Community Partnerships Offer a Means for Changing Frontline Child Welfare Practice

Child welfare systems have approaches to child protection that are mandated in federal and state law and deeply ingrained in the policy and practice of tens of thousands of caseworkers. In spite of many national, state, and local reform efforts, systems across the country are struggling to address the scope and complexity of child abuse and neglect cases. In 2002, nearly two million children were the subjects of abuse or neglect investigations or assessments by child welfare agencies, and 900,000 children were determined to be victims of child abuse and neglect. Community partnerships can help child welfare systems cope with the magnitude of child maltreatment cases and provide a better way of protecting children and supporting the families they serve by sharing the mission of child protection more broadly.

Community partnerships are established at the local level and act as a vehicle for child welfare agencies, public and private agencies, neighborhood service providers, parents, natural helping networks, and other formal and informal resources to work together to prevent children and families from arriving at the door of the child welfare agency in the first place, and when child abuse and neglect does occur, to better protect children and help families in crisis. This issue of SafeKeeping highlights a number of supports and other information on key “nuts and bolts” infrastructure elements that are necessary for child welfare agencies to effectively move a community partnership vision from theory to practice.

Community partnerships strive to involve a myriad of local entities in preventing and addressing child maltreatment. The platform for this new way of work is a practice model that is focused on child and family outcomes and driven by a core set of values and principles.

A clearly defined set of outcomes makes case management efforts results-driven, and clear values and principles make case practice more than a regimented set of functions designed to simply move a child and family “through the system.” A focus on outcomes establishes an organizational culture that not only directs how children and families are treated, but how they and their natural networks of support are engaged in the decisions affecting their own safety and well-being. Key features of this approach are a reliance on building a “team” to support the family, using more comprehensive assessments that identify strengths as well as challenges and needs, and providing individualized services and supports.

Destination: Outcomes

The focus of community child welfare practice is outcomes, not compliance; the approach builds on the three federal child welfare outcomes of safety, permanence, and child and family well-being. Community partnerships may vary in structure and character from one state to another or from one city to another, implementing components simultaneously or incrementally, but each seeks a system of community child protection that strives for the following core outcomes:

- an engaged community network of parents; public and private social services, including the child welfare agency, schools, and community organizations; child care providers; faith institutions; and others who are critical to helping keep children safe and providing support to families in need;
- community members and organizations who take on new roles to prevent and address the problems of child abuse and neglect and pursue the goals of family support;
- children and families who are supported in ways that make sense for each situation - through the provision of individualized plans of action and timely service delivery;
- systems and communities that employ results-focused, data-driven decisionmaking to further identify and validate strategies that keep children safe.

Accordingly, when a community structure is in place, families know where to turn for help and are actively involved in planning, decisionmaking, and team-building throughout their involvement with child welfare and community-provided services.

Begin with Shared Values and Principles

What are the principles and values that child welfare agency staff are asked to accept and reflect in current practice? This may be an unusual question for public child welfare systems to consider. However, adopting a community partnership approach in a child welfare system begins with “owning” a few simple, but profound, values:

- Children need and deserve to grow-up safe and free from maltreatment.
- Children do best when they have strong families, and outcomes for children and youth are best when children are with a birth, foster, relative, or adoptive family.
- Families have the capacity to change, and not all families are the same.
- Families need community support and genuine connections to people and resources.
- Birth parents and resource families work together to help foster youth shape decisions about their own lives.
- Case management decisions are made without regard to the race or economic status of the child or family.
- Community partnerships are essential to ensure child safety; the government cannot do the job alone.
- All partners are respected for their unique cultural, racial, ethnic, and religious identities and strengths.
These shared values can be used by caseworkers to direct a practice that is customized, culturally competent, and comprehensive. An example of practice principles that are promoted by the U.S. Department of Health and Human Services’ Children’s Bureau are highlighted in the text box to the right.

**The Journey with Families: Values and Principles in Action**

Reflective of these values and principles, the practice model is actually a continuous set of activities applied by every caseworker, including those responsible for investigations. It focuses on outcomes by emphasizing engagement, assessment, teaming, individualized services, and constant tracking and adapting of plans to reflect strengths, needs, and progress. Exhibit 1 on page 5 depicts the core practice model as a continuous circle that begins and always comes back to engaging families.

**The Core Components Defined**

**Engaging Families.** Engagement is the foundation to building a trusting and mutually beneficial relationship between family members and the caseworker. The caseworker’s first step in engaging a family is demonstrating and communicating respect for the family and empathy for its struggles. Part of engagement involves understanding the culture of a family and helping the family identify all potential team members. Engaging families does not mean that caseworkers lose their objectivity about the safety risks to children. It does, however, provide a strong role for parents to be included in decisionmaking about the services and supports they need and to be active participants in finding solutions to family issues and concerns about child safety.

