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PAPER

# **Social Services Systems Reform in Poor Neighborhoods:**

## What We Know and What We Need to Find Out



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**Social Services Systems Reform  
in Poor Neighborhoods:  
What We Know and What We Need to Find Out**

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This paper was developed for the Aspen Institute's Roundtable on Comprehensive Community Initiatives as one of eight commissioned papers providing a review and synthesis of the literature on what is known about achieving community level change. This paper addressed the social services area. The other seven papers address the areas of community building, economic development, education, employment, housing and neighborhood conditions, neighborhood safety, and youth development. Although this paper touches on some of the other areas, the central focus was upon social services.

The Aspen Institute is in the process of editing these papers and plans to publish them, along with an overview essay, in the near future. The National Center for Service Integration Clearinghouse is publishing this paper as a working paper to facilitate early dialogue on the issues the paper raises.

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## **About the Author**

Charles Bruner serves as Executive Director of the Child and Family Policy Center, a nonprofit organization established in 1989 "to better link research and policy on issues vital to children and families."

Through the Child and Family Policy Center, Bruner provides technical assistance to states, communities, and foundations on activities designed to create more comprehensive, community-based strategies to improve results for children and families. He has written widely on public policy approaches in the fields of child welfare, welfare reform, workforce development, community development, and early childhood and on policy approaches related to outcomes accountability and to resident involvement. Dr. Bruner holds a Ph.D. in political science from Stanford University and served twelve years as a state legislator in Iowa.

## Social Services Systems Reform in Poor Neighborhoods – What We Know and What We Need to Find Out<sup>1</sup>

*In 1963, Nancy Humphreys was a child protective service worker in Los Angeles. One of her clients was a pregnant teenager, a school referral. The girl came from a large and rather troubled family – one sibling was retarded, a couple of her brothers had been in trouble with the law, her father was disabled, and each of her parents was on a different kind of financial assistance.*

*One day the mother called and invited Nancy to their home. “I was the first to get there,” Humphreys recalls. “But one by one, eight other people arrived. I didn’t know any of them. When we were there, the family went out the back door, leaving us to ourselves. It turned out we were all their social workers, each of us working with one or more people in that family.”*

*The mother had made her point. Humphreys said, “They were getting mixed messages from all these different service providers. The mother wanted us to get our act together so we could better help the family.”<sup>2</sup>*

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*When twenty-five-year-old Ollie Hill of Detroit gave birth to a four-pound baby on June 9, 1987, she had had no prenatal care. While her baby was on a heart monitor in the thousand-dollar-a-day intensive care unit of Hutzel Hospital, Ms. Hill told of being unmarried and unemployed and unable to pay for a doctor’s visit during her pregnancy. Also, she said, based on the experience of her prenatal care during her first pregnancy, the trip wouldn’t have been worth the effort.*

*“You wait four hours to see the doctor for five minutes,” she said. “He just pokes at your stomach and tells you everything’s okay.”<sup>3</sup>*

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<sup>1</sup> This paper is not a synthesis of existing research, but rather an essay based upon the author’s various experiences in the field, coupled with his own reading of articles and materials of interest to him at the time. There may be more definitive works than those referenced on some of the issues raised here, and some important bases of research may not have been touched at all. The paper should be read with these caveats in mind.

<sup>2</sup> From the Edna McConnell Clark Foundation 1990 Annual Report, as cited in: Besharov, Douglas, “The Moral Voice of Welfare Reform,” *The Responsive Community* Volume 3, Issue 2, Spring 1993, p. 13.

<sup>3</sup> Schorr, Lisbeth, with Daniel Schorr. *Within Our Reach: Breaking the Cycle of Disadvantage*. Anchor Press: Doubleday: NY 1988. p. 137.

## **Introduction – The Current Guiding Conceptual Framework for Social Services System Reform**

As these two vignettes show, recognition of the deficiencies of the current array of social services<sup>4</sup> in meeting the needs of the children and families they are designed to help is not new. Despite large public investments in these compensatory, rehabilitation, remediation, protection, maintenance, and in some instances client advocacy services, many workers in these systems, particularly those working with poor children and families within poor neighborhoods, feel the help they provide is not sufficient to improve the life prospects of those with whom they work. In simpler terms, too often these workers feel what they do doesn't work.

For the family served by Nancy Humphreys, the fragmentation and lack of coordination across existing systems created mixed messages and conflicting demands that overwhelmed rather than helped the family cope. In addition, no individual worker actually spent sufficient time with the family to gain full trust and understanding with the family (the foundation upon which successful social work is predicated) to create a realizable plan of action. The structure of services – categorical, rule-bound, focussing upon discrete individual diagnoses rather than common, underlying family conditions – did not fit with the family's complex array of needs nor did it recognize the family's own strengths and resiliencies.

For Ollie Hill, the medical system itself was not structured to meet Ollie's needs. It was not accessible, nor did it speak her language. It did not recognize the other demands upon her life, nor did it respond until after a preventable condition had manifested itself. The structure of services – clinically focused, professionally-directed and hierarchical – did not match Ollie's needs. In a broad sense, it was neither culturally competent nor able to communicate effectively with her and the network of support systems that might have helped her.

These two vignettes are representative of fairly common experiences of workers in the helping professions across the country. Recognition of such systemic mismatches between what systems provide and what families need have produced a wide array of policy initiatives (emanating from federal, state, local, and philanthropic actions) for social services reform.

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<sup>4</sup> In this paper, "social services" generally is used to refer to counseling, case management, and social work services in health, mental health, child welfare, public welfare and income maintenance, child care and development, disability, juvenile justice, substance abuse treatment, and other social service fields. It does not include income transfer payments such as food stamps, SSI, and TANF, although it does include the workers who deliver those services, to the extent their actions represent social work. It generally does not include specific medical treatments, although it does include care coordination practiced by nurses or incorporated into community and maternal and child health centers. Since there is another paper on education, it does not focus upon education or special education reforms, although "social services" often are provided within schools and by school personnel and some of the research referenced is drawn from the education world, particularly as it applies to school-linked services. Taken together, these "social services" general constitute the "helping professions" that have been developed to address particular human needs.

The federal Allied Services Act (ASA) of 1972, proposed by Secretary of Health, Education, and Welfare Elliot Richardson, represented one of at least eleven federal legislative initiatives during the 1970's to address issues of service fragmentation and lack of coordination through better "service integration." While sometimes critiqued as top-down and management-oriented, seeking to rationalize rather than expand services, the ASA also was criticized at the time for its regulatory flexibility and fears that this flexibility could work against the poor.<sup>5</sup> Though never enacted, it nonetheless spawned a variety of efforts to develop more effective "case management" systems and more seamless responses to child and family needs.<sup>6</sup>

Over the last two decades, there has been a proliferation of federal, state, local, and foundation initiatives designed to address this fragmentation, often emanating from categorical roots. The language generally no longer refers to "service integration" but rather to cross-system "collaborations," "partnerships," or "coalitions," or simply to "systems reform." The emphasis in these efforts generally is to construct more "comprehensive, community-based systems of care."

At the federal level, most categorical systems support one or more such collaborative initiatives. In maternal and child health, these include the Healthy Start (infant mortality reduction) Initiative and the comprehensive systems of services for children and families, supported by individualized technical assistance to all states and by several nationally financed resource centers. Within the Office of Juvenile Justice and Delinquency Prevention of the Department of Justice are a number of community-based demonstration grants – including "Safe Schools, Safe Kids" and "Safe Streets, Safe Kids" – as well as extensive community-based prevention planning processes known as "Communities that Care" and "comprehensive strategies." The Center for Substance Abuse Prevention (CSAP) funds a "Community Partnership Demonstration Program" to promote long-range, comprehensive, multi-disciplinary programs to reduce alcohol and other drug use, as well as other problems accompanying that behavior. These are only a few of the federally initiated efforts to develop more comprehensive, community-based services.<sup>7</sup> In

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<sup>5</sup> For a history of service integration in America, with particular attention to the period from 1970 to the present, see: Kagan, Sharon Lynn, with Peter Neville. *Integrating Services for Children and Families: Understanding the Past to Shape the Future*. New Haven: Yale University Press, 1994.

<sup>6</sup> These included Services Integration Targets of Opportunity (SITO) sites (45 projects); Partnership Grants (79 projects), Integrated Project Funding System (expediting joint funding from various categorical funding streams), and Comprehensive Human Services Planning and Delivery System (CHSPDS) projects (5 grants). In addition, HEW established Project SHARE, a clearinghouse to disseminate results of these and other efforts. See: Kahn, Alfred and Sheila Kamerman. *Integrating Services Integration: An Overview of Initiatives, Issues, and Possibilities*. New York: National Center for Children in Poverty, Columbia University, 1992.

<sup>7</sup> In 1995, the Office of Juvenile Justice and Delinquency Prevention created a matrix of 36 different community-based initiatives supported by seven different federal departments as well as public-private initiatives. See: Office of Juvenile Justice and Delinquency Prevention. *Matrix of Community-Based Initiatives: Program Descriptions*. Washington, D.C. U.S. Department of Justice, 1995. In 1993, the

a few instances, federal agencies have coordinated their own work to provide financial support to cross-agency efforts, such as a joint project between the Department of Education and the Department of Health and Human Services to support a “comprehensive community-based services for children with disabilities and their families” demonstration grant.<sup>8</sup>

In general, while stressing the need for more comprehensive and holistic responses to children and families, the primary goals sought by these initiatives remain largely within the categorical boundary of the funding entity. Health supports comprehensive approaches to families to improve health; education supports comprehensive community approaches to children and families to improve educational attainment; substance abuse prevention supports comprehensive community based strategies to reduce substance use and abuse.<sup>9</sup>

Through a wide variety of demonstration projects, grants-in-aid, and resource centers, the federal government also spends hundreds of millions annually in providing technical assistance to states and communities in planning and implementing more community-based and comprehensive service systems.<sup>10</sup>

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National Center for Service Integration compiled a directory of 86 federally-funded resource centers to address children and family issues, most with some interest in developing more comprehensive, community-based services. See: Berryhill, Megan. *Directory of Federally Funded Resource Centers – 1993*. Falls Church, MD: National Center for Service Integration, 1993.

<sup>8</sup> Like a number of federal initiatives, the guidelines in the *Federal Register* stressed the importance of a comprehensive, community-based approach that would respond holistically to multiple family and community needs. An evaluation of the project noted that it was a “\$70 million initiative with a \$700,000 funding base.” See: Bruner, Charles, with Karon Perlowski and Stephen Scott. *The Coordinated Service Delivery for Children with Disabilities Grant Program – Lessons for Innovation, Collaboration, and Systems Change*. Des Moines, IA: Child and Family Policy Center, 1995.

<sup>9</sup> Some critics have contended that this has produced a “fragmentation of collaboration,” with agreements reached that “I’ll sit at your collaborative table and do what you want if you sit at mine and do what I want.” Federal funding, even for demonstration grants, generally has been unable to break these categorical walls to take a multi-outcome approach. Kagan and Neville, *op.cit.*, refer to this as “categorical integration.” While federal categorical funding often can be used to support more comprehensive approaches, experiences from exemplary community-based program sites suggest that the sheer number of funding streams and their internal complexity makes accessing and then integrating them extremely difficult. See: Seeley, Ken, and Charles Bruner. *Federal Policy and Comprehensive Services: A Perspective from Cutting Edge Initiatives*. Falls Church, VA: National Center for Service Integration, 1993.

<sup>10</sup> Through the White House Partnership for Stronger Families, a cross-agency Domestic Policy Council effort, a Technical Assistance Action Team was developed to examine federal technical assistance, with a working meeting facilitated by the Together We Can Partnerships in July, 1996. The technical assistance provided through federal funding for community-based initiatives to improve child and family well-being comes through a variety of departments and agencies – justice, labor, education, agriculture, and human services – and includes a wide variety of resource centers and laboratories, direct technical assistance for specific federal grant programs, and contracted technical assistance. See: Together We Can. *Coordinating Federal Technical Assistance to Comprehensive Community Initiatives*. Washington, DC: Institute for Educational Leadership, 1996.

Finally, although not confined to or necessarily even focussing upon social services, the federal Empowerment Zone and Enterprise Community Act also stresses comprehensive, community-based activities that can incorporate social services systems and their reform into the mix of activities.<sup>11</sup>

At the state level, a wide variety of demonstration projects have been supported to create more community-based systems of care. Some of the most ambitious states have created new local governance structures across their states. Some have focussed very broadly upon children and family services, such as Oregon's Community Progress Boards and Washington state's Community Health and Safety Networks, Pennsylvania's Family Service Systems Reform collaboratives, and West Virginia's Family Resource Networks. Others have focussed on specific service systems, such as Iowa's decategorization project for child welfare and juvenile justice or California's 1741 program with largely the same goals. Still others have focussed upon a particular population – most notably families with very young children and early childhood development. Ohio's Families and Children First Initiative, California's Proposition 10 Commissions, North Carolina's Smart Start, and Iowa's Community Empowerment Boards represent efforts to support communities in building more comprehensive and integrated early childhood systems of care.<sup>12</sup>

Private philanthropy similarly has provided support and much of the intellectual leadership for community collaborative activities. Most of the Annie E. Casey Foundation's grant-making activities have focussed upon public human (education and social service) systems reform – with the common thread among its initiatives of developing more community-based, family-focused, and consumer-driven services. Other major foundations with a national focus – Clark, Kellogg, Pew, Mott, and Ford, to name a few – have developed similar initiatives. Such regionally and state-focused foundations as Kauffman, McKnight, Joyce, and the Northwest Area Foundation have supported such efforts, as well. Community Foundations also have been increasing players in this arena, with both the National Association of Community Foundations for Youth and the Coalition of Community Foundations for Children and Families providing their memberships with assistance in supporting such community-based work. The United Way of America has provided support to its many local

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<sup>11</sup> Although the funding for empowerment zones came through the social services block grant in the U.S. Department of Health and Human Services, the initial application materials for Empowerment Zones and Enterprise Communities were notable for their lack of mention of social services and for the small role the U.S. Department of Health and Human Services seemed to play in the development of guidelines.

