and actively sharing information about child welfare system processes with mental health clinicians to help alleviate child anxiety related to biological or foster family issues. While there are tensions between the two systems, the shared values provide a foundation for significant collaboration in family-based services, treatment foster care, and group care. Partnerships reflect collaborative processes (e.g., inter-agency case planning), collaborative structures (e.g., pooled funding), and the use of a collaborative central authority (e.g., legislation encouraging comprehensive care).

\*Abstracted from:

Prince, J. & Austin, M. (2005). Inter-agency collaboration in child welfare and child mental health system. *Social Work in Mental Health*, 4 (1)

## Emancipating from Foster Care in the Bay Area\*

This BASSC report examines the current needs of youth aging out of the foster care system and programs developed to assist youth with their transition to adulthood and independent living. It is based upon a review of the most up to date national and state empirical research to identify what the challenges youth aging out of care face. It is also based upon interviews with program administrators of Independent Living Skills Programs, community-based organizations, and private foundations and endowments.

The report is divided into the following four sections (along with an Appendices that includes an in-depth profile of the major community-based service providers in each county that serve youth aging out of foster care):

- Description of national and State of California outcomes, conducted in the last five years, of youth who have aged out of the foster care system
- Description of local, San Francisco Bay Area interventions, innovative practices, and major initiatives that have been developed for serving these youth.
- Identification of current gaps in services and limitations of services

### **Major Research Findings**

The major research findings (2000-2005) relate to the outcomes of older adolescents in foster care who have left care since the passage of the 1999

Foster Care Independence Act (known as the Chafee Act). Outcomes are for housing/homelessness, employment, achievement of financial self-sufficiency, receipt of public assistance, educational attainment, incarceration, mental health, substance use, social support and pregnancy.

All studies examined in this report explored the outcomes for former foster youth between the ages of 18 and 24. A significant conclusion is that youth aging out of foster care still struggle to survive independently and do not do as well as young people in the general population. Former foster youth continue to lack employment experiences and educational attainment, and therefore still have to cope with homelessness, hunger, incarceration and receipt of public assistance. In fact, one study in particular, Courtney et al., (2005) examined 732 youth longitudinally, as they left care at 17 and 18 and again at age 19 (2 years after leaving foster care) in Illinois, Iowa and Wisconsin.

### **California Demographics**

- There are 40,059 youth in out-of-home placements between the ages of 11 and 21, and 11,600 are between the ages of 16 and 18
- There are approximately 4,355 youth aging out every year
- Approximately 1,300 age out of care from the eleven San Francisco Bay Area counties (Alameda, Contra Costa, Marin, Monterey, Napa,

San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano and Sonoma).

### *California Outcomes*

In terms of outcomes for youth in foster care in California, there has been one seminal study examining 10,228 youth who emancipated foster care between 1992 and 1997. The study, conducted by Needell, Cuccaro-Alamin, Brookhart, Jackman and Shlonsky (2002), found that these youth experienced many difficult outcomes. Approximately 65% entered the foster care system between ages 11 and 19 and 54% had five or more placements. The following outcomes are from the Needell et al., (2002) study:

- About 1/4 received TANF/AFDC within six years of leaving the foster care system
- 1/10 received Medi-Cal for a disability within six years after leaving care
- Low rates of high school graduation/proficiency, community college attendance, and graduation from 4-year colleges
- High rates of mental health services prior to emancipation (mood disorder was most common)
- 4% entered the California State Prison System within 7 years after leaving care
- Birth records showed that 2/3 of the females had at least one birth within five years after leaving care, and 1/5 gave birth within one year after leaving care

Goerge, Bilaver, Lee, Needell, Brookhart & Jackman (2002) also conducted an outcome study of 2824

youth who aged out of the foster care system in California.

- 1/4 of these youth reported no income from employment 13 months after leaving care (yet 1/2 had employment earnings prior to their 18th birthday)
- Of those youth who found employment, their mean earnings were \$6235 per year

### ***Service Interventions: What is being done in the Bay Area?***

#### *Housing*

There are a variety of housing program models, and more permanent funding options for such programs, for youth aging out of foster care, such as:

- Transitional Housing Placement Programs (THPP) are for youth ages 16 to 19. These programs are funded through the CDSS and licensed through community care licensing. They may be communal living or scattered site models.
- Transitional Housing Placement-Plus (THP-Plus) programs are for former foster youth ages 18 to 24. Only three counties in the Bay Area are accessing State of California THP-Plus funds (Alameda, San Francisco, and Santa Cruz).
- Two cities in Alameda County (Fremont and Livermore) have utilized Federal HOME Funds to help fund supportive services for a THP-Plus program.
- Alameda county has worked collaboratively with their county Housing Authority to develop programs and funding for youth aging out of care.

- Transitional Living Programs for youth ages 18 to 24 are often run through community-based organizations and are funded through private giving and HUD monies.
- Two counties, Alameda and San Francisco, offer a permanent housing option for homeless youth (former foster youth are eligible).

### *Education*

There are currently some school districts in the Bay Area that have developed specific program for foster youth in K-12. There are now more funding and supports for youth accessing higher education through the Chafee Higher Education Grant and local Guardian Scholars Programs.

### *Employment Training*

Employment training is mainly provided through community-based organizations, Workforce Investment Boards, and ILSP.

### *Mental Health*

Mental health services for former foster youth under the age of 21 are primarily funded through State of California EPSDT monies.

### *Other Initiatives*

There are numerous state-wide initiatives occurring with some Bay Area counties related to youth aging out of care. These are Family to Family, California Connected by 25, California Permanency for Youth Project, Family Finding, Gateway Project, and Fostering the Future Fund. Various Bay Area counties are participating in these initiatives and projects.

## ***A Call for Action***

### ***Challenge 1: Cease Early Discharge of Foster Youth***

There is a need for the child welfare and judicial systems to examine the early discharge practices of older youth. Youth who are working towards their GED or high school proficiency should not be forced to leave care before age 19.

### ***Challenge 2: Increase Support for Housing Interventions***

A more thorough examination of the various housing options is needed. Counties (Social Services, Housing Authority), cities, and community-based organizations can work collaboratively to ensure there are a variety of funding option and choices for youth aging out of care, depending on their needs.

### ***Challenge 3: Develop Creative ILSP and Employment Training Interventions for Disconnected Youth***

There is a lack of participation in ILSP and community-based employment training, especially for youth in foster care with mental health issues, geographic concerns, or behavioral issues. An examination of various program models (one-stop versus scattered site versus caregiver training) and developmentally-appropriate curriculum should be conducted.

### ***Challenge 4: Address the Mental Health Needs of Youth***

An emphasis should be placed on fully utilizing EPSDT monies. Counties could implement a Transitional Youth Mental Health Team to ensure a smooth transition for these youth from the foster

care system, and perhaps into the adult mental health system. Lastly, Proposition 63 monies should be utilized for transitional youth leaving foster care for housing and other supportive services.

***Challenge 5: Assess and Treat Substance Use***

Given the high numbers of current and former foster youth utilizing alcohol and illicit substances, counties should examine utilizing an assessment tool for early intervention and prevention, and explore training in the area of substance use for child welfare workers.

***Challenge 6: Improve Education Outcomes***

Work with local school superintendents to offer more supportive foster youth programs such as been in the Oakland Unified School District's Social Services for Foster Youth Program. Advocacy is also needed to ensure non-public schools meet educational standards.

***Challenge 7: Increase Social Support***

Family Finding should be initiated, along with increased advocacy for CASA to work with older youth in care, and collaborations with mentoring programs should occur.

***Challenge 8: Educate Foster Youth about Their Rights and Privileges***

There is a lack of clear understanding about the rights and privileges of former foster youth among

community-based organizations. Counties need to educate housing and other supportive service programs about the rights foster youth have upon emancipation, along with the various "extras" some youth can receive (i.e money/stipends for housing or education, transportation passes, laptops etc). Mandated Emancipation Conferences should occur and youth should receive an emancipation packet or binder.

***Challenge 9: Pursue Further Research***

More research is needed to fully understand the efficacy and client satisfaction of community-based and county services for youth aging out of care. Best practices can be emulated, but only if empirical research shows that such program are working for these young people.

\*Abstracted from:

*EMANCIPATING FROM FOSTER CARE IN THE BAY AREA: What Types of Programs and Services are Available for Youth Aging Out of the Foster Care System?* By Sonja Lenz-Rashid, PhD, LCSW, Assistant Professor, San Francisco State University, School of Social Work, November 2005, available from [www.bassc.net](http://www.bassc.net)

## Innovative Programs and Practices Emerging from the Implementation of Welfare Reform\*

With the passage of welfare reform in 1996 (replacing Aid to Dependent Families with Children, or AFDC, with Temporary Assistance for Needy Families, or TANF), human service agencies were charged with making a significant paradigm shift in order to carry out what quickly became known as the welfare-to-work program. The 1996 federal welfare-to-work program contains federal dependency-reduction measures such as benefit sanctions and time limits, making it more difficult for families to receive welfare assistance. Despite these policy constraints, human service agencies and their community partners are transforming themselves as they make the change from eligibility determination to employability enhancement. The shared goal is to build a more comprehensive human service system that enables low-income individuals and families to become self-sufficient.

The passage of TANF legislation required human service organizations to engage in a substantial reassessment of mission and organizational structure, changing from a hierarchical culture (characterized by rules, impersonality and accountability) to a clan/adhocracy culture (characterized by cohesiveness, participation, flexibility and creativity). To gain a better understanding of the change process and to identify innovative programs and practices emerging from implementation of welfare reform, BASSC researchers utilized the case study method, which employs empirical methods to investigate

individuals, situations, or contemporary phenomena within its real life context using multiple sources of evidence in order to draw conclusions and enhance learning.

Each case study is based on information obtained from interviews with Bay Area human service agency staff and consumers as well as written documents and a literature review relevant to each program or practice. The innovative programs and practices identified through this study are based on nineteen case studies and reflect three primary areas: 1) *new approaches to service delivery* that help low-income working individuals find employment and become self-sufficient (removing barriers to work force participation and promoting self-sufficiency through support services), 2) *public/private community partnerships* that provide affordable housing, education, job training and a variety of social, health and behavioral health services to low-income individuals, and 3) *organizational changes* inside human service agencies brought about by implementing welfare reforms.

In order to participate more actively in the labor force, a significant percentage of welfare recipients (about 20-30%) need services that address barriers to employment such as low basic work skills, mental health problems, chemical dependency, medical problems and lack of child care or transportation. Several Bay Area programs were designed to address obstacles to self-sufficiency:

- *Connection Shuttle:* To address transportation barriers, Santa Cruz County created a TANF-funded Connections Shuttle that provides public transportation to work, job training, school or child care for family means without other means. It also includes a seven-month training experience for interested TANF recipients with clean driving records and negative drug tests to become paid drivers and dispatchers.
- *Guaranteed Ride Home Program:* Also designed to address the transportation needs of TANF recipients, this Santa Clara County-wide program offers car rides (48 rides over a six-month period) to and from the workplace and home, including necessary stops (e.g., child care facilities, schools and medical centers).
- *Training Child Care Providers:* The Exempt Provider Training Program in San Mateo County helped to build the capacity of high-quality child care providers in the community by encouraging TANF recipients and others to launch and improve their own child care business; this was accomplished by recruiting, training and supporting unlicensed (exempt) providers who care for their own children, the children of relatives and/or the children of only one other family.
- *Co-Locating Support Services:* Sonoma County responded to barriers to employment presented by substance abuse and mental health problems by co-locating mental health and substance abuse services for TANF recipients near the human services agency, making it possible for

the consumer to access a wide array of services in a single visit.

- *Sheltered Workshop:* Building upon the success of a traditional vocational rehabilitation facility, the San Mateo County Human Services Agency utilized its Workcenter (founded in 1967 on a \$200 grant) to address the work skill deficits of hard-to-place TANF recipients by hiring them to assemble, package and ship products while they look for permanent employment. The program also assisted TANF recipients by providing them with on-the-job training, a temporary income, rehabilitation services, job placement and retention support, and referrals to other services as necessary.

In addition to offering services to address obstacles to work force participation additional support services were needed to promote self-sufficiency due to such factors as low wages or lack of affordable housing. These services included the programs related to family loans, mentoring, job retention telephone hotlines, and special access to training and employment:

- *Family Loan Program:* The San Mateo County program provided loans of up to \$3,000 to eligible low-income individuals and families to help them deal with large or unexpected one-time expenses such as a car purchase, car repair, work or school uniforms, tools for a trade, and child care. The loans were serviced by one of three local banks that are able to qualify for low-interest federal funds under the Community Reinvestment Act.

- *Adopt-a-Family Program:* The program provided mentoring to San Mateo County's low-income families over a period of one year by matching consumer families with godparents (i.e. mentors) who are carefully screened individuals and/or employees of local businesses. Godparents were encouraged to develop a relationship with the family and, in the tradition of holiday donation programs, contribute needed second-hand items (typically pots, pans, toys, clothing, bedding and cribs).
- *Helping Consumers Stay on the Job:* Designed to help TANF recipients retain their jobs and help the unemployed gain access to needed resources that may help them find a job, the Santa Clara County JobKeeper Hotline provided round-the-clock counseling, crisis intervention, and referral services. When calling JobKeeper, recipients reached trained, volunteer phone counselors who actively listened and provided linkage to a network of community resources, including child care, employment services, education and training programs, legal services and transportation.
- *Hiring Your Own Consumers:* As a model for encouraging employers to hire current and former TANF recipients, the San Mateo County Human Services Agency offered jobs to TANF recipients by employing them as welfare eligibility workers and support staff. Recipients who successfully completed the training period were hired, assisted in passing the civil service test, and offered full-time, permanent employment with comprehensive benefits.

The next major area of innovation involved partnering with the community. The following programs and practices include both neighborhood partnerships (including self-sufficiency centers and a jobs programs) and community-wide partnerships (including a coalition to address homelessness, a transitional recovery community, a coalition of non-profit agencies, a community college collaboration, and a collaboration to protect the elderly from financial abuse):

- *Neighborhood Jobs Program:* The Alameda County public-private Neighborhood Jobs Pilot Initiative (NJPI) was launched with a Rockefeller Foundation planning grant to develop one-stop employment resource centers in three low-income neighborhoods. The county provided welfare-to-work funding and most of the services are delivered by community-based organizations.
- *Neighborhood Self-Sufficiency Centers:* To increase the access of low-income working parents' to the resources they needed to care for their children, Santa Clara County businesses, community groups, public and private agencies and public assistance recipients collaborated with the county Social Services Agency (SSA) in 1996 to develop one-stop, single point-of-entry neighborhood centers (six).
- *Coalition to Address Homelessness:* In Napa County, a community coalition developed an integrated network of services for the homeless. While the county human services department served as the lead agency, community-based non-profits provided the outreach services

related to rental subsidies for transitional housing, case management, and referrals.

- *Building a Transitional Recovery Community:* The Monterey County directors of housing, health, behavioral health and human services developed Pueblo Del Mar, a transitional recovery community offering eligible substance-abusing homeless families a variety of transitional support services. In addition to assisting with program planning and development, community-based organizations deliver all of the direct services while the county Housing Authority is the property manager, property owner and grant recipient of HUD funds.
- *Coalition of Non-Profit Agencies:* The Napa County coalition of non-profit agency directors sought in 1996 to develop a comprehensive human service system for all individuals, regardless of their ability to pay, that addressed the multiple service gaps and fragmentation resulting from program closures; service subsidies are enabled by foundation and endowment support.
- *Community College Collaborations:* To help educate and train low-income individuals for employment as well as assist human service staff with skill enhancement, the local community colleges collaborated with the San Mateo county departments of human service, health and rehabilitation in order to develop a Human Services Certificate Program that prepares current human services staff, service consumers and other interested individuals for entry-level occupations (e.g., mental health case

manager, job coach/employment specialist, community health worker and human service intake specialist).

- *Protecting the Elderly from Financial Abuse:* To combat the growing rate of financial abuse against the elderly, the Santa Clara Department of Aging and Adult Services developed the Financial Abuse Specialist Team (FAST) through the use of a county Adult Protective Service (APS) stakeholders committee. FAST is a multi-disciplinary team of cross-trained staff from APS, the Public Guardian's Office, the County Counsel and the District Attorney's (DA) office that provides immediate intervention in cases of financial abuse against elders as well as address all aspects of senior citizen well-being.

The third area of innovative programs and practices reflects the organizational changes needed to respond to welfare reform implementation and included: 1) the hiring of an Organizational Development specialist to assist with changing the agency's culture, 2) merging a work force investment board and a social service agency into an employment and human services agency, 3) blending multiple funding streams into county welfare-to-work programs, and 4) restructuring agency programs to foster intra-agency collaboration between child welfare services and welfare-to-work programs:

- *Introducing Organizational Development:* In response to a department-wide staff assessment of San Mateo County Human Services Agency personnel, senior management supported the hiring of an internal OD specialist to help improve the agency's problem-solving and

learning processes, particularly through a more effective and collaborative diagnosis and management of the organizational culture.

- *Merging Employment and Human Service Agencies:* Currently the California one-stop employment centers are managed and operated jointly by the Workforce Investment Boards (WIBs) and the county human service agencies to promote universal access to welfare-to-work services. The Workforce Investment Act of 1998 created new Department of Labor funding and functions for the WIBs that overlapped with TANF funds and services. In some locations, such as Contra Costa County, the two organizations have actually merged into a single Employment and Human Services Agency.
- *Blending Funding Streams:* Bay Area human service organizations have utilized the flexibility of the TANF block grants to creatively pool funding streams in order to design more consumer-responsive programs and to ensure the survival of programs that are financially struggling. The Sonoma County human service agency, for example, pooled financial resources to support community-based service programs that provide services after consumer eligibility for the TANF program has expired.
- *Linking TANF to Child Welfare Services:* Human service agencies are finding new ways to increase their intra-departmental collaboration. For example, to meet the needs of human service consumers who are involved with both child welfare programs (designed to protect children from maltreatment) and welfare-to-

work programs (designed to facilitate economic self-sufficiency), Contra Costa Employment and Human Services Agency staff deliver services jointly, promoting a dialogue about the consumer's program needs and collaborating with the consumer to develop a coordinated plan of action.

Several cross-cutting themes emerge from this array of innovative programs and practices evolving during the era of welfare reform implementation. In relation to the provision of direct assistance, human service organizations ensure universal eligibility to employment services, behavioral health services, and services for the substance-abusing homeless population. The scope of services has also expanded, as human service organizations are more actively assisting community residents with transportation and child care. In addition, human service agencies are removing obstacles to labor force participation by co-locating services in a single facility, especially in one-stop employment centers.

In relation to community partnership, human service organizations are increasingly involved with community-based organizations and coalitions. County human services agencies are often the lead administrative agencies due to their access to resources and their ability to leverage funds. In a similar way, community-based non-profits deliver many of the services because they understand local needs and neighborhoods and are able to increase their partnerships with community residents.

In relation to organizational restructuring, human service agencies combine funding streams to be more responsive to the needs of local residents,

merging with other organizations (e.g. Workforce Investment Boards, housing organizations, and health departments), and using organizational development techniques (e.g. staff feedback and self-assessment tools) to improve problem-solving and learning processes (e.g. cultural competence or feedback on implementing strategic plans). The restructuring of human service agencies can be viewed as part of an ongoing process of increasing public accountability by incorporating private sector principles (e.g., organizational development and cost-effectiveness) in order to foster increased flexibility (e.g., the combination of funding streams and programs) that is needed to address a wider range of human needs (e.g., in health, housing, transportation and child care).

Underlying these cross-cutting themes are challenges that affect the innovative programs and practices. Perhaps the biggest challenge for CalWORKs recipients is managing new work-related expenses (e.g. transportation, child care, medical care and work clothes) in a very competitive workforce environment. Another challenge is maintaining consumer confidentiality in integrated service environments that rely on intra-agency communication, resource-sharing and collaborative case planning, as well as training staff to understand the funding and services of other programs.

Creating and maintaining collaborative partnerships is also a major challenge, as coalition building takes time and are complicated by diverse political perspectives and personalities. Furthermore, when relying on several different agencies for service delivery, it is often difficult to maintain consistency across the agencies in terms of the

services consumers receive, staff responsibilities and organizational objectives. Finally, sustaining a collaborative vision is challenging since program implementation is often more difficult than program design, especially.

Lastly, several challenges relate to organizational restructuring: namely, staff confusion about new policies and procedures, staff turnover and orienting new employees, structuring multi-functional service delivery teams to deliver a wide range of services within the guidelines of welfare-to-work policy, and the challenge of addressing the needs of local residents within categorical funding constraints. Dealing with these challenges requires consensus building, motivation for promoting organizational reform and the leadership to maintain momentum.