**Building Teams.** Building a support team, or a network, around a family has multiple benefits. Teams are useful for gathering important information about strengths and needs of families that contribute to the overall functional assessment of a family’s situation. Often, members of the network can identify the risk of child maltreatment before it occurs, respond to issues of child safety promptly, and provide a full range of services and support for the family. And, as the child welfare system moves through any change process, the team can help support the family through each stage. The frontline worker helps families to effectively build or enhance their own informal support systems that might include family members or neighbors and friends, as well as representatives of more formal systems such as schools, counselors, community organizations, domestic violence and mental health care systems, and substance abuse prevention and treatment agencies. Together, the family and its support team are empowered to plan and make decisions about what services are needed, how they should be delivered, and how to track the success of the plan and make individualized adaptations as necessary.

---

**The following principles are central to good practice:**

- Children have the right to a fair chance in life and to the essentials of healthy development, including a sense of belonging, continuity of care, safety, nurturing, and access to opportunities to acquire basic social competence.
- Family-centered practice advances the overall objectives of establishing safe, stable, and permanent families to promote the well-being of children.
- The best care and protection for children can be achieved when service delivery focuses on developing and using the strengths of nuclear and extended families and communities.
- The values and customs of families from different cultures need to be acknowledged and valued, and service delivery, training, policy development, and evaluation must be designed to be culturally competent and respectful.
- There is a sense of urgency in all child welfare services to ensure safety and a permanent placement for children.
- Training must provide information and direction regarding strategies and methods that promote high-quality service delivery to children and families.
- A strong network of both informal and formal community-based resources is necessary for prevention and early intervention in child abuse and neglect cases.

Developing Assessments. Assessment starts with the initial family engagement and is a continuous process throughout the life of the case. Conducting family assessments is work that is done by the entire family team - not a product or form completed by the caseworker alone. Assessment has been defined as the ongoing process of “gathering and analyzing information that supports sound decision making.” There are many critical pieces of information to be gathered and considered to ensure child safety and to strengthen families. An assessment should determine a family’s strengths, skills, and motivation for change as well as its concrete and immediate needs. The assessment process should explore the underlying causes of child maltreatment or the risk of abuse and neglect, and the factors that prevent the family from making the necessary changes to keep its children safe. Information also factored into assessments includes knowing the overall assets of the community, such as the availability of support systems and resources, as well as possible mental or physical health issues and signs of substance abuse or domestic violence.

Planning with the family requires workers to: 1) keep the family focused on the key concerns, and 2) establish clear linkages between the identified needs, the desired changes, and how family strengths can be used to reach the plan’s goals. Goals need to be behaviorally specific, realistic, time-limited, measurable, and clearly understood by the family. The child welfare system in Utah has a practice principle that suggests that the service plan have “incremental steps that move children and families from where they are to a better level of functioning.” This principle recognizes that plans are not constant; they evolve and must be flexible enough to respond to a family’s emerging issues and needs. For example, the first part of developing an individualized plan may focus solely on immediate actions to keep a child safe. Once this part of the plan is in place, the second step in an evolving plan might address how the child will be kept safe in a permanent home by resolving a parent’s mental health needs. As the plan evolves, it is vital to include ways to sustain the success beyond the end of formal services.

Crafting Individualized Plans. Families generally feel more invested in a plan when they have been actively involved in the decisionmaking about needed services and supports. Tracking Results and Adapting to Changing Situations. Caseworkers have always been responsible for monitoring case plans. The community partnership practice model seeks to monitor results, not just family compliance or service quantity. Tracking to ensure the team’s plan is implemented with the necessary people, intensity, and quality and determining whether services and supports are meeting the needs identified in the plan are critical to achieving the desired results. A successful plan will meet an identified need, not complete a checklist of services. If supports and services do not appear to meet important identified needs, the team is responsible for assessing the failure and adapting the plan in a timely manner.

Sustaining Success. Success is achieved when the team (and especially the child and family themselves) are confident that: 1) their essential needs have been met, 2) they have a network of support that can detect and identify recurrent or emerging needs, and 3) they have sufficient trust to call on their ongoing network for help if needed.

2. Ibid, p. 38.
On December 2 and 3, 2004, the Center for Community Partnerships in Child Welfare convened the Quality Service Review Forum II. Over 70 participants from 21 states, including state directors of Quality Assurance, shared information and reflections on their jurisdiction’s use of the Quality Service Review (QSR) process.