<sup>12</sup> Some of this has been a response to “devolution” at the federal level, and some has been simply a belief in the need to move discretion and decision-making on service delivery closer to the people being served. For an overview of state activities, see: Bruner, Charles. *Legislating Devolution: Developing State Statutory Frameworks to Support Community-Based Service Systems*. NCSI/CFPC Occasional Paper #21. Des Moines, IA: Child and Family Policy Center, 1996. Bruner, Charles, Deborah Both, and Carolyn Marzke. *Steps Along an Uncertain Path: State Initiative Promoting Comprehensive Community-Based Reform*. Des Moines, IA: National Center for Service Integration, 1996. For state efforts to develop comprehensive early childhood systems, see: Kagan, Sharon, Stacie Goffin, Sarit Golub, and Eliza Pritchard. *Toward Systemic Reform: Service Integration for Young Children and Their Families*. Falls Church, VA: National Center for Service Integration, 1995.

United Ways on this work, and, with major funding support from NationsBank and BankAmerica, has promoted SUCCESS by Six (a community-based effort to build early childhood systems of care).<sup>13</sup> In addition to the direct grant-making these initiatives provide, they also have vastly expanded the number of grants officers, technical assistance providers, and other college- and graduate school-educated and analytically-trained individuals working in this field.

Even without outside financial or technical support from the philanthropic, state, or federal level, local governments (cities, counties, and school districts) also have developed their own Mayor's Task Forces, County Commissions, and School-linked Services Committees to address the perceived shortcomings of existing categorical social service systems.

As a result of these efforts, it is now nearly impossible to find a community of any size without at least one formally recognized and government-sanctioned collaborative governance structure in place – charged with developing more seamless and community-based social services to better respond to one or more social issues. Local political jurisdictions of over one hundred thousand residents likely have multiple community collaboratives.

Throughout this work, there has begun to develop a consensus on the following:

- \* the deficiencies of the current system and the characteristics that a reformed system would need to embrace;
- \* the elements needed to reform that system; and
- \* the process, or stages, through which that reform is achieved.

In fact, this literature has been developed and re-developed within and across all the major social service fields. It remains, however, more a generic, conceptual framework to inform collaborative activity than a testable “theory of change.”<sup>14</sup>

*Deficiencies of Current Systems and Characteristics of Reformed System.* Briefly stated, one iteration of the deficiencies of the current system and the characteristics of a reformed system – presented at the system, program, and frontline levels – is provided in Chart One.

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<sup>13</sup> SUCCESS by Six began in Minneapolis, with strong leadership from then-Honeywell CEO Jim Renier, who continues to be active in promoting it around the country. NationsBank and BankAmerica provided \$40 million in support to further the development of SUCCESS by Six in other communities in their banking areas. See: United Way of America: *Success by 6 Expansion Initiative: A Request for Proposals*. Fairfax, VA: United Way of America, 1998.

<sup>14</sup> Weiss, Carol, “Nothing as Practical as Good Theory: Exploring Theory-Based Evaluation for Comprehensive Community Initiatives for Children and Families,” in Connell, James, Anne Kubisch, Lisbeth Schorr, and Carol Weiss (eds.) *New Approaches to Evaluating Community Initiatives: Concepts, Methods, and Contexts*. pp. 65-92. Washington, D.C.: Aspen Institute, 1995.

**CHART ONE**  
**Shifting Paradigms for More Effective Services**

**Old Paradigm**

**New Paradigm**

**Philosophy and Governance**

State Administered	↔	Community-Developed
Central Authority / Control	↔	Community Capacity Building
Procedure-Based	↔	Vision-Based
Discrete Areas of Responsibility	↔	Collaborative
Agency-Driven	↔	Consumer-Driven
Process-Accountable	↔	Results-Accountable
Structured / Risk –Averse	↔	Innovative / Risk-Taking

**Service Strategy**

Categorically Defined	↔	Holistic
Uniform	↔	Flexible / Individually Tailored
Deficit-Oriented	↔	Strength-Based
Individual as Client	↔	Family as Client
Clients as Recipients	↔	Families as Participants
Emphasis on Professional Services	↔	Emphasis on Community Supports

**Frontline Worker Role**

Routine Work	↔	Extensive Problem-Solving Discretion
Uniform / Arbitrary	↔	Flexible
Minimum Qualifications	↔	Highly Skilled
High “Caseloads”	↔	Low “Worker-Family” Ratios
Limited Staff Development	↔	Organization Structured to Give Ongoing Support and Development
Workers Support Organization	↔	Organization Supports Workers

While there are many variations of this enumeration, the similarities are great. The current system is too fragmented, reactive, rule-bound, professionally driven, individually based, problem-focused, and disconnected from natural support systems to be a good match with what many children and their families need to succeed. A reformed system must be more integrated (or seamless), preventive, flexible, customer-engaged or defined, family-focused, asset-oriented, and community-embedded to achieve success. This has developed almost into a mantra, when describing goals for systems reform.

*Elements of System Reform.* As with the characteristics of a reformed system, there are several enumerations of the elements needed to produce that reform. The Together We Can Partnership, in its Community Wellness Toolkit, has described seven specific reform elements, with three crosscutting themes, shown in Chart Two<sup>15</sup>.

**CHART TWO**  
**The Elements of Systems Reform**

- X *Collaborative governance and decision-making.* Creating a planning and decision-making group of diverse stakeholders with the legitimacy, credibility, and sustainability to guide reform.
- X *Public education and engagement.* Educating the general public and building community-wide commitment.
- X *Parent, consumer, and neighborhood participation.* Engaging the people most affected by decisions concerning their well-being as partners in the process and ensuring that they are valued.
- X *Accountability based upon results.* Defining measurable results for children, youth, and families and holding people and systems accountable for achieving them.
- X *Restructured services, supports, and opportunities.* Creating more strength-based, comprehensive, flexible, and community-based services to meet child and family needs.
- X *Financing and resource development.* Weaving together public, private, and community resources to achieve desired results.
- X *Leadership and professional development.* Supporting people and professionals to assume new responsibilities and roles.

Again, while there are different iterations of these elements, this is very similar to others in the field. In fact, there have been a number of efforts to compile different iterations of these elements, drawn both from conceptual models and guides for those engaged in collaboration and systems reform and from “lessons learned” from case studies of successful and unsuccessful

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<sup>15</sup> Together We Can Partnership. *Community Wellness Toolkit.* Washington, D.C.: Institute for Educational Leadership, 1997.

collaborative initiatives, including at least one effort to synthesize these frameworks.<sup>16</sup>

*Reform stages.* In addition to describing these elements of reform (which tend to be static), there have been numerous efforts to describe the dynamic process of reform itself. Again, the Together We Can Partnership has described this collaborative reform process as five stages, with collaboratives continually spiraling through the stages, as they broaden and deepen these efforts. These reform stages are shown in Chart Three<sup>17</sup>:

### CHART THREE Stages of Reform

1. *Getting Together:* Bringing a diverse and representative group of stakeholders to the table.
2. *Building Trust and Ownership:* Establishing common ground, a shared vision, mission and values among stakeholders.
3. *Strategic Planning:* Designing a strategy and action plan to create a more effective system of services, supports, and opportunities.
4. *Taking Action:* Implementing the strategy and using its experience of what does and does not work well to change policy and current practices.
5. *Deepening and Broadening the Work:* Building connections with like-minded and complementary people, organizations, and collaboratives to create a more comprehensive and strategic change process that will produce even better results for families and work with them.

Source: *Together We Can Wellness Toolkit*

While this reform process may focus more upon programmatic modifications and reforms rather than cultural changes within organizations,<sup>18</sup> it can encompass both.

<sup>16</sup> For that synthesis, see: Mattesich, Paul W., and Barbara R. Monsey. *Collaboration: What Makes It Work – A Review of Research Literature on Factors Influencing Successful Collaboration*. Saint Paul, MN: Amherst H. Wilder Foundation, 1992. For a widely disseminated guide, the precursor of the “Together We Can” Partnership and its materials see: Melaville, Atelia I. and Martin J. Black, with Gelareh Asayesth. *Together We Can: A Guide to Crafting Community-Based Family-Centered Strategies for Integrating Education and Human Services*. Washington, D.C.: U.S. Department of Health and Human Services and U.S. Department of Education, 1993.

<sup>17</sup> Together We Can Partnership, *Community Wellness Toolkit*, *op.cit.*

<sup>18</sup> Ira Lourie and his colleagues explicitly sought to change practice within the child mental health field to a systems of care philosophy, rather than developing new and alternative programs. Their approach to systems change was to change the culture within the mental health community to take a more

This conceptual system reform framework, in its various forms, generally constitutes an operating base for community collaboratives. Federal, state, and philanthropically-supported initiatives frequently require or provide guidance to community collaborative activities based upon this general framework. To the extent they have a formal conceptual framework, most community collaboratives draw from this framework, at least in part, to guide their actions.

This system reform framework addresses the “who” (social service systems), “what” (characteristics of systems reform), and “how” (elements and stages of systems reform) questions.

In addition, since implicitly (and sometimes explicitly), most of these reform efforts concentrate their attention upon poor families within poor neighborhoods, the system reform literature also addresses the “where” (poor, or “tough” or “disinvested” neighborhoods<sup>19</sup>) question.<sup>20</sup>

At the same time, the conceptual framework is very broad, constituting something of a “grand theory” of reform, and creates a structure where almost any action, whether central or tangential to true change, might fit under one of its tenets.<sup>21</sup> While it may be useful as a framework to persons involved in a collaborative process, it does not lend itself to “testing” and “confirmation” or “disconfirmation.”

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comprehensive and family-centered approach to child mental health. For the philosophic approach: see: Katz-Leavy, Judith, Ira Lourie, Beth Stroul, and Chris Zeigler-Dendy. *Individualized Services in a System of Care*. Washington, DC: Georgetown University Child Development Center, 1992. For a more detailed description of local systems of care, see: Stroul, Beth, Ira Lourie, Sybil Goldman, and Judith Katz-Leavy. *Profiles of Local Systems of Care for Children and Adolescents with Severe Emotional Disturbances*. Washington, DC: Georgetown University Child Development Center, 1992.

<sup>19</sup> The term “poor” neighborhood generally will be used in this paper and will refer to geographic areas which generally are characterized by low levels of economic, social, physical, and human capital and consequently experience high rates of “rotten outcomes.” The Annie E. Casey Foundation has used the terms “tough” or “disinvested” to refer to such neighborhoods to emphasize that larger society has failed to make commensurate investments of all types of capital development in such neighborhoods compared with those generally made within or made available to other communities. For a discussion of the various types of capital, with particular reference to social capital, see: Bruner, Charles. *Toward Government’s Role as Catalyst: Building Social Capital in Disinvested Neighborhoods*. NCSI/CFPC Occasional Paper # 16. Des Moines, IA: Child and Family Policy Center, 1995.

<sup>20</sup> While some of the discussion in this paper is applicable to all neighborhoods and all consumers of social service systems, the focus is upon poor neighborhoods and their primarily poor children and families. This is where both the challenges and the costs are greatest. Regarding challenges, this is where multiple risk factors among children and families are most likely to exist, with multiplicative effects. Regarding costs and therefore opportunities, this is where society’s burden is greatest. Drawing upon the work of Noel Laureate economist Robert Solow and others, the Children’s Defense Fund has estimated that the cost of child poverty to society is more than \$130 billion annually. Shermon, Arloc. *Poverty Matters: The Cost of Child Poverty in America*. Washington, D.C.: Children’s Defense Fund, 1997.

<sup>21</sup> C. Wright Mills critiqued Talcott Parson’s structural functionalism in sociology as being “grand theory,” so abstract and inclusive that, since it could explain everything, really explained nothing. The same, in some respects, can be said for these broad conceptual frameworks, which articulate everything that is important and related, but do not tell what changes in parts will produce on the whole. See: Mills, C. Wright and Todd Gitlin. *The Sociological Imagination*. New York: Oxford University Press, 2000.

This leads to a series of “why” questions, which generally have been less well-defined. These “why,” or “theories of change,” questions are the focus of this paper.

### **Identifying Testable “Theories of Change” within the Conceptual Framework**

From the author’s perspective, there is no one single “theory of change” related to social services systems reform. Because the conceptual framework for social services system reform is so broad, at a practical level collaboratives, and in some instances single social service systems, have focused or emphasized different aspects of the framework in their reform efforts, with ideas about how these aspects can produce meaningful change.

In the field, these often represent more “notions of change” than “explicit theories.”<sup>22</sup> Generally, these different notions or theories are not incompatible with one another (each adhering to the grand conceptual framework), but they are distinct and each can be examined and assessed separately. Of course, in many systems reform initiatives, actions are being taken based upon more than one of these theories, or aspects of these theories. The purpose in distinguishing among these theories is not to encourage collaboratives to choose one theory over another. Rather, it is to help collaboratives better assess their strategies and separate out different issues and to help researchers and evaluators better identify questions for analysis and for knowledge building. While in combination the separate theories may have synergistic impact, they are examined here as separate from one another.

The following is the author’s characterization of some of the major and distinct “theories of change” that has formed the basis for social services systems reform in poor neighborhoods:

*Investing in Prevention.* Many families, and their children, are socially and economically isolated from support networks needed to achieve self-sufficiency, and have limited hopes in realizing goals for themselves and their families. Family support programs can fill this void, both helping individual families and serving as anchors in their community for social activity. With a sufficient investment in prevention programs (a “family support center on every corner”), families and children will have

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<sup>22</sup> An evaluation of one well-financed, multi-year collaborative initiative, the Kellogg Foundation’s Youth Initiatives Program, found that collaborative members acted opportunistically in developing and implementing programs, but, after five years of work, still had no articulated “theory of change” or any sense of “gestalt” about what they were supporting and why they supported it. As will be discussed later, while constructing “theories of change” and testing them against available evidence may be highly useful in advancing the field of knowledge, these constructs may not be necessary at the field level to take action and produce evidence. See: Walker, Jerry. *Goal-Free Evaluation*. Western Michigan University, MI: The Evaluation Center, 1994.

reduced need for social service programs, which can serve those that do need help much more effectively. In the long-term, the next generation of parents will be better connected, self-sufficient, and contributors to the neighborhood's greater vitality.

*Integrating Social Services.* Existing social service systems are needed, particularly in poor neighborhoods. Disinvestment, institutional racism, and the absence of protective factors have resulted in stress, despair, and the consequent need for healing and professional help. Current helping systems, however, are too fragmented to provide the help that is needed. Reforming these systems to be more seamless in their response to families in need will produce better results. This will reduce the degree of illness within the neighborhood that affects not only those afflicted but also those around them. It also may reduce duplication of service or the duration or intensity of services required, thereby freeing those resources toward other community-building activities.