These case examples of welfare reform implementation illustrate several lessons in the areas of consumer services, staff support, partnership development and community building:

**Lesson 1.** In relation to consumer services, human service agencies have learned to provide extra staff support and time for individuals transitioning from welfare to work. This extra help contributes significantly to job retention and career advancement, especially through mentoring relationships and expanded work internship opportunities. In addition, human service agencies need strong working relationships with local businesses, landlords, transportation agencies and child care programs in order to effectively serve consumers.

**Lesson 2.** Human service agencies have learned to select and support those who are most committed

to promoting significant change as well as define clearly the direction of the expected change. They have also learned to anticipate and proactively address personnel issues, including the inevitable scheduling of a substantial number of staff meetings to clarify changing roles in an evolving system, and provide timely information to all levels of staff.

**Lesson 3.** With respect to developing partnerships, human service agencies have learned to carefully identify and include all potential stakeholders (especially local government officials who need to support new ideas) in program planning meetings in order to decrease bureaucratic opposition, facilitate project investment and strengthen working relationships. Team-building opportunities have been used with different public and private agency representatives in order to enhance partnerships, pursue common community goals, and build the high level of communication and trust that is necessary for collaborative partners with different values or agency practices.

**Lesson 4.** Finally, in relation to community-building, human service agencies have learned to assess the needs of the community in order to develop programs or services that funders will support, especially locating unrestricted funding to cover administrative and start-up costs for pilot projects

and services. They have learned to expand their media relationships in order to increase public awareness and community support for new services. Human service agencies have also learned to expand their capacity to provide outreach efforts that are culturally and linguistically appropriate in order to address the needs of local residents (self-referral is not always effective in reaching socially isolated, low-income community members) and to minimize bureaucratic procedures and costs in order to facilitate consumer access to services.

These lessons can contribute to continuous evolution of creative and innovative programs and practices. Human service agencies can thereby enhance and improve their organizations and the services in the post-welfare reform environment.

Abstracted from:

Prince, J. & Austin, M. (2001). Innovative Programs and Practices Emerging from the Implementation of Welfare Reform: A Cross-Case Analysis. *Journal of Community Practice*, 9(3)

Austin, M. (Ed) (2004). *Changing Welfare Services: Case Studies of Local Welfare Reform Programs*. Binghamton, NY: Haworth Press

## **Participant and Staff Perspectives of Welfare-to-Work Services in the San Francisco Bay Area \***

In 1996, Congress passed welfare reform legislation which resulted in a dramatic shift from a system of guaranteed entitlement under Aid to Families with Dependent Families (AFDC) to a system of temporary aid known as Temporary Assistance for Needy Families (TANF). The new legislation involved a devolution of federal policy implementation to state and local governments, enacted substantial changes to the federal welfare program (e.g. a requirement that aid recipients participate in work or work-related activities, two year time limits on receipt of aid, and five year lifetime limits). In response, California enacted the California Work Opportunity and Responsibility to Kids (CalWORKs) legislation. Welfare reform implementation, beginning in January 1998, has had a substantial impact on social service agencies as they sought to reach the new policy goal of reducing dependence on welfare and encouraging families to become self-sufficient through employment.

For many, the efforts to provide employment services to CalWORKs participants have been successful. Caseloads have dropped significantly and there is evidence that many of these individuals are working. However, it has not been a success for all participants due to the diversity of participant strengths and employment barriers. In addition, while some participants have left welfare for work, and continue to make progress in achieving self-sufficiency, others have returned to the welfare rolls. Further, there is evidence to suggest that while many

of these individuals are working, they are still living below the poverty level. Lastly, a significant number of CalWORKs participants who continue to receive aid have reached their five-year lifetime limit.

The majority of national studies have found that most welfare recipients who have left welfare have found employment. However, many of these families continue to live in poverty and may return to welfare as a result of low wages and few benefits. Low wages, few benefits, and high poverty mean that many recipients experience significant material hardship after leaving welfare. In addition to these factors, there appear to be multiple barriers to the successful transition of welfare to work, such as lack of education and/or work experience, physical or mental health problems, alcohol or drug dependency, inadequate childcare, lack of transportation, lack of English proficiency and domestic violence. At the same time, support programs that supplement earnings and programs such as food stamps, Medicaid, and housing assistance can help make the transition from welfare to work successful.

In contrast to the national studies focusing primarily on welfare-to-work participants, there is a small, but growing, body of research on the impact of welfare reform on staff. The major factors include: the type of control that the organization exerts over its workers in relationship to the complexity of its rules and regulations, the availability of organizational resources and community resources, the unique

characteristics of the population being served, and the degree of staff discretion in decision-making.

As part of the BASSC welfare-to-work studies, it was important delineate the key elements of the CalWORKs service model. Frontline welfare staff members are responsible for making decisions in a complex, new service delivery system that varies somewhat across counties. When a potential CalWORKs participant first enters the system, the frontline staff begin a decision-making process that can include a package of services that authorizes diversion payments in lieu of granting on-going cash aid, processing applications for cash aid, or further assessment known as the Appraisal stage. During the Appraisal stage, frontline staff assess the education and employment backgrounds of participants and decide if the CalWORKs participant will engage in one of the following activities: a) enter into the job search stage, b) require further evaluation in the assessment and employment plan stage, or c) be directed to other employment support services, such as education (e.g. English as a Second Language) or mental health services.

Based on the “work first” service philosophy of the welfare reform legislation, most individuals also receive job search services to assist them in finding a job. Based on the education and work history of participants, additional employment-related services may be provided such as unpaid work experience or preparation and/or placement in vocational training sites, adult education, or community college programs. Program participants may also be eligible for post-employment support services such as child care, transportation, and/or supportive services for

any other component of the CalWORKs program. CalWORKs participants who find a job and are no longer eligible for CalWORKs benefits may also continue to receive assistance in the form of medical care, child care expenses, and job retention services. Frontline staff members are also responsible for providing or arranging on-going case management services that may continue throughout the period of eligibility, including Post Employment services after aid has been reduced or terminated according to regulations and county procedures.

### ***TWO EXPLORATORY STUDIES***

In order to develop an in-depth picture of the experiences and perspectives of participants and staff in Welfare-to-Work Services, two exploratory studies were carried out in the San Francisco Bay Area in 2002-2003: one focused on participants and the other on staff. The 143 CalWORKs participants who responded from eight Bay Area counties included: (1) *Leavers*, who have left aid for work and remained off aid for at least one year (since December 2001); (2) *Recidivists*, who have left aid for work and had subsequently returned to aid; and (3) *Stayers*, who are approaching or have reached their five-year time limit on receipt of aid.

The exploratory study that focused on staff included 292 welfare-to-work staff (line staff, specialists, and supervisors) from eleven Bay Area county social service agencies. It is important to note that both of these studies were conducted in the midst of a significant state budget crisis (ultimately leading to the unusual recall of the governor of California) in which county funds were reduced, leading in some cases to staff lay-offs.

### ***Findings from the participant's study***

The CalWORKs participants study revealed a great deal of information with regard to: 1) characteristics of Bay Area CalWORKs participants, 2) their experience in finding work, 3) supports enabling them to work, 4) their experience with CalWORKs staff, 5) their participation in CalWORKs services, and 6) barriers to employment or factors related to gaining employment. First, the vast majority of the participants were female, were U.S. citizens, were in their thirties, represent a variety of ethnic/racial backgrounds and had an average of two to three children. However, there were differences among the three groups of participants. The CalWORKs Stayers appeared to have the youngest children when compared to the other two groups and represented the largest percentage of respondents with a primary language other than English. In addition, fewer of the Stayers had completed high school or advance degrees. Perhaps surprisingly, a slightly larger percentage of Recidivists had completed high school or an advanced degree than the Leavers. Lastly, more Recidivists and Stayers had experienced at least one material hardship (e.g. insufficient food, overcrowded housing, homelessness, utilities turned off, and inability to pay rent) compared to the Leavers.

Second, respondents in all three groups were working. Leavers had the highest rates of current employment and employment in some part of the past year. However, while more Recidivists had been employed in the past year than Stayers, more Stayers were currently working. While the great majority of former CalWORKs participants in the Leavers group were working, a substantial

proportion of them earned poverty-level wages. Nonetheless, more Leavers were receiving employment benefits than Recidivists and Stayers, particularly health insurance, paid vacation and sick leave. Lastly, all Stayers and the majority of Recidivists reported their previous job to their CalWORKs workers, which suggests that many of them did not earn enough through employment to exit CalWORKs.

Third, when considering receipt of support services, many current and former CalWORKs participants were using childcare, although some still pay out of pocket. The fact that almost two thirds of Leavers were using subsidized child care (a benefit to which they are entitled as part of their transition off welfare) and over half were paying out of pocket highlights the low utilization rate, which is also a national phenomenon. There was a big drop in Food Stamps and Medi-cal usage among the Leavers. It is possible that the Leavers no longer needed these services due to higher wages and employer benefits, but may not have realized that they were still eligible. Lastly, Section 8 housing subsidies were used most extensively by Stayers, moderately among the Recidivists, and fairly lowly among the Leavers.

Fourth, when asked about their experiences with CalWORKs staff, the vast majority of respondents found CalWORKs staff to be “somewhat” or “very helpful” when they were trying to find a job. They did not find this to be the case, however, in their attempts to keep a job or earn more money. At the same time, many respondents reported that once they secured employment, it was their responsibility to keep their jobs and advance in the workplace. Lastly, while most of the respondents reported

that they were listened to by, and trusted their CalWORKs worker, only half reported that their worker actively involved them in the development of their welfare-to-work plan.

The fifth area relates to participation in CalWORKs services. Respondents across groups had much higher participation in work first services (job club, job search, job training, and clothing) and core support services (transportation, child care, and homeless assistance) than the other services (disability and special needs services and education and support services while working). The vast majority of respondents learned about the services through the CalWORKs program, regardless of whether or not they received a particular service.

The sixth area involves barriers to employment and factors related to gaining employment. Among the most frequently mentioned barriers to employment were family issues, the poor job market, transportation, motivation/confidence, language barriers, and lack of education, experience, and/ skills. In addition, when compared to Leavers while they were still on aid, more Recidivists and Stayers experienced a reduction in their cash aid. Further analysis of the data reveals several factors related to gaining employment. While those who felt that the CalWORKs program was helpful when they were getting a job and those with no children in child care were more likely to be employed, those with a greater number of supports were in fact less likely to be employed. Lastly, Asian/Pacific Islanders were more likely to be employed than White respondents.

### ***Findings from the staff study***

The second exploratory study examined the other side of the welfare-to-work system by documenting staff perspectives of CalWORKs services. The following demographics characterized the 292 staff members who responded: the overwhelming majority were women, one quarter of the respondents were supervisors while the remaining staff persons were line staff or specialists, and nearly half of these individuals were over 45 years of age, and a quarter of respondents were former welfare recipients. The major findings were organized into the following three categories: 1) time devoted to CalWORKs services, 2) staff perceptions of CalWORKs services, and 3) factors affecting the provision of CalWORKs services. First, when asked to identify the average amount of staff hours expended each week in delivering CalWORKs services (orientation and appraisal services, assessment and employment services, post-employment services, and on-going case management services), line staff spent a majority of their time in direct contact with participants whereas supervisors spent a great deal of their time in supervision and training. The specialist responsibilities approximated those of line staff with the exception that some of these specialists were involved in information technology and therefore have minimum contact with CalWORKs participants. All three types of staff devoted a considerable amount of time to data entry and paperwork tasks and minimal time to collaborate with other agencies.

Second, in looking across the four major service elements and the tasks performed, several patterns

emerged for line staff, supervisors and specialists regarding their perceptions of CalWORKs services. For line staff, there was a consistent division of opinion about the adequacy or inadequacy spent in each service delivery area. Additionally, they demonstrated an emerging awareness that more time is needed to work with CalWORKs participants in the appraisal/orientation and assessment/employment phases of service delivery and indicated that more effort is needed to assist participants and employers with workplace issues for participants receiving post-employment and case management services. While supervisor responses were quite similar to those of frontline staff, they differ in the area of case management. Supervisors saw the need for more attention to community outreach in order to identify employment opportunities and promote employer based training programs. While specialists appeared to be similar to line staff and supervisors in the areas of appraisal/orientation and assessment/employment, their perceptions differed in the areas of case management and post-employment and suggested that these areas need more attention. All staff indicated less attention to the process of entering information about each participant into agency computer files is warranted.

The third area relates to organizational and community factors affecting the provision of CalWORKs services. The following factors that may have impacted service delivery over the twelve months preceding the study: a) the agency work environment, b) resource barriers to service provision, c) the impact of problems faced by CalWORKs participants, and d) staff knowledge and skills relevant to practice. While all three levels

of agency staff members agreed that many of the agency factors affected their ability to provide services, it was clear that one's position in the agency influenced one's perception of the agency environment. While frontline staff found it difficult to form an opinion about the agency's environment, supervisors consistently expressed agreement that the agency environment impacted service delivery. The areas of greatest divergence of perceptions between line workers and supervisors related to: a) expectations about participant compliance with policies and programs, b) the complicated nature of state and federal regulations, and c) difficulties in applying the exemption criteria.

When considering the impact of limited resources, there was considerable agreement across all three groups of respondents the funding for childcare and transportation were adequate but that there was insufficient affordable housing. Well over half of all three groups also felt the number of staff was inadequate to handle the caseloads. However, there was a distinct lack of consensus within and between the staff groups in such areas as the adequacy of employment opportunities for participants, the availability of transportation and the adequacy of community information. There was a high level of consensus across the three respondent groups about the significant impact of behavioral problems, in particular, as well as the lack of community support on the ability of participants to become self-sufficient. Lastly, staff identified the knowledge and skills most needed for delivering welfare-to-work services to a diverse group of participants. The knowledge areas included: principles of counseling, motivation, casework, and

case management, understanding barriers faced by disadvantaged people, community service providers and resources, and working effectively with different participant groups. The skill areas included: effective case management (including crisis intervention), interviewing and maintaining effective relations with participants, treating participants with dignity and respect, and listening to participants.

### ***Implications***

The implications for CalWORKs participants are clustered into four themes: 1) high employment participation, 2) participation in CalWORKs services, 3) experiences with CalWORKs staff, and 4) barriers to employment and challenges facing welfare leavers. A substantial percentage of CalWORKs participants were working and more Leavers in this study were working compared to the findings in many national studies. With so many participants in the workforce, additional intensive case management in the form of support services are needed to help participants keep their jobs, especially when their wages were not high enough to exit the welfare system. Increased efforts are needed to provide services to both current and former CalWORKs participants in order to improve their job skills and help them secure higher-wage jobs.

Second, while several CalWORKs services were utilized extensively by all three groups, others were utilized only by one or two groups. More than half of Leavers, Recidivists, and Stayers utilized transportation and child care services. More Recidivists and Stayers participated in education services, while more Leavers participated in supportive services while working. More Leavers

found the job club and job search services to be particularly helpful. One interpretation is that Stayers and Recidivists may not be finding the job club and job search services as helpful because they may have other unmet needs that prevent them from being job ready.

Third, the primary implication arising from findings related to experiences with CalWORKs staff is that participants need to be more involved in providing input into the development and monitoring of their welfare-to-work plans. Case managers need to help participants gain increased awareness and investment in their employment plans. Additionally, plans related to on-going case management need to include assistance in exploring ways to earn more money.

Fourth, there appears to be a need for intensive case management to assist leavers with the employment barriers of language, child care, transportation and job training. Also, while most are working, about one third remain in poverty. Furthermore, many Leavers are not accessing the services for which they are eligible; namely, subsidized child care and Medi-Cal for themselves and their children. Additional efforts are needed to ensure that those no longer receiving aid are aware of the support for upgrading their job skills in order to access higher paying employment.

In addition to the study implications for CalWORKs participants study, the implications to improve staff functioning fall into two primary areas: 1) effort and attention given to services and 2) factors affecting the provision of CalWORKs services. One of the major implications of the focus on effort and attention relates to post-employment services. Given

the preoccupation with front-end welfare-to-work services related to orientation and assessment, it is increasingly clear that new service strategies are needed to strengthen post-employment services in order to better foster self-sufficiency. Therefore, it will be critical to find the staff resources to assist employers with the development of on-the-job training opportunities as well as staff release time for entry-level workers to attend vocational and/or community college programs designed to increase their knowledge and skills. Similarly, active outreach to former CalWORKs participants will be needed to sustain their involvement in other governmental programs for which they are eligible (food stamps, childcare, Medicaid, earned income tax credits, etc.).

Second, implications emerging from factors associated with service provision relate to the agency environment, participant problems, resources barriers and knowledge and skills areas. The different perceptions of the agency environment suggest that top management has increased responsibility for developing a culture of open dialogue and experimentation in order to address the complexity of problems experienced by CalWORKs participants as well as the heavy caseloads carried by staff. It is not clear that welfare-to-work programs have completed the transition from the old culture of an isolated government agency guided by the old bureaucratic AFDC policies and procedures to a culture of community-based services designed to empower staff and participants in fostering family self-sufficiency. Next, while CalWORKs staff members have a shared perception of the behavioral problems (e.g. substance abuse, mental health, domestic violence) experienced by CalWORKs

participants, it is not clear how participant strengths are either understood or being utilized in the delivery of welfare-to-work services. Thus, it is increasingly clear that many line staff members have not had sufficient opportunities to learn about strengths-based practice related to low-income families.

There are also implications for service delivery resulting from resource barriers. While internally controlled services (i.e., those provided by the welfare-to-work agency or contracted out to community service providers) have increased in the context of welfare reform, the staff's limited capacity to access these resources continues to affect the outcomes of services. For example, modifying adult education programs to meet the needs of CalWORKs participants or successfully influencing employers to train and promote former CalWORKs participants continues to be elusive for line staff. This may be related to the resource limitation of staff time and heavy caseloads or the limited capacity of staff to influence external resources. As the data in this exploratory study suggest, this issue of resource acquisition may also be related to staff competencies and the need for more knowledge and skills as well as agency support for community outreach work.

Therefore, the findings related to resource barriers as well as the areas of needed knowledge and skills have significant staff development implications. Given the limited number of welfare-to-work staff with a background that includes social work education, the extensive focus on agency-based training on administrative procedures and accountability, and the lack of federal training funds, it is clear that knowledge and skill training

needs to be a top priority in the administration of welfare-to-work programs. To improve their job functioning, welfare-to-work staff need more training opportunities related to: 1) case management skills (counseling, interviewing, relationship-building, and group work, particularly with former CalWORKs participants), 2) population-focused knowledge (serving diverse populations), 3) understanding the nature of poverty in America and the dynamics of labor-force attachment and adult education, 4) community outreach to employers, service providers, and agencies that serve communities of color, 5) media skills for sharing community needs and generating donor involvement, and 6) program development skills needed to assist community-based organizations.

In summary, the 1996 federal welfare reform legislation dramatically shifted public welfare from an entitlement system (AFDC) to an employment system linked to temporary assistance (TANF). This shift had a major impact on social service agencies, the provision of services to families on welfare, and how staff members serve CalWORKs participants. While CalWORKs participants have found work,

others continue to struggle to become self-sufficient. Further, front line staff members are now required to make decisions in a new and complex service delivery system. It is apparent that more attention needs to be given to providing staff with the knowledge and skills needed to effectively improve the well-being and self-sufficiency of low-income families and to engage the community in promoting and sustaining such efforts.

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## Preventing Financial Elder Abuse\*

As the senior population in this country steadily grows—due in part to advances in medical technologies and interventions, and the aging of the baby boom generation—it is important to note that the incidences of physical, emotional and financial abuse against these seniors are also increasing. Across the country, reports to Adult Protective Service (APS) agencies of elder abuse (which includes physical abuse, sexual abuse, psychological abuse, neglect, and/or financial abuse or exploitation) increased 150 percent between 1986 and 1996, according to the Administration on Aging. This increase dramatically exceeded the 10 percent increase in the older population over the same period. Out of 551,000 substantiated (verified) reports of all types of elder abuse, approximately 40 percent of those cases (220,400) involved some form of financial abuse (Administration on Aging, 1996).

As Adult and Aging Agencies design and implement new interventions to address the increased prevalence of elder abuse, such as the Financial Abuse Specialist Team (FAST) program in Santa Clara County, it is important to understand and identify what is known about elder abuse. In 1996, it was estimated that approximately 818,000 elderly individuals would be victims of elder abuse annually in the United States. Further, some researchers suggest that for every one case of elder abuse that gets reported, five or more go unreported. What makes the elder abuse situation particularly complex is its hidden nature, especially since elders

frequently live in isolation from the outside world where the “reasonable suspicion” legal standard for reporting is difficult to develop. In addition, many seniors rely on family members or paid health care workers (who may also be the perpetrators of abuse) to assist them in meeting their personal and health needs. As a result, detection of abuse by outsiders is more complicated and incidents tend to be under-reported.