The forum was designed to help participants take action in their own jurisdictions to 1) build and strengthen the QSR infrastructure, 2) use QSR results to strengthen frontline practice, and 3) directly involve stakeholders and community residents in the QSR process. Participants left the forum with several strategies to improve their current efforts to systematically implement a QSR approach. Many of the resources distributed at the forum will be available through our website in May 2005. (www.ccpcw.org)
Establishing a Positive Community Presence for Public Child Welfare Agencies

Public child welfare agencies are using several strategies to successfully establish a presence in the community that facilitates building true partnerships with neighborhoods. These strategies are as follows:

- **Geographic assignment.** Child welfare workers are “assigned” to a particular neighborhood or community and manage all active abuse and neglect cases within designated geographic boundaries. They are responsible for developing and implementing specific case plans and are also advocates and recruiters for foster and adoptive parents. Geographically assigned workers become more knowledgeable about families and children that need help and local resources. This approach can strengthen relationships among child welfare workers, community residents, and vulnerable families, while reinforcing the value of a community partnership and the child welfare agency’s role in keeping children safe. This strategy is best implemented by dispersing workers at community sites (see “outbasing” below) but is also possible when workers are housed at a central location.

- **Outbasing.** This strategy takes geographic assignment one step further by placing child welfare workers in community spaces - schools, family resource centers, or other public buildings. Child welfare workers are no longer simply in the neighborhood to investigate potential wrongdoing; they are there to work side-by-side with community residents to address conditions that threaten a child’s safety. Families receiving services in their own neighborhoods feel more at ease and willing to accept help. Child welfare staff feel more connected to the communities they serve and learn more about neighborhood-based services. Placing workers within a community also allows an opportunity to increase public understanding of the mission and responsibilities of the child welfare agency. In the Community Partnerships for Protecting Children (CPPC) initiative sites, workers often view outbasing as “the reform mechanism that has affected the greatest changes in their practice.” By becoming a part of the community and being more engaged with children and families, workers are more likely to be able to provide timely, individualized, and accessible services.

- **Co-locating.** Strategically placing child welfare staff with staff from other agencies enables cross-agency and cross-system coordination on behalf of families and children. When residents recognize specific workers as part of their community’s network of support, they may be more forth coming in referring families facing difficult circumstances. Co-locating often provides more immediate access to resources for child welfare staff because they can draw on the help of other experts in such areas as substance abuse, mental health, domestic violence, and income maintenance. Conversely, if staff from different agencies identify concerns about a family and aren’t sure whether they need to make a child welfare report, they can consult informally with child welfare staff to receive guidance. Rather than making a traditional “paper referral” to another agency, co-located staff can introduce one another to the families they serve and make important connections immediately. Formal teams can also be set up so that workers from different agencies present cases and receive multidisciplinary consultation.

Jefferson County, Kentucky (Louisville) is one place that has been working on these strategies for several years. Its story is highlighted below.

**Jefferson County, Kentucky: An Example of Geographic Assignment, Outbasing, and Co-Location**

Louisville offers an instructive example of how basing child welfare workers in the community can support the community partnership practice approach. Neighborhood Place Ujima is one of eight neighborhood-based family resource centers established in Jefferson County, Kentucky over the last decade. The Jefferson County public school system along with numerous public human services providers created Neighborhood Place Ujima. Child protection workers, TANF and food stamps staff, school social workers, health department staff, a substance abuse counselor, and mental health treatment counselors are all outbased and co-located at Neighborhood Place Ujima, which also serves as the “hub” for Louisville’s CPPC activities. Initially, only child welfare workers with ongoing cases (intact families and foster care) were outbased at Ujima. That structure hampered information-sharing between child welfare investigators and ongoing workers. As a response to this issue, two investigators have joined the Ujima team, with all workers reporting to the same supervisor. When new cases in Neighborhood Place Ujima are called into the Child Protective Services (CPS) Hotline and are accepted for an assessment or investigation, they are assigned to child welfare workers at Ujima.

When someone walks through the door at Ujima seeking services, a staff person conducts a confidential assessment

that comprehensively identifies needs. While the individual may be asking just for food stamps, he or she is given the opportunity to speak with someone about any other concerns, including substance abuse, family violence, family planning, economic concerns, and mental or physical health issues. Staff have conducted and participated in numerous cross-trainings to learn about each other’s roles. Collaborating on cases through the practice of convening Family Team Meetings enables the staff at Ujima to work together with families and their support systems, creating a web of safety around each family. Further, the structure at Neighborhood Place Ujima ensures that services are convenient and accessible for the families they are serving.

Implications for Staffing and Workload

Geographically assigning cases and locating workers in the field are important strategies, but they are a means to an end, not the end itself. Individual case workers in community partnerships have new workload activities and responsibilities in the community in addition to the more traditional case management tasks they have historically had. These activities include building linkages between the child welfare agency and neighborhood residents and businesses; coordinating efforts with partner agencies and service systems such as domestic violence, substance abuse, or mental health services; working with schools and child care centers to promote child abuse prevention activities; and helping

---

Human Resource Management’s Role in Recruiting, Hiring, and Retaining a Workforce Committed to a New Practice Model

Effective implementation of a community partnership approach requires recruiting, hiring, and retaining individuals who understand the new practice model, are eager to partner with families and communities, and are a “good fit” with the work and community they will be serving. The practice model [see The Community Partnership Practice Model: Destination Outcomes article on page 2] with its values, principles, outcomes, and core functions is difficult to achieve or make effective without the active support and participation of the leaders of human resources (HR). Fundamental components of an agency’s HR management system may require a total overhaul or, at a minimum, a comprehensive review. These components include job descriptions and classifications, job preview scenarios, hiring interview and testing tools, and performance appraisal forms and processes. The goal of such an overhaul or review is to ensure that job expectations, required entry-level skills, knowledge and values, performance, and ongoing professional development are aligned with the practice model.