*Transforming Frontline Practice.* While the first dictum of the helping professions is to “do no harm,” too often that is what they do with the clients they serve, particularly within poor neighborhoods. Their deficit-based and professional-knows-best practice devalues and discredits individual initiative and breeds dependence, rather than independence. A paradigm shift in practice is needed to make social work “work.” This paradigm shift involves new partnerships between professionals and community, greater reliance upon mutual aid and self-help, and emphasis upon the role of organization and advocacy as well as individually- or family-based care and treatment. Transforming frontline practice involves fundamental and profound changes in frontline worker roles and their relationships with the people and neighborhoods they serve.

*Planning Comprehensively and Establishing Accountability Based Upon Achieving Results.* Currently, no single service system has overall responsibility for achieving results for children and families. Moreover, each individual service system is accountable largely based upon adhering to process, rather than achieving results. There are no clearly articulated goals for improving people's lives through social services that could be used to create an impetus for change, nor are workers and systems rewarded for achieving success. An overall governance structure – by setting goals, establishing logic models or theories of change for reaching them, and establishing accountability for all systems performance based upon results – is needed to improve results for children and families, particularly in poor neighborhoods, where risk factors interact and poor results are most prevalent.

*Building Grassroots Capacity.* There is a large distance or gulf between the culture of social service systems and the culture of the poor

neighborhoods they disproportionately serve. Residents in poor neighborhoods do not see much of themselves in the workers assigned to serve them, nor do they see pathways for people within their neighborhoods to become part of those systems. At some point, however, if poor neighborhoods are to become economically similar to other neighborhoods, their residents will need to be represented in this, as well as other, workforces in the community. Social services reform can create needed economic development opportunities within poor neighborhoods.

Each of these five theories of change is examined separately in the next five sections – to identify what we know, and what we need to find out, about the validity and applicability of the theory. This examination includes a discussion of each of the following:

*Soundness and support for underlying premises.* Each of the theories is based upon some underlying premises or assumptions. Their conceptual strength (face validity) and the empirical support for them is discussed.

*Implementation Experiences.* Both field experiences, and in some instances formative research and evaluation of specific initiatives, offer “lessons learned” regarding current efforts to implement, or field test, these theories. Before one can examine whether the theory produces its predicted effects, it is necessary to determine whether the theory has been tested or experiments can be constructed to apply it in the real world. Operational experiences in applying the theory, at least in some form, are discussed.

*Observed impacts to date.* There are a variety of claims made regarding social service reform efforts, and summative evaluations increasingly are being included in grant and initiative requirements, although much is performed without a good counterfactual (even when there is some effort at random assignment). To the extent it exists and where claims are made regarding success, these impacts are discussed as they can be connected to the theory of change.

*Future activities to further the knowledge base.* Much more is not known than is known about social services systems reform and its impact upon the children, families, and poor neighborhoods it is designed to help. The author’s view of fruitful activities to further understanding of the power of the theory and its strategies to produce change are discussed.

Finally, there is a brief discussion of two additional plausible theories of change which have not yet been a major part of the social services system reform discussion and some suggestions of issues practitioners, researchers, and funders should keep in mind as they move ahead.

## Theory of Change One: Investing in Prevention

*Investing in Prevention. Many families, and their children, are socially and economically isolated from support networks needed to achieve self-sufficiency. They consequently have limited hopes in realizing goals for themselves and their families. Preventive, family support programs can fill this void, particularly in poor neighborhoods, both helping individual families and serving as anchors in their community for social activity. With a sufficient investment in such programs (a “family support center on every corner”), families and children will have reduced need for social service programs, which can serve those that do need help much more effectively. In the long-term, the next generation of parents will be better connected, self-sufficient, and contributors to their neighborhood’s greater vitality.*

Almost inevitably, any community collaborative established to reform social service systems and gets better results for children and families starts by identifying the need for earlier actions. “We need to get to children and families sooner, before problems get to the point they enter our systems,” a member will state. “We need to be more preventive in our approach,” another will say, and heads will nod. If the collaborative has any funding for new services, it most likely will establish a demonstration or pilot program designed to engage children and families who can be identified as “at risk” but who are not yet a part of any system. This program may involve home visiting or be center-based. It may involve referrals from other systems or serve as a drop-in spot for people seeking a place to go. It may be connected to a school or human service agency or be freestanding. It may or may not involve ongoing one-on-one family counseling services (which generally are not referred to as “case management” but instead called “family development” or “family advocacy”<sup>23</sup>). It may be professionally or para-professionally staffed. It may or may not have a formal educational program or curriculum related to parenting education, child abuse prevention, or health education. Almost always, it is placed in a “high risk” neighborhood, where “rotten child outcomes” (school failure, infant mortality, poor physical and mental health, adolescent parenting, child abuse, delinquency, single parenting, welfare dependency, substance use and abuse)<sup>24</sup> are high. Increasingly, these

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<sup>23</sup> The rejection of the term “case management” is more than semantic. It is true that family support advocates contend the families they serve “are not cases” and “do not need to be managed.” In addition, however, “case management” (which has many variants from simply brokering and monitoring other services to direct case work and counseling) generally refers to a worker who diagnoses what a family needs and then may directly provide that service or refer the family to a professional who provides it – with the family as the service “recipient.” “Family development” or “family advocacy” refers to a partnering relationship where the worker helps the family think through what the family wants to achieve and helps them achieve it – which may or may not involve professional services – with the family as “participant” in or “director” of the actual plan.

<sup>24</sup> The term “rotten outcomes” will be used throughout this paper to refer to the general group of indicators of child and family well-being referenced here. Lisbeth Schorr attributes the term “rotten outcomes” to Mary Jo Bane. See: Schorr, Lisbeth, with Daniel Schorr. *Within Our Reach, op.cit.* These all constitute

programs also are viewed as new community anchors that provide a general community benefit as a point of congregation, in addition to the benefit they provide to their customers. They most often focus upon families with very young children (prenatal to five), where there is no public system, like the school system, to serve as a point of contact.

While these programs take a variety of forms, they generally are established to adhere to a set of family support principles – strength-based, family-focused, and community-connected. In fact, a set of family support principles and *Guidelines for Family Support Practice*<sup>25</sup> has been established by Family Support America (formerly the Family Resource Coalition), through hundreds of focus groups with thousands of program directors, workers, and participants (see Chart Four).

#### **CHART FOUR Family Support Principles**

1. Staff and families work together in relationships based on equality and respect.
2. Staff enhance families' capacity to support the growth and development of all family members – adults, youth, and children.
3. Families are resources to their own members, to other families, to programs, and to communities.
4. Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
5. Programs are embedded in their communities and contribute to the community-building process.
6. Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
7. Practitioners work with families to mobilize formal and informal resources to support family and community issues.
8. Programs are flexible and continually responsive to emerging family and community issues.
9. Principles of family support are modeled in all program activities, including planning, governance, and administration.

Source: *Guidelines for Family Support Practice*

While often not explicit in the work of collaboratives, these new programs are seen as providing a “missing element” within the neighborhoods in which they are placed – a new service that provides a bridge between public and private, professional and voluntary, normative and compensatory.<sup>26</sup>

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negative indicators of child and family well-being, ones which have been the subject of public policy concern.

<sup>25</sup> Best Practices Project. *Guidelines for Family Support Practice*. Chicago, IL: Family Resource Coalition, 1996.

<sup>26</sup> With respect to very young children, there is no normative, public system that is responsible for their care and education, as there is for school-age children. As both (or the only) parents are in the workforce in more and more households (from three in ten households with pre-school children in 1970 to six in ten in 1998), the issue of government's role in early childhood increasingly is being raised. The issue of whether such a system should be universal or targeted to socially isolated parents and disinvested neighborhoods is one aspect of this debate over government's role. For one perspective on this subject, see: Kagan, Sharon

*Soundness and Support for Underlying Premises.* Clearly, simply from the fact that community collaboratives across the country are developing such programs, there is strong face validity for this new service response. Moreover, there is theoretical and empirical support for each of its three major, underlying premises:

1. Socially and economically isolated families face more stresses and challenges in nurturing and raising their children, are generally less competent and confident in their parenting, and consequently place their children at greater risk of harm and failure.
2. Poor (or “tough” or “disinvested”) neighborhoods have fewer social and economic supports with which families can connect to reduce this isolation, which serves to perpetuate the risk experienced by children and families in those neighborhoods.
3. Family support programs can be constructed, with outside funding support, that can identify and engage previously isolated families, help them create ties with others, build hope for themselves and their children, and take actions to improve themselves, opportunities for their children, and the social and economic base of their neighborhood.

1. On the first premise, the family support credo is that “all families need support at some time in their lives.” Humanity itself is defined by networks of positive and symbiotic social interactions. To the extent that families are socially isolated, the research literature is clear that they and their children are at greater risk of a variety of “rotten outcomes.” The determinants of these “rotten child outcomes” have been well explored at the individual, family, and community levels. The literature on resiliency<sup>27</sup> and the work on protective factors<sup>28</sup> have

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L. and Bernice Weissbourd, “Toward a New Normative System of Family Support,” in Kagan, Sharon L. and Bernice Weissbourd, eds. *Putting Families First: America’s Family Support Movement and the Challenge of Change*. San Francisco, CA: Jossey-Bass, 1994. Pp. 473-490.

<sup>27</sup> An excellent review of the resiliency literature, examining individual, family, and community factors, is found in Benard, Bonnie. *Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community* Portland, OR: Far West Laboratory, 1991. Drawing upon this literature, South Carolina has developed a 10-Step program for communities to employ in identifying and addressing causal factors behind adolescent and school readiness concerns. See: Neal, James, A. Baron Holmes, and Gaye Christmus. *10 STEPS to School Readiness and Community Prevention of Adolescent Problem Behaviors*. Columbia, SC: South Carolina Kids Count, 1995.

<sup>28</sup> One enumeration of risk factors and their established relationship to substance abuse, delinquency, teenage pregnancy, school dropout, and violence is found in: Howell, James C. *Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders*. Washington, D.C.: Office of Juvenile Justice Delinquency Prevention, U.S. Department of Justice, 1995, p. 19. It draws upon the work of Catalano and Hawkins, originally developed for the substance abuse field and subsequently applied to juvenile delinquency. See: Catalano, Richard, and J. David Hawkins, “The Social Development Model: A Theory of Antisocial Behavior,” in Hawkins, J. David, ed. *Delinquency and Crime: Current Theories*. New York, NY: Cambridge University Press, 1996. Program or initiative strategies then focus upon building “protective factors” against these risks. At least one experience with community-based program providers demonstrates that they can reproduce the list of “protective factors” and relate these

been widely used in the field to justify prevention efforts that seek to connect at-risk families and their children with social supports. Edward Schor's analysis of the medical literature also concludes that family support is as critical an element to good physical health as is medical care.<sup>29</sup>

2. On the second premise – that “place matters” and the density of these social supports varies across different neighborhoods, primarily but not exclusively by neighborhood economic vitality – there also is strong evidence. Contrasts between poor and more affluent neighborhoods have shown sharp disparities in recreational and social activities available to youth<sup>30</sup>. While there exist assets within poor neighborhoods,<sup>31</sup> these most often relate to lower-order survival networks rather than higher order aspirational ones. The absence of a critical mass (or “tipping point”) of role models, as estimated by the proportion of adults with professional careers, has been shown to relate strongly to the prevalence of poor outcomes.<sup>32</sup>

While there is some debate over the size of the “neighborhood” effect in causal terms,<sup>33</sup> the correlations are strong, and the concentration of specific

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back to their program goals. See: Bruner, Charles and Carol Behrer. *Summary of CFPC Outcomes Training for United Way Agencies*. Des Moines, IA: Child and Family Policy Center, 1999.

<sup>29</sup> Schor, Edward, “Developing Communitality: Family-centered Programs to Improve Children’s Health and Well-being,” *Bulletin of the New York Academy of Medicine*, Vol. 72, No. 2 (Winter, 1995) pp. 413-442 and: Schor, Edward and Elizabeth G. Menaghan, “Family Pathways to Child Health,” in Amick, Benjamin, Sol Levine, Alvin Tarlov, and Diana Walsh (eds.) *Society and Health*. New York: Oxford University Press, 1995.

<sup>30</sup> See: Littell, Julia, and Joan Wynn. *The Availability and Use of Community Resources for Young Adolescents in an Inner-City and a Suburban Community*. Chicago, IL: Chapin Hall Center for Children, 1989. The study found more than three times as many activities available for middle-school children in the suburban community near Chicago than in an inner-city community in Chicago. In his overview essay, Doug Nelson cites a Child Trends analysis of the 1997 National Survey of America’s Families to conclude: “Recent surveys indicate that kids in low-income areas are substantially less likely to participate in organized team sports and school and community clubs, mainly because such activities are either unavailable or inaccessible – they lack transportation to get to them.” Nelson, Douglas, “Connections Count: An Alternative Framework for Understanding and Strengthening America’s Vulnerable Families,” in: Annie E. Casey Foundation. *Kids Count Data Book 2000*. Baltimore, MD: Annie E. Casey Foundation, 2000. P.13.

<sup>31</sup> See, for instance: McKnight, John and John Kretzmann. *Mapping Community Capacity*. Report of the Neighborhood Innovations Network. Evanston, IL: Center for Urban Affairs and Policy Research, Northwestern University, 1991; and McKnight, John and John Kretzmann. *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community’s Assets*. Evanston, IL: Center for Urban Affairs and Policy Research, Northwestern University, 1993. At the same time, many potential “social capitalists” may not have the luxury of spending their time in this fashion, as they are too busy working two jobs to keep their family stable or participating in neighborhood watches and escorting their children to school to ensure their physical safety.

<sup>32</sup> The “tipping point” also has been used to refer to “social epidemics,” explaining why the transmission of both good and bad social behaviors accelerates when it reaches a certain level. See: Gladwell, Malcolm. *The Tipping Point: How Little Things Can Make a Big Difference*. New York, NY: Little Brown & Company, 2000.