Financial abuse of elders (also known as financial exploitation or fiduciary abuse) is a particularly complex form of abuse to address. The exact number of cases of elder abuse involving financial exploitation cannot be accurately calculated because cases often are not recognized or reported, yet financial elder abuse is estimated to be the second most prevalent form of elder abuse, behind physical abuse. There are a number of reasons why it is difficult to ascertain accurate rates of financial abuse of elders. First, there is no national reporting center or database to compile and analyze cases. Next, there may be a built-in bias whereby bodily assault may be seen as more threatening and easily recognized than the loss of assets. Other reasons include victim embarrassment from being exploited, simply being unaware that the abuse is taking place, a desire to protect a family member (the most frequent perpetrators of abuse) or caregiver who may be abusing them, or fear of reprisal over the potential for the withdrawal of care and support. Also, most police officers and prosecutors are not

trained to spot financial abuse when it is reported, and when they do, they often refuse to investigate by claiming that it is “a civil matter.”

Also complicating efforts to address elder financial abuse are a lack of federal statutes to regulate elder abuse and varied definitions of elder financial abuse, which can make it difficult for individuals to know what exactly constitutes financial abuse. While there are a range of definitions, the National Center on Elder Abuse defines it as “the illegal or improper use of an elder’s funds, property, or assets, guardianship, or power of attorney” (2000). Further, many elders are victims of financial abuse as a result of undue influence by the offender. Agencies such as the National Center on Elder Abuse are working to develop guidelines for the identification of financial abuse. In addition, federal and state policies are beginning to respond to the growing problem of elder abuse.

In 1997, the United States Congress mandated that each state establish Medicaid Fraud Control Units (MFCU) to respond to discoveries of abuse, neglect, mistreatment and financial exploitation of the elderly and vulnerable adults by health care providers. The fraud units investigate and prosecute patient abuse and neglect as well as provider fraud. Every state Attorney General’s Office is required by federal law to have MFCU to investigate and prosecute Medicaid provider fraud and patient abuse or neglect in health care programs that participate in Medicaid, including home health care services. In addition, states such as California are updating current laws to reflect issues in elder financial abuse. Some strategies suggested by the FBI in combating financial abuse include:

- Training local law enforcement in recognizing and apprehending elder abusers
- Forming investigative coalitions and sharing information among social services, law enforcement and financial institutions
- Expanding existing mandated reporting laws
- Educating the elderly to recognize financial victimization
- Mandating mental health counseling for offenders

In May 1999, the California legislature passed Senate Bill 2199 that included the following changes related to elder and dependent adult abuse:

- Broadening and redefining “abuse,” “adult protective services,” “neglect” and “care custodian”
- Expanding the definition of “mandated reporter”
- Including abandonment, isolation, financial abuse and neglect as reportable abuse
- Enhancing APS provisions that require the following
  1. A 24-hour reporting system
  2. 24-hour response to life-threatening situations and imminent danger
  3. Tangible support services for victims of abuse
  4. Use of multi-disciplinary teams
  5. Emphasis on preventive social work activities

Most importantly, the new legislation authorized additional funding for county social service agencies to implement these mandates.

In response to the new legislation, increasing caseloads in the area of financial abuse and an internal study of financial abuse cases, the Santa Clara County Department of Adult and Aging Services (DAAS) created the FAST program. It was implemented in May 1999 to provide immediate response for investigating and acting on reports of financial abuse in Santa Clara County. FAST is considered a multi-disciplinary personnel team, including staff from Adult Protective Services (APS) and the Public Administrator/Guardian Office (PAG) which are part of DAAS (within the Santa Clara County Social Services Agency), as well as the County Counsel (CC) and the District Attorney's Office (DA). In Santa Clara County, it was critical that FAST be designed as a rapid-response system to provide immediate intervention in cases of financial abuse against elders. In addition to being a responsive and reactive crisis intervention program, the establishment of FAST provided the community with both a deterrent to prevent future incidents of financial abuse and the ability to move quickly to prevent losses by creating a seamless system of collaboration.

APS social workers and PAG staff volunteered for the program and were selected based on their skills in problem-solving and crisis intervention. Because social workers were less familiar with the financial and legal issues, training was provided by County Counsel regarding financial matters such as trusts and estates. Training continues on an on-going basis as necessary.

There are three primary phases of the processing of a case through the FAST program: 1) referral, 2) emergency response, and 3) litigation. First, all potential FAST cases begin at or are initially referred to APS. Calls are screened by an APS social worker to obtain basic information and determine if financial abuse seems likely and if there is information about imminent danger for anyone involved. An APS supervisor will then screen referrals and decides how to proceed with the case. If the situation is deemed not urgent, the case will be sent to a bi-weekly review committee consisting of staff from each of the four agencies who will review the case for evidence of abuse. If evidence is found or it is decided that further investigation is needed, the case is referred to the FAST team or elsewhere as necessary.

If the supervisor finds that there may be danger or a need to act quickly due to potential loss of property, emergency response services are initiated. A referral form is faxed immediately to the Public Administrator/Guardian (PAG) intake worker on the FAST team, who then logs the referral and passes it along immediately to the PAG Inquiry Screener. The Screener then contacts the APS social worker in order to jointly plan an immediate visit with the alleged victim to make an assessment. Depending on the allegations of the initial referral, the two workers will determine whether the DA Investigator should be included in their Rapid Response Team. The team conducts a mini-mental status screening, and if the alleged victim appears to be incompetent or appears to be subject to undue influence by another, the team may choose to take the following actions:

1. File a certificate under California Probate Code 2901, through which the alleged victim's assets may be frozen by the Public Administrator/Guardian's office to protect against further loss;
2. File for emergency temporary conservatorship;
3. Involve a physician in filing a Medical Declaration form that attests to the alleged victim's incapacity; and/or
4. Refer to law enforcement, if not already done.

When alleged victims are placed under temporary conservatorship, the PAG's office will continue to investigate to determine if there is a need for appointing a permanent conservator. At that time, private conservators are considered, such as family members, trustees, or persons who possess a Durable Power of Attorney given to them by the victim. Although another party may eventually be appointed to care for the victim, the team will remain involved to provide continued services to the victim and to assist in any legal proceedings that may commence. APS is required to report any incidence of criminal activity to law enforcement, and law enforcement is required to cross-report abuse to APS.

When evidence exists that there has been illegal activity on the part of the alleged abuser, the case is then transferred to the legal side of FAST and the case enters the litigation phase. The FAST legal team consists of the County Counsel that handles civil litigation and the District Attorney's office that prosecutes the alleged offenders. A police officer, who is the DA investigator, conducts an investigation to gather as much information as possible that can help in obtaining a conviction against the

alleged offender. First, investigators gather as much information as possible on the alleged offender. If the alleged offender is on probation or has any outstanding warrants, immediate efforts will be made to take her/him into custody. Next, a visit is paid to the alleged victim. The investigators will ask for as much information as possible, including the location of the suspect (if not present; if so, efforts are made to separate alleged offender and victim and interview both), the immediate needs of the client, information on assets and location of pertinent financial documents. Priorities at this time are the protection of the victim as well as finding and freezing the assets to prevent further loss. A number of other investigative activities occur during this period to gather evidence. Until the cases are closed, APS staff remains involved by offering support services to victims and assisting in the investigation wherever possible. When enough evidence is gathered to support a case, arrest warrants are issued for suspects and the process of bringing the cases to court begins. Public defenders or private attorneys are hired on behalf of suspects, and county counsel and the district attorney (if evidence of criminal activity exists) moves ahead on behalf of the victim. The county counsel usually seeks to recover assets for the victim and impose penalties on the abuser, while the district attorney seeks jail time based on criminal charges. When financial abuse is proven, abusers can get longer sentences and victims may be awarded financial damages over and above the recovery of their assets.

The successes of the FAST program have been numerous. Rapid response teams are able to intervene much more quickly to protect a client's

present and future safety and assets, and these multi-disciplinary teams have the ability to address all aspects of the client's well-being. There is mutual understanding regarding professional roles and responsibilities, and because staff members volunteer to serve on FAST, they bring a strong dedication to their work.

Although FAST has demonstrated itself to be a highly innovative and effective program, it is not without its challenges. From May 1999 to May 2000, Santa Clara County has experienced a 60 percent increase in elder financial abuse reports, and anticipates increasing numbers of referrals and subsequent investigations in the future. Due to this expanding volume of cases, the team's ability to investigate and intervene in a timely manner is becoming increasingly difficult. In addition, while many believe the team is providing a necessary and beneficial service to the community, the program also has its critics. However, the critics' claims (generally made by opposing counsel or alleged perpetrators) have not been supported with evidence. While the FAST team members will certainly admit to acting quickly, they would argue that they are extraordinarily careful in their investigation and that the use of expedience is due to a desire to remove the victim from a dangerous situation in order to protect them against further abuse and/or loss of assets.

Following the first three years of operating the Financial Abuse Specialist Team, a number of lessons were learned:

**Lesson 1:** It is important to have the commitment of top leadership of local agencies and government in creating new inter-agency programs. FAST has

been able to maintain favorable outcomes, despite increasingly complex cases, based on the concerted effort, commitment and support of agency leaders, team members, the District Attorney and County Counsel offices, and the elected county Board of Supervisors. Successful collaboration among agencies can also play a major role in supporting the long-term sustainability and expansion of state and federally funded programs.

**Lesson 2:** When implementing new programs it is best, whenever possible, to anticipate and reconcile political issues in advance. The success of FAST is due, in large part, to a collaboration of partners who worked together to develop clearly stated shared values and goals and to build a program that could maximize their respective talents and skills to better serve clients. By the time the program was launched, team members were able to move ahead without the loss of momentum from unresolved political issues between agencies.

**Lesson 3:** It can be difficult to investigate and prosecute financial abuse cases when victims are unwilling to assist in their case, especially when they do not want to press charges against adult children or other family members, despite how clear it is that abuse occurred. The difficult lesson learned is that not all cases can be prosecuted.

**Lesson 4:** It is important to institute ongoing training and regular meetings for multi-disciplinary teams in order to facilitate understanding of staff roles and responsibilities and eliminate unnecessary duplication of tasks.

**Lesson 5:** While the FAST program expanded rapidly, the following lessons are being revisited daily

in terms of the amount of resources needed to carry out this service:

- The scope, complexity and staff needed for this program were not fully anticipated. The need for staff for this growing operation in terms of social workers, supervisors and administration has expanded beyond the original estimates, particularly under circumstances which require emergency response in order to protect the client.
- With so many abuse cases being handled by the FAST team, there are prioritization issues. Risk assessment should be considered and cases prioritized accordingly.
- Due to the legislative urgency (the need to implement SB 2199), staff needed to create a system of service delivery before goals and objectives were developed in sufficient detail. In this case, the need occurred before DAAS was able to bring staff on board for this particular project.
- Staff resources need to be identified to write policy and procedures. This person should be a “non-response” team member who is an objective observer in the specific role of documenting practice. Due to the nature of the development of the FAST team, policy was being developed as the team worked with the cases and made quick service decisions. It would have been helpful if someone were able to keep historical data and devote time and attention to the development of procedures.
- The FAST team must constantly communicate with each other and acknowledge the need to continuously redefine their respective roles and responsibilities, which includes being flexible, open to change, and acknowledging the respective boundaries of their different disciplines.
- The complexity and labor intensity of the work involved was not fully anticipated, especially the complexity of legal trusts and other legalities. Even after the court grants conservatorship, there are still civil and criminal litigation issues that need to be tackled and require a wide range of expertise and sometimes years to litigate.

Of all the lessons learned, the most critical one is that teamwork across disciplines and agencies is the key ingredient in achieving the goals of FAST and ensuring the well-being of clients.

\*Abstracted from:

Malks, B., Schmidt, C., & Austin, M. (2002). Elder Abuse Prevention: A Case Study of the Santa Clara County Financial Abuse Specialist Team (FAST) Program. *Journal of Gerontological Social Work*, 13(3)

## Assessing the Impact of Exploratory Research\*

The primary purpose of research is to get new knowledge, evidence, and innovations into the hands of those who could use it. While this purpose is clear, its realization varies across fields and disciplines. While the potential for research to improve our agencies, practice, and client outcomes, it is not clear how to effectively disseminate and utilize research findings. In fact, studies of research utilization in public social services reveal limited use of findings by practitioners and the picture is only slightly more favorable among agency administrators and policy makers. Over the past few decades researchers have begun to develop strategies for the dissemination and utilization of research and social service agencies have begun to make greater efforts (particularly through increased collaborations with universities) to seek and utilize research.

There are numerous factors affecting the dissemination and utilization of research. The first domain has to do with factors that influence research dissemination. One major challenge has to do with the extent to which research is “user-friendly” (e.g. excessive use of jargon and methodology terminology) and/or the extent to which practitioners are equipped to be effective consumers of research. Yet, even when practitioners are capable research consumers, the time pressures of service delivery pose a serious challenge to keeping abreast of new and relevant information. The literature suggests that one of the most significant factors influencing the dissemination of research is the way it is presented

to practitioners. Therefore both researchers and agency administrators need to carefully design their approach to research dissemination, taking into consideration factors such as time constraints, workload and staff capabilities.

The next area of consideration is related to the utilization of research by practitioners. In order to better understand how research is utilized by staff, it is important to note the five different ways that research can be utilized: 1) “instrumental utilization” occurs when practitioners alter their practice methods after reading research findings, 2) “conceptual utilization,” on the other hand, refers to the use of research to inform thinking about social problems without necessarily influencing specific decisions or altering practices, 3) “persuasive utilization” refers to the use of research to support a particular position; this type of research utilization is often demonstrated by lobbyists, advocates, policy makers and administrators who use research findings to support a particular policy position, 4) “methodological utilization” occurs when practitioners adopt specific research tools for their use in practice, such as diagnostic tools for client assessment, and 5) “indirect utilization” occurs when practitioners employ theories, practice models, or procedures that are based on research without connections to specific research findings.

In addition to the different ways in which practitioners utilize research, there are also organizational factors that influence research use.

The four primary organizational factors that influence research utilization are: 1) research relevance, 2) practice implications, or situational factors, 3) practitioner and researcher characteristics, and 4) communication. First, research relevance is related to the application of research findings and recommendations to the situations faced by decision-makers and practitioners. For research to be utilized, it must be relevant to critical dilemmas and decisions facing practitioners. Second, the use of research is influenced by such situational factors as the need for immediate action (not easily reconciled with the gradual and cumulative pace of research) or the conflict between research recommendations and the significantly conflicts with an agency's mode of service delivery. Third, there are characteristics of the researcher and the practitioner that can affect research use. Research findings are more likely to be used when the researcher has a high level of credibility (level of expertise in the service sector) and when practitioners perceive that the research findings are consistent with their beliefs and expectations and do not conflict with other available information. Fourth, the nature, frequency and timing of communication, as well as geographic proximity between the researchers and the practitioners, are related to increased research utilization. In addition, the involvement of practitioners in the planning and implementation of research has been found to have a positive impact on research utilization.

While having a strong theoretical foundation is essential to the understanding of any issue, it is critical to investigate how research is disseminated and utilized in public social service agencies. An

investigation sought to assess the degree to which nine exploratory BASSC research studies were disseminated and utilized in four San Francisco Bay Area county social service agencies (two urban and two suburban). The topics of all nine exploratory research studies were selected by agency staff and structured in the form of a research scope of work in collaboration with university researchers. The research revealed two positive results related to the potential impact of research. The first result was connected to staff participation in the planning and implementation of the research projects (especially the involvement of a senior/operations manager in the research design and implementation of the results that positively influenced research dissemination and utilization). Second, the research studies helped to increase the level of informed decision-making and lower the level of controversy around particular issues within the agencies as well as the community (e.g. placing foster children with gay and lesbian families).

While the positive results help to demonstrate how research dissemination and utilization can benefit the agency and community, the findings also identified areas for improvement. The first area involves increased efforts by agency staff and researchers to promote coordination of the research process. Shared responsibilities across a number of different departments or stakeholders can significantly delay the research process. The second area for improvement calls upon researchers to invest more time and energy in identifying and understanding the interests of internal and external audiences. For example, agency managers have different levels of understanding when it comes to using research

findings and recommendations for policy and program development. Similarly, communicating with staff often requires the use of oral presentations that complement the distribution of the written research reports in order to provide busy staff with opportunities to understand the research results and explore the feasibility of implementing the recommendations. Lastly, increased investments in communications are necessary to: a) clarify the nature of the study and expectations for the outcome, b) specify types of research and dissemination methods to be used, and c) identify methods for addressing key issues (cooperation, shared accountability, conflict, and the translation of findings and recommendations into action steps).

Two major implications emerged from the findings in order to strengthen future agency-university partnership research dissemination and utilization efforts: a) establish clarity in the early stages of defining the scope of work, and b) strengthen communication in the agency-researcher partnership before, during, and after the research project. With regard to developing the scope of work, several activities could strengthen the research collaboration:

- 1) Include a plan for dissemination and utilization that involves staff in translating findings and recommendations into action steps.
- 2) Include opportunities for regularly scheduled review meetings to facilitate communications and promote increased understanding of agency issues by the researchers.

- 3) Expand the literature review process to include consultation with experts inside and outside the agency as a way to promote an increased understanding of the research topic and the organizational issues by the researchers.
- 4) Assist researchers in acquiring a first-hand familiarity with agency service programs and the array of relevant stakeholders.
- 5) Discuss the scope of work with all relevant parties within the agency.

The second major implication relates to strengthening communication in the agency-researcher partnership. In this regard, the following suggestions emerged from the data:

- 1) Involve an agency staff member from the program area under study in all aspects of the research project coordination.
- 2) Identify areas of potential conflict between agency staff and research staff as early as possible in order to avoid compromising the study or its dissemination and utilization.
- 3) Identify opportunities to share the research results widely within the agency as well as with other interested parties in the community and region.

University facilitated agency-based research is a team process that requires careful planning and communications as well as a commitment of significant time and resources. It is clear that both researchers and agency stakeholders share responsibility for maximizing the use of the results

and recommendations of exploratory research. Yet, it is also clear that exploratory research has the potential to positively impact public social service agencies and the communities they serve.

\*Abstracted from:

Dal Santo, T. Goldberg, S., Choice, P. & Austin, M (2002). Exploratory Research in Public Social Service Agencies: An Assessment of Dissemination and Utilization. *Journal of Sociology and Social Welfare*. 29(4)

## **Policy Development and Implementation**

## Riding the Wave of the Baby Boom Generation\*

The baby boom generation (comprised of individuals born from 1946-1964) represents the largest single sustained population growth in the United States, numbering 76 million. By their size alone they have greatly impacted family structure and roles, the economy, politics, and the very social fabric of American life. The baby boom generation has reinterpreted every phase of American life and is poised to redefine the concept of aging—as well as adult and aging policy issues—as they are now transitioning into retirement age and becoming our nation's older adult population. As a result, it is critical that the Bay Area and other communities make a concerted effort to prepare for the challenges that this new era of aging will bring.

In anticipation of the impact that the baby boom generation would make on adult and aging services combined with the acknowledgement that policy reform in this area was long overdue, BASSC established the Adult and Aging Policy Workgroup in 1999 and produced a report that identified the important characteristics of the baby boom generation and demographic trends impacting this area; described the Bay Area realities and organizational challenges facing this region; and provided a list of recommendations that focus on education, prevention, intervention and advocacy.

### ***The Context***

As social service agencies prepare for the impact that the baby boom generation (boomers) it is

important to identify a number of demographic characteristics. First, boomers have changed the very definition and composition of household and family, resulting in diverse family structures that can affect family income, retirement income, family caregiving and child rearing. Next, most boomers express a desire to remain independent and personally responsible for their retirement, health care and long-term care requirements. However, the majority of boomers are not adequately saving for retirement and are neither knowledgeable about nor are they planning sufficiently for their long-term care needs. Additionally, while a majority of boomers believe that they, not the government, are primarily responsible for their retirement, most will be dependent upon Social Security as their primary retirement income. Nevertheless, individuals are increasingly demanding more information, choice and control in their lives. As a result, a number of demographic trends indicate the need for prevention and earlier intervention, more intense long-term care, and greater caregiver training and support.

There are many demographic characteristics of the Bay Area's adult and aging population. The region will continue to grow more populous, older and diverse. The most dramatic population increase will be in the 65 years of age and older category, which will double by 2030. The number of older adults dependent on their children will be larger than the number of youth under 20 years old dependent on their parents. Further, life expectancy in the Bay

Area is six months longer than that of the State and two years longer than that of the nation. Lastly, the diversity of the population will continue to increase. Minorities will grow to two-thirds of the population. By 2040, older minorities are anticipated to constitute over half of the state's elderly population.

The number of older adults living alone will also increase. While most elders prefer home care, they would rather move to a care facility than live with or depend on their family or friends for personal care. High demand for affordable housing, low vacancy rates, and an expected shortage of assisted living arrangements are likely to force many seniors into institutions or other undesirable living arrangements.