Revamping the HR system is not a short-term project. It will take time and incremental steps. This article provides a picture of the desired “end state” - a well-functioning human resource system that is aligned with practice. Although many public organizations are striving for this end state, the current crisis in the child welfare workforce is evidence that the goal has not yet been achieved. This article is intended to provide ideas and provoke discussion about steps an organization can take to have a workforce that embraces the idea of working in partnership with parents, community leaders, and support and service organizations.

Recruitment: What to Look For

Recruitment should be focused on developing a pool of candidates who are likely to have the skills and characteristics needed for effective implementation of the practice model. Typically, agencies and programs look for basic written and oral communication skills. These skills remain important building blocks for community child welfare practice, but the practice model described in the previous article requires some very specific communication skills and abilities to achieve very specific results. Table 1 on page 9 highlights desired knowledge, skills, and abilities of job candidates.

Hiring Decisions: Asking the Right Questions, Including the Right People

The hiring process in a new model of child welfare practice includes competency-based screening tools and diverse screening panels.

The screening tools used in hiring new staff should:
- include questions and mechanisms to help determine individual readiness for working with families and communities as partners; and
- provide opportunities for candidates to demonstrate their skills and knowledge.

A competency-based hiring approach developed for the Maine Department of Human Services about ten years ago includes a structured interview that asks candidates three kinds of questions:
- **Opinions** – questions designed to elicit personal values, including views of children and families;
- **Situational** – questions designed to prompt candidates to describe experiences in the past similar to critical job functions; and
- **Scenarios** – questions designed to “elicit candidates’ analytical ability, their thinking process, and their judgment.

In a community partnership approach, HR management should also consider how and when to include community representatives in the hiring process. Communities can be asked to identify and support candidates they believe have the necessary skills and qualifications or demonstrate the potential for acquiring them. A growing number of places are using screening panels that include community members who are providers and consumers. In the past several years, Cuyahoga County, Ohio, (Cleveland) for example, has included community representatives in the selection of the Department of Social Services director and regional office managers.

Retention Strategy: Helping Staff to Grow

Although training budgets are often the first items on cost-cutting “chopping blocks,” professional development is a “win-win” for agencies and staff. It is a key strategy

(continued on page 10)

<table>
<thead>
<tr>
<th>Practice Component</th>
<th>Desired Knowledge, Skill, and/or Ability of Job Candidates</th>
</tr>
</thead>
</table>
| Engagement                                             | • Experience in building helping relationships  
• Interpersonal skills that demonstrate a genuine interest in and respect and empathy for all children and families  
• Active listening skills, including the ability to clarify, reframe, question, reflect, and summarize  
• Knowledge of and respect for cultural differences among individuals, families, and communities  
• Ability to partner with and appreciate individuals and families in the context of their cultures, including ethnicity, religion, and nationality  
• Willingness to meet with families in their homes or community-based environments that are safe and inviting |
| Information Gathering and Assessment                   | • Experience in conducting interviews with children and families  
• Relevant experience with or knowledge about domestic violence, substance abuse, mental health, child development, and family systems  
• Knowledge of safety issues and risks of harm to children  
• Ability to identify strengths and underlying needs in individuals, families, and communities |
| Team Building and Planning                             | • Experience in:  
  • Assembling and leading a group  
  • Designing meeting agendas and facilitating meetings  
  • Helping to identify priorities  
  • Becoming a member of an established group  
  • Resolving conflict among group members  
  • Coordinating services and supports to prevent duplicating or conflicting services and to avoid overwhelming children and families  
• Ability to bring together a circle of helpers—professional and informal—who affirm strengths, identify needs, and support solutions  
• Respect for nonprofessional and nontraditional helpers  
• Ability to develop individualized plans that build motivation for change and are based on the strengths and needs of the family  
• Ability to help families and youth craft clear, behaviorally specific, measurable goals for change  
• Awareness of community resources  
• Willingness to seek help from supervisors and colleagues |
| Intervention                                            | • Solution-focused skills  
• Experience with:  
  • Balancing child safety with the need for family attachments  
  • Engaging community helpers, networks, and systems for support  
• Coaching and modeling skills  
• Ability to identify individual and family strengths and build on them |
| Tracking and Adaptation                                 | • Personal self-evaluation ethic  
• Organizational and analytical skills  
• Ability to use a circle of helpers to analyze what is and what is not working and why  
• Ability to plan and support successful transitions and sustainable independence |
| Mobilizing the Community                                | • Ability to identify and use local resources creatively for family support  
• Ability to seek help from community, supervisors, and colleagues when resources cannot be found |
Human Resource Management’s Role in Recruiting, Hiring, and Retaining a Workforce Committed to a New Practice Model