<sup>33</sup> Haveman and Wolfe provide correlational evidence that residing in disinvested neighborhoods relates substantially to experiencing certain “rotten outcomes.” See: Haveman, Robert and Barbara Wolfe. *Succeeding Generations: On the Effects of Investments in Children*. New York: Russell Sage Foundation, 1994. In *Within Our Reach, op.cit.*, Schorr provides a detailed description of the interactive effect of “risk

“rotten outcomes” sometimes frightening.<sup>34</sup> Moreover, Robin Jarrett’s sociological analysis, examining children who have escaped tough neighborhoods,<sup>35</sup> as well as Ron Susskind’s journalistic analysis,<sup>36</sup> and Geoffrey Canada’s autobiographical account,<sup>37</sup> show that those children who escape the odds to succeed usually do so through some inoculation and insulation from their immediate community – by parents who find affiliational ties outside the neighborhood (often with God and the church) and thus are able to remove children from negative neighborhood influences or counter those influences through strong will. While the path of least resistance for children in affluent communities may be to follow in their parents’ footsteps into lucrative careers, that constitutes a path of most resistance for children in poor neighborhoods.

In summary, children and families do better when they live in communities with dense social ties, a diversity of role models, and stability and support – social capital in today’s terms.<sup>38</sup> While not all poor neighborhoods are alike (and

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factors.” As children experience more barriers and risks, their overall risk increases exponentially. Children in disinvested neighborhoods are much more likely to experience multiple, rather than single, risks. There have been a number of studies to determine how much these relationships are causal and how much they are simply correlational, with some finding more independent effects of residing in disinvested neighborhoods than others, particularly in the area of adolescent parenting. See: Brooks-Gunn, Jeanne, Greg Duncan, Pamela Klebanov, and Naomi Sealand, “Do Neighborhoods Influence Child and Adolescent Development?” *American Journal of Sociology* Vol. 99 (1993), pp. 353-395 and Crane, Jonathan. “Effects of Neighborhoods on Dropping Out of School and Teenage Childbearing,” in Jencks, Christopher, and Paul Peterson (eds.) *The Urban Underclass*. Washington, D.C.: Brookings Institution, 1991, pp. 291-230.

<sup>34</sup> For instance, in the city of Chicago, children in very poor neighborhoods (where 50% or more of children live in poverty) were 12 times more likely to be subject to abuse allegations and more than 43 more likely to be placed in foster care than children in affluent neighborhoods (where 10% or fewer of children live in poverty). See: Bruner, Charles, with Stephen Scott. *The Effects of Concentrated Child Poverty on Child Welfare Policy and Practice – Implications from Chicago Kids Count Data and Interviews with Foster Children*. Des Moines, IA: Child and Family Policy Center, 1994.

<sup>35</sup> See: Jarrett, Robin. *Indicators of Family Strengths and Resilience that Influence Positive Child-Youth Outcomes in Urban Neighborhoods: A Review of Qualitative and Ethnographic Studies*. Paper prepared for the Annie E. Casey Foundation. Baltimore, MD: Annie E. Casey Foundation, 1998. A good summary of this work is found in: Jarrett, Robin, “Successful Parenting in High-Risk Neighborhoods,” in *The Future of Children* Vol. 9, No. 2 (Fall, 1999), pp. 45-50.

<sup>36</sup> Susskind, Ron. *A Hope in the Unseen: An American Odyssey from the Inner City to the Ivy League*. Broadway Books 1999.

<sup>37</sup> Canada, Geoffrey. *Fist Stick Knife Gun: A Personal History of Violence in America*. 1996.

<sup>38</sup> Robert Putnam’s work on “social capital” and its connection to community well-being is found in: Putnam, Robert, “The Prosperous Community: Social Capital and Public Life,” *The American Prospect* (Spring, 1993). Putnam developed many of his insights studying post-war Italy and the redevelopment of communities there. See: Putnam, Robert. *Making Democracy Work: Civic Traditions in Modern Italy*. Princeton, NJ: Princeton University Press, 1993. Other terms have been used for these social networks and civic traditions, as well. William Julius Wilson discusses the need for “social buffers.” See: Wilson, William Julius. *The Truly Disadvantaged*. Chicago: University of Chicago Press, 1987. Connell and Aber speak of the need for “social mediators.” See: Connell, James P. and J. Lawrence Aber, “How Do Urban Communities Affect Youth? Using Social Science Research to Inform the Design and Evaluation of Comprehensive Community Initiatives,” in Connell, Kubisch, Schorr, and Weiss (eds.). *New Approaches to Evaluating Community Initiatives, op.cit.* Uwe Bronfenbrenner calls them “Microsystems.” See: Bronfenbrenner, Uwe, “Ecology of the Family in a Context for Human Development: Research Perspectives,” *Developmental Psychology* 22, No. 6 (1986) pp. 723-742. Chapin Hall has placed these voluntary networks in social work language, calling them “primary services.” See: Richman, Harold, Joan

where poor neighborhoods have greater social capital, children and families do better), it is in poor neighborhoods which lack both economic and social capital that children and families are most vulnerable.

3. On the third premise – that something can be done to create social ties, connections, and resulting hope and realizable aspirations for children and families in poor neighborhoods – there are a diverse array of programmatic examples that have achieved remarkable successes. Lisbeth Schorr's *Within Our Reach* describes a number of these community-based programs, and she has elaborated on their common features in terms of a set of core attributes, shown in Chart Five, which are very similar to those established by the Family Resource Coalition.<sup>39</sup>

*Implementation Experiences.* In part because of the strength of these premises – both in terms of their face validity (common sense) and their conceptual and empirical underpinnings – federal demonstration programs, state initiatives, and community collaborative programmatic efforts have spawned a multitude of prevention programs based upon family support principles and program models.<sup>40</sup>

Depending upon funding source requirements and funding levels, as well as the personal beliefs of actual program designers and those charged to implement and operate them, these programs defy neat categorization. They vary extensively in the scope of services and supports they offer, the range of families and children they serve, the degree to which they stress community-building activities as well as individually- or family-based support, and the outcomes they aspire (or are held accountable by funders) to change.

Given this diversity, it is difficult to generalize on the operational experiences of these programs. Still, there are several hypotheses that appear to have good grounding in field experience and could be considered findings from these programmatic efforts – or at least working assumptions waiting to be further modified or qualified through more rigorous evaluation:

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Wynn, and Joan Costello. *Children's Services in Metropolitan Chicago: Directions for the Future*, Vol. 1 IV. Chicago: The Chapin Hall Center for Children at the University of Chicago, 1991.

<sup>39</sup> Schorr, Lisbeth, *Within Our Reach*, *op. cit.*. Later articulations of these principles are found in: Schorr, Lisbeth, Deborah Both, and Carol Copple, eds. *Effective Services for Young Children: Report of a Workshop*. Washington, D.C.: National Academy Press, 1991; and Schorr, Lisbeth, *Common Purpose: Strengthening Families and Neighborhoods to Rebuild America*. New York: Anchor Books, 1997.

<sup>40</sup> Not all prevention programs adhere to family support principles, nor are all prevention efforts programmatic. Teen pregnancy prevention programs that stress abstinence may be authoritarian and hierarchical in their work and message, hardly family support-based. Many primary prevention activities involve public education efforts that do not work with individuals but involve media efforts to reach a general public. The emphasis here is upon programmatic efforts that largely work with children and families from a strength-based, holistic, and partnering approach – which is consistent with the underlying principles upon which most social services reform efforts are based.

**CHART FIVE**  
**Attributes of Effective Programs**

1. Successful programs are comprehensive, flexible, and responsive.
2. Successful programs deal with the child as an individual and as part of a family, and with the family as part of a neighborhood and a community.
3. Staff in successful programs have the time, training, skills, and institutional support necessary to create an accepting environment and to build relationships of trust and respect with children and families.
4. Programs that are successful with the most disadvantaged populations persevere in their efforts to reach the hardest-to-reach and tailor their services to respond to the distinctive needs of those at greatest risk.
5. Successful programs are well managed, usually by highly competent, energetic, committed and responsible individuals with clearly identifiable skills and attitudes.
6. Successful programs have common theoretical foundations that undergird their client-centered and preventive orientation.

Source: *Effective Services for Young Children*

- \* programs that are designed and funded generally are implemented; staff and locations are found; and procedures are established to contact customers;
- \* customers are enlisted, participate, and continue to participate; and
- \* both staff and customers feel that some otherwise unavailable service or support is being provided, and at least part of some personal or community unmet need is being addressed.

While these may be mundane findings regarding implementation, they represent essential pre-conditions for success. As will be discussed later, other “theories of change” face considerably more challenges in implementation and therefore establishing their own pre-conditions for success.

*Observed Impacts to Date.* There is a growing interest in and a body of research about the impacts of prevention programs in general, and family support programs in particular.

Individual program evaluations and case studies have demonstrated that family support programs can be highly successful. In some instances, the changes evidenced in participants’ lives are sufficiently dramatic that causation

can be inferred to the program and its practitioners.<sup>41</sup> Individual program evaluations of exemplary programs generally have shown very positive findings, particularly on an ethnographic level.<sup>42</sup>

Even if these programs' efficacy is accepted, the issue is whether these programs' successes' can demonstrate themselves to be replicable when transferred to other settings and conducted by other practitioners, or whether they constitute small-scale "hothouse programs," occasionally occurring in nature but dependent upon the presence of a passionate leader with innate, untrainable capacities, that never will be susceptible to replication.<sup>43</sup>

Because of the lack of model replication (or even sustainability<sup>44</sup>), the research community generally has not been as willing as advocates for family support to generalize the impacts achieved from identified, exemplary family support programs to the field as a whole. Recently, there have been several efforts to assess the effectiveness of family support programs through more controlled studies or analyses.

The U.S. Department of Health and Human Services financed a major demonstration program that has been rigorously evaluated, employing control

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<sup>41</sup> For instance, the success of Jaime Escalante in getting his students to achieve high rates of advanced placement on mathematics tests at East Garfield High School in Los Angeles can be fairly attributed to his teaching effort. In this case, "the patient is his own control." See: Polanski, Norman. *Historical Perspectives on Evaluative Research*. Unpublished paper, N.D. While the social science research community generally promotes randomized controlled trials as the best way to establish counterfactuals in assessing intervention impact, there are instances where other counterfactuals are more appropriate. For a discussion of Escalante's work, see: Schorr, Lisbeth, *Within Our Reach*. *Op.cit.*

<sup>42</sup> . In the area of early childhood, there also are a handful, but only a handful, of programs that have been subject to randomized controlled trials and that the research community generally regards as proven as effective in improving parent-child relations, child development, and/or parent functioning. Among these is the Infant Health and Development Program, the Hawaii Healthy Start program, and the Prenatal/Early Infancy Project discussed later. Researchers are not uniform in their agreement of the research-proven effectiveness of all these programs, however. For a good review of this literature, see: Berlin, Lisa, Colleen O'Neal, and Jeanne Brooks-Gunn, "What Makes Early Intervention Programs Work?", *Zero to Three Bulletin* (February/March, 1998) Vol. 18, No. 4, p. 4-15. As Michael Little has noted (personal conversation with author, November 16, 2000), there are fewer than fifty true clinical trials on the effectiveness of prevention programs in the social services world, contrasted with over 500 clinical trials on the effectiveness of aspirin as a pain reliever, alone. The paucity of evidence of success in large part is a result of the paucity of research itself.

<sup>43</sup> This was an argument made by Charles Murray in debate with Lisbeth Schorr over the significance of a number of exemplary programs that worked with "at risk" children in poor neighborhoods. Murray acknowledged that some programs "worked," but argued that they were "exceptions" and public policies should not be based upon such epiphenomena. Murray's overall polemic against the ability to produce broad-scale improvements among poor populations or neighborhoods, based upon innate capacities, is found in the controversial but highly readable book: Herrnstein, Richard, and Charles Murray. *The Bell Curve: Intelligence and Class Structure in American Life*. New York: Free Press, 1994..

<sup>44</sup> Lisbeth Schorr notes that one-half of the exemplary programs she described in *Within Our Reach* no longer exist in their current form, victims in large measure of funding bases that were time-limited or requirements to expand their reach to more families without commensurate funding increases, producing model drift. In *Common Purpose*, she describes some of these examples of "model drift" and poses strategies to address them. Schorr, Lisbeth. *Common Purpose*, *op. cit.* See especially, Chapter 1, "What Works and Why We Have So Little of It."

groups from the outset. In addition, the Department funded an extensive secondary analysis of the family support literature, with a meta-analysis of the results experienced to date.

The Comprehensive Child Development Program (CCDP) funded 34 demonstration sites between 1989 and 1993, designed to provide comprehensive services and supports to families with young children, with an emphasis on intensive “case management” services. While individual programs varied in overall design, the general guidelines were based upon the Center for Successful Child Development (sometimes referred to as the Beethoven Project), a highly-publicized and initially highly-regarded program operating in the Robert Taylor homes in Chicago.<sup>45</sup>

Notably, the Center for Successful Child Development itself did not seek grant funding, because of the requirement for a treatment group. Since family support programs are designed to be inclusive and serve as points of congregation for families, the Center regarded developing a control group as violating the basic tenets of the program and interfering with its capacity to be effective, as well.<sup>46</sup>

ABT Associates conducted the overall program evaluation (of 21 of the 34 programs), which included both formative and summative components. While the programs themselves varied, most were fairly intensive and comprehensive in their approach and, on a per family basis, committed a high level of resources. A number of psychometric and functional data elements were collected for both treatment and control groups.

The results from the evaluation were not encouraging. ABT found no strong, identifiable gains that could be tied to the CCDP programs on the outcome measures established for either children or their parents. The conclusion from the study was that the programs did not work. According to the final report,

At the start, nobody knew whether providing intensive case management was the best way to help low-income families. ... There is no question that

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<sup>45</sup> The Beethoven Project, named for the elementary school serving the Robert Taylor homes, was an effort to provide intensive and comprehensive services to young children and their families to insure their health and achieve school readiness. Labeled by the media as “a Marshall Plan for preschoolers,” the Beethoven Project initially was the subject of national media attention and promotion as a success. Philanthropist Irving Harris promoted the approach as taking “the best of what we’ve learned” and putting “it all in a very concentrated program” in one of the toughest housing projects in the country. While well-financed and studied, the Project did not achieve the outcomes Harris had hoped it would, leading to his own re-appraisal of the ability of such efforts to succeed, particularly in housing projects where residents must witness violence on almost a day-to-day basis.