Moreover, while most older adults have lived in their communities for over 20 years and plan to remain there, few assisted living options enable seniors on a fixed income to remain in the community when they can no longer live independently. A burgeoning supportive housing industry is providing more options to the aging population, but unfortunately these options are limited to older adults with higher incomes. In 1999, over one-half of the older adults surveyed in the region were classified as low income; almost a third had incomes under \$25,000 a year. At the same time that many Californians—and older adults in particular—face serious housing availability and affordability challenges, much of the state's new housing construction is located in outlying suburban and rural areas where employment is limited. Yet the high cost of housing and living will require many older adults to continue working. It is anticipated that by 2020, more than one-fourth of Bay Area older adults will be working in some capacity (possibly in information technology and service jobs).

In addition to the challenges that many older adults will face with regard to housing and living arrangements, income, and employment, those with chronic illnesses and disabilities may struggle to access and receive care. Because increases in the older population will enlarge the numbers of chronically ill and disabled older adults requiring care, there will be a great need for geriatric-specific health services as well as home and community-based care. Yet, there are shortages of caregivers as well as geriatric specialists to meet the current demand. At the same time, however, measures to delay disabilities and disease will bring tremendous personal benefits as well as cost savings. Based on their proportion of the national population, older individuals in the region who lose independence each year expend roughly \$686 million in medical and long-term care expenses than if they had remained independent. New technology in health and home care will also allow some individuals to remain independent for longer periods of time; however, this technology is often not available, accessible, or desirable for all individuals.

The last important demographic trend impacting Bay Area adult and aging services relates to long-term care and caregiving. In 1999, families provided 80% of the care of disabled in their homes or in their communities, thereby preventing or delaying costly nursing home care. In fact, unpaid caregiving has an estimated value of \$200 billion, one-fifth of the nation's total annual health care costs. The high cost of residential care combined with the strong desire of consumers to receive care in their homes has reinforced the need for alternative, less expensive

ways to care for individuals who do not require continual care.

### ***Bay Area Realities***

The Bay Area's large and diverse population and its geography often make it challenging to provide services. Our eleven-county Bay Area region comprises eight of the 20 most populous counties in the state. Older adults comprise anywhere from nine to 15 percent of the total population. Seven of the eleven counties have a higher proportion of adults ages 85 and older than the state average; two, Napa (2.4%) and San Francisco (2.2%) have nearly double the state proportion (1.3%). Although the population of many Bay Area counties is predominantly white, the aggregate minority populations in some counties, such as San Francisco, has already reached or surpassed 50% of the total population.

Another Bay Area reality is the dispersion of the population into rural or unincorporated areas. The development of suburban communities in outlying areas of the region and the loss of existing low cost housing as a result of gentrification is pushing elders farther away from services and caregivers. As a result, many of the Bay Area's major health care providers are inaccessible due to geographical, financial, or informational barriers.

### ***Regional Service Provision and Organizational Challenges***

A wide range of county organizational structures for both adult and aging agencies and Area Agencies on Aging (AAAs) exist throughout the Bay Area. This makes collaboration and coordination extremely difficult. At the state level, administrative authority

and funding for adult and aging services flows through five departments: the Department of Aging, the Department of Developmental Services, the Department of Health Services, the Department of Mental Health and the Department of Social Services.

At the county level, however, administrative structures may be integrated or not. Further, some AAAs are within the county structure and some are run by nonprofits. Some services are administered through government contracts while others are administered through provider networks. Services are provided throughout the region under the auspices of three local entities: 1) health, mental health, social services, county departments, 2) city government, and community-based non-profit and for-profit organizations. One advantage of this complex mix of administrative entities and fragmented systems is that it provides seniors with over 63 types of services and programs.

### ***Regional Issues***

The BASSC Adult and Aging Policy Workgroup defined two main areas as the most critical barriers to the provision of services to disabled and older adults in the region: consumer issues and administrative issues.

The main consumer issues are: 1) consumer choice and access; 2) inadequate and/or affordable resources; and 3) inadequate support services. First, informed choice and access to multiple services are critical to the advancement of healthy consumers. Issues such as the availability of information in multiple languages, single points of entry, and multiple options for care need to be

addressed. Community providers need to join with consumers to promote consumer choice, direction and advocacy. Second, resource issues pose multiple barriers for older adults. SSI benefits are too low for many to remain in their homes, much less participate in community activities. Moreover, those with low incomes who require preventative health care or medications find it difficult to maintain their health. Further, it is not an easy task for dependent adults to find affordable, quality home health aides. These factors create a great demand for affordable housing complexes that provide multiple levels of care. The inability to locate affordable housing with sufficient care services may cause premature institutionalization. Once individuals are institutionalized, the quality of care in nursing homes becomes a concern. There is a need to address issues of adequate income and health care, affordable and accessible housing and transportation, and affordable quality home health care need to be addressed. Third, the lack of support services threatens to undermine the health and well-being of older adults and, in many cases, adversely affects their caregivers. Social policies are needed that provide in-home support services and financial support for informal caregivers that protect older adults from violence and abuse and that increase the affordability and quality of both long-term and home care options.

The compelling administrative issues include: 1) fragmented governance, 2) fragmented and insufficient funding as well as disincentives toward institutional care; 3) service delivery gaps, service availability, and biases toward intervention; 4) inadequate data systems and common tracking

elements; and 5) shortages of human resources. First, governance is fragmented at all levels: state, county and local. These various fragmented administrative structures negatively impact the provision of services and cause difficulties in implementing, integrating and revising programs. Second, issues related to funding include fragmented funding streams that can lead to ineffective, administrative structures and services, all of which create incentives for institutional care and poor coordination between acute and long-term care. Third, service delivery issues focus more on intervention than prevention, resulting in service availability that is inconsistent within and across counties, service gaps, and the lack of continuity of care. Fourth, data systems are inadequate and inconsistent for decision making and sharing regionally. There is also a lack of common data elements to track the needs of diverse populations as well as program outcomes. The fifth administrative issue is a human resources issue related to labor shortages, low salaries, increased competition, and insufficient numbers of culturally competent and bilingual staff.

### ***Recommendations***

Considering the need for adult and aging services in the Bay Area, the following recommendations emerged:

- A. ***Adopt Policies and Values to Improve Adult and Aging Services*** based on the following core set of values:
  1. *Promote collaboration and partnerships between and among consumers, advocacy groups, organized labor, and service*

providers; health, mental health, and social service agencies; public/private entities; faith-based organizations; stakeholders; influential individuals and entities in the community; and local, state and federal government.

2. *Foster consumer choice and independence* to maximize self determination, and interdependence; prevention, education and training; and promote consumer, caregiver and family member participation in the design and monitoring of services.
3. *Increase access to services* for diverse populations related to age, culture, ethnicity, gender, religious affiliation, sexual identity, and language; and caregivers including friends, neighbors and extended family.
4. *Integrate service systems* that include uniform assessment tools, outcomes measures and integrated funding, and the use of technology and database systems; intergenerational programs and services, and connections between levels of care; transportation within and between counties as well as the development of a range of services that maximize consumer choice; focus on commonalities between systems; and local accountability and authority.
5. *Promote cost benefits* such as building on available resources, focus on prevention, look to enhance consumer support rather than dependence; focus on needs-based services rather than medication based services; establish networks between long-term and acute services systems; focus on

volunteerism, education and training; build in flexibility to respond to population changes and unforeseen events; and take advantage of economies of scale but ensure minimum standards of quality.

- B. *Expand Education and Public Awareness Efforts.* Improve training for formal and informal caregiver services; heighten public awareness of adult and aging resources through consumer education efforts as well as promote consumer choice, direction and advocacy; develop public education programs to educate local, regional and state opinion leaders on adult and aging issues; increase the number of highly qualified gerontological social workers and specialists through stipend-based internship programs, professional practice standards and curriculum, as well as equitable salaries and benefits; and create a regional media campaigns to address current and future issues.
- C. *Improve Access and Service Delivery.* Identify and eliminate barriers to access and delivery of services; cross-train personnel and foster interdisciplinary training; anticipate the expansion and modification of support services; explore integrated systems that ensure quality of services to older adults through a focus on consumers' needs and mixed modes of service delivery; promote a consideration of caregivers as primary service recipients; maximize utilization of technology in service delivery; encourage the development and use of technology as well as assisted living devices; promote development of single points of entry.

- D. ***Expand Advocacy Efforts.*** Advocate for full funding of critical services and greater flexibility in program administration to support consumer independence; involve consumers in all planning processes, promote the full implementation and funding of the Americans with Disabilities Act; promote the development of a consumers' bill of rights and caregivers' bill of rights; cultivate policies and programs that promote care for persons in their own home where appropriate; increase access to funded services across the region (e.g., ADA, paratransit); integrate domestic violence and abuse prevention across the region for all age groups, including seniors; and encourage the state to implement a blueprint for continuity of care to eliminate fragmentation barriers.
- E. ***Focus on Regional Program Effectiveness.*** Assess outcomes such as consumer satisfaction, cost benefits, and quality of life, of services provided in the continuum of care; and create a shared data collection system through 1) identification and development of core data collection elements, common assessment tools, and outcome measures, 2) collaboration that fosters shared access to information as well as development of a regional geo-mapping systems, and 3) investigation of start-up costs and exploration of funding support for new systems.
- F. ***Establish a Regional Policy Forum on Aging.*** The policy forum should be comprised of leaders from county adult and aging agencies as well as AAAs who will develop a consensus on critical regional and state issues and connect various county advocacy efforts; commit to sharing

information and increasing communications, and develop on-going regional data collection; and increase public awareness of aging issues and improve the image of older adults; create funding strategies for staff collaborative service evaluation and program development efforts; and report regularly to BASSC on issues requiring attention and action, and follow the recommendations of the BASSC Adult and Aging Workgroup.

### ***Conclusion***

The impacts of future societal changes and trends on our adult and aging agencies remain unknown. Developing policy and social action initiatives to reform adult and aging policies will requires a collective and inter-disciplinary response by Bay Area county social service directors to work in partnerships by convening the community and developing mutually agreed upon goals, objectives and outcomes. The collaboration among and within counties is essential for addressing the future needs of older adults in the Bay Area.

\* Abstracted from:

Svihula, J. & Austin, M (1999), *Riding the Wave: Charting the Course of Adult and Aging Services Into the Next Decade*, BASSC Policy Monograph, School of Social Welfare, University of California at Berkeley <[www.bassc.net](http://www.bassc.net)>

## The Challenge of Redesigning Child Welfare Services\*

Child abuse and neglect is a widespread issue in the United States and currently poses many challenges to local child welfare systems across the country. In 1998, it was estimated that 2.8 million children were reported as suspected victims of child abuse or neglect. Of these reports, over 900,000 were confirmed. In 1999, there were over half a million children placed in foster care (and untold numbers of children in formal and informal kinship care); 64,000 of the children in foster care were children whose parents had their parental rights terminated. Another alarming statistic is that minority children are significantly over-represented in the child welfare system—double their proportion in the national population. While the challenges seem daunting, progress has been made to shorten the length of stays in out-of-home care and increase kinship care. The number of children adopted or securing permanence through guardianship has increased and time to adoption has been cut in half in many states. There are many initiatives throughout the United States to improve the child welfare system, especially in the Bay Area. The processing of a case through the child welfare system and service categories in the Bay Area are described in Appendix A.

### **Promising Child Welfare Programs and Practices**

Many innovative programs and practices have been developed in the various service categories in each of the Bay Area Counties. Although all counties do not provide all of these services, there have

been significant positive outcomes from selective implementation of these new services. It is important to not, however, that these programs and practices were developed through experience in the field and are not necessarily based on research or long-term evaluations.

The promising programs and practices that counties have already developed (often with their own resources and leadership) make up a menu of services that creatively and effectively promote the safety, permanence and well-being of children throughout our state. A meaningful and realistic approach to the redesign of the child welfare services system in California is one that highlights and promotes the wide array of promising practices that are now in place and finds ways to make these approaches available in all California counties.

Early Intervention and Prevention Services are intended to identify and intervene early in family problems, therefore preventing child abuse and neglect. There are a wide variety of promising Early Intervention and Prevention programs and practices in the Bay Area; some examples include:

- *Welcome Home Baby*: Provides post-natal home visiting for all first-time parents who deliver babies at half of the hospitals in Contra Costa County. The goals are to promote the bond between parents and babies, encourage paternal involvement, help families connect to the community, and reduce child abuse.

- *Family Resource Centers:* The San Mateo County Human Services Agency works with several school districts, cities, and local non-profit agencies to offer school-based services in Family Resource Centers on 16 school sites. Each center's emphasis is to improve kindergarten readiness and academic success by third grade and decrease child abuse referrals.
- *Neighborhood School-Linked Services:* The Alameda County Social Services Agency promotes the well-being of children and families through a responsive, accessible, and flexible collaborative service delivery system in targeted neighborhoods and schools. Child welfare workers are stationed at each site and provide prevention/family preservation-oriented case management services to at-risk families, education and outreach regarding child abuse, and facilitate and organize groups and programs related to child abuse prevention.
- *Therapeutic Child Care Center:* The Napa County Center focuses on supporting children and families in forming strong and loving attachments and in reaching the best possible development for children. Either directly or through partnerships, the center provides a variety of services, including but not limited to child care, mental health, child development, nutrition, financial assistance and special education.

For those families who do not receive effective Early Intervention and Prevention Services, or who do not succeed in spite of those services, Emergency

Response Services are provided on behalf of children alleged to be abused, neglected, or exploited. Innovative practices have been developed in many Bay Area counties to assure the highest quality of assessment for families referred to child welfare services, often through the utilization of multidisciplinary teams. In addition, several Bay Area counties are adopting strategies collectively known as "Family-to-Family" which bring the perspective of families, extended family, and community members into the assessment process. For many years family conferencing and family decision-making have been used during the emergency response phase to improve the abilities of social workers to serve families. Examples of promising Emergency Response practices include:

- *Social Workers Outstationed with Police:* Solano County Department of Health and Social Services, Child Protective Services Agency and Fairfield, Vacaville and Vallejo Police Departments have developed an agreement to locate CPS social workers at each city's police station. This joint effort has improved communication, cooperation and collaboration between each department, enhancing the protection and services provided.
- *Receiving Center:* Receiving Centers in Contra Costa County are designed to support children through the trauma of removal from their birth families and to ease the transition between placements for children disrupted from foster care and group home placements. Children receive comprehensive assessments and have their daily living needs addressed while they are awaiting placement. Relatives and caregivers

who are being considered as an emergency placement are also assessed by social workers.

- *Family Violence Response Team:* This highly successful interdisciplinary team in Santa Cruz County provides immediate intervention to children who witness domestic violence. The collaborating agencies meet bi-weekly for case review and bi-monthly for administrative and operations direction setting. Depending on the case, a variety of services are provided and/or offered to children and families.
- *Redwood Children's Center:* A multi-disciplinary interview center in Sonoma County is specifically designed for children who are suspected of having been sexually assaulted. A team comprised of a forensic interview specialist, a member of the District Attorney's staff, mental health staff, nursing staff and law enforcement work together to ensure that a child suspected of being victim of maltreatment is interviewed only once. If necessary, other evidence is also collected and families are provided mental health services.

When a child welfare case is officially opened but the child is safe enough to remain in the home, Family Maintenance Services are provided to remedy the conditions that led to abuse and/or neglect. Counties have established an array of innovative programs such as Shared Family Care and Domestic Violence projects that enable families to maintain custody of their children and minimizes the risk of harm to these children. Other examples of promising Family Maintenance programs and practices are:

- *Another Road to Safety:* Alameda County serves low-to-moderate risk families who are diverted from Children's Protective Services (CPS) by providing a community-based, intensive family support program. Family-focused, strengths-based services are provided through contracts with local community-based organizations. The goal is to link families with community resources that can stabilize and strengthen them to the extent that they will not enter the CPS system.
- *Matrix:* An established non-profit organization under contract with Napa County helps families and professionals work together to improve the lives of children with special needs or disabilities. The information and resource center provides parents with the opportunity to gain life-long skills and knowledge to help their children live, learn, and participate fully in their communities.
- *Family Conferencing:* A program that brings together a variety of individuals, including families, teachers, social workers, and others in a child-centered meeting to plan for the child in Santa Clara and Santa Cruz Counties. The objectives of the meeting are: a) to gain a mutual understanding about concerns related to an aspect of planning for a child; b) to share child welfare system information with the family; c) to identify resources and actions to better serve the child and family, and most importantly; d) to learn about the family members' perceptions about problems and to receive the family's recommended solutions.
- *Children's Faith Initiative:* This program engages the faith-based community in San Francisco

County through a variety of efforts to assist families involved with the child welfare and CalWORKs systems and other vulnerable families that might benefit from accessing supportive services. Some of their strategies include increasing the involvement of the faith-based community in recruiting foster and adoptive parents; creating a faith-based children and family service directory; and establishing a Parental Academy to serve children and families involved with or at risk of involvement with the child welfare system.

If a CPS case is opened, but it is not safe for a child to remain in the home due to the risk of abuse, neglect or exploitation, the child will be placed in out-of-home care. In these cases, the juvenile dependency system legally intervenes. As previously noted, the court process can be challenging for all involved. While programs and practices are evolving to enhance the collaboration between legal staff and child welfare staff, programs have also been developed to assist families in making changes in their lives in order to meet the directives of the court so that their children are returned and court intervention is terminated. Drug and alcohol assessment programs have been integrated into the court systems in many Bay Area counties. Mediation programs and services directed towards resolving family violence are additional strategies that have been developed to assist families engaged in the court system. Examples of promising court-related programs and practices include:

- *Beyond the Bench*: A monthly “Brown Bag Lunch” is held in a Monterey County courtroom to share information, cross-train, improve

services for families, and to discuss court practices and the Judge’s expectations. The informal lunchtime venue promotes openness and equality and encourages problem solving as well as relieves the tension and anxiety of the court process for social workers.

- *Court Services*: In Marin County, a Court Officer with extensive child welfare experience interacts with the court on a regular basis, reviews and finalizes all court reports and notices, presents the department’s position at court reviews, and chairs a Juvenile Court Task Force that includes judges and members from Juvenile Probation, parents and children’s attorneys, CASA, Juvenile Mediation and Superior Court Administrative Services.
- *Peninsula Conflict Resolution Center Juvenile Dependency Mediation*: San Mateo County has contracted with the Peninsula Conflict Resolution Center to provide the Juvenile Dependency Mediation Program. Dependency Mediation involves a neutral facilitator for clients who face the potential of having their child(ren) removed from their custody due to neglect or abuse.
- *Court Mediation*: Contra Costa County uses a skilled and neutral mediator to assist families, Children & Family Services, and attorneys in developing a mutually acceptable settlement of the issues regarding child welfare and placement. Mediation is a collaborative process with the goal of resolving the issues of a case in a non-adversarial manner. Mediation serves as an alternative to lengthy litigation, while at the

same time protecting the child and preserving the rights of the parent.

While foster care, group homes, and institutions have been the traditional placements for children in out-of-home care, more and more children are being placed in the home of a relative (kinship care). Approximately 40% of California's children in out-of-home care are placed with relatives. Bay Area counties have been in the vanguard of the development of services for these caregivers. Kinship Support Service Programs (KSSPs) were pioneered in San Francisco County by Edgewood, a longstanding community service provider and are now established in most counties throughout the region. KSSP's provide case management, support groups, medical, mental health, recreational, and respite services to kin caregivers and their children. Some of these promising practices and programs are:

- *Relative Placement Sibling Supplement Program:* A Santa Clara county-funded program provides one-time-only financial assistance to relative caregivers to purchase items necessary to facilitate placement of sibling groups of three or more children. These items include, but are not limited to, fire and water safety, medicine storage, major appliances, utility installation fees, school clothes, beds and furniture, crisis counseling, and deposits for new housing.
- *Kinship Network:* The Kinship Support Network at Edgewood Center provides case management, family support, guidance and other support services to relative caregivers and their children in San Francisco County. Community workers meet with relative caregivers in their

homes and at the Family Center to assess family needs, develop an individualized family case plan and provide on-going in-home case management.

- *Napa Valley College Kinship Care:* A training course on Kinship Care for grandparents and other relatives who find themselves parenting a family member's child. The course covers the relative's rights and responsibilities in caring for the children in their charge and presents information on support and services that are available to relative caregivers and the children in their care.

For the majority of children who enter foster care, Family Reunification Services are provided to the family under court order to address the conditions that led to child maltreatment, ultimately in an effort to create a home environment that is safe for the child to eventually return. Counties have been able to develop innovative reunification programs through state and federal initiatives (SB 160 Wraparound Services and Title IV-E Waivers) that enable them to use foster care funds to provide services to foster homes, relatives, and birth families that allow children to remain in more home-like settings than would otherwise be possible in foster care. Other innovations occur in multi-disciplinary "system-of-care" services that combine the resources of mental health, probation, education, and social services to maximize services in community-based, home-like settings. Improved assessments of children and youth and the identification of the most effective treatment services are the result of these interventions.