(continued from page 8)

for retaining qualified staff, while helping them continue to grow in their work with families, communities, and colleagues. Furthermore, it is unrealistic to think that all candidates will “walk through the door” with all the desired qualifications. Once hired, continuous professional development, coaching, and mentoring are essential for all staff to hone and expand skills. Early and ongoing in-service development should focus on strengthening the skills that are identified during the selection process. [For more in-depth information on training, please refer to The Pay-Off of Comprehensive Training article on page 12.]

Retention Strategy: Letting Them Know How They Are Doing

Traditional performance appraisal systems in child welfare agencies have been compared to those used by law enforcement programs: they are designed to catch the small percentage of employees who are doing something wrong. Since all of an organization’s employees are subject to these appraisal systems, they have the effect of making everyone feel like a suspect.

Accountability, of course, is a necessary part of human resource management. But the best performance appraisal systems give top priority to developing the talents of the majority of employees who are well-motivated and have the basic competencies for their jobs.

A well-designed appraisal process is a powerful retention tool because it responds directly to employees’ needs for recognition and personal growth. It also enables staff to receive “straight talk” about inadequate performance, just as we ask workers to talk straight to families about the issues that are preventing them from adequately keeping their children safe. This approach can be beneficial in helping workers make necessary career moves.

Staff performance assessments and plans for change, similar to family assessments, should have the following features:

- **Alignment.** The appraisal process should be the point at which employees’ career goals line up with the values, principles, and competencies required of the practice. Effective appraisals are explicit about how this alignment occurs and how the employee and agency will support each other’s goals.

- **Customized.** Within a common structure, the process should be tailored to the individual’s strengths and needs.

A good appraisal system can give human services departments a much-needed edge. In a field where agencies can seldom use high compensation or job status to compete for employees, this tool can significantly boost retention and help to develop people from within for hard-to-fill jobs.

A Final Note

The HR principles and practices suggested here for child welfare agencies can be used by partner agencies as well. A systemwide workforce that is recruited, hired, and developed with a shared vision better enables a consistent and effective approach with families and communities.
Helping Public Child Welfare Agencies Establish a Positive Community Presence

(continued from page 7)

families to build informal or nontraditional networks of support. Additionally, more time is spent engaging and planning with families. Many of these activities are not assumed in caseload standards or a caseload-driven staffing pattern. CPPC sites have been urged to adopt an approach to the allocation of staff resources based on the unique workload in target communities rather than on traditional caseload and caseload-weighting formulas.

In addition to being mindful about staffing patterns, it is important to give clear expectations to staff regarding the new workload requirements rather than leaving these major choices up to workers without management support. Clear articulation of the practice model, effective training, and incorporation of these expectations into performance evaluations are key ingredients to reinforcing the new way of doing business with families. It is equally important to ensure that each worker’s caseload has been structured to allow for the incorporation of these expected activities.

Advice from the Field

Agencies embarking on basing staff in community settings have wrestled with many questions and identified various solutions. Here are a few solutions:

If a jurisdiction wishes to choose one work unit to be based in a community setting, how should the selection be made?

Begin with workers who want to be based in the community. It is important to select natural “allies” who have an interest in working in a community setting (including those who live in particular neighborhoods).

What are some of the concrete issues that will require attention?

Pay attention to workers’ needs (equipment, technology, office space). Work settings at the main office and the community office must be comparable. If community-based workers have significantly worse conditions, they will resent their new location.

How can administrators ensure that agency mandates are followed by staff based in the community?

Maintain close communication between supervisors and staff through email, telephone calls and onsite visits. Ideally, workers and their supervisors are placed together in the community setting. This ensures that the supervisor is well aware of all the issues faced by workers and can provide immediate support. When supervisors are based in the community setting, there must be frequent opportunities for communication with their own supervisors. Top-level administrators should demonstrate support by regularly visiting co-located staff at the community organization and explicitly maintaining the expectation that all managers devote the time and energy needed to ensure that this approach proceeds smoothly. When supervisors are not located within the community, they must visit staff frequently at the community office so they are in-tune with workers’ efforts.

How can placing staff in the community be used most effectively to strengthen local ties?