<sup>46</sup> While randomized controlled trials often are described as “the gold standard” in evaluation, random assignment can violate both program philosophy and effectiveness. One of the tenets of family support is that it is inclusive and voluntary; and random assignment requires programs to arbitrarily deny some families that inclusive and voluntary service – a conflict in philosophy.

this six-year effort provided a fair test of this key policy alternative. It has produced important findings – findings showing that the case management approach does not lead to improved outcomes for parents or children. ... So was CCDP a waste of money? Of course not. As a demonstration program, CCDP was a respectful use of public funds, and it accomplished exactly what it was designed to do – to find out whether an important approach to serving low-income families works. The fact that the answer is “no” does not diminish the utility of the demonstration.<sup>47</sup>

While there can be critiques of the overall methodology employed and the degree to which CCDP programs were implemented according to their initial design and were sufficiently similar to be evaluated as a whole, the results remain very sobering.

ABT Associates subsequently received a federal evaluation grant to review research for the family support field as a whole. As part of this grant, ABT conducted a meta-analysis of family support program research and evaluation. Particularly when only research studies that involved some degree of random assignment or control groups were included, ABT Associates found few strongly positive impacts, even as the research defined those impacts (which varied by program and included a variety of psychometric and functional scales as well as external measures such as school performance, job holding, and child abuse reporting). In general, while there was no sign that such family support programs “did harm,” the impacts they could demonstrate were determined to be modest, at best.<sup>48</sup>

ABT’s further, more detailed analysis of a small number of identified “exemplary programs” found that only a handful had demonstrated positive results on outcomes, using the “gold standard” or randomized clinical trials for evidence of success.<sup>49</sup>

More positively, there have been several prevention program models that the research field generally has acknowledged as having demonstrated positive outcomes when working with families with young children. The most notable (because of its replication in several settings) is David Old’s nurse home visiting program, the Prenatal/Early Infancy Project (PEIP). Although not adhering to all

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<sup>47</sup> St. Pierre, Robert G., Jean Layzer, Barbara Goodson, and Lawrence Bernstein. *National Impact Evaluation of the Comprehensive Child Development Program: Executive Summary*. ABT Associates Contract No. 105-90-1900 Report to Administration on Children, Youth and Families, Administration for Children and Family Services, U.S. Department of Health and Human Services. 1997. The report rejects several explanations for no impacts – including poor program definition and poor implementation – although it did not assess the actual quality of the case management service and the visions, beliefs, practices, and skills of those managers.

<sup>48</sup> ABT Associates. *National Evaluation of Family Support Programs, op.cit.: Draft Year 4 Report*. Contract #105-94-1925. October, 1998.

<sup>49</sup> Among the programs that were seen to achieve positive results were: Families and Schools Together (FAST), Cleveland Works, and PEIP. *Ibid.*

family support principles, PEIP has shown impressive gains, particularly in maternal attachment to school and work.<sup>50</sup>

A review of the literature on prevention by the Dartington Social Research Unit also identified a number of prevention programs and practices that demonstrated positive results, including PEIP. That review included both British and American studies employing a variety of research techniques and counterfactuals, in addition to randomized controlled trials, and referenced one “pioneering study” on the benefits of family support.<sup>51</sup>

Because of the mixed reviews available from the research community on prevention programs generally, and family support programs in particular, some planning efforts, most OJJDP’s comprehensive strategies, have recommended that only proven, research-based prevention strategies be implemented and have developed guides of such research-based programs, although how these are

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<sup>50</sup> See: Olds, David, Charles Henderson, Charles Phelps, Harriet Kitzman, and Carole Hanks, “Effect of Prenatal and Infancy Nurse Home Visitation on Government Spending,” *Medical Care*, Vol. 31, NO. 2 (February 1993) pp. 155-174; and Olds, David, John Eckenrode, Charles Henderson, *et.al.*, “Long-Term Effects of Home Visitation on Maternal Life Course, Child Abuse and Neglect, and Children’s Arrests: Fifteen Year Follow-Up of a Randomized Trial,” *Journal of the American Medical Association* Vol. 278, No. 8 (1997) pp. 637-643. The Packard Foundation’s *The Future of Children* series also has produced two special reports on “Home Visiting.” The PEIP model relies upon a nurse home visitor conducting a scheduled number of visits with a fairly established curricula and lessons to convey, drawing upon the generally matronly authority and expertise of the nurse to influence behavior. The relationship is not a partnership, as family support principles state. Olds’ recent experiments have included para-professionals in the home visiting role, with fewer gains resulting than when nurses are employed, at least for the period immediately following the intervention, although longer-term impacts may show less of a differential. A description is found in: ABT Associates. *National Evaluation of Family Support Programs, op.cit.* Chapter 5. This finding is in some conflict with the experiences cited by Robert Halpern and others in the Ford Foundation’s Fair Start Initiative. See: Larner, Mary, Robert Halpern, and Oscar Harkavy. *Fair Start for Children: Lessons Learned from Seven Demonstration Projects*. New Haven, CT: Yale University Press, 1992. See especially Robert. Halpern’s chapter, “On Program Design and Implementation” and his characterization of effective lay workers.

<sup>51</sup> Little, Michael, and Kevin Mount. *Prevention and Early Intervention with Children in Need*. Dartington Social Research Series. Ashgate Publishing Limited. Aldershot, England. 1999. The Dartington study raised other important considerations in evaluating prevention programs. One of these related to the imperfect nature of targeting and the need to incorporate this into expectations for results. A second related to the choice of who might best be targeted (those most at risk versus those whose changed behavior might reduce overall norms), which represents an important consideration both in further research and practice for the field. One of the studies cited in their research review that relates directly to the family support philosophy put into practice is: Gibbons, Jane, with Sally Thorpe and Patricia Wilkinson. *Family Support and Prevention: Studies in Local Areas*. National Institute for Social Work. London, England. 1990. According to Little and Mount, this “pioneering work” examined “two locations with similar populations but contrasting family support services. In ‘Newpath’ family centers developed in partnership between health, education and social services and other agencies including the voluntary sector. In addition, Newpath appointed specialist staff to establish a range of other community based family support schemes and employ family aides. The researchers found that Newpath achieved better outcomes than the comparison location of ‘Oldweigh’ which concluded that the support of family, friends, and neighbors together with day care provision was as important as the help received from professionals aimed at keeping families afloat.” P. 44.

implemented and what level of adaptation to meet local circumstances is allowable is not specified.<sup>52</sup>

Many proponents of prevention also cite the existence of strong evidence for high “returns-on-investment” from investments in prevention. The actual research base for these claims, however, is not always strong<sup>53</sup> and the application of that research to program design as well as program name can be even weaker.<sup>54</sup> This may be another reason for the skepticism among some policy makers on the effectiveness of prevention programs.

The following assessment of impact does not mean that there is not great promise in family support programs and other prevention efforts. There are sufficient examples of exemplary programs that have shown the ability help build a social fabric families need to succeed. There is not yet clear evidence, however, of how such programs can be replicated or adapted and their impacts achieved with any predictability.

Further, even if successful, such prevention programs are unlikely to be the silver bullet that improves all children and family’s lives, even when significant resources are devoted to them.<sup>55</sup> Prevention may be a piece of the puzzle, and a

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<sup>52</sup> Posey, Robin, Sherry Wong, Richard Catalano, David Hawkins, Linda Dusenbury, and Patricia Chappell. *Communities That Care Prevention Strategies: A Research Guide to What Works*. Developmental Research and Programs, Inc. Seattle, WA 2000. Included among the research-based programs with a family focus are a wide variety of programs, curricula, and study materials that span a range from videotape series on care giving to comprehensive family support programs. See also footnote 140.

<sup>53</sup> For instance, frequently cited in the field is the statement that prenatal care is highly cost-effective, returning \$3.38 for every dollar invested. This figure is from a population-based simulation model prepared for the American Medical Association and not from any field research. A recent article reviewing the literature on prenatal care found no evidence that initiatives to increase the use of prenatal care show immediate savings by averting \$3 for every \$1 expended, although they may improve birth outcomes to some extent. See: Huntington, Jane and Fred Connell, “For Every Dollar Spent – The Cost Savings Argument for Prenatal Care,” *The New England Journal of Medicine* Vol. 331, No. 19 (Nov. 10, 1994), pp. 1303-1307.

<sup>54</sup> The most publicized study of the gains from high quality early childhood education, that conducted by High Scope Research Foundation of the Perry Pre-School Project, has documented savings over a twenty-year period in the order of \$7 eventually saved for every dollar invested. Only portions of these savings are in public funds, however. The majority is in reduced economic losses to victims of crime as a result of lower crime rates. Schweinhart, Lawrence, Helen Barnes, and David Weikart. *Significant Benefits: The High/Scope Perry Preschool Study Through Age 27*. Ypsilanti, MI: High/Scope Educational Research Foundation, 1993. A secondary analysis using somewhat different methodology put the savings at 2:1, still impressive. See: Karolyn, Lynn, Peter Greenwood, Susan Everingham, et.al. *Investing in Our Children: What We Know and Don’t Know About the Costs and Benefits of Early Childhood Interventions*. Santa Monica, CA: RAND. 1998. The Perry Pre-School Project, if implemented today in the same form as it was operated from 1962 to 1965, would cost over \$12,000 per child. While many states have developed pre-school programs and used the Perry Pre-School returns-on-investment to argue for the new investment, none have funded their efforts at the Perry Pre-School level nor specifically targeted the program to children meeting the Perry Pre-School participation standards. While pre-school programming has strong face validity in improving school readiness and future success in life, there simply is not the research base to conclude that pre-school is, or is not, likely to be cost-effective.

<sup>55</sup> Both the Perry Pre-School Project and the Elmira PEIP program produced impressive results, but still reduced the risk of poor outcomes for children and families served by only a part. Children in the Perry Pre-School Project still were much more likely to become pregnant as teens and enter the criminal justice

piece needed to reconstruct an essential element otherwise missing in people's lives, but it constitutes only a piece. Moreover, to have maximum effect, prevention efforts may need to be reinforced by broader system responses that continue to help children and families move forward.<sup>56</sup>

*Future Activities to Further Knowledge Base.* Frequently, new programs have specific outcomes imposed upon them by their funding sources. Often, these are related to indicators of child or family well-being about which the funder has concern. These may or may not have a relationship or connection with what the programs actually are designed to achieve and the resources they are provided to achieve them. Many small-scale programmatic interventions, such as a resource and referral drop-in center or a parenting education program, may meet their goals and even produce positive benefits in relation to their costs, but not be significant contributors to change on long-term measures of well-being,<sup>57</sup> much less on neighborhood-level indicators of well-being.

There are, however, a number of programs that are sufficiently comprehensive and ambitious in their design to be contributors to overall child and family well-being. From the author's perspective, these require increased assessments using different measurements than traditionally have been used, both regarding the impacts they produce and the program elements that appear most important in producing them. While there are exemplary programs that we know produce results, we do not yet know how to replicate or adapt their core attributes in a predictable manner. We also generally have not developed the tools to gather tangible, proximate measures of their success that can be used to assess the effectiveness of those replications or adaptations.

The programs deserving of such examination share the following features:

- \* The program includes some "center" or locus for community activity, where families from that neighborhood can drop in and where activities are organized, which often includes parenting education but also includes more informal activities responsive to the needs and desires of the families.

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system than the general population of children. The same holds for PEIP and its influence on child and adult development. It is unrealistic to believe that an intervention such as PEIP, with fewer than one hundred contact hours with a family over a year, can help poor young mothers with young children overcome all the challenges and barriers they face.

<sup>56</sup> This relates to the finding among many programs of "fade-out" of program impact over time. Unless gains are reinforced, there should be an expectation that they will dissipate.

<sup>57</sup> See: Bruner, Charles, with Stephen Scott. *Thoughts on Statistical and Substantive Significance – Are We Selling Programmatic Efforts Short?* NCSI/CFPC Occasional Paper #20. Des Moines, IA: Child and Family Policy Center, 1996. This article shows how small dosage interventions such as parenting education programs may need to significantly impact only one or two families out of one hundred to more than justify their costs in reduced total remediation expenditures, but statistically simply cannot be measured against these remediation expenses. It poses use of an alternative methodology, based upon the work of the Rensselaerville Institute, to determine program impact. See: Williams, Harold. *Outcome Funding: A New Approach to Targeted Grant making, Second Education.* Rensselaerville, NY: Rensselaerville Institute, 1993.

- \* The program includes some individual work with specific families, often with an outreach and home visiting component, with the family support worker typically working with no more than ten to twenty families and providing counseling, modeling, and goal setting with the family. While the work may incorporate a particular curriculum (child development, parenting education, and child abuse prevention), the work responds holistically to the family.
- \* The program includes a structure and strategy for referral to other community services, when additional help is needed by the family, and has established some working relationships with other community service providers.
- \* The program provides training and staff development support for its workers and seeks to insure that workers have the skills needed to exercise the discretion they are provided.
- \* The program provides opportunities for some participants to become advocates or leaders within the program and within the community.<sup>58</sup>

These programs need to be assessed and evaluated first on their ability to produce the proximate, tangible results consistent with their underlying premises. Chart Six provides a list of statements that deserve to be confirmed, disconfirmed, or qualified through evaluation and research. They come much closer to describing “what programs do” than the set of outcomes and indicators funders often impose upon them or the psychometric measures that evaluators often construct for them. If programs cannot demonstrate that they produce at least some of these results, it is unlikely that they have much impact upon anything of significance in changing people’s lives.

The methodologies for assessing such changes are likely to require new evaluation frameworks. Barry Kibel’s work on results mapping, an approach designed to quantify qualitative data on personal growth and examine program success stories as proxies for larger program impact, seems particularly appropriate for the individual-level changes,<sup>59</sup> as does goal attainment scaling. In addition, however, there also need to be measures constructed to assess community impacts, when programs are designed to serve as points of congregation within their neighborhoods.

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<sup>58</sup> Bruner, Charles, “The Evidence for Family Support – A Discussion Paper on What We Can Say Today About Family Support,” in Williams, Anthony, with Nilofer Ahsan, Mark McDaniel, and Julia DeLapp. *Connections: A Dialogue on Evaluation*. Iowa City, IA and Chicago, IL: National Resource Center for Family Centered Practice and Family Resource Coalition of America, 1997.

<sup>59</sup> Kibel, Barry. *Success Stories as Hard Data: An Introduction to Results Mapping*. New York, NY: Kluner Academic/Plenum Publishers, 1999.