Some of the promising reunification programs and practices are:

- *Incarcerated Parent-Child Welfare*: The San Francisco Department of Human Services (DHS) contracted with *Friends Outside*, the world's largest inmate advocacy organization, to provide case management services to all incarcerated parents of San Francisco's dependent children. Two Case Management Specialists are employed; they are housed within DHS and at the San Francisco Jail, respectively.
- *Resource and Intensive Services Committee (RISC)*: An interagency placement decision-making committee with representatives from the Santa Clara County Department of Family and Children's Services, Juvenile Probation, Mental Health and the County Office of Education. RISC was formed to: a) consolidate responsibility for placement decision-making about wrap-around, group home and institutional placements into a single entity; b) to support integration of resources and planning for all of these services; and c) to maintain a single consistent payment system that is fair, logical and timely.
- *Visitation Center*: Social workers refer families to the San Mateo County Visitation Center for supervised visits with children placed out of their parents' custody. A Child Development Specialist supervises visits between parents and children who are considered high risk for abuse or neglect, their role is to intervene if the parents' behavior poses a risk to the child and to give the parents feedback on how the visit

is going, pointing out strengths and areas for improvement.

- *Shared Family Care*: An entire family is temporarily placed in the home of a host family who is trained to mentor and support the biological parents as they develop skills and supports necessary to care for their child(ren) and move towards independent living in Contra Costa County. By providing services to the family as a whole, the program allows parents to develop improved parenting skills, deal with their own personal issues, learn how to make sound decisions and handle daily stresses while living together with the children as a family.

It is sometimes the case that a child will be referred for adoption, legal guardianship, or long-term foster care when they cannot safely return to their home. This can occur after a failed attempt to provide Family Reunification Services or immediately upon removal from the home, depending on the characteristics of the case. Bay Area counties have been leaders in the development of innovative adoption programs and have established innovative programs to support youth in long-term foster care in order to ensure the most effective placements and to maximize their personal well-being; some example include:

- *Specialized Training for Adoptive Parents*: An adoptive parent support system for pre- and post-adoptive families in Monterey County seeks to increase the concurrent homes available for children as well as maintain and support children and their families while assessing the benefits of adoption and the importance of

permanency for children. Program goals are to reduce the number of children in out-of-home care by decreasing the number of children in guardianship and long-term foster care; to increase the number of successful adoptive placements; and to prevent adoptive placement disruptions.

- *Project Destiny*: Helps children, who would otherwise grow up in an institution, to grow up in a family, utilizing a “wrap-around” and “team-approach” to service provision in Alameda County. Family, community members, professionals and the child, determine what is needed to meet the needs of the child in the family. The role of the professional is to ensure that all factors related to the care of a child within a given family are considered.
- *Ruth E. Smith Foster Care Demonstration Project*: The major components of this San Francisco County program are family mentoring, family conferencing, youth mentoring, the availability of family emergency funds, and 24-hour response for families via hotline. Youth mentors will work with youth ages 12 and older around stabilizing their living situations, assisting with educational needs and preparing for adult life
- *Annual Adoption Day*: The Alameda County Department of Children and Family Services works in collaboration with the Juvenile Court to finalize adoptions (recently completed 87 children in one day). Planning for the event involves massive organization and coordination on the part of adoption child welfare staff and Juvenile and Superior Court Staff.

- *Matrix*: A strength-based program in Santa Clara County designed to transition resistant and hard-to-place children out of the Children’s Shelter and into placements in the community. The program is designed to meet the unique needs of each youth through coordinated wrap-around services, transitional residential and foster care, and emancipation programs.

For youth who will leave foster care when they become adults, there is an array of innovative Self-Sufficiency Services provided by Bay Area counties. Social workers provide Independent Living Services (ILP, ILSP), and Transitional Housing Services, in addition to various other programs. Social workers meet with youth and their caregivers regularly to develop plans that identify specific services that they will need to prepare for adulthood and to help them obtain such services. Social workers assist youth in gaining life skills, job skills, educational testing and placement, in addition to mental health and substance abuse counseling and health services. Many counties have established scholarship funds to support youth in their continuing education after they leave foster care. Examples of promising self-sufficiency services are:

- *“Passages” Program*: The Santa Cruz County Human Services Agency (HRA), in collaboration with the Health Services Agency, the Probation Department, the Redevelopment Agency, and various community-based organizations, works to provide a constellation of services necessary to address the needs of emancipating and emancipated youth. Services include supported transitional housing, case management,

education planning, workforce development, and mental health.

- *Independent Living Skills Program:* Alameda County provides a variety of services to youth who will exit the foster care system through emancipation. Services include SAT support and training, continuing education planning, workforce development, life skills workshops, computer training, and transitional housing.
- *ILSP/Building Foundations 4 Success:* San Francisco County helps youth in foster care and out-of-home placement prepare for independent living as adults. Services include life skills workshops, vocational services, college club, tutoring, mentoring, recreational activities, computer classes, aftercare, ombudsman services, transitional services, peer support services and foster youth services.
- *Transitional Housing Program:* Contra Costa County allows teens to learn critical living skills in the least restrictive environment, their own apartment. In an effort to help youth remain in the communities in which they have become established, the program is leasing four apartments in Contra Costa County. The Transitional Living Program is staffed by two half-time social workers and one full-time support counselor.

In addition to category-specific services, Bay Area counties have developed a number of innovative programs that cut across all services areas to ensure that families and children receive the best care possible. The different approaches include shared decision-making in the form of Family Conferencing,

Family Decision-Making, and the Team Decision-Making strategy in the Family to Family Initiative. The goal is to engage families, extended family, and interested community members by assisting the child welfare system in making decisions about removing children from their parents, changing foster placements, and returning children to their families. In these approaches social workers share information about pending decisions with family members and encourage them to assist the agency in identifying resources that will allow children to remain at home, in their neighborhood, or in stable, nurturing placements.

Other innovations provide resources from partner agencies in making effective multi-disciplinary assessments of the needs of children and youth. Social workers engage with their peers in mental health, probation, and education to identify the best resources to assist children in remaining at home or in family-like settings in their own communities. Further, additional supports to the system have been developed to ensure that the services delivered are of the highest quality (e.g. Quality Assurance programs, Child Death Review Teams, Citizen Review Panels, and Ombudsman programs). They provide forums for the review of child welfare services programs and to provide recommendations for improvements to existing services that will lead to the most positive results for children and families in the child welfare system.

A truly innovative regional strategy was initiated 12 years ago with the establishment of the Community Task Force on Homes for Children. Initially supported by a grant from the Zellerbach Family Fund, the Community Task Force has been jointly funded by

five Bay Area counties (Alameda, Contra Costa, San Francisco, San Mateo, and Santa Clara) and the California Department of Social Services for the past six years. Partially as a recruitment effort, the staff of the Community Task Force works with the media (principally television and internet) to produce features on foster care and adoptions and supports the response to those features by receiving calls and emails of interested families and coordinating the response of each of the counties with foster/adoptive care recruitment units to ensure that all families are effectively linked to the resources of their home counties.

### ***Current Challenges and Legislation***

Though there are many promising programs and practices emerging as a result of the calls for reform to child welfare services, there are a number of current challenges. The federal and state policy and finance incentives are currently in place to encourage only the most basic approaches to the delivery of child welfare services. These “core services”(the investigation of child abuse and neglect and subsequent case management to move families and children through the system) consume 75-90% of the system’s resources. Some have argued that current child welfare policy and its resultant funding allocations are a major element of this issue’s etiology. The majority of policy attention is devoted to foster care and emergency response, which occur after abuse and neglect have already been perpetrated on children. While it is also true that many early intervention and prevention programs have not demonstrated sufficient efficacy in research, the scope of this problem is reason enough to begin rethinking the design and delivery of current child

welfare services in order to more effectively protect children. Currently, innovative approaches to diverting families from the system and to enhancing basic service delivery make up 10-25% of the resources committed to the safety, permanence, and well-being of children in our communities.

These innovative approaches have emerged from a system that is significantly under-funded and highly regulated. Since 1980, legislative, regulatory, judicial, and policy changes have imposed substantially more requirements and mandates on child welfare services. In order to account for the additional requirements that have accumulated since the early 1980s, the legislature passed SB 2030 in 1998 to initiate a study that would document the amount of time and effort required to fulfill all of the current child welfare mandates. This workload study demonstrated that the state committed to child welfare services only one third of the resources necessary to carry out mandated core service activities. Although the state has committed additional resources, there will not be full funding for the mandated core services in the foreseeable future.

In addition, federal funding of child welfare services encourages states and counties to maintain children in foster care rather than provide effective and meaningful services such as counseling and treatment to remedy the causes of abuse and neglect. Federal policy, in essence, has created a band-aid solution instead of creating long-term plan for combating child maltreatment and its underlying causes. In 1983 the federal government provided \$277 million for foster care payments and \$156 million for services; in 2003 the cost of foster care was estimated at \$6.5 billion, with only \$620 million

provided for rehabilitative services to families and children. Public policy currently does not have a clearly articulated prevention and early intervention plan to assist the child welfare system in treating families early and preventing more expensive, long-term participation.

As the federal government has moved toward the adoption of outcomes and performance measures for child welfare services nationally, the County Welfare Directors Association of California (CWDA) has integrated this approach into a framework for the evaluation of services that establishes a standard for evaluating these services, even as new innovative approaches to serving clients are developed. This framework is built upon three principle outcomes identified in the Adoption and Safe Families Act of 1997, namely, Safety, Permanence, and Well-Being. Safety focuses on assuring that all children, first and foremost, are protected from abuse and neglect and are safely maintained in their homes whenever possible and appropriate. Permanence focuses on assuring that children have permanency and stability in their living situations and that the continuity of family relationships and connections is preserved for children. Well-being refers to enhancing the capacities of families to provide for their children's needs, that children receive appropriate services to meet their educational needs, and that children receive adequate services to meet their physical and mental health needs. These outcomes provide a helpful framework for understanding the current challenges facing the child welfare system and why innovative practices are so needed.

The goal of providing children with safety is complex. Assessments are often focused exclusively

in problem identification within families, and fail to take into account the social system surrounding the family. Furthermore, cases are increasingly more complex in terms of the barriers families face, including, but not limited to, substance abuse and domestic violence. Often, the lack of individualized services for children and their families emerges from using standardized assessment tools and services regardless of the type of maltreatment displayed. This "cookie cutter" response does not work for all families who live in unique circumstances. Additionally, while caregivers are responsible for the safety and well-being of their children, there is frequently no standardized level of assessment established to decide when intervention should occur.

The goal of creating permanency for children in the child welfare system creates unique challenges. The legal system often complicates the problem of moving children and families towards permanency. Child abuse and neglect cases can benefit from judicial oversight if the court is responsive to balancing the needs of children and families. When the child welfare system has failed to act on behalf of children who are badly injured or killed in their homes, there is increased public pressure to remove children when their safety is in question. This abrupt intervention moves children into a system and they may take years to exit. Providing social services to the family may be sufficient to correct the problem and keep children in the home with a family where they are allowed to develop and maintain a primary emotional attachment to a responsible adult.

Child well-being is the third goal of the child welfare system. However, when the system is overstressed, this goal can be overlooked by the desire to keep

children safe and move them into a permanent placement. Out-of-home placements can have detrimental effects on children, removing them from familiar surroundings and people they are attached to. Furthermore, multiple placements, which often occur, can block attempts to develop new attachments and can foster insecurity in the child. Also affecting well-being is the issue of service fragmentation. Families involved with the child welfare system are frequently required to interact with many different agencies (e.g. one agency for the child's therapy, another for the parent's therapy, another to meet with their caseworker, and others related to welfare benefits, food stamps, and health care). The continuity of services from one agency to another is increasingly important for reducing service fragmentation and improving service outcomes. Partnerships and shared accountability with other systems would enhance the current situation.

### ***Future Vision of Child Welfare Services***

An ideal child welfare system requires resources that enable each county to create its own unique array of services in response to the needs of their own children, families, and communities. In order for every child to have a safe, healthy, nurturing family and community (CWDA Vision of Child Welfare Services, 2001):

- child welfare services need to play a central role in protecting children from abuse and neglect within judicial and legislative mandates;
- child welfare services need to play a leadership role in the prevention of child abuse and neglect;

- all community members need to share responsibility for the support and strengthening of children and families;
- California's legislative and administrative leaders need to provide sufficient financial resources to achieve quality services;
- child welfare services need to demonstrate a commitment to public accountability by utilizing measurable outcomes to continually improve services to children and families;
- child welfare services require specialized training and competent staff;
- child welfare professionals need to demonstrate a respect for the diversity and strengths of children and families.

The vision for the future of the child welfare agencies in the Bay Area is linked to a continuum of services provided to all children in each of our communities. It is important to link child welfare to various other services such as mental health, public health, education, juvenile probation, alcohol and drug services in order to create comprehensive strategies to assist our children and families. Promising service delivery practices embody a commitment to this integration of services. Children and families live in the context of larger communities in which socio-economic disadvantage can have dramatic impacts on their circumstances. These impacts require equally dramatic and creative approaches to address their resolution.

Our vision of sustaining and promoting innovative programs and practices is based on legislative support in the form of flexible funding. Both the federal and state child welfare programs have been

working to develop an outcomes-based evaluation system to measure what programs achieve for children and families. These efforts should lead to the development of creative financing of promising programs and practices.

This vision of child welfare services is based on the following set of guiding principles (CWS Stakeholders Group, 2001):

- Focus on people changing, rather than people processing;
- Use a holistic approach to intake and assessment, not just focused on investigation of child maltreatment;
- Focus on diverting families to CWS voluntary service structure and developing the services and resources for these families;
- Create more diverse options for meeting families' needs so that crises will not occur;
- Expand services to address family crises and reduce inappropriate out-of-home placements;
- Actively collaborate and coordinate with the courts and other public and private agencies that serve families and children;
- Increase capacity to reunify children with their families whenever possible (consistent with child safety);
- Build systemic support to increase the stability of placements and adoptive families;
- Extend the duration of services to youth emancipating from the dependency system;
- Create accountability at each decision point in a family's case to ensure positive outcomes.

Making this vision a reality in the child welfare system can lead to more effective ways to achieve safety, permanence, and well-being for children and families in our communities.

\*Abstracted from:

De Marco, A. & Austin, M. (2002). *Promising Bay Area Practices for the Redesign of Child Welfare Services*. Bay Area Social Services Consortium, University of California, Berkeley, <[www.bassc.net](http://www.bassc.net)>

**Appendix A: Processing Child Welfare Cases**

<u>Case Process Phase</u>	<u>Services</u>
	<ul style="list-style-type: none"> <li>• <b>Early Intervention &amp; Prevention Services:</b> often provided by community-based organizations, services intervene early in family problems to provide families with services and skills needed to prevent child abuse and neglect</li> </ul>
<ul style="list-style-type: none"> <li>• The child welfare agency receives a report of alleged child abuse or neglect and is assessed to determine if it meets the State policy criteria for a potential source of maltreatment.</li> </ul>	
<ul style="list-style-type: none"> <li>• If the report meets the State policy criteria for a potential source of maltreatment, the report is assigned to an emergency response social worker for in-person investigation.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Emergency Response Services:</b> provided for up to 30 days; includes assessment, identification of services, and referral to community resources</li> </ul>
<ul style="list-style-type: none"> <li>• Once the case is investigated, there are three potential pathways: a) the case is closed, b) the child remains at home and his/her caregiver(s) accept(s) services, or c) the child is removed from the home.</li> </ul>	
<ul style="list-style-type: none"> <li>• If the case is opened, but the child remains in the home, the family is placed on the “family preservation” pathway and Family Maintenance Services are provided.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Family Maintenance Services:</b> a social worker and the family develop a case plan that identifies conditions that led to maltreatment, services needed to remedy those conditions, and actions that the social worker and parents will take to ensure that services are received</li> </ul>

<u>Case Process Phase</u>	<u>Services</u>
<ul style="list-style-type: none"> <li>If the case is opened and child is removed and placed in out-of-home care: 1) kinship care, 2) foster care, 3) a group home, or 4) an institution.</li> </ul>	
<ul style="list-style-type: none"> <li>While child is in out-of-home care, families may receive Family Reunification Services.</li> </ul>	<ul style="list-style-type: none"> <li><b>Family Reunification Services:</b> same as above, but in the context of a court-ordered case plan, and also includes regular visitation to child and family, on-going progress reviews, and recommendations to the court for the child's placement</li> </ul>
<ul style="list-style-type: none"> <li>When it is determined that a child cannot safely remain and/or return to their home, the child will be referred either for: a) adoption, b) legal guardianship or c) long-term foster care and will receive Permanent Placement Services.</li> </ul>	<ul style="list-style-type: none"> <li><b>Permanent Placement Services:</b> <ul style="list-style-type: none"> <li>-Adoption: social worker identifies an appropriate adoptive family (which could be the foster family), assists with adoption paperwork, identifies necessary services for child, and supports child through the transition</li> <li>-Legal guardianship: social worker assists prospective legal guardian assume full care and responsibility of child and supports child through the transition</li> <li>-Long-term foster care: social worker assesses child on an on-going basis to determine most appropriate placement and needed services and links child/youth to services to prepare for emancipation from the system</li> </ul> </li> </ul>

## **The Implications of Managed Care and Welfare Reform for the Integration of Health and Welfare Services\***

In this era of managed care and welfare reform, the two public systems of health and welfare are increasingly focused on a shared population and the services designed to promote self-sufficiency and good health among low-income individuals, families and communities. More specifically, health and welfare agencies are increasingly serving the same low-income participants in welfare-to-work and Medicaid programs. The forces of managed care and welfare reform can help to shift the focus of health and social service agencies from a preoccupation with categorical service delivery programs to collaborative and prevention-oriented services.

Despite the failure of the 1994 federal health care reform legislation, the market forces of managed care have produced a radical restructuring of the U.S. health care sector. Similarly, with the passage of the 1996 federal welfare reform legislation, states and counties are radically restructuring the financing and delivery of welfare services. Although the two national developments of managed care and welfare reform grew out of a common concern over cost controls and service utilization, they are not generally viewed as related to one another except in the case of health care for the poor (Medicaid). As a result, many health and welfare agencies continue to deliver separate categorical services rather than providing a continuum of integrated services that address multiple consumer needs.

Promoting the employability of low-income service recipients provides an example of the inter-

dependence of health and welfare agencies. For the low-income individuals and families that rely on public benefits, the good health of parents and children is crucial to job placement and the transition off the welfare rolls. The availability of health screening, health education, counseling and clinic services can be critical to successful job retention, especially for former welfare mothers caring for children when they are sick. In some locales, welfare-to-work social service staff are outstationed in public health clinics to provide support services and public health staff are outstationed in social service organizations to provide child immunization services.

The separation between health and welfare agencies, and between divisions within agencies, is due in large part to categorical service funding. There are four major categories of funding for health and four different categories for welfare. In California's Contra Costa County, for example, most health funding is for: 1) health care and medical services, 2) public health services, 3) mental health services and 4) substance abuse prevention and treatment services, while most welfare funding is for: 1) aging and children's services, 2) employment and income assistance, 3) food stamps and 4) Medicaid. The two agencies operate on different funding streams but use similar cost-sharing strategies between three levels of government (local, state and federal).

Categorical funding often results in the creation of separate local agencies as well as departments

within agencies. Except for some rural counties with limited resources, most health and welfare programs are housed in separate county agencies. As a result, service staff are often isolated and prevented from learning about the work of their counterparts. Similarly, the lack of a unified client information database prevents staff from tracking, identifying and planning for integrated service delivery. Public health and child welfare staff, for example, may both provide services to many of the same families, focusing on similar risk factors but approaching them from different professional perspectives and value systems. This separation can create a number of problems, including: 1) lack of holistic service planning resulting in unmet client needs, 2) service duplication resulting from multiple independent assessments by each agency, 3) time-consuming or complex communications between agencies arising due to bureaucratic or procedural requirements, 4) loss of important information occurring when agencies do not communicate effectively, and 5) unresolved tensions between agencies leading to ineffective collaboration.

In addition to these system problems, categorical mechanisms tend to reinforce the status quo and therefore: 1) rarely provide adequate funding for prevention, early intervention, and follow up, 2) rarely reward innovation and 3) rarely allow enough flexibility to respond sufficiently to diverse and changing community needs. Furthermore, differing health and welfare regulations and reporting requirements can seriously interfere with service provision.

Despite categorical barriers to service access and integration, health and welfare programs share

a variety of eligibility and funding relationships. In addition, consumers receiving health care services for medical, public health, mental health and substance abuse needs may also receive the welfare supports of income assistance, food stamps, employment programs and child welfare services, creating a large pool of shared consumers. The risk factors for poor health (poverty, unemployment, inadequate housing and social isolation) are also key risk factors for welfare dependency. Perhaps the strongest connection between health and welfare is Medicaid and TANF where welfare-to-work families represent the largest proportion of Medicaid beneficiaries. However, with the passage of welfare reform, many TANF families are not receiving Medicaid despite their continued eligibility. Pre-welfare reform, families who received welfare benefits (AFDC) were automatically enrolled in the Medicaid program. Under welfare reform, it is difficult to ensure that children and parents continue to be eligible for Medicaid even after they have exhausted their welfare benefits, because Medicaid is no longer directly linked automatically to eligibility for TANF and recipients need to be encouraged to re-enroll once they have accepted a low-wage job without health insurance.