Modify job descriptions for workers and supervisors located within the community to acknowledge their new roles which may range from participating in recreational activities with families to providing informal consultation on situations that are not specific to child welfare. These new job responsibilities can be supported by providing enhanced worker training, offering flex-time and/or additional pay when workers participate in evening or weekend community events, modifying caseloads appropriately, and putting these expectations in worker evaluation forms. Workers based in neighborhood settings will be more likely to embrace their new roles if the agency administrators recognize the changing job requirements of community-based workers and support them appropriately.

What happens if the community doesn’t want child welfare workers at specific locations?

Anticipate potential resistance. Try to arrange visits for skeptics to one or more centers that have successfully integrated child welfare staff into a neighborhood setting and invite families who interact with those staff to share their experiences. Administrators can also hold a town meeting to explain the changes the agency is trying to make and respond to questions and concerns from local residents.

How can the child welfare agency increase its chances of being viewed as a community asset?

Locate child welfare staff in welcoming community settings that also include well-respected, family-serving agencies. It will be easier for staff to become more integrated into the community if they are connected to agencies that are perceived as helpful to children and families. Family resource centers and schools that are well-regarded (places where people feel comfortable walking in the door) are ideal settings.

How can the momentum and successes be sustained over time?

It is important that the workers and supervisors who volunteer for community-based work be nurtured and celebrated, with child welfare management viewing their efforts as pioneering and creative. Outbased staff who enjoy the experience of working in a neighborhood setting can be powerful spokespeople, convincing their peers of the benefits of this approach. By having early “success” in terms of teaming with staff from other organizations and developing closer ties to community leaders and families, the agency can build the case for expanding the number of staff who are located in the community.
The Pay-Off of Comprehensive Training

Why Training?
Training plays a vital role in helping child welfare workers and their community partners adopt the principles of community partnership practice and hone the necessary skills. It is not sufficient to solely change policies on paper or publish values or principles on poster board. Unless the policy change is written and communicated in an extraordinarily straightforward and self-evident way, training workers in the new skills necessary to achieve the desired results is essential.

Understanding the principles at the core of the community partnership approach is the first step in preparation for training. [See more about partnership principles in The Community Partnership Practice Model: Destination Outcomes article on page 2.] Ensuring that staff who are asked to participate in a training session understand “the big picture,” the “why” of training, helps them to appreciate the reason they are being asked to commit their time and energy. It also heads off potential skepticism or dissent. If trainees are unable or unwilling to adopt the fundamental values, they are less likely to learn or to implement the skills being taught. Quality training offers opportunities to examine these values, to modify them, and to explore whether each staff person’s work is consistent with them.

Who Gets Trained?
Different individuals bring unique skills and expertise to a community partnership, but the core skills of the community partnership approach are applicable to everyone involved. This means everyone may benefit from some level of training, whether they are neighborhood residents or credentialed professionals.

Often, training is viewed as an activity for developing or refining the knowledge and skills of frontline professionals - social workers, probation officers, domestic violence counselors, teachers, nurses, or substance abuse counselors. Within the community partnership approach, everyone has something to learn, just as everyone has something to contribute. Professionals may need new skills or may need to refine their skills work within the partnership, and community partners may need new skills to feel confident that their voice will be heard.

What Gets Included in Training?
Frontline workers need initial and ongoing training in such essential areas as engaging families, developing Individualized Courses Of Action, leading Family Team Meetings, and foster and adoptive parent training. Training for supervisors must focus on effective methods for coaching and mentoring staff. It is especially helpful to have a formal coaching and mentoring system in place in the field. Utah, for example, limits new workers’ caseloads and assigns mentors as an integral part of the whole training process. Experienced and well trained workers can also serve as coaches and mentors.

Training and support for community partners - neighborhood residents, consumers, and religious and civic leaders - may involve learning how to participate effectively in decision-making, advocacy, and governance or understanding the flow of information (data) used to determine priorities and the distribution of resources in a child welfare agency. It may be helpful to offer coaching and mentoring to community members who may be new to collaborative work or training on the collection and use of data to help inform decisionmaking. Experience has shown that far from being uninterested in governance, many community partners simply feel ill-prepared for participation in decisionmaking structures like boards or committees. Failure to develop these important skills among community partners may lead to them feeling like “second-class citizens,” only brought on board to do menial tasks or as window dressing for a process directed by professionals.

In addition to learning more about governance, community members often welcome clear, focused training to better understand and address particular concerns within their
neighborhoods. Learning how to access community services can strengthen the participation of community partners who often have more direct and earlier contact with families who may be struggling. Specific topics of interest to community partners include the developmental needs of young children, housing issues, substance abuse, domestic violence, mental health, education, child welfare, employment, and the justice system. Community partners are often the real experts on how well services are understood and regarded locally.

At times, frontline staff may need training and coaching to make meetings and decisionmaking processes accessible and more welcoming to families and community partners. Learning to respect family and community perspectives can be humbling, and learning to speak plainly without constantly using acronyms and professional jargon can be a challenge. Some professionals may not be comfortable sharing decisionmaking power with people previously pigeonholed as “clients” or “nonprofessionals.” Additionally, new skills in effective collaboration and partnering “outside the box” may be required.