**CHART SIX**  
**Statements Requiring Confirmation, Disconfirmation, or Modification**  
**Regarding Family Support Programs**

1. Family support programs can reach and engage “hard to reach,” socially vulnerable families other systems do not reach.
2. Family support programs can produce growth across a variety of dimensions of family and child well-being and have two-generational impacts.
3. The more comprehensive and intensive the family support program is, and the more continuity of involvement it has with the family, the more likely there is to be clear evidence of durable program impact.
4. Comprehensive family support programs experience high rates of family satisfaction and evidence of very significant changes in life trajectories for at least some families as a result of participation.
5. Programs integrated into the neighborhood can produce neighborhood-wide as well as individual family impacts and contribute to the neighborhood’s social cohesion.
6. Programs that stress family involvement provide avenues for participants to develop leadership skills and advocacy that strengthen the capacity for neighborhood self-governance and determination.
7. Family support programs can employ and provide career pathways for families and contribute to economic development.
8. Family support programs can enhance cultural strengths of families and cross-cultural relationships.
9. Family support programs can produce changes in the way other systems view and work with families.

Source: *Connections: A Dialogue on Evaluation*

As it is possible to discern that some programs produce some results and other programs produce others; this should lead to exploration of what aspects of program design and implementation are critical and how they can be incorporated into program design. This will require attention to a variety of internal operational issues, some of which are shown in Chart Seven. Since the success of these efforts is so dependent upon the relationship the worker establishes with the child and family, answering the questions related to worker skills and abilities are essential.

## **CHART SEVEN**

### **Frontline Practice Questions**

What basic orientation, aptitude, and skills do workers need to have at the outset of their work?

What recruitment and hiring practices, including interviewing techniques, are most effective in hiring frontline workers with the orientation, aptitude, and skills needed to work effectively with families?

How much can paraprofessional, “community workers” be employed to do this work? What additional supervision, training, and staff support is needed for these workers?

How can programs identify potential workers from within the neighborhoods served? How can recruitment be managed to avoid unrealistic expectations or hard feelings within the neighborhood?

What ongoing monitoring and supervision, training, and staff development is needed to continually improve quality and to make promotion, corrective action, and termination decisions?

When do frontline workers need to refer families for professional help and expertise, and when can they continue to work with families without referral? How do they make these diagnoses?

What “tables of organization” and “lines of authority” work best? How much can frontline worker teams be blended to capitalize on diverse expertise and professional backgrounds?

How much access should frontline workers have to other resource brokers who work more continuously with other service providers?

What is the role for volunteers in service delivery?

How can self-help and mutual aid be integrated into frontline practice, and where is the role of the frontline worker in supporting the development of such groups?

What techniques and tools are most successful in engaging “hard to reach” families? How can workers determine when activities cross the line from being “creative and persistent” to being “intrusive?”

What strategies can frontline workers take to increase the level of social capital with their communities?

Source: “Family Support and Systems Reform,” *Georgia Academy Journal*

One of the statements made about such community-based, family support prevention programs is that, to be effective, each must be contoured to the strengths and needs and culture of the community in which it operates. While such programs necessarily will need to develop a series of unique relationships with the people and communities they serve, there also must be some core competencies or attributes that make them more, rather than less, effective. Answers to the questions in Chart Seven ultimately will be needed to insure that expansions of such programs will produce the same level of results. This is particularly challenging, when, essentially, programs are trying “to replicate the unique,” “professionalize the voluntary,” and “mass produce warm, nurturing

relationships.”<sup>60</sup> Answers to these questions are needed at the most practical level of initial program design and development.

Finally, there needs to be an examination of the impact that “going to scale” within a neighborhood will have on program challenges and opportunities. On the one hand, program effectiveness may be improved as more people have points of contact and congregation with one another and see collective, as well as individual opportunities, for growth and change. On the other hand, one of the features that may help current programs demonstrate effectiveness is they are able get their families at the front of the line for available, but finite services. The Family Resource Coalition’s initial goal, “a family support center on every corner,” if ever attempted, could raise qualitatively different challenges and opportunities.<sup>61</sup>

## **Theory of Change Two: Integrating Social Services**

*Integrating Social Services. Existing social service systems are needed, particularly in poor neighborhoods. Disinvestment, institutional racism, and the absence of protective factors have resulted in stress, despair, and the consequent need for healing and professional help. Current helping systems, however, are too fragmented to provide the help that is needed. Reforming these systems to be more seamless in their response to families in need will produce better results. This will reduce the degree of illness within the neighborhood that affects not only those afflicted but also those around them. It also will reduce duplication of service or the duration or intensity of services required, thereby freeing those resources toward other community-building activities.*

Stories like those told by Nancy Humphreys often are used as the rationale for greater cross-system service communication, coordination, or integration. The rise in the use of case management in the social services in the seventies and eighties and care coordination within managed care in the nineties represent system responses to better organize what could become fragmented and disjointed responses to families. This case management within service systems, however, can result in fragmentation of its own with people having multiple case managers across social service systems.

Many community collaboratives that arose during the eighties explicitly were developed to reduce this fragmentation. They largely were composed of

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<sup>60</sup> Bruner, Charles, “Legislating Family Support and Education: Program Development at the State Level,” in: Colloquium on Public Policy and Family Support. *Helping Families Grow Strong: New Directions in Public Policy*. Washington, D.C.: Center for the Study of Social Policy, 1990.

<sup>61</sup> For a more detailed discussion of this issue, see: Bruner Charles, “State Government and Family Support: From Marginal to Mainstream,” in Kagan, Sharon L. and Bernice Weissbourd (eds.) *Putting Families First. op.cit.* pp. 338-357.

relevant social service providers and their funders.<sup>62</sup> At the same time, multi-disciplinary teams were established to work with multi-system children and families and bring together professional expertise across professions. Cross-professional training has been posited as another means for persons in one system to better understand how to draw upon the resources and expertise of persons in other systems.<sup>63</sup> Most recently, many of these efforts have extended beyond social services to the normative public education system, in school-linked services.<sup>64</sup>

In addition to the failure to work effectively with families and children who are involved in several service systems at the same time, lack of service coordination and integration is seen as a detriment to those who have needs for some continuity of general support that may cross different service system territories over time. In a well-known article, "Failure by Fragmentation," Sid Gardner describes how such helping services, although they have multiple contacts with the same child or family, often fail to help at all, as the family is bounced from one system to another without receiving any real help or assistance -- and certainly without establishing a relationship with a care adult who can provide continuity as a role model.<sup>65</sup> From the eyes of the child and family, the systems themselves can be very difficult and time-consuming to navigate, without ever providing a good match with what families and children need to succeed.<sup>66</sup>

Certainly from the eyes of the professionals in these service systems, this fragmentation is seen as a major barrier to effective practice for at least some of the clients served. When a professional identifies an essential need outside the professional's scope of practice, the professional must rely upon effective referrals to other systems for that need to be met. Too often, the professional feels that such help will not be forthcoming. In fact, the calls for service integration largely either have emanated from the service systems themselves or

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<sup>62</sup> Over time, many of these broadened their membership and their approach to involve voluntary helping networks, as well. This move from "service" collaboratives to "community" collaboratives generally is reflected in the collaboration literature by increasing emphasis upon "parent and family and neighborhood" involvement and an emphasis upon seeking involvement from faith communities, other voluntary community and civic organizations, and business.

<sup>63</sup> Sid Gardner has been a leading advocate for changing professional education to be more cross-disciplinary, often saying, "You can't change frontline practice when you are teaching it wrong in the first place." For several views on the subject, see: Adler, Louise, and Sid Gardner. *The Politics of Linking Schools and Social Services*. London, GB: The Falmer Press, 1994. See especially: Knapp, Michael, *et.al.*, "University-Based Preparation for Collaborative Interprofessional Practice," p. 137-152; and Gardner, Sid, "Afterward," pp. 189-199.

<sup>64</sup> The education system largely is not addressed in this essay, as education is the subject of another Aspen Institute paper.

<sup>65</sup> Gardner, Sid, "Failure by Fragmentation," *Equity and Choice* Vol. 6, No. 2 (1991), pp. 4-12.

<sup>66</sup> This is particularly true of income supplements, such as food stamps, Medicaid, SSI, TANF, temporary housing, child care, WIC, and other local and state programs providing relief or aid. Programs often have different eligibility standards, regulations, application procedures, and physical locations. They also interact, so increases in one payment may result in reduced eligibility for another. This is one of the reasons that "it takes time being poor." For further discussion and references, see footnote 81.

from policy makers who have taken to heart the professionals' explanations for their inability to show better results because their profession is addressing only part of its clients' overall needs.

*Soundness and Support for Underlying Premises.* While often implicit, service integration activities generally are targeted by person and by place. While "all families need support at some time in their lives," most families serve as their own case managers as they navigate the social services world. They use medical services, as they need them. They may at some points seek counseling, a special education program for one of their children, or even substance abuse treatment services. They are not asking for, nor do they necessarily want, these services to be better "integrated." They do not necessarily want their child's teacher to know their child is receiving mental health counseling – for reasons of privacy or for fear of labeling. Only after they have some trust that the teacher will use the information to help their child are they likely to tell the teacher about the child's mental health and recommended treatment.<sup>67</sup> As Tellez and Schick observe: "We hear few calls for integrated social services in upper class, white neighborhoods."<sup>68</sup>

While there clearly are instances of "failure by fragmentation" as well as duplication of service, there also are instances of professional collusion that result in deleterious activity.<sup>69</sup> The service integration theory of change is based upon a set of underlying premises that deserve careful examination:

1. Professional social services provide real help to the clients they serve, provided the client's needs fall within the service provider's areas of expertise. This holds in poor neighborhoods, even when issues of economic security and opportunity cannot be addressed.
2. When clients have multiple needs and fall within different service providers' areas of expertise, cross-system sharing of information and development of coordinated treatment plans achieve better results by producing more continuity in care, including reductions in the number of "hand-offs" from one professional to another, greater client trust, and better results.

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<sup>67</sup> Families may, of course, use some categorical entitlements, such as the Americans with Disabilities Act, to insure their children receive services they need. In fact, categorical systems were established to insure certain rights and provide assurances that protected classes will be served. The current categorical and fragmented system of services was not developed without some logic – and one of its strengths is that it does target resources and guarantee services to specific groups. See: Bruner, Charles. *Recognizing the Strengths of the Current System as a Prelude to Designing a New Service Strategy*. NCSI/CFPC Occasional Paper #7. Des Moines, IA: Child and Family Policy Center, 1993.

<sup>68</sup> Tellez, Kip, and JoAnne Schick, "Critical Teacher Education and Multicultural Issues," in Adler, Louise, and Sid Gardner (eds.) *The Politics of Linking Schools and Social Services*, *op.cit.*

<sup>69</sup> Better integrating inappropriate, poor, or deleterious services does not improve them. If services "do harm" in poor communities by focusing on deficits and undermining natural supports and coping mechanisms, as some argue and will be discussed shortly, the result of better integration logically is simply greater efficiency in "doing harm."

3. Savings can be achieved from greater coordination, through eliminating duplication of services provided.

1. The first premise, that social work “works,” might seem to be well established and non-controversial. In fact, however, it is not. There are strong critics of the effectiveness of helping services, particularly as applied to poor families in poor neighborhoods – whether those services represent mental health counseling, general social work counseling, or substance abuse treatment. John McKnight is a leading critic of public social services, contending that they are costly and actually “do harm” by undermining the natural caring support fabric within communities, particularly low-income ones.<sup>70</sup> Arthur Himmelman critiques much of this emphasis upon collaboration and service integration as social control, rather than community empowerment.<sup>71</sup>

The roots of such distrust go back much further than McKnight’s and Himmelman’s work. In the 1960’s, the radical psychology movement contended that mental health services represented social management rather than true help for poor people within poor neighborhoods – that therapists would do better as activists to help clients change their circumstances rather than “helping” them cope with their fate.<sup>72</sup>

The welfare reform movement in the sixties that created an income maintenance system and took power away from the social worker in making decisions on who represented “the deserving poor” was based upon the experience that at least some social workers used their power to inappropriately impose their morality on their clients.<sup>73</sup> Despite extensive research, the benefits of substance abuse treatment programs in reducing substance abuse among the clients served has been very mixed, at best.<sup>74</sup>

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<sup>70</sup> See: McKnight, John, “Do No Harm: Policy Options That Meet Human Needs,” *Social Policy* (Summer, 1989) pp. 4-15; and: McKnight, John. *The Careless Society: Community and Its Counterfeits*. Basic Books, 1995..

<sup>71</sup> See: Himmelman, Arthur. *Communities Working Collaboratively for a Change*. Minneapolis, MN: Himmelman Consulting Group, 1991. Himmelman draws a distinction between top-down “community betterment” and bottom-up “community empowerment,” very similar to Robert Fisher’s distinction between “social work” and “political activism” as neighborhood-based organizing efforts. See: Fisher, Robert. *Let the People Decide: Neighborhood Organizing in America*. New York: Twayne Publishers, 1994.

<sup>72</sup> See, for instance: The Radical Therapist Collective (ed.). *The Radical Therapist*. Harmondsworth: Penguin, 1974. Some went even further – that mental illnesses represented “healthy” coping mechanisms. Governor Jerry Brown (a.k.a. Governor Moonbeam) of California entertained discussions with Szas on this very point.

<sup>73</sup> Piven, Frances Fox and Richard Cloward. *Regulating the Poor: The Functions of Public Welfare*. New York: Academic Press, 1971.

<sup>74</sup> For instance, a meta-analysis of the treatment effectiveness of substance abuse interventions conducted by the Office of Technology Assessment, concluded that, on the whole, “Although the evidence is not without methodological problems, it seems clear that alcoholism treatment has demonstrable effects. The hypothesis that alcoholism treatment is cost-beneficial seems more strongly supported than alternative hypotheses.” Saxe, Leonard, Denise Dougherty, Katharine Esty, and Michelle Fine. *The Effectiveness and Costs of Alcoholism Treatment*. Health Technology Case Study 22. Washington, D.C.: Office of

Clearly, knowledge and understanding of the psycho-sociological has expanded over time – if not the clear demonstration of effective social service practices to address psycho-sociological conditions. The etiology of both organic and non-organic mental illnesses is much better understood, as is the predisposition to and triggering factors for substance abuse. Sexual predation, domestic violence, attention deficit disorder, and a variety of DSM's have been identified clinically and by society, with greater attention to their management and treatment. A variety of drugs have been developed that produce results in treating the symptoms and manifestations, if not the underlying causes, of many of those conditions with identified organic components.<sup>75</sup>

Still, to oversimplify, the effectiveness of the “helping professions” ultimately is dependent upon the practitioner establishing trust with the client and then working with the client to make changes – either within the client or within the client’s ecology. Professional training and licensure have not proved to be fail-safe screening systems to insure that practitioners have the skills to establish such trust, build relationships, and help the client – or to discern what types of clients they are most likely to help. Some social work (and some social workers) “work,” and others “do not.”<sup>76</sup> While these “helping professions” can provide needed support, it should not automatically be assumed that they are, in fact, doing good, or doing more good than harm.