Even though public health and welfare services share many of the same clients and have a similar array of eligibility, service and funding relationships, low-income individuals continue to experience reduced access to public health and welfare services, in part due to the combined impact of welfare reform (e.g., benefit time limits and sanctions) and managed care (e.g., capitated funding). In order to address this issue, it is important to identify the both the

similarities of objectives and the differences between welfare reform and managed care. Their common objectives include the following similarities:

- controlling costs by reducing service fragmentation and redundancy (e.g., through a centralized intake process);
- increasing consumer involvement and outreach (e.g., through the use of peer support groups and job clubs);
- advocating for the value of prevention (e.g., through family maintenance services in child welfare and prenatal services in managed health care);
- increasing the continuity of care over time (e.g., by assigning to all service recipients a case manager or primary care provider); and
- developing management and information systems (MIS) to monitor the flow of consumers through systems (e.g., to track child foster care placements and immunizations).

In contrast to shared objectives, the following factors represent several of the key differences between managed care and welfare reform:

- managed care strives to increase service access (e.g., health care outreach) while welfare reform strives to decrease access (e.g., benefit time limits);
- managed care is based on a private sector, medical model (e.g., treatment of illness by an independent health care provider) while welfare reform is based on a public sector, strengths-

based model (e.g., universally available one-stop employment centers); and

- managed care has few legal constraints (e.g., the service provider assumes risk for most clinical and fiscal outcomes) while welfare reform has many legal constraints (e.g., well-established eligibility criteria).

In addition to these similarities and differences, managed care has placed the medically indigent in a particularly vulnerable position. Although individual consumers may receive as good or better health care from private as they do from public providers, the increased flow of patients to private providers, the rising numbers of uninsured individuals, and decreased federal support for hospitals threaten to destroy the public hospital system and the major health care safety net for low-income individuals. Providers, state governments and local authorities, however, have refused to allow the collapse of the safety net system and have created mechanisms that: 1) increase private insurance or Medicaid coverage to low-income individuals, 2) link health insurance with General Assistance and 3) create a separate state-subsidized health insurance system to serve individuals ineligible for Medicaid. Nevertheless, these solutions place most of the financial responsibility on local and state government. As a result, there is a growing interest among health and welfare administrators to find ways to develop a more holistic approach to the needs of individuals, families, and communities through neighborhood-based integrated services.

In addition to the impact of managed care, welfare reform has placed many low-income individuals

in a particularly vulnerable position. Before the 1996 enactment of the federal TANF legislation, many individuals with personal and family barriers to employability were exempted from work requirements. As increasing numbers of recipients find work, people with barriers to employment (sometimes referred to as the hard-to-place) remain on the rolls due to a variety of personal and family challenges that are disabling and interfere with finding or maintaining employment.

The combined impact of welfare reform and managed care has placed many low-income individuals at a high risk for poor health and welfare outcomes. However, despite categorical barriers to service access and integration, public health and social service programs are improving strategies for assisting indigent clients who are eligible for both forms of assistance, as well as developing strategies for enhancing the integration of health and welfare services.

Currently, health and welfare service partnerships vary along a continuum, with collaboration on one end and integration on the other. While collaborative partnerships between county health and welfare departments are based on separate health and welfare programs, integrated partnerships are found in “umbrella” human service organizations that include public health and social services inside the same agency. Integration at the public policy level (county and/or state) does not necessarily guarantee collaboration at the service delivery level. Using integrated approaches, staff are able to make “in-house” referrals to services internal to the program and provide the information necessary to successfully access all other needed services.

In addition, health staff working in integrated or collaborative environments can: (1) ensure that all eligible consumers are enrolled in Medicaid, (2) provide health and welfare services to uninsured or undocumented consumers to prevent costly emergency assistance, (3) represent the cultural and linguistic diversity of the consumers they serve, and (4) enhance service delivery in the home and in the community to prevent hospitalization. With regard to ensuring that all eligible consumers are enrolled in Medicaid, policy think tanks such as the Institute for Health Policy Solutions have recommended a number of strategies. These include: 1) simplifying the application paperwork and process; 2) engaging in consistent and linguistically appropriate communications with consumers regarding coverage changes; 3) providing evening and weekend office hours and by enabling the consumer to either keep the same county worker or switch to a new one if they are dissatisfied; 4) providing consumer-oriented training to county workers, rewarding staff for retaining eligible families, and concurrently expanding the number of staff while reducing caseload size; and 5) determining family share of costs by taking living expenses and cost of living into consideration, and, if necessary, referring families to lower cost health programs (e.g. Healthy Families in California and Healthy Kids in various California counties).

Three primary strategies for enhancing service integration between the public welfare and health systems are: 1) restructuring of health and human service organizations, 2) blended funding, and 3) collaboration. Restructuring was utilized in Napa County, for example, when their Public Health

Department and Human Services Agency merged in 1993 to reduce costs, streamline their organizational structure, and increase access to services. Though the merger was not without significant challenges, integration was made possible through collaboration between the County Administrator's Office, the Board of Supervisors, affiliated advisory boards, community-based organizations and consumer populations. Further, senior managers created the momentum to overcome barriers to change by providing staff with opportunities to learn how service integration offers a better and more cost effective way to serve consumers.

Blended funding serves as the second strategy for enhancing service integration where local government draws down matching state and federal dollars to the fullest extent possible. While blended funding can significantly increase the amount of funds available for integrated services, these funds need to be allocated flexibly to meet the diverse needs of health and welfare consumers. Incremental modifications can be made within existing categorical funding structures to support integrated services. As an alternative to incremental modification, funding streams can be fundamentally restructured by integrating federal, state, and county funds. Creating a consolidated budget to support the integration of health and welfare services could involve the development of a capitated rate system, or it could occur through a shift to a block grant system in which lump-sum payment is assigned to cover the service needs of a particular community.

The third strategy to promote health and welfare service integration relates to collaborative

program planning, staff training and service delivery. When consumer-identified health and welfare needs are assessed and incorporated into program design, such program planning can greatly enhance the effectiveness of outreach and referral services. Similarly, joint planning for decentralized, neighborhood-based programs can more easily respond to the specific needs of local consumers. The cross-training of staff can lead to the development of common languages and service approaches as well as educate all staff about funding streams and program mandates in health (for welfare professionals) and welfare (for health professionals). One new service approach involves the release of confidential consumer information to health and welfare staff through the creation of a "health passport" or "children's passport" to document all services received and track patterns of service utilization through a shared management and information system. Collaboration can also lead to shared appointment systems that schedule services to meet multiple consumer needs in a one-stop service center.

States may also re-examine their systems for enrolling children and families in services in order to align the eligibility rules for both programs and coordinate program enrollment. Keeping welfare and Medicaid rules consistent may also minimize state administrative costs and maximize federal reimbursement because, whereas states can claim federal Medicaid administrative matching funds to cover the cost of determining Medicaid eligibility, states do not receive additional federal funds for TANF administration. If the eligibility processes

for the two programs are closely linked, the administrative tasks required to determine eligibility for aid under TANF could be significantly simplified.

Today the two public systems of health and welfare overlap considerably. In addition to sharing a similar consumer population, where most of the same low-income individuals receive benefits from welfare-to-work programs and Medicaid health care programs, both systems seek to promote self-sufficiency. In addition, both systems collaboratively intervene early in the lives of low-income family members to prevent the development of welfare dependency and poor health caused by poverty, unemployment, inadequate housing and social isolation which are key risk factors for both of these conditions. Through the use of partnerships and prevention strategies, health and social service agencies are increasingly moving towards a social investment strategy to enhance the capacity of needy individuals, families and communities to achieve self-sufficiency. The strategies involve neighborhood-based, family-focused services that provide access to such community assets as child care, elder care,

affordable housing, transportation, employment services, health care and family well-being.

The new realities created by the combined impact of welfare reform and managed care, as well as categorical funding constraints, have prompted the more visionary health and welfare professionals to develop a more holistic approach to integrating both functions within one comprehensive human service organization or collaborating through special health and welfare programs. Successful service partnership requires a favorable political and economic climate, as well as considerable staff dedication at all levels to address multiple consumer-identified needs by blending funding streams to draw down matching state and federal funds to the fullest extent possible.

\*Abstracted from:

Austin, M. & Prince, J. (2003). The Implications of Managed Care and Welfare Reform for the Integration of Health and Welfare Services. *Journal of Health and Social Policy*, 18(2)



## **Training**

## Transforming Public Human Service Agencies into Learning Organization\*

The concepts and practices of knowledge management and the underlying components learning organizations and organizational learning are beginning to emerge in the human service management literature as a partial response to the many challenges facing public sector human service agencies. Knowledge management is about capturing, transferring, and leveraging what everybody in an organization knows or should know to provide quality service. But staff members may need to help in organizing, communicating, and delivering the information needed to make decisions, to change behaviors, to develop new ideas, and to make knowledge visible in the organization. Thus, managers and supervisors have an important role in building learning cultures and facilitating the process of organizational learning. By establishing a learning culture and facilitating organizational learning, supervisors and managers can gradually create a learning organization.

Knowledge management entails effectively gathering and utilizing information systematically throughout an organization that operates with: (1) clear and commonly understood goals gleaned from external and internal knowledge sources; (2) explicit performance expectations; (3) feedback that allows employees to compare results with expectations; and (4) an understanding that everyone has a responsibility to share information across the organization.

*A learning organization* is an organization that is skilled at creating, acquiring, and transferring knowledge, and at modifying its behavior to reflect new knowledge and insights. In essence, a learning organization is one that values continuous improvement. It can define where it wants to go and can systematically identify the steps to get there, using knowledge and the principles and practices of continuous learning. The following five concepts underlie the development of a learning organization: 1) systems thinking (seeing multiple relationships related to people, ideas, and things), 2) personal mastery (clarifying what is important), 3) mental models (clarifying and adjusting underlying assumptions), 4) shared vision (agreeing on goals and a course of action), and 5) team learning (thinking insightfully and generating new learning).

In a learning organization staff members closely examine whether or not the assumptions that guide their thinking and behavior are logical and reasonable, and in the process, question their underlying values and judgments. To view situations differently, staff members also need to allow others, such as team members, to question these assumptions. This allows others to understand and learn from each other's perceptions.

Organizational learning is the process of improving actions through better knowledge and understanding. Through policies and procedures that support learning activities as well as the dissemination of promising practices across the

organization, everyone learns and can make improvements in what they do and thereby create an increased capacity for organizational renewal. Organizational learning represents the organization's commitment to using the capabilities of all of its members.

A *learning culture* is an environment that promotes and fosters individual, team, and organizational learning. The culture of the learning organization encourages and supports collaborative learning and understanding. Managers, supervisors, and line staff members contribute to and benefit from a learning culture and organizational learning when they develop mechanisms within their units and teams for facilitating learning and capturing and disseminating knowledge. Supervisors can develop a system for sharing diverse ideas and creating incentives for experimentation by: a) sharing information with staff that helps them understand the needs of the organization, b) working with small groups of key people to revamp entrenched routines, c) instituting a peer coaching or mentoring system, d) developing individual and/or team "growth" plans, e) sharing learning experiences at staff meetings, and f) engaging in cross-training, job swapping, and job rotation among staff. Everyone has the opportunity for a learning/growth experience that contributes to organizational and service improvement.

### ***Defining the Key Functions of a Learning Organization***

One approach to viewing a learning organization is to identify its key functions and core tasks. The purpose of this approach is to define the learning organization in operational terms as well as provide a

benchmark to assess the extent to which one's own organization reflects some or all of the features of a learning organization. The distinguishing features of a learning organization can be found in the following five functions:

- I. Information Gathering & Problem-solving
- II. Experimentation
- III. Learning from Past
- IV. Learning from Promising Practices
- V. Transferring Knowledge

#### ***1. Information gathering and problem solving:***

These two functions are highly inter-related. The approach to problem solving that features information gathering has the potential to be more open and inclusive. For example, problem solving in a staff meeting can be hurried and incomplete if there is an inadequate commitment to information gathering. Did everyone in the meeting have an opportunity to share his or her views of the problem? Were the assumptions underlying the complexity and urgency of the problem articulated and checked? Did everyone have an opportunity to develop multiple options for dealing with the problem and vote on the one that seemed most effective and/or feasible? What information was used to lay out a plan to implement the selected option? And finally, what information will be collected to monitor and evaluate the implementation of the selected option? Information gathering inside the group as well as outside can be a critical component of effective problem solving. The lack of sufficient time can be a key factor undermining both information gathering and problem solving.

There are at least four major tasks that need to be implemented to promote effective information gathering and problem solving: a) creating a learning setting, b) creating a learning culture, c) implementing learning processes, and d) investing personally in learning. Each of these are defined in the next section.

**2. Experimentation:** This is an essential element of a learning organization. Continuously searching for new and better ways to provide services or operate the organization is the essence of this function. Involving staff in identifying new and different ways of approaching an organizational problem can unleash the creativity often buried in staff members who were not consulted. Like the previous function on problem solving and information gathering, experimentation involves the creation of a learning environment and culture as well as a personal investment in promoting the learning processes of effective communications.

**3. Learning from the past:** In the rush and frenetic pace of agency life, it is easy to overlook the experiences of the past. In particular, staff with many years of experience may not be adequately consulted when dealing with a current crisis. Searching for previous agency reports or procedural documents are another form of learning from the past. When assumptions are made that prior experiences, whether in the past year or the past decade, are not relevant to the present situation, important learning can be lost. Learning from the past also involves the identification of trends that may impact a current situation or the discovery of old organizational practices that could be modified to meet a pressing problem. Taking the opportunity

to critically review a situation that may have been handled poorly in order to develop a better response in the future demonstrates a willingness to learn from past mistakes. This function of a learning organization can be quite difficult to operationalize in a society that seems to value the present and future more than the past. The absence of staff with considerable seniority and memory of past practices can also make it difficult for agency staff to learn from the past.

Similar to the function of experimentation, learning from the past involves a research orientation to seek out the experiences of senior staff as key resources (using the traditions of oral history) and/or reviewing agency documents and annual reports (written history). It may also entail using “debriefing sessions” to critically evaluate lessons learned from past or recent events. Again, the core tasks involve the creation of a learning environment and culture.

**4. Learning from promising practices:** A central feature of this key function is curiosity. Who else is working on our type of problem? Have others developed a system that we could adapt? Is there any research on this problem that might suggest new or different forms of practice? Curious staff members usually ask lots of questions and need support in order to connect with resources inside and outside the agency. Promising practices can be found in another unit inside the agency. More frequently, staff members look outside the agency at services provided in agencies across town or across the country. With the growing realization of globalization, are we are looking beyond our national borders to see how staff in other countries deal with client services.

Similar to the function of learning from the past, the core tasks of learning from promising practices involve the creation of a learning environment and culture

**5. Transferring knowledge and learning:** This fifth function of a learning organization can best be described by the opportunities that staff seek out after completing a training program or consulting with others. The challenge in a learning organization is to transfer new learning to others either in the form of newly acquired knowledge and skills.

The transfer of learning can also be accomplished through journal clubs where staff members use meetings or lunch hours to share and discuss an article of particular relevance to their work. Passing along interesting newspaper reports, government reports, new books, and data from one of the agency's recent program evaluations are other forms of knowledge transfer. The transfer of learning is described in greater detail later in the chapter.

Each function of the learning organization has a set of tasks that are needed to effectively carry out the function. The four common tasks are the learning settings, the learning culture, the learning process, and the personal investment in learning. The relationship between the functions of a learning organization and the tasks needed to carry them out are explored in the next section.

### ***Defining the Tasks Needed for a Learning Organization***

There are at least four tasks that need to be carried out to transform organizations into learning organizations. Each task is defined below:

**1. Designing learning settings:** While the settings may vary, they are all focused on promoting learning opportunities. For example, regular staff meetings, unit or team meetings provide opportunities to encourage divergent thinking as a way to surface multiple perspectives and interpretations. Other examples include organizational events, such as annual audits or quarterly outcome assessments. In such cases, data can be used to explore multiple interpretations as well as new learning related to increased skills or competencies. Other learning settings relevant to individual workers might be exploratory work assignments, job rotation, and shared experiences such as training events.

**2. Promoting a culture of learning:** Most organizational cultures operate with an implicit and explicit set of norms related to how to behave and get along. In many cases, they reflect a tone of accommodation and the valuing of relationships. In contrast, one of the tone setting elements of a learning culture involves the explicit support and encouragement of dissent and challenge. It requires equally explicit support and security for taking the risk to challenge current assumptions and engage in dissenting views. It requires an environment where the unknown can be explored by building upon the security of what is known. It requires open communication where knowledge is shared and that those who engage in such behaviors are acknowledged and rewarded. The goal in building a culture of learning is to redesign work processes to maximize knowledge sharing and to facilitate peer consultation processes.

**3. Leading the learning processes:** The three essential processes needed to facilitate a culture of

learning in multiple settings are: a) questioning, b) listening, and c) responding. The art of questioning can be used to frame issues, teach others, gather information, probe for further understanding, make connections between ideas, elicit opinions, and reach or confirm decisions. The skills involve the framing of open-ended, rather than closed-ended (yes/no), questions in order to draw out hidden assumptions as well as differences in meaning among participants. In contrast, the art of active listening reflects both an attitude (use of empathy and rapport) and a skill (patiently avoiding jumping prematurely to conclusions, listening for connections and disconnects, and linking listening with observation to identify multiple levels of content and affect or tone). And finally, responding involves the judicious use of timing (responding on the spot or over time). The skill component of responding includes the process of clarification and/or restatement (focusing on the speaker), suggesting and encouraging (articulating a supportive point of view), and providing constructive criticism emerging out of disagreement (sensitively framing an alternative point of view).

#### ***4. Demonstrating a personal investment in learning:***

An essential part of building a learning organization is the development and use of the following learner skills: a) openness to new perspectives, b) awareness of personal biases, c) immersion in unfiltered data, and d) growing sense of humility.” The element of openness relates to seeking challenging questions from staff, exposing oneself to the unfamiliar, and creating or seeking out thought-provoking environments.

In this context, the second learner skill relates to an awareness of personal bias in relationship to one’s preferred style of work or management. For example, would you rather read about an issue before talking about it or talk about it before seeing a memo on it? Does your primary orientation to work focus on details or the big picture? Do you find it easier to focus on one thing at a time or juggle multiple topics at the same time? Do you monitor your bias with consistent pursuit of feedback?

The third learner skill, immersion in unfiltered data, refers to the process of seeking out the original information that has not been interpreted by others. And finally, the fourth learner skill involves the expansion of one’s sense of humility to include: a) the realization or understanding that individual staff members do not have all the answers, b) that superior insights may be held by others, and c) the realization that learning is an admission that progress is possible.

#### ***Building a Learning Culture***

Successful learning organizations are believed to be those that routinely create new knowledge, disperse it throughout the organization, and incorporate it in new practices and services where daily activities are viewed as a learning-growth opportunity for continual improvement. Human service agencies grow and change primarily through learning, experimentation, practice, innovation, and risk. Innovation is seen as one way for human service agencies to address the changing needs of a diverse client population with the delivery of high quality services. Innovation can thrive in “learning organizations” where processes are continually

reviewed with the idea of “*what can we learn from this?*” and “*what can we do better or differently?*”.

Many of the problems that organizations experience are either ones that are unique to a given situation or ones that they have repeatedly experienced over time. In either situation, organizations need to learn their way out of their problems. When employees start sharing information, ideas, and knowledge gained, they create a **learning culture** through the sharing, even if the organization has not yet developed a fully collaborative culture. If learning cultures are key to being innovative and relevant in the 21st century, then why have not more human service organizations embraced organizational learning practices? One of the primary reasons appears to be the availability of time, resources, and/or leadership. Another reason may be the reality that the process of learning can take people out of their “comfort zone” and create a level of anxiety that makes people reluctant to try something new. Many organizations rarely get to the point where they are eagerly challenging deeply held assumptions about their strategies and processes in order to think and act in different ways. Often real learning does not take place until there is an organizational crisis or internal or external threat and that can be too late for some organizations.

Effective human service organizations search for ways to shift their culture from one of control and routine to a culture that values worker initiatives and contribution by encouraging workers to be innovative team-builders in order to help the agency continually improve its services and effectiveness. When human service professionals are supported and developed within a learning culture, they are

often better able to help their clients learn and develop solutions to their problems

Successful learning organizations often begin with a small group or team (i.e., one supervisor and a workgroup or unit) that develops a learning culture and gradually spreads across and up the organization. As one well-regard organizational analyst has noted, learning does not happen until leaders become learners themselves and become models for others to follow.