Training, from the community partnership perspective, must move past the sharing of information or imparting of specific knowledge to the development and nurturing of specific skills. These skills are needed to implement the values of effective community partnerships and achieve critical outcomes like safety, permanency, and well-being for children and sustainable functioning and independence for families. The skills are evident at the community level in effective collaboration and governance and at the individual family level in the consistent implementation of the practice model with a wide range of children and families who have an even wider range of strengths and needs.

What Makes Training Work?

Depending on the training, the community may already have coaches with the requisite skills, or the community may need to request technical assistance with complex or specialized curricula. Some communities may have local expertise in community engagement and governance, but may need assistance in developing skilled facilitators for Family Team Meetings. For an idea of the skill set needed to implement the community partnership practice model, see the skills identified in the article on human resources, in this issue of SafeKeeping.

The characteristics of effective training include:

- **Values Agreement.** Successful training rests on an accurate understanding of the values and principles involved in successful practice. If there is no agreement about those values and principles, the goals and methods of the practice may not be accepted or implemented.

- **Skill-based.** It is important to recognize that training is ultimately about changing behavior - learning new skills and implementing those skills in actual practice. Training that is only conceptual and does not involve practice in implementing the skills often produces very limited results. Trainees may not feel confident in putting new skills to use, or may simply re-label old behavior.

- **Prioritized and Sequenced.** Successful training is offered in a meaningful sequence. Providing trainees with “the big picture” of how a process is intended to work conveys a logical sequence - a map of where the training is headed. Failing to think through the appropriate sequencing of training is more than a technical oversight; it can lead to confusion and frustration on the part of trainees. For example, jumping into a training class about planning before trainees have a good understanding of engagement and team building can imply that planning is the job of the caseworker alone, rather than the job of the family team.

- **Applied.** Effective training is provided in meaningful blocks, punctuated by opportunities for applying the knowledge or skills learned, thus increasing the likelihood that practice will actually change.

- **Connected and Reinforced.** The application of new knowledge or skills to day-to-day practice does not occur in a vacuum. Training that is not supported by agency policy, procedures, or supervision has a slim chance of successful implementation. Implementing new skills that do not fit current documentation requirements or that supervisors are not able or willing to foster always feels like extra work added to one’s “real” responsibilities. For this reason, it is helpful to examine whether or not agency policies and procedures need to be adjusted to support the new skills being trained. Similarly, it makes sense to assess whether or not the administrative and supervisory structures support the new practice. It is also vital to offer frequent training and retraining, since many agencies experience significant turnover. This applies to community partners as well as child welfare agency personnel.

(continued on page 14)
The Pay-Off of Comprehensive Training

(continued from page 13)

The largest single influence on worker performance is likely to be the expectations and modeling of supervisors. Management must be supportive of frontline workers; approachable about how to conduct various aspects of the job, such as assessments and case planning; and be effective in helping staff execute the work. The “buy-in” of supervisors, and their ability to model, coach, and mentor new skills, ensures their support for the new practice, a major factor in whether training produces sustained change. (For this reason, it may make sense to train supervisors first.) Support for the core values of the partnership approach is as essential as support for the skill content. Trainees are exceptionally adept at discerning when supervisors or administrators are giving lip service to practice changes.

**Valued.** Training is likely to produce better results when it is respected and protected as legitimate work, not something added to a full workload. To produce significant benefits, training requires a substantial commitment of time and resources, and it must be viewed as a serious responsibility. Similarly, training time should be free from intrusions, such as calls and “urgent” work, if the benefits are going to be fully realized. Fragmented training reduces the likelihood that the trainee will learn. Protecting training time reflects the commitment of the agency to changing practice.

**What Does Success Look Like?**

The Kent School of Social Work at the University of Louisville, Kentucky has analyzed the results of the federal Child and Family Service Reviews (CFSR) in relationship to initial and ongoing training delivered by state child welfare agencies to staff. 1 The Kent School found that states with substantial conformance with the CFSRs in the area of training:

- have better rates of placing siblings together;
- have enhanced family capacity to care for children’s needs (CFSR Well-being Outcome #1); and
- more adequately meet the physical and mental health needs of children in foster care (CFSR Well-being Outcome #3).

Some of the other training implications based on the analysis by the Kent School include:

- Enhanced and frequent training is associated with the more critical parts of practice - involving families in case planning, placing siblings together, emphasizing the child and parent relationship when a child is in out-of-home care, conducting visits with parents, and ensuring services for parents, children, and foster parents.
- State child welfare agencies must view their training systems as critical to achieving outcomes. That means elevating training directors to the highest level management/leadership team and ensuring that training is an integral part of the organization.
- States must recognize the need for and support ongoing training for the existing workforce, including supervisors, if states intend to improve outcomes for children and families.
- Another area of emphasis should be building partnerships at the state, county, and local levels so that the entire community is involved in preventing child maltreatment as well as ensuring that services for children and families are available. Training that includes these partners is a critical step toward developing successful collaborations.