There often is a general assumption within social service collaboratives that each of their service systems is helpful, or at least benign. In fact, however, their clients, particularly in the more coercive child welfare and juvenile justice

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Technology Assessment, U.S. Congress, 1983. This was one of a series of meta-analyses on the treatment effectiveness of different medical interventions applied to different diagnosed conditions. Most of these studies did not produce clear-cut results on treatment effectiveness. The federal government continues to support research on the medical treatment effectiveness of different procedures currently in widespread practice, because there is not clear evidence of their effectiveness, and with what populations and presenting conditions. The Agency for Health Care Policy Research (AHCPR) is developing treatment protocols, based both upon research and upon expert clinical opinions, for a small number of clinical conditions, but these cover only a small spectrum of health conditions around which there is wide variation in current practice.

<sup>75</sup> Generally, the evidence base is much stronger for the impacts of drug therapies than for the impacts of other medical or social service interventions, in part because of the investments that have gone into research and testing and in part because the impacts are easier to measure and the interventions themselves are not based upon practitioner actions and interactions, which are much more complicated and subject to variations.

<sup>76</sup> Here, social work is used to refer to all forms of counseling – whether done by psychiatrists, psychologists, clinical social workers, school counselors, child welfare caseworkers, public health nurses, or paraprofessionals. Unlike medical practice, where an actual clinical intervention (drugs, surgery) organically changes the client in addition to whatever comfort the physician also provides, social work is all “bedside manner.” As such, the individual social worker is the intervention. Studies have consistently shown that, regardless of psychological therapeutic modality, some therapists get better results than others. For a review of some of this literature as it relates to therapy, see: Kinney, Jill, Kathy Strand, Marge Hagerup, and Charles Bruner. *Beyond the Buzzwords: Key Principles of Effective Frontline Practice*. Falls Church, VA: National Center for Service Integration. 1994. Chapter 7, “Worker Characteristics and Skills,” pp. 21-23.

systems, may see them in a very different light.<sup>77</sup> In addition, workers in social service systems who feel beleaguered, stressed, and under siege, are less likely to welcome collaborative and open relationships with other systems which will require them to expose their own shortcomings in their dealings with the families and children they serve.<sup>78</sup>

In conclusion, there are a number of caveats to accepting the premise that social service systems, particularly within poor neighborhoods, individually are functional and helpful and simply require greater coordination and integration to better achieve both their individual and their collective goals. There are many issues with their functionality as individual systems that also need to be addressed.<sup>79</sup>

2. The corollary to the second premise – that fragmented case planning and treatment across multiple systems produces poorer results – has a strong empirical as well as conceptual base. Reviews of particularly tragic child welfare cases frequently find the failure to protect children was not due to an absence of warning signals but to fragmentation that resulted in no one person putting those signals together and taking action.<sup>80</sup> Similarly, case record reviews of families with involvement in multiple systems often show, like the Humphreys' vignette, that the multiplicity of demands and expectations placed upon those families are beyond their ability to manage, even if they do not conflict with one another, as they sometimes do.

The premise that simply improved coordination across these systems will produce better results is less clear-cut, however. Families may not so much require more coordinated activity among eight professional helpers in their lives

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<sup>77</sup> Interviews within poor neighborhoods have shown that many residents view the child protection system not as a system that helps keep children safe, but “the system that takes our kids.” The Clark Foundation’s Community Partnerships for Protecting Children Initiative is an effort to reconstruct that relationship to one where the CPS system works with voluntary support systems. A poignant illustration of the disconnect between these systems and the clients they are designed to serve can be found in a Chapin Hall study which interviewed a number of Chicago children who had been placed into foster care. Forty percent didn’t know why they entered care; one-third didn’t know why they had a caseworker; ninety percent changed neighborhoods and schools as a result of placement; and half saw their birth mother less than once or twice a month, yet ninety percent said they missed their birth families all or most of the time and two-thirds indicated they sometimes cried as a result. Johnson, Penny, Carol Yoken, and Ron Voss. *Foster Care Placement: The Child’s Perspective*. Chicago, IL: Chapin Hall Center for Children, 1989.

<sup>78</sup> Ira Cutler makes the point that “it takes healthy systems” to collaborate, to have confidence that they can offer something to the process and will not be attacked for their deficiencies. In poor communities, many service systems do not consider themselves to be healthy and in a position to collaborate with others – because they do not want to expose their own weaknesses. See: Annie E. Casey Foundation. *The Path of Most Resistance: Reflections on Lessons Learned from New Futures*. Baltimore: Annie E. Casey Foundation, 1995.

<sup>79</sup> These will be examined more fully under the third theory of change.

<sup>80</sup> A particularly horrific case was that of Elisa Izquierdo, which reached national attention. See: VanBiena, “Abandoned to Her Fate,” *Time Magazine*. Vol. 146, No. 24 (December 11, 1995). Most states now have Child Death Review teams to conduct reviews of all child deaths to determine if their were system failures.

as fewer overall professional helpers.<sup>81</sup> Multi-disciplinary teams may not be required to serve families as much as the expertise from different professions needs to be drawn upon in case plan development.<sup>82</sup>

When families have multiple needs or are multiply involved (which can include individual family members being involved with several systems or different family members involved with different systems), integrated case planning can result in fewer actual persons being directly involved, although those that remained hopefully are involved more fully and effectively. There are costs involved (both in staff time and effort and client time and effort), to establishing trusting relationships, developing goals and objectives, and creating implementable plans to achieve those goals and objectives. The fewer the number of these relationships of trust that have to be established to produce success, the more likely that success will be achieved.<sup>83</sup>

Clearly, categorical service systems and the resulting fragmentation produce barriers to the effective provision of services for some families and children. Still, the categorical system is not without its own logic – serving to make use of specialized expertise where it is needed, confer certain rights upon clients for services, and manage resources to those with the most severe needs.<sup>84</sup> Fashioning a more integrated system requires attention to addressing those same needs that the current system manages well, as well as those that represent challenges in that system.

3. The elimination of duplication and waste in the current categorical system has been one of the rationales for service integration. It has broadened the appeal for systems reform beyond advocates for better services (the dying breed of unabashed liberals) to stewards of public spending (the growing ranks of fiscal conservatives). It also has provided hope that savings identified from reducing duplication might be reinvested, either to bolster underfunded social services or to finance more preventive approaches.

In fact, there is a conceptual case to be made for some redundancy and duplication in the availability of social services. Duplication provides for greater consumer choice and competition. Further, multiple pathways may be preferable

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<sup>81</sup> In many instances, these “case plans” also are used to determine compliance – so the family does not necessarily have options to reject or defer on certain expectations. A family may be required to do certain things to continue their TANF participation, certain other things to prevent their child’s placement outside the home, and certain other things to keep their child out of trouble at school or with the law. These easily can overwhelm a family, set them up for failure, and reinforce their sense of powerless to produce change.

<sup>82</sup> This approach, however, could have profound implications to the practices of professionals, who would be resources to rather than directors over, more general frontline workers, and, when frontline workers, would be expected to broaden their own range of work. See: Bruner, Charles. *New Principles of Effective Practice – Implications for Service Configuration and Outcome Accountability*. NCSI/CFPC Occasional Paper #10. Des Moines, IA: Child and Family Policy Center, 1994 and Bruner, Charles. *Beyond a Collaborative Model: Moving to a Holistic Approach to Systems Reform*. NCSI/CFPC Occasional Paper #18. Des Moines, IA: Child and Family Policy Center, 1996.

<sup>83</sup> *ibid.*

<sup>84</sup> Bruner, Charles, *Recognizing the Strengths of the Current System as a Prelude to Reform*, *op.cit.*

to single points of entry, when there are possibilities of system interference or breakdown upon any one path or at any one point.<sup>85</sup>

Still, it is tautological that, to the extent unnecessary duplication can be reduced, there are benefits. Generally, two types of unnecessary duplication have been posited as existing in social services systems.

The first relates to general duplication and overlap as families apply for services and supports. This duplication has led to calls for streamlined applications and information sharing across systems, including consistency in application criteria across systems. There is a cost with families repeating the same stories and completing the same information for different systems, both to the families and to the systems.

Such simplification also is designed to make receipt of needed services simpler, with multiple application forms presenting a significant barrier and time demand upon both families and workers.<sup>86</sup> Simplification of forms has been demonstrated to improve use of services.<sup>87</sup> The systems savings from reducing duplicate application and information-gathering processes, however, may not be sufficient to expand services very greatly or even to cover the costs of increased access and benefits to clients.

The second relates to families and children who receive multiple, and often very expensive, services. While the number of multiply-involved families is small, these families can use a great deal of social service system resources, either simultaneously or sequentially.

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<sup>85</sup> Rather than single points of contact and hierarchical decision structures, the communications world has developed multiple avenues or pathways for communications, a “geodesic network” that does not rely upon a centralized switching device. See: Huber, Peter. *The Geodesic Network*, also described in *Steps Along an Uncertain Path*, *op.cit.* Biological systems, including the human brain, support redundancy to be able to compensate for diseased or damaged parts. Duplication also enables consumers, with different preferences and cultures, to get what they need without relying upon a single system to provide it. See: Bruner, Charles. *Co-location, Common Intake, and Single Point of Entry: Are They the Best Answers to Service Fragmentation?* NCSI/CFPC Occasional Paper #3. Des Moines, IA: Child and Family Policy Center, 1992.

<sup>86</sup> Kraus, Alan, and Jolie Bain Pilsbury. *Making It Simpler: Streamlining and Integrating Intake and Eligibility*. Falls Church, MD: National Center for Service Integration, 1993. Sarah Shuptrine of the Southern Institute has worked both at the state and national levels to bring greater consistency to eligibility determination. See: Shuptrine, Sarah, and Vicki Grant. *A Discussion Paper on Eligibility Policies and Rules Across AFDC, Medicaid and Food Stamps*. Washington, D.C.: The White House Office of Domestic Policy, 1993. While TANF has replaced AFDC, the issues remain largely the same, and are compounded by the continuation of IV-E eligibility determinations under no longer existent AFDC standards.

<sup>87</sup> When Ian Hill was at the National Governors’ Association, he produced a number of documents on streamlining eligibility for Medicaid, particularly for pregnant women. While at Health Systems Research, Inc., he produced other reports on this subject, particularly as they related to maternal and child health for a general overview of this issue as it relates to Medicaid and CHIP, see: Center for the Study of Social Policy and The Together We Can Initiative, “Focus on Health Care,” *The Community Agenda* Vol. 2, No. 1, (Summer, 1999).

A recent study of high-end social service users in Hennepin County, Minnesota, for instance, illustrates the extent to which a small number of families can expend a great deal of public resources. The costliest 200 families used at least \$29.5 million in health and human services funding annually, with \$16 million of that for medical services and \$11 million for children's services, primarily foster care and other placements.<sup>88</sup>

Although such families always may require extensive services and entail significant costs, identifying and focusing attention upon them offers the potential for designing alternative, less costly, and more permanent approaches.

*Implementation Experiences.* Despite extensive work to better integrate services, implementation efforts frequently have fallen short of their goals. Efforts to create "seamless" services across multiple professional systems – child welfare, juvenile justice, mental health, substance abuse treatment, and special education – generally have not produced dramatic breakthroughs. The work in the 1970s on service integration under the Allied Services Act has given way in succeeding decades to a greater emphasis upon "collaboration," a more modest effort to coordinate and connect efforts than to integrate them.<sup>89</sup>

The changes wrought by either service integration or collaborative efforts to create truly "seamless" systems from the child and family's perspective have been modest, at best. The experiences in the 1970s led the General Accounting Office to urge Congress to exercise caution in considering "initiatives that call for state and local governments to make fundamental changes in service delivery systems. Although the potential benefits may be great, so are the risks of failure."<sup>90</sup> Doug Nelson, in a message in his foundation's newsletter, more accurately characterized the issue as "Found Difficult and Left Untried."<sup>91</sup>

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<sup>88</sup> Martin, Carole, Philip AuClaire, Lisa Thornquist, Jim Westcott, and Tim Zimmerman. *200 Families Phase 2: A Foundation for a Reform Process*. Minneapolis, MN: Hennepin County, 1999. See also: Hopfensperger, Jean, "Core Group of Families Costs Millions to County," *Star Tribune*, December 16, 1999. While severely disabled children and their families were the biggest consumers of services on the list on a per family basis (33 families), the largest cluster of families were those with multiple service use in economic assistance, children and family services (including child welfare/foster care), community corrections, and adult services (127 families). These families tended to be families with many children and multiple levels of system involvement.

<sup>89</sup> Kagan, Sharon, and Peter Neville. *Integrating Services for Children and Families*, op.cit. A variety of summaries of the "collaboration" literature have been undertaken. See footnote 15 and Chapter 5, "Getting Started – Key Resources," in Marzke, Carolyn, and Deborah Both. *Getting Started: Planning a Comprehensive Services Initiative*. Falls Church, VA: National Center for Service Integration, 1994. pp. 18-23.

<sup>90</sup> Government Accounting Office. *Integrating Human Services: Linking At-Risk Families with Services More Successful than Systems Reform Efforts*. Report # HRD-92-108. Washington, D.C.: Government Accounting Office, 1992.

<sup>91</sup> Nelson, Douglas, "Found Difficult and Left Untried: The Governance Necessary for Service Integration," *A.E.C.Focus*. Vol. 3, No. 1, winter, 1992. Nelson argues that integrating services has not been "tried and found wanting," but "found difficult and left untried."