### ***Transfer of Learning***

A key element of knowledge management within a learning organization is the staff's capacity to transfer of learning. Staff training is often the focal point for defining the transfer of learning. Training is estimated to be a \$200 billion a year industry in the United States alone. Based on the philosophy that organizational effectiveness is attained through employee performance, organizations utilize an array of training strategies to enhance the skills, knowledge, behaviors and attitudes of employees. While organizations spend a substantial amount of money on training for the purpose of improving employee performance and enhancing organizational effectiveness and productivity, research shows that there is generally minimal return on investment. A commonly cited estimate is that only 10% of learning gained through training is transferred to on-the-job performance. If knowledge and skills acquired in training are not transferred to the workplace and maintained over time, then training may be of little long-term value to an organization. Efforts to enhance the transfer of learning and reduce the effect of “training decay” represent formidable

tasks for organizations. Considering the limited financial resources of human service agencies, it is particularly important for them to maximize their training investment by identifying effective ways of promoting the transfer of learning.

The transfer of learning is defined as the degree to which trainees effectively apply knowledge, skills and attitudes acquired in a training program to on-the-job work performance. In addition to the application of learned knowledge and skills to the workplace, the transfer of learning but also includes the maintenance of acquired skills over time. The transfer of learning is contingent on organizational support and is influenced by a wide range of factors, including employee motivation and the perceived relevance of training. Over the past two decades, the complex nature of the transfer of learning has led researchers to examine the following factors that can enhance the transfer of learning: a) motivation to transfer learning, b) influence of the work environment, and c) the reasons for creating a transfer of learning system.

### ***Motivation to Transfer Learning***

The perceptions of trainees related to the opportunity to use learning has the strongest impact on the motivation to transfer learning. Trainees who enter training with some level of commitment to the transfer of learning, find that their commitment is tempered by the perception that environmental obstacles would be encountered upon return to the workplace that would negatively affect the transfer of learning. Attitudes about training interact with organizational factors to determine the motivation to transfer learning. With regard to the impact of

an individual's perception of personal control over a learning situation (locus of control), trainees who have an internal locus of control are more likely to transfer learning to the workplace. In addition, the process of creating specific and attainable goals during a training program helps trainees to direct their attention and efforts to transferring learning from the training program to the workplace.

### ***Influence of the Work Environment***

Trainees perceive the organizational climate (e.g. shared pattern of meanings about the characteristics of the organization) to be a significant influence on the application of newly acquired knowledge and skills. The messages that the organizations send to trainees about the importance of learning and innovation can either encourage or inhibit their application of newly learned behaviors. The transfer of learning is most successful when there is support for autonomy, low workload pressure, opportunities for creativity, supervisory support, and sufficient resources. In essence, the transfer of learning increases as organizational support increases. In addition, peer support positively impacts the perception of training effectiveness.

Among the multiple strategies used by organizations before, during and after the training to promote the transfer of learning, the following five critical dimensions of management support are needed to enhance the transfer of learning: 1) involvement of upper management in program design and transfer expectations, 2) pre-training preparation, 3) support during training, 4) linkage of training content to job performance, and 5) follow-up support in relationship to the investment in training. There are also many

barriers to the transfer of learning as perceived by trainees and others: 1) lack of enforcement on the job; 2) interference in the work environment; 3) non-supportive organizational structure; 4) perceived impracticality of the training; 5) perceived irrelevance of the training; 6) discomfort with change; 7) lack of trainer follow-up after training; 8) poor training design and/or delivery; and 9) peer pressure against change.

The transfer of learning can also be understood in terms of two types of workplace cues; namely, situational cues that remind trainees of the opportunity to use what they have learned in training when they return to the workplace, and consequence cues that involve specific types of feedback that trainees receive when they have applied learning in their jobs. The situational cues relate to work goals and tasks, social environments, and self-control. They include four types of cues: 1) goal cues remind trainees to use their training, 2) social cues arising from group membership and include the influence of peers, supervisors and subordinates, 3) task cues related to the nature of the job itself include technology, policy and procedures that allow trainees to use skills and knowledge gained in training, and 4) self-control cues refer to the various control processes that encourage or discourage trainees from applying new skills. In contrast to situational cues, consequence cues include positive feedback, negative feedback, punishment and no feedback. Positive feedback is information about the use of the training that can encourage staff to continue to transfer their new learning. Negative feedback is information about the negative consequences of not using newly-acquired

skills and behavior, and punishment is when staff members are punished for applying newly-learned behavior. No feedback is when no information is given about the importance of using new learning.

Complementing the use of situational and consequence cues, a transfer of learning framework includes the identification of training inputs, training outcomes, and conditions of transfer (1988). Training inputs include: 1) trainee characteristics (such as skill or ability, motivation and personality factors), 2) training design (learning principles, sequencing of training material, training content, and self-management techniques), and 3) work environment (including organizational climate, peer and supervisory support, and opportunities to perform learned behaviors on the job). Training outcomes include learning and retention, while conditions of transfer in this model include generalization and maintenance of learning. This framework is illustrated in Figure 1.

### ***Reasons for Promoting the Transfer of Learning***

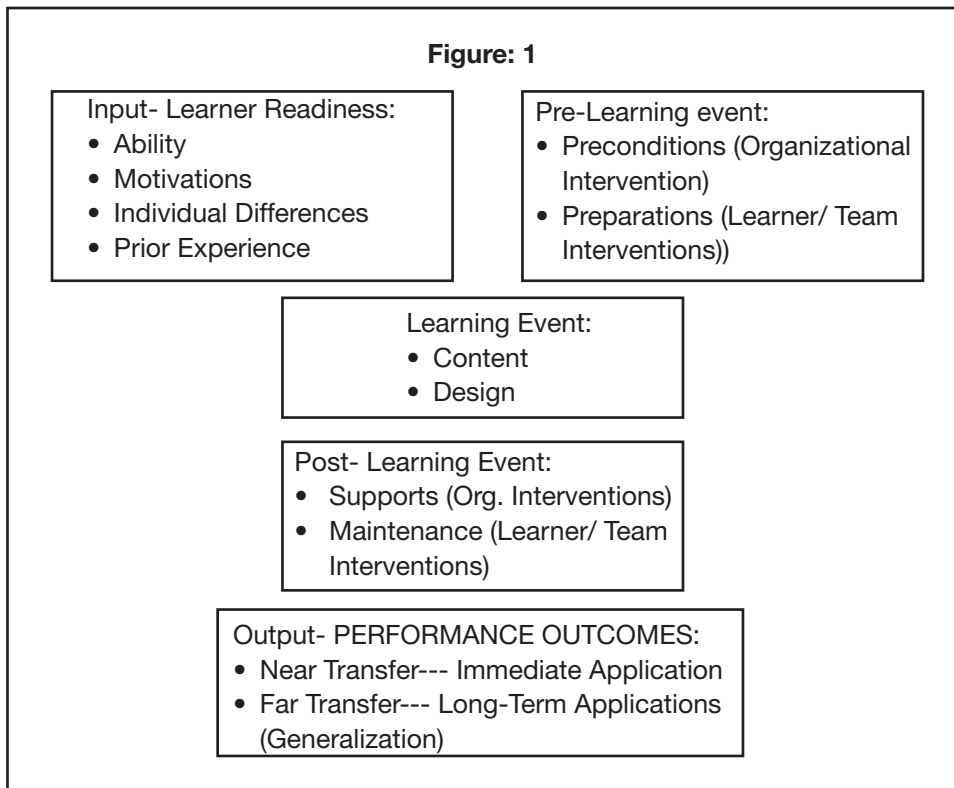
Given the array of factors influencing the process of transferring learning, there are at least six reasons for creating a transfer of learning system in organizations: 1) becoming an *employer of choice* where learning is a key to staff recruitment and retention, 2) building the *culture of a learning organization* to promote new initiatives, share promising practices, manage change, and promote cohesion, 3) promoting leadership development in a *safe environment for risk taking and learning from failures* as well as providing challenging job assignments and developmental opportunities, 4) providing a *source of innovation* by creating learning

laboratories that help to build capacity for generating and disseminating new knowledge throughout the organization, 5) creating a *value-added organization* where learning experiences are designed to improve client services, attract new partners, and improve public perceptions, and 6) promoting *organizational excellence* through defining high levels of operational competence, linking knowledge transfer to day-to-day staff performance, and strengthening organizational competence.

### **Conclusion**

When the Bay Area Social Services Consortium (BASSC) established the Bay Area Human Resource Committee (BAHRC) in 1997, members of the committee recognized the need for agencies to adopt a more responsive and flexible work model as reflected in the research on learning organizations. While the transfer of learning involves an overhaul of the organization's culture, many Bay Area counties have already started this overhaul process by

**Figure: 1**



implementing many learning organization strategies. The following five recommendations are based on the goal of enhancing this progress:

**Recommendation #1: Dialogue at the Top:** Staff development managers and agency directors need to engage in an on-going assessment of the progress being made to become a learning organization that includes a transfer of learning system.

**Recommendation #2: Career Development:** Staff development managers, with the support of the agency directors, need to conduct an in-house review of career development systems including identifying opportunities to model career development support throughout classifications, exploring implementation of an internal certification system as a way of professionalizing and recognizing growth, and considering a shift from conducting annual performance reviews to implementing developmental evaluations.

**Recommendation #3: New Policy on Supervision:** Senior management needs to explore the feasibility of establishing an agency-wide policy on supervision to explicitly identify the role of supervisors in promoting a learning organization through the use of the transfer of learning.

**Recommendation #4: Recognition and Reward:** Senior management needs to explore the use of reward and recognition programs to promote staff recruitment and retention, including possible links between information on worker satisfaction and client satisfaction.

**Recommendation #5: Promoting the Transfer of Learning:** Senior management needs to identify and establish strategies to strengthen the transfer of learning from both training events and organizational learning activities in order to ensure the use of pre and post event support by supervisors, managers and peers.

\*Adapted from:

Hayes, R., McQuaid, M., & Austin, M. (2006). *Revisiting the Learning Organization: Future Directions for the Transfer of Learning*. Bay Area Social Services Consortium, School of Social Welfare, University of California, Berkeley, <[www.bassc.net](http://www.bassc.net)>

Austin, M. & Hopkins, K. (Ed) (2004). *Supervision as Collaboration in the Human Services: Building a Learning Culture*. Thousand Oaks, CA: Sage Publications

## **The Transfer of Learning from an Executive Development Program \***

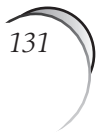
This evaluation of the BASSC executive development program is based on a case study of the transfer of learning back to the workplace. It begins with an overview of the program that is followed by a brief case study of the transfer of learning activities in one county. The analysis concludes with recommendations to enhance the transfer of learning for human services agencies.

Begun in 1994 as a collaborative effort of the Bay Area Social Services Consortium (BASSC) and the Extension program of the University of California, Berkeley, the BASSC Executive Development Program (EDP) prepares a select group of promising middle managers with the knowledge and skills needed to effectively meet the challenges of an ever-changing organizational environment in order to better serve client and community needs. Annually, ten Bay Area county social service agencies select an average of 30 EDP participants per year based on their commitment to public social service, demonstrated leadership capacities, and senior management potential.

The six-week EDP is composed of three one-week instructional modules scheduled over the course of an academic year (Figure 1) that focus on: 1) leadership in the agency and in the community, 2) organizational management, and 3) emerging trends in public social service and integration of learning with agency practice. The modules include sessions led by county social services directors to provide insights into their daily challenges. In

addition, the program includes a fifteen-day (or three week) internship that provides each participant with an opportunity to learn about services and organizational processes in another county. The goal is to examine another county's promising practices, strengths, and organizational culture. Upon completion of the internships, participants write a case study based on their experience that describes the program observed, its history, challenges and accomplishments, and implications for their home county. Participants present their case studies to each other and to senior management in their home agency.

In an exploratory survey of 101 graduates of the EDP (out of 170) it was found that the EDP helped graduates to: 1) acquire new ways of looking at the world and gaining a "big picture", 2) increase their self-confidence and competence to successfully promote organizational change, 3) increase their capacity to take on new assignments and become better able to help the agency through the use of new or increased skills, 4) increase their capacity to network with colleagues in other counties, 5) engage in career clarification with respect to retention, promotion, and further education. As part of the survey, the graduates made the following recommendations for strengthening the EDP: 1) develop a pre-training orientation program for the supervisors of EDP participants in order to help supervisors develop strategies for promoting the transfer of learning (especially for those



supervisors who had not been through the EDP themselves), 2) regularly updated the supervisors of the EDP participants on the content of each of the three instructional modules in order to facilitate discussions with their supervisors about what had been learned and how it could be applied in the workplace, 3) regularly schedule agency-based brown bag lunches where EDP graduates could share information with other employees and thereby transfer their learning to others, 4) develop and

implement a career development learning plan for each EDP participant, and 5) improve the utilization of new learning through the assignment of EDP graduates to special agency projects that address a particular organizational need.

**CASE STUDY**

Recognized for innovation in program services and organizational development, the San Mateo County Human Services Agency (HSA) was selected

**Figure 1: The Content of the BASSC Executive Development Program**

<p><b>Module 1</b></p> <p>A) Human services: Past, Present, and Future</p> <ul style="list-style-type: none"> <li>• New Trends on the Horizon</li> <li>• Evolution of Human Services Context</li> <li>• Cutback Management</li> </ul> <p>B) Client-centered administration</p> <ul style="list-style-type: none"> <li>• Supervision as Collaboration</li> <li>• Creating a Learning Organization</li> </ul> <p>C) Leadership development</p> <ul style="list-style-type: none"> <li>• Coaching Workshop</li> <li>• Thinking like a Senior Manager</li> </ul>	<p><b>Module 2 (continued)</b></p> <ul style="list-style-type: none"> <li>• Coaching II</li> <li>• Presentation Skills Workshops</li> </ul> <p>D) Designing an Inter-agency Project</p>
<p><b>Module 2</b></p> <p>A) Contracting and budgeting</p> <ul style="list-style-type: none"> <li>• Contract Management with CBOs</li> <li>• County budgeting and Outcomes-Based Mgmt.</li> <li>• State Budgeting Process</li> </ul> <p>B) Inter-agency collaboration</p> <ul style="list-style-type: none"> <li>• Working with CBOs and Collaboratives</li> <li>• Public Health/Social Service Collaboration</li> </ul>	<p><b>Module 3</b></p> <p>A) Managing organizational change</p> <ul style="list-style-type: none"> <li>• Organizational Change</li> <li>• Speaking to Public and Press</li> </ul> <p>B) Relationship building/maintaining</p> <ul style="list-style-type: none"> <li>• Administrator as Community Organizer</li> <li>• State/County relations</li> <li>• Labor/Management</li> <li>• Outcome Evaluation</li> <li>• Major County Programs (Child Welfare, Adult &amp; Aging, Welfare-to-Work)</li> </ul> <p>D) Case Presentations</p> <ul style="list-style-type: none"> <li>• Participant presentation of case studies and confidential written feedback by panel of agency directors and instructors</li> </ul>

based on the efforts of senior management to build a “learning organization” as part of the agency’s mission and define it in terms of career development systems, continuous-learning opportunities, and the use of a human resources policy team. Their efforts were based, in part, on a regional effort of the Bay Area Social Services Consortium to define a learning organization in the context of public sector human service organizations. HSA offers an in-house program on Leadership and Manager Development that includes a series of courses (Values in Practice) to help employees integrate “big picture” thinking into their daily work, and develop the professional skills needed to succeed as a leader in the agency. Furthermore, external educational development opportunities (e.g. EDP) provide a high quality of program knowledge and skills to retain and promote human services staff through professional development, enhance leadership abilities, and facilitate multidisciplinary collaboration through partnerships.

The San Mateo County Human Services Agency established a Human Resources Policy Team to examine personnel and staff development issues in order to transform the agency into a “learning organization” that promotes existing development opportunities and creates new opportunities to fill identified gaps. The Team has helped implement an in-house agency-wide Leadership Development Program (LDP) that offers an array of opportunities for all staff so they can develop careers and enrich their lives through alternative career development, career planning, mentoring, succession planning, and educational development. The definition of each LDP component includes the following:

1. *Alternative Career Development:* helps employees to build upon strengths; overcome barriers to development; expand on existing skill sets; create new challenges; and prepare for a desired level of future responsibility.
2. *Career Planning:* extends career and education opportunities to all agency staff in order to: 1) promote fulfilling and productive careers, 2) provide ongoing career assessment, 3) support long-term employment goals, 4) promote self-development, and 5) help employees to understand the importance of career advancement to the future of the organization.
3. *Mentoring Program:* promotes leadership development by matching staff with mentors who coach and advise them. Mentoring creates a more committed and dedicated workforce that is focused on achieving agency goals while it encourages leadership to remain abreast of challenges faced by staff. It also prepares staff to assume leadership positions.
4. *Succession Planning:* seek to retain and develop staff to ensure smooth succession in critical positions. Specific components include identifying unique competencies of promising leaders in HSA; conducting assessments of participants strengths and areas for improvement; development of an Individual Development Plan for each participant; and the identification of a mentor/coach to support the implementation of an employee’s development plan.

While each of the learning opportunities offers something unique to county employees, they all retain the same goal of providing appropriate

and effective career development activities. Taken together, the elements of the Leadership Development Program provide a comprehensive framework for the support and maintenance of learning. Thus, individuals that participate in the EDP are already immersed in HSA's continuous learning environment and are supported by the climate and culture of the agency.

### ***FINDINGS***

HSA has utilized the EDP to develop staff who are willing and able to move the agency in new directions. To qualify for promotion into senior management, employees need to complete the EDP. Since 1995, the San Mateo HSA has been sending an average of four employees per year through the use of a comprehensive selection process to identify participants who are committed to learning and motivated to apply management and leadership skills that will move the organization forward. Candidates are required to provide a resume and a brief essay describing their leadership competencies and potential. Upon review of the applications, the HSA's Executive Team selects four applicants who meet with the agency Executive Director to discuss the agency's vision and mission and how both can be furthered by their participation in the program. The participants are required to make a commitment to utilize the EDP program to enhance their knowledge and skills and engage in an internship outside of their own program area in order to broaden their skill set and understanding of social services. In addition to the rigorous selection process, the agency has built the following comprehensive approach to facilitate the transfer of learning: 1) pre-training orientation and the development of learning goals and objectives, 2)

supervisory support that includes orienting the work team of each participant to the content and expectations of the EDP program, arranging coverage while participants are away, using a portion of regular supervision time to discuss how new knowledge can be applied in the participant's current position, and 3) post-training assignments to special projects and alumni mentoring through quarterly meetings.

#### *Pre-training factors*

The expectations held by participants prior to entering into the EDP program included the desire to: 1) seize the opportunity to gain useful skills related to management, leadership, and social service systems, 2) expand their understanding of the "big picture" and gain increased leadership capacities, 3) increase their promotional and career advancement opportunities, and 4) utilize networking opportunities with other professionals in the field.

Despite a high level of participant readiness, EDP graduates as well as their supervisors noted that participants needed to be oriented to the EDP program by EDP alumni and supervisors before entering the program in order to further enhance their readiness. While the orientation meeting gives participants a flavor of some of the EDP experiences, many graduates felt that the information they obtained from talking to previous alumni one-on-one was equally (if not more) valuable. Another critical element for enhancing learner readiness, identified by both graduates and their supervisors, was goal-setting prior to entering the program. Graduates noted that goal-setting was part of the application and selection process, but that it needs to be further reinforced prior to entering the program. Additionally,

some graduates commented that it would be valuable to review personal learning goals with their direct supervisors, not just the agency's director.

The findings also pointed to the need for enhancing the readiness of the participant's supervisors prior to the first module of the program. The EDP graduates as well as the supervisors strongly recommended the establishment of a pre-training orientation for the supervisors of EDP participants, particularly for those who are not EDP graduates in order to further their understanding of how to coach with regard to the transfer of learning. Many of the respondents thought that an orientation of supervisors could provide: 1) an introduction to the content of the EDP program, 2) a description of the expectations of the program, and 3) a discussion of how the supervisor could support an EDP participant.

#### *Factors related to implementing the EDP*

While the EDP graduates indicated that they understood the content presented to them during the course of the EDP, they noted that they did not have regular opportunities, in between the one-week modules, to share new learning with their supervisor and other staff. Both the graduates and supervisors noted that while time constraints are always an issue, the participants need to be encouraged to take the initiative to generate discussion about the EDP in order to share learning with team members that could benefit peers and subordinates. In addition, supervisors need to help participants set learning goals for their fifteen-day inter-agency exchange project. Most respondents acknowledged that it was the agency's director and deputy director who helped them to set specific goals for their

project, and that these goals were then shared with their direct supervisor. A few respondents received additional support from former EDP participants.