---

1. This information is adapted from a presentation by Anita Barbee, Kent School of Social Work, University of Louisville, Kentucky.
Child welfare agencies implementing the community partnership approach work best when their policies and procedures are aligned with the values, principles, and practices of the partnership. This alignment helps all agency staff and frontline workers understand not only what they are to do day-to-day with families but also why they are doing it. Rethinking policies and procedures can help ensure that this reform is systemwide and not isolated in a particular office or led by one person. Below are two examples of states that are making sure their agencies’ policies explicitly support the community partnership work.

**Kentucky**

Kentucky’s Department of Community Based Services embraced the Family Team Meeting process first implemented by Louisville’s Community Partnership for Protecting Children (CPPC) and formalized it in a statewide Standard Operating Procedure (SOP) for replication. According to the SOP for case planning: “The Cabinet’s goal over the next two years is to promote and utilize Family Team Meetings for all Child Protective Service (CPS) case conferences. A Family Team Meeting requires participation of family member(s), the social worker (including internal Cabinet partners, if warranted) and community partners.” This significant policy shift at the public child welfare agency prompted the community partners in Louisville (public health, mental health, school and county human services) to adopt a similar policy that requires the use of Family Team Meetings to support families. To view the Kentucky SOP for case planning, go to: http://cfc.ky.gov/dcbs_manuals/DPP/index_dpp.asp. To view Louisville’s CPPC policy statement on Family Team Meetings, go to: http://www.neighborhoodpl.org/programs.htm.

**Iowa**

Iowa is revamping its case planning activities and forms to ensure that the “family plan” completed in a Family Team Meeting will be included as the primary document in the case plan. This ensures that the case plan is a meaningful plan that is driven by a family’s underlying needs and strengths, rather than just a compliance document. Components of the case plan include strengths, concerns, supports, outcomes, behavioral results, action steps, a safety plan, a crisis plan, and a re-evaluation plan. To view the Iowa case plan format, go to: http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Master/18-app.pdf.
Faced with mounting evidence of the need to produce better results for children and families, public child welfare agencies in every region of the country are attempting major changes in the ways they do business with families and communities. These changes are fueled by an emerging consensus in the field that children will be better protected and more likely to grow up in secure, permanent homes if child welfare practice embraces important values, principles, and skills such as:

- families have strengths and need to be included as partners in keeping their children safe;
- families are best engaged and supported in their own communities;
- families, neighborhoods, and communities should be included in the decisionmaking process and be allowed to share in the responsibility of keeping children safe;
- child welfare systems must be accountable for a set of clearly defined results.

It is relatively easy for a child welfare agency to embrace these values and principles, but far more challenging to make them operational and sustain them, especially in times when fiscal resources are flat or declining. This issue of SafeKeeping has identified several important infrastructure elements to promote the practice changes implicit in these values and principles. Also important is the availability of: 1) flexible funding to access resources so that the right help is available to families when they need it; 2) contract reform so that work with private agencies is compatible and to ensure accountability for high-quality performance from providers; and 3) caseload/workload reductions so frontline staff have the time and energy to do the intensive work of engaging and supporting children and families.

Political will and creative leadership are essential ingredients for putting the infrastructure of a child welfare agency into place and sustaining it over time. Political will can be enhanced when the community genuinely understands its role in the work of protecting children and is able to communicate their concerns for children and families to the politicians they elect. Community members can participate in this work not only by supporting individual families. They can also advocate with their legislators for increased resources and legislative changes to build the child welfare agency’s capacities.

Child welfare agency leaders have a difficult and demanding job. They are responsible for communicating the vision and bringing together many different constituencies to determine what is needed. Leadership teams, in consultation with many public and private partners, must take responsibility for charting, tracking, and adapting a course of action over a multi-year period. This requires attention to thoughtful sequencing, i.e. what do we need to do, and when do we need to do it? Much like the family’s case plan must be a roadmap to achieving permanency, the agency’s plan to build infrastructure and improve results must chart a clear path ahead with specific benchmarks along the way.

Aligning all the functions and work of a child welfare agency in partnership with the community is indeed a large undertaking. It takes both supporting and enhancing what currently works while building new principle-based structures and supports. Making certain that the receptionist who answers the phone understands the agency’s mission, values, and commitments and can communicate them with respect is as important as the agency director’s public pronouncements. When all of the child welfare administrative and practice functions, from contracts and finance to prevention and community work, is done in partnership, families and children will be better served.

Judith Meltzer
Deputy Director, Center for the Study of Social Policy