Frequently cited as a challenge to integration of services has been the issue of “confidentiality,” with individual systems having requirements that prohibits sharing of information. In fact, however, the experience is that jurisdictions committed to better integration generally have been able to work through these difficulties through creating guarantees for “informed consent” from clients prior to sharing that information.<sup>92</sup>

A second challenge has been the technical one of integrating data systems, even when they are electronic databases. At least one joint foundation to develop software to facilitate such integration across health and education ended in failure and frustration.<sup>93</sup> Public data bases often have been developed primarily for billing purposes and for computer mainframe systems that are not the state-of-the-art, and with limited field interactivity. In addition, the quality of existing data can be suspect, and identifying individuals (let alone family members) across data systems very challenging, given different client identifiers.<sup>94</sup> Even for purposes of general data analysis to determine levels of overlap across systems or profiles of clients most likely to have overlaps – let alone purposes of reviewing information across systems for an individual client or updating information within multiple systems when a client’s address changes – data integration efforts in the social services are in their infancy. Further, in many instances, the specific benefits and uses for such data integration – either for the client or for the system – have not been well articulated, an articulation, which might better guide the integration process. Increasingly, rather than developing an integrated data set of client information across systems, states are exploring the development of data warehouses that can house multiple data

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<sup>92</sup> The Youth Law Center has reviewed a number of efforts around the country to facilitate information sharing across systems while continuing to protect client rights to confidentiality. See: Soler, Mark, Alice Shotton, and James Bell. *Glass Walls: Confidentiality Provisions and Interagency Collaborations*. San Francisco, CA: Youth Law Center, 1993. A summary of that study is found in: Soler, Mark and Gary Peters. *Who Should Know What? Confidentiality and Information Sharing in Service Integration*. Falls Church, VA: 1993. The issue of confidentiality sometimes has been seen as a “red herring” brought up by those who themselves do not want their work subjected to outside scrutiny. There are, of course, legitimate reasons for client confidentiality, but the more clients are present and participate in discussions about them, as the frontline practice reform literature recommends (see Theory of Change Three), the more the issue of confidentiality is moot.

<sup>93</sup> The Stuart Foundation and the Kauffman Foundation financed efforts to develop a new software system, “The New System,” which would integrate health and education data at the community level and be adaptable for use in different communities. After several years, they terminated the effort, with a “lessons learned” document on the challenges of creating such software.

<sup>94</sup> Tracking families is very problematic, even if one can get beyond the politics of defining what constitutes a family. The U.S. Census has added a new designation in its 2000 form to recognize the number of children (perhaps 6%) who are being raised by grandparents, although their parents still may be legal guardians, raising issues of what should be considered the child’s family. In addition, while individuals remain the same, their families often change. This is particularly true for families who are intensively involved in systems, as individual family members may move in and out of the family, and there are likely to be changes in spouses or paramours. The Dartington Social Research Unit has noted that, when children are in substitute care arrangements for any length of time (e.g. six months or more), they are likely to return home to a different family structure than the home they left, which represents an additional challenge to successful reunification. See: Bullock, Roger, Michael Little, and Spencer Millham. *Going Home: The Return of Children Separated from their Families*. Dartmouth, GB: Dartington Social Research Unit, 1993.

systems that then can be accessed for various searches that can extend across those systems to meet specified objectives.<sup>95</sup>

Existing experiences in identifying child and family involvement across multiple systems generally show the highest level of joint involvement within income support and transfer services (TANF, food stamps, Medicaid, child care subsidies, housing subsidies, and emergency energy assistance) and between these systems and an individual social service (child welfare, mental health, disability, juvenile justice, substance abuse treatment).<sup>96</sup>

Next most frequent is joint involvement between special education services and child welfare and juvenile justice. Most clients within social service systems, however, are not simultaneously involved in such multiple services, although, over time, they may have contact with multiple systems. The few who are, however, usually represent complex, larger families with multiple needs who use a very disproportionate share of all services, as the Hennepin County data suggests.<sup>97</sup>

Certainly, clients who are involved with multiple income support systems are most likely to reside in poor neighborhoods. Complex, multiply-involved families also may reside in poor neighborhoods, although they are more prone to supreme isolation from others and substantial mobility (sometimes to escape oversight). Much more work needs to be done to understand the levels and nature of this multiple involvement, and the degree to which it results in fragmented and less effective services.

Moreover, much more work has to be conducted even within electronic data systems to make them more useful from a service, as opposed to billing, perspective.<sup>98</sup> The federal government has provided both financial support for data system development and requirements for data systems to be more outcome-based, with several notable efforts within child welfare.<sup>99</sup> States are

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<sup>95</sup> For an early work in the field, see: Marzke, Carolyn, Deborah Both, and James Focht. *Information Systems to Support Comprehensive Human Service Delivery: Emerging Approaches, Issues, and Opportunities*. Falls Church, VA: National Center for Service Integration, 1994.

<sup>96</sup> In the early 1990s, Oakland undertook a data matching project and found much system overlap, particularly in low income neighborhoods, with most of the overlap involving various income support systems.

<sup>97</sup> *200 Families: Phase 2, op.cit.*

<sup>98</sup> Kentucky spent considerable time and effort to develop a computerized data system, TWIST, that would be useful from a case planning and monitoring perspective, as well as from a system oversight perspective. See: Dessault, "Putting the Human Touch Back In Government Service," *Government Technology* (November, 1997); and Adams, Charlotte, "Kentucky Child Welfare Gets a Twist," <http://www.civic.com>. Generally, data that is entered into systems is likely to be reliable only to the extent that those entering that data either use in it their work or are held accountable for its accuracy by the larger system. This may be only a small fraction of the information that workers are required to collect.

<sup>99</sup> In particular, the federal government mandates states to develop the Adoption and Foster Care Analysis and Reporting System (AFCARS), which must include data on children in foster care or adopted by contract with the state. The federal government also requires reporting through the Statewide Automated

beginning to develop electronic data systems that can be used for planning and service accountability, but public investments in such management information systems have been small compared with those made in the private sector.

Apart from these technical challenges to implementation, it is not always clear that systems want to share their information with other systems, either at the administrative and management or at the frontline practice level, even when their clients do. Sharing information can lead to external review and challenge of practice, including a second-guessing of system work or challenges to the system's success and therefore its ongoing funding. At the practice level or the administrative level, workers share information with other workers willingly only when they have some level of trust that the information will not be misinterpreted. Service systems that feel under stress and do not feel confident or "proud" that they can demonstrate unqualified results are not likely to welcome more sharing of their data.

Co-campusing services have been another approach to creating more seamless systems. In some service integration or system reform initiatives, there have been efforts to develop universal intake processes, or one-stop shopping centers, to create more seamless systems, with greater continuity of care. The challenges these efforts face is that different people have very different needs, and a one-size-fits-all assessment process may be neither very efficient nor effective. There is as strong a conceptual argument for multiple points of entry as for a single intake process.<sup>100</sup> While a few of these co-campusing efforts have sought to reconstruct the structure through which clients gain access to services within such centers,<sup>101</sup> in many instances they represent simply locations where multiple agencies operate, still organized and responsible to their own, individual categorical service systems.

Probably the most work, and progress, in service integration has been in dealing with deep-end, families who either are deeply involved in one system or involved in multiple social services. Like Hennepin County, every state has its \$100,000 families, who often use very high cost placement arrangements that involve intensive, around-the-clock, supervision. These high cost placements often are detached from any other work to create environments within or near the family that can provide supports.

The Alaska Youth Initiative, through the use of integrated case planning and wrap-around services, was able to return many youth in high-cost, out-of-

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Child Welfare Information System (SACWIS) and is requiring the reporting of specific outcome measures related to safety and permanency, as they are reflected in these systems.

<sup>100</sup> See: Bruner, Charles. *Co-location, Common Intake, and Single Point of Entry, op.cit.*

<sup>101</sup> Louisville, Kentucky developed multi-service centers, or neighborhood places, close to schools, with community councils. While workers in these centers come from different agencies, the work is organized at the center level, with efforts to create accountability to the center rather than the separate agencies through the community council. Workers have had to resolve different personnel policies and regulatory practices from their different agencies in structuring the work at the centers. See: Jefferson County Human Services: *Neighborhood Place Handbook*. Louisville, KY: Jefferson County Human Services, 1999.

state child welfare or mental health placements back to their home communities.<sup>102</sup> Ventura County was able to serve its deep-end mental health child population in less restrictive placements with more wrap-around family supports.<sup>103</sup> HomeRebuilders, in New York City, was able to reunify children in residential placements with their families much faster by changing reimbursement systems to reward that reunification.<sup>104</sup>

Managed care strategies, both in behavioral health and child welfare, similarly sometimes have resulted in reducing the level of deep-end system involvement, with resulting savings.<sup>105</sup> In some instances, these savings have been re-directed to earlier, more preventive services. In fact, Iowa's decategorization initiative and the Alaska Youth Initiative were based on the ability to re-invest savings.<sup>106</sup> There is good evidence that, without some incentive, these system changes do not occur.<sup>107</sup>

At the same time, it must be recognized that these deep-end families constitute a very small proportion of all families served by public systems, and an even smaller proportion of families within poor neighborhoods who face barriers to their, and their children's, success. While they constitute major challenges to

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<sup>102</sup> VanDenBerg, John. *Alaska Youth Initiative*. Juneau, AK: Alaska Department of Health and Social Services, 1991. See also: Burchard, John and Richard Clarke, "The Role of Individualized Care in a Service Delivery System for Children and Adolescents with Severely Maladjusted Behavior," *The Journal of Mental Health Administration* Vol. 17, No. 1 (Spring 1990), pp. 48-59 and National Technical Assistance Center for Children's Mental Health. *Promising Practices in Wraparound for Children with Serious Emotional Disabilities and Their Families*. Volume IV of *Systems of Care: Promising Practices in Children's Mental Health* series. Washington, D.C.: Center for Mental Health Services of the Substance Abuse and Mental Health Administration, 1998.

<sup>103</sup> Behavioral Health Department. *Ventura County Behavioral Health Required Plan*. Ventura County, CA: Behavioral Health Department, 1999. [www.ventura.org/hca/bh/documents/required5.htm](http://www.ventura.org/hca/bh/documents/required5.htm).

<sup>104</sup> Westat, Inc., Chapin Hall Center for Children, and James Bell Associates. *Evaluation of the New York City HomeRebuilders Demonstration: Final Report*. Washington, D.C.: Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, 1998.

<sup>105</sup> There are a diverse array of managed care programs for vulnerable populations, typically supported for Medicaid recipients under 1115 or 1915(b) waivers. Some involve capitation and some do not. Two reports on state initiatives dealing with children with behavioral health concerns or child welfare involvement share some early findings and observations. See: Stroul, Beth, Sheila Pires, and Marty Armstrong. *Health Care Reform Tracking Project: Tracking State Managed Care Reforms as They Affect Children and Adolescents with Behavioral Health Disorders and Their Families*. Tampa, FL: University of South Florida, 1998, and: Schulzinger, Rhoda, Jan McCarthy, Judith Meyers, Marisa de la Cruz Irvine, and Paul Vincent. *Special Analysis: Child Welfare Managed Care Reform Initiatives: The 1997-98 State Survey*. Washington, D.C.: National Technical Assistance Center for Children's Mental Health, Georgetown University, 1999.

<sup>106</sup> For a description of Iowa's decategorization initiative and its emphasis upon such incentives, see: Kimmich, Mady *Iowa Decategorization as a Strategy for Comprehensive Community-Based Learning: Lessons Learned in Implementation*. Salem, OR; Human Services Research Institute, 1995 and Rust, Bill, "Decat in the Hat: Iowa's Successful First Step Toward Devolving Resources, Responsibility, and Accountability for Child and Family Outcomes," *Advocasey* Vol. 1, No. 1 (Spring, 1999), pp. 4-12.

<sup>107</sup> John VanDenBerg, who developed and implemented the Alaska Youth Initiative, concludes that, without such incentives, workers simply will not do the extra work to create new options. VanDenBerg, John, *Alaska Youth Initiative*, *op.cit.* See also: Farrow, Frank, and Charles Bruner. *Getting to the Bottom Line: State and Community Strategies for Financing Comprehensive Community Service Systems*. Falls Church, VA: National Center for Service Integration, 1994.

social service system providers, from the neighborhood perspective they represent only a small portion of service system concerns.

In conclusion, there continues to be much talk about more seamless and integrated services. Community collaboratives often have produced greater understanding across service systems of system roles and constraints and some level of trust-building, but actual integration of services on a systemic basis generally has not occurred. Some experimentation on different aspects of service integration has proceeded; but service integration still has proved challenging, and often there have been only vaguely conceived benefits to those charged with carrying it out (or the clients they serve).

*Observed impacts to date.* Impacts from more integrated social services can occur either at the systems level or at the child and family level.

Most recent activity has looked for impacts primarily at the child and family level – often on community indicators of child and family well-being.<sup>108</sup> Unless there are demonstrated impacts on systems, however, service integration efforts cannot take credit for changes in child and family outcomes. A brief enumeration of possible, measurable systemic impacts is shown in Chart Eight.

With respect to these indicators, the following can be said.

There is experience that streamlining eligibility systems itself can reduce worker time in obtaining and recording information, as well as improving utilization, although some potential streamlining remains problematic due to conflicting federal eligibility criteria.<sup>109</sup>

There is ample field consensus, if not documented research, that persons from different systems who become involved in collaborative activities believe they are more likely to refer and follow-up with other systems, with fewer misconceptions of what other systems can do. They may reduce, to some degree, the particular “failures by fragmentation” that result in people being referred from one system to another without getting any real help.<sup>110</sup>

There is experience with case facilitation and the use of multi-disciplinary teams with multi-system families that has produced more coordinated and

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<sup>108</sup> For instance, the most recent guidelines established for counties to apply for Pennsylvania’s Family Service Systems Reform Initiative required that applying counties demonstrate how their systems reform efforts would impact child and family outcomes. The Initiative, however, was designed to produce systemic changes in governance, financing, service integration, and outcome-based management – that would then produce changes in child and family outcomes. This emphasis upon child and family outcomes will be discussed in more detail under the fourth theory of change section. See: Department of Public Welfare. *Family Service Systems Reform Request for Proposal*. Commonwealth of Pennsylvania: 2000.

<sup>109</sup> Kraus and Pilsbury, *Making it Simpler*, *op.cit.*.

<sup>110</sup> This is the type of “buck passing” that the illustration in Gardner’s article, “Failure by Fragmentation,” *op.cit.*, documents.

consistent case planning and response, particularly when individual, complex cases can be singled out for such review.<sup>111</sup>

### **CHART EIGHT** **Sample Systemic Outcomes and Indicators**

Outcome: *Services that are seamless and coordinated in response*

- Indicators:
- Absence of multiple case managers for same family
  - Timely transitions when referrals are made from one system to another
  - Sharing of information and histories across systems that avoid the need for families to repeat stories
  - Consistent service strategies as families move from one system to another, building upon work in the past

Outcome: *Efficient use of resources and