EDP graduates and their supervisors also felt that participants need to review their learning goals *during* the course of the EDP, as a way of facilitating the transfer of learning back to the workplace. One graduate said "the learning goals need to be modified between the modules because we cannot try out all of our new learning at once but need to pick out one or two areas to work on and talk to our supervisor about how to do this." A supervisor indicated "the role of the trainee during the EDP is to take what he or she is learning, bring it back to the workplace between modules, and set goals on how to apply it to the work they are already doing...this legitimizes the work they are doing and really makes them think about how they can transfer knowledge."

#### *Post-training factors*

The findings in this section are divided into the role of the EDP participant, the workplace supervisor, and the agency's top management.

*Role of participants.* Many graduates and supervisors highlighted the importance of encouraging participants to discuss the program learning with their supervisors, their county cohort of EDP participants and other employees in order to maximize their learning, identify special projects, and set goals for utilizing newly acquired knowledge and skills. EDP graduates suggested using the San Mateo EDP Alumni Group for consultation, networking, and sharing new and innovate projects in order to facilitate the transfer of learning. Finally, a few graduates agreed that

meetings with participants or graduates from other counties would be a way to help transfer learning over the long-term. One graduate noted that “an inter-county meeting could be a forum to reflect on projects that have been implemented, or it could become a technical assistance session where we continue to share best practices with one another.” The supervisors and participants also noted that special projects and/or the implementation of the case study recommendations, based on the learning experience in another county, were important ways for EDP participants to transfer learning back to the workplace. The supervisors also commented that it is critical for EDP graduates to take time out to reflect on the overall EDP experience. Most respondents agreed that the completion of an Individual Career Development Plan at the end of the EDP would be a good idea.

*Role of the supervisor.* The EDP graduates indicated that the supervisor’s role in helping them transfer learning back to the workplace should be primarily one of support. The supervisors need to have access to the EDP curriculum to use during supervision in order to create dialogue around tasks, partnerships, and ways of moving the agency forward. Following the completion of the EDP, supervisors need to use supervision time to discuss the application of all the new learning, including the implementation of the recommendations from the case study on the inter-agency project. Most of the respondents acknowledged that their supervisor did not remind them or help them to find ways to utilize new knowledge and skills or obtain resources that would assist them in transferring new learning back to the workplace after completing the EDP program.

Similarly, there was inadequate supervision time to reflect upon how new knowledge and skills were being applied or any problems in applying new knowledge and skills. Despite the indication that most supervisors were providing only minimal support and guidance for the utilization of new knowledge and skills in the workplace, the majority of respondents indicated that both their supervisors and subordinates were open to using such knowledge and skills on their own.

*Role of top management.* In looking at the role of top management in facilitating the transfer of learning for staff who attend the EDP, both graduates and their supervisors noted that top management needs to play a more proactive role in supporting agency-based special projects. While the EDP Alumni Group meetings already serve as a venue for introducing opportunities to engage in special projects, both alumni and supervisors agreed that the top management needs to create other mechanisms to streamline the development of special projects. For example, one graduate noted that, “the EDP alumni group provides a place for sharing their leadership experiences of the members, but for those outside the group who express an interest in engaging in a project, opportunities must be created to get them involved.” In addition, both graduates and supervisors felt that top management needs to create a clearinghouse for special projects, where information on such projects could be disseminated on a larger scale, and managers and employees from different departments could come together to form workgroups for special projects.

The EDP graduates and their supervisors indicated that creating a special-project clearinghouse

would allow EDP participants to apply their new learning to a project but also transfer that learning to others. The EDP alumni also suggested that top management could promote the transfer of learning by continuing to provide special projects that foster innovation, creativity, and cross-fertilization outside of mandated programs. The respondents recommended a wider dissemination of the EDP case studies to appropriate policy teams and other employees by the top management, thereby facilitating the development of workgroups and implementation strategies for the project. While the respondents acknowledged that they have had the opportunity to participate in special projects or workgroups, they agreed that mechanisms for engaging in special projects or implementing the case study need to be formalized and streamlined by the top management.

The supervisors also suggested additional elements that should be part of top management's role in facilitating the transfer of learning, such as continuously evaluating the EDP experience. Moreover, all of the supervisors agreed that top management should be evaluating feasibility of implementing the inter-agency exchange project recommendations and, if they can, identifying the person who should be involved in supporting the project. Finally, the supervisors indicated that top management needs to maintain a continuous learning culture that includes adequately orienting participants and supervisors to the EDP program as well as provide rewards and incentives for transferring the EDP learning back to the workplace.

## **DISCUSSION**

The evaluation of the EDP generated important findings not only for improving the program but also identified factors that can facilitate the transfer of learning from the training program back to the agencies. The major themes relate to a supportive work environment and opportunities to apply new learning.

### *Supportive work environment*

The most prominent theme that emerged from this case study is the need for the training participants to secure the support of their supervisor before, during, and after the training program. Many graduates noted that their supervisor's lack of understanding of the EDP program contributed to a lost opportunity to share information and seek further supervisory guidance. The findings suggest that an orientation for all supervisors prior to the beginning of the training program would be a useful mechanism to promote the transfer of learning. Such an orientation could equip supervisors with an understanding of the program in order to provide continuous support for learning before, during, and after the program. In addition, on-going discussion between participants and supervisors about the content of the EDP program, the identification of potential obstacles to transferring learning, the development of learning goals, and the potential application of new knowledge and skills were also found to be helpful in promoting the transfer of learning. With respect to the transfer of learning, supervisors need to understand the importance of situational and consequence cues.

Another important area that both supervisors and participants identified was the need for participants to share new learning with other staff. Currently, most EDP participants share some of their new learning with their supervisors in order to develop goals and applications of new learning, and present their final inter-agency case study to the agency's management team. However, there are few opportunities for participants to share learning with peers and subordinates, either during or after participation in the EDP. The findings suggest that the sharing of program materials with other employees during group supervision or a team meeting could promote the transfer of learning to others. The sharing could also focus on how team members might get involved in projects related to new learning.

#### *Opportunities to apply new learning*

The post-EDP agency projects also needed additional attention. While graduates and supervisors agreed that special projects were an ideal way for EDP participants to transfer new knowledge and skills to the workplace, many were uncertain about

the definition of special projects, how they are generated, and the different strategies for getting involved. While San Mateo County HSA currently utilizes the EDP Alumni Group to disseminate information on upcoming special projects, both graduates and their supervisors felt that this process needed further attention by the agency's top management because it prevented other interested employees from getting involved. They called for a clearinghouse mechanism for disseminating project information throughout the organization to foster increased employee involvement. In addition, the application of new learning would benefit from the use of formal career development plans, based on the learning from training programs and this process was seen as enhancing the transfer of learning.

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## A Culturally Responsive Social Service Agency\*

Since the War on Poverty in the 1960s, social service organizations have been searching for ways to become responsive to the cultural diversity of their client populations. Beginning in the 1970s, concerted attention has been given to helping agency staff members become more culturally aware and more culturally competent. Some researchers predict that the racial and ethnic minority populations will become a numerical majority by the year 2025, while others expect this to happen by the year 2050 or 2080. Despite these differences, there is consensus that these demographic changes signal the need for public and non-profit social service agencies to become even more culturally responsive.

While much of the attention in the last few decades in the human services field has been on the development of culturally competent practice among staff with little attention to the context of this practice, it is important to redirect attention to the organizational context of social service practitioners seeking to respond effectively to an increasingly diverse client population. The term “culturally responsive” seeks to capture the multi-dimensional nature of organizational responses to diverse populations. Further, the analysis seeks to develop a working definition of a culturally responsive organization and to illustrate aspects of this definition through the description of the efforts of a large public county social service agency.

Despite the limited amount of research on culturally responsive human service organizations, the major

contributions to the field can be seen from three different perspectives: (1) the *developmental* nature of building a culturally responsive organization, (2) the *power* perspective where issues of conflict and changing mental models between dominant and minority experiences are linked, and (3) the *management* perspective that focuses on managing diversity and its organizational requirements.

From the developmental perspective, becoming a culturally responsive organization involves recognizing the existence of institutional oppression and the need to address issues of oppression. Using the developmental perspective, organizations can develop a long-term multicultural organizational change strategy that demonstrates a commitment to social justice and diversity both internally and externally.

In contrast, the power perspective is based on the premise that becoming culturally responsive involves the redistribution of power in terms of the community being served. Engaging with an array of advocacy groups and linking clients to community networks is another perspective for understanding how agencies become more culturally responsive. Listening and collaborating with those who give voice to community issues is part of becoming culturally responsive. Becoming culturally responsive can create tension with an agency’s bureaucratic culture, including staff resistance and compromises within an ethnically diverse workforce. Becoming culturally responsive can challenge the empowerment and

strengths-based values of an organization (e.g. empowering staff while empowering clients).

The third perspective is the management perspective and calls for organizations to examine the extent to which policies and procedures are culturally responsive. In essence, are systems in place to facilitate cultural responsiveness, to celebrate diversity and create space for dialogue around issues related to diversity, and to engage in ongoing assessment to demonstrate a commitment to promoting diversity.

The literature provides the foundation upon which to propose an emerging definition of a culturally responsive organization. As noted in Figure 1, this definition reflects more of the developmental and management perspectives in the literature and includes five components: 1) responsive services, 2) responsive processes, 3) responsive policies and procedures, 4) continuous renewal and 5) effective agency-community relations. This definition is used to assess the findings from a case study of the Santa Clara County Social Services Agency (SSA), which has a substantial history in promoting culturally responsive practices with a diverse consumer population.

Becoming a culturally responsive organization includes both organizational and service delivery dimensions. Several cultural excellence committees and four neighborhood-based Family Resource Centers (FRCs) provide the foundation for culturally responsive services in the Santa Clara SSA. The three cultural excellence committees (composed of staff at various levels) meet on a regular basis to discuss cultural issues and to work together to

promote agency-wide change. The first group, the Coalition for Effective Services (CES), is made up of representatives from different employee committees including African American, Asian and Pacific Islanders, American Indians, Chicanos/Latinos called El Comité, people with disability, and people with lesbian/gay/bisexual/transgender orientation. The second group, the Council for Cultural Excellence, makes decisions to create, amend, and monitor the overall implementation of policies. It is made up of representatives from the CES along with the agency director and various managers. The third group includes the Cultural Excellence Committees that operate in each of the major departments in the agency (Adult and Aging, Families and Children, Welfare-to-Work). They monitor the progress being made regarding culturally-responsive policies, procedures, and training programs related to improving client services. The line staff members in each department also have an opportunity to provide input through their departmental Cultural Excellence Committee. All three committee structures contribute to increased inter-group collaboration, the direct involvement of the agency director, increased capacity for employees on all level to be heard and increased focus on policy implementation.

To supplement their service delivery system, SSA created four Family Resource Centers to address the needs of specific cultural groups in the community. The first, Nuestra Casa Family Resource Center, was founded in 1992 by a group of Spanish-speaking agency employees who sought to address the problem of the disproportionately high number of Latino children in foster care in Santa Clara County and to reduce the barriers to services

### Figure 1: An Evolving Definition of a Culturally Responsive Social Service Agency

- I. Major Dimensions of a Multicultural Service Delivery Philosophy (adapted from Stroul and Friedman, 1996)
  - *Client-centered* and individualized services
  - *Family-focused* services with full family participation in the planning and implementation of formal and informal services and supports
  - *Community-based* featuring inter-agency collaboration and the integration of accessible and available services
  - *Culturally-responsive* leadership and decision-making at all levels of the organization
- II. Culturally responsive *organizational processes* (adapted from Cross et al, 1989)
  - Values diversity and embraces culture as a resource
  - Demonstrates awareness of the dynamics, risks, and potential conflicts when different cultures intersect
  - Incorporates expanding knowledge of various cultures and cultural issues
  - Provides services that can be adapted to fit the culture of the community served
  - Demonstrates capability of being both:
    1. program-focused (responsive to public policy and funding streams) and
    2. family-focused (respectful and inclusive of families, strength-based interventions, participatory involvement of clients, consumer oriented, and use of support networks and natural helpers)
- III. Culturally responsive *organizational policies and procedures* (adapted from Cross and Friesen, 2005)
  - organizational mission statement
  - service standards
  - personnel management
  - information systems
  - community involvement and feedback mechanisms providing ongoing advice
  - service contracting
  - intake mechanisms (featuring client strengths and effective referrals with follow-up)
  - family-provider collaboration
- IV. Engages in continuous *organizational renewal* utilizing cultural self-assessments (adapted from Cross and Friesen, 2005)
  - Defines service population and its demographic characteristics
  - Ensures staff and board representation in relationship to community characteristics
  - Creates staffing patterns, job descriptions, performance evaluations, and training programs (including volunteers) that reflects the community's demographics

- Utilizes continuously updated guidelines for culturally competent practice
  - Demonstrates an ongoing investment in creating a diversity of viewpoints and backgrounds to enhance service delivery
  - Provides supervisory support for orienting and training staff for culturally competent practice
  - Utilizes culturally competent consultants versed in the cultures of the client populations served by the agency
- V. Engages in effective *agency-community relations* (Fong & Gibbs, 1995; Nagda and Gutierrez, 2000)
- Engages with an array of advocacy groups representing different cultural and ethnic communities
  - Celebrates the existing community strengths in order to empower disenfranchised populations to assess and monitor culturally responsive organizational policies and procedures
  - Links horizontally to client communities and community networks and vertically to professional, legislative and funding sources (including local, national, and international networks).
  - Promotes consciousness-raising among organizational participants about how structural power, privilege, and oppression operate inside and outside of the workplace
  - Recognize through dialogue with community groups that the changes needed to create a culturally responsive organization can threaten the core culture of an agency, foster resistance, and compromise the effectiveness of a diverse workforce
  - Demonstrate proficiency in receiving and integrating divergent forms of input from all parts of the community and within the organization itself as it hires and engages a culturally diverse staff

experienced by the Latino population. It is located in a predominantly Latino neighborhood, comprised of many low-income Mexican immigrants and families with children. Many of the Nuestra Casa programs are built on partnerships between community groups and organizations. Local schools, small businesses, and neighborhood residents actively participate in shaping the Center's programs.

Ujirani Family Resource Center is Santa Clara County's second FRC. "Ujirani" is the Swahili word for "our neighborhood." Opened in 1994, the Ujirani FRC sought to address the problem of the disproportionately high number of African American children in out-of-home foster placement in Santa Clara County. The Ujirani FRC provides

services to address the needs of the African American community. It is located on a major street near freeways, bus lines, and a public school in a neighborhood comprised of a high proportion of African American residents. Community groups provide input on programs through their participation on an FRC advisory board.

Asian Pacific Family Resource Center (APFRC) is the third FRC and opened in 1995. Like Nuestra Casa, the APFRC is also the result of staff advocacy efforts. In this case, Asian Pacific American employees in SSA sought to provide prevention-oriented, culturally appropriate services in a way that meets the language needs of the Asian Pacific population as one out of every four residents of

Santa Clara County is Asian, and many speak a primary language other than English. The staff members at APFRC are selected for their cultural and linguistic competency skills and are matched by language and/or ethnicity to client groups.

The Gilroy Family Resource Center is the fourth FRC in Santa Clara County. Instead of focusing on a particular ethnic group or neighborhood like the other FRCs, the Gilroy FRC serves a location-specific rural clientele. Because of its location and the demographics of the area, the Gilroy center faces unique challenges. Many of its clients are Spanish-speaking immigrant families. The population of Gilroy is also geographically dispersed and faces significant transportation problems when trying to access the Gilroy FRC. The Gilroy FRC has responded to specific community needs and service barriers by hiring bilingual staff, scheduling extended service hours to accommodate working parents, and offering programs and services at off-site locations. Special efforts are made to enhance the referral network of accessible services in this largely rural region of the county.

In order to assess the Santa Clara County experiences, an evolving definition of a culturally responsive organization was constructed and noted in Figure 1. The first component of the evolving definition relates to the development and operationalization of a multicultural service philosophy. One of the most important tasks for an organization to address in order to become culturally responsive is acquiring a new way of thinking about how services should be organized and delivered. For example, the original focus of the FRCs was to serve those who were clients or at risk of becoming clients

of the child welfare system. In order to accomplish this goal, significant collaboration and refining of roles and responsibilities was required on the part of FRC staff with existing county child welfare staff, although it was not without its challenges. As time went on, each of the FRCs slowly evolved and developed to respond to the unique needs of the communities they served. Further, the shifts in the management structures over time were also designed to reinforce the importance of a new community-based service philosophy, namely providing support for child welfare clients and prevention-oriented services to help keep families out of the child welfare system.

The management structures and community-based service philosophy led to three major outcomes: 1) partnerships with local agencies, other departments and ethnic/cultural communities to promote policy and social change among elected officials and the broader community, 2) a significant reduction in the costly duplication of services between the public and non-profit service delivery systems, especially given the limited pool of experienced bi-lingual and culturally competent staff, and 3) the infusion of innovative and promising practices into a large public child welfare system that is continually assessing and redesigning itself.

The second component of an evolving definition is related to culturally responsive organizational processes. Responding to the needs of different cultural populations depends on the ability of an agency to establish organizational processes that help reduce existing barriers to service utilization. Throughout the process of becoming culturally responsive, diversity is valued and cultures are

embraced as resources. One of SSA's successful strategies for developing a commitment to cultural responsiveness is the involvement of staff members at all levels (line staff, department staff, managers, and executives) in the creation of intra-agency committees and the FRCs. The bridging of traditional communication barriers within the agency through the use of inter-agency committees made it possible to acquire knowledge, identify the needs of various groups, implement policies in different departments, and increase support for change on all levels.

Another important communication barrier between the FRC employees and community leaders was addressed by locating FRCs in racial and ethnic communities. As a result, FRC staff members and their departmental managers have been able to build strong relationships with various community groups and community leaders. These alliances have helped to increase community trust, foster a sense of neighborhood cooperation and pride in one's community, and improve the use of limited funding and grant resources. Instead of competing for grants and space, groups with similar goals and programs collaborate to reach more families in a convenient and familiar setting.

The third component of the evolving definition involves the development and implementation of culturally responsive organizational policies and procedures. While organizational processes can facilitate staff recognition of the value of cultural diversity and responsiveness, policies and procedures related to the agency's mission statement, service standards, personnel procedures need to be developed and monitored by staff. At SSA, staff members who either participated in the

committees at the organizational and service delivery levels were the driving force for the successful implementation of changes in policies and procedures, especially those staff who organized El Comité and those who helped to establish and maintain the four FRCs. However, it is important to note that none of these activities would have been realized without the support of top management and the agency director.

The fourth component of the evolving definition involves an engagement in continuous "organization renewal" regarding cultural responsiveness. Needs assessments are used to develop plans with goals for the daily operation of each FRC. They were used to help staff understand the issues, define their concerns, identify baseline measures, create realistic goals, and evaluate progress. In addition, the top management hired an outside evaluator to conduct a candid assessment of the agency's level of cultural responsiveness by surveying hundreds of employees and clients. The results were used to guide the development of culturally responsive organizational structures, including committees, staff training programs, and ongoing meetings with top management.

The fifth component of the evolving definition is related to ongoing engagement in agency-community relations. It is essential that a culturally responsive organization works effectively with its community. The tension between what the community needs and what the limited resources of the organization provides a continuous challenge for maintaining effective community relations. The inherent differences between the power of agency service providers and the power of client populations

in the community can lead to conflict. Therefore, a culturally responsive organization needs to find ways to work with an array of advocacy groups that represent different cultural and ethnic communities in order to facilitate understanding and promote consciousness-raising.

It is important to note that most of the changes made in the agency and in the FRCs emerged over time and involved considerable planning and organizing. For example, El Comité members met for years before they were able to gain enough support and recognition to develop a strategic plan and create a policy development structure process in the agency. The relatively slow pace of the change reflects the complexity of the issues and a commitment to establishing a solid foundation on which lasting changes can be made. This strategy effectively led to the development of various councils and coalitions as well as FRCs that took considerable time to earn the trust and recognition of neighborhood and community leaders.

Some of the implications emerging from this application of an evolving definition of a culturally responsive organization to a public social service agencies include: 1) the need for top management to assess the evolving definition to see how it might relate to their own agency operations (one approach would be to convert the five major components and related items into a self-assessment checklist for use in identifying the degree to which the agency reflects culturally responsive policies, practices,

and service philosophies), 2) given the results of such a self-assessment, an ongoing dialogue among all levels of staff would be beneficial to help create the norms for open exploration of the issues surrounding this complex issues and possibly establishing a representative standing committee of staff members to assess progress over time, 3) a similar dialogue and committee structure could be developed at the inter-agency level between public and nonprofit social service agencies, especially those that serve culturally diverse communities, and 4) some of the most challenging dialogue needs to take place between public social service agencies and community-based advocacy organizations in order to develop/refine culturally responsive social policies that affect the clients served and the staff responsible for those services.

The pursuit of the goal to become a culturally responsive organization is a “work in progress” that requires continuous efforts and adjustments to address new challenges. The ultimate goal of a culturally responsive social service organization is to provide effective services for increasingly diverse populations and communities in the years to come.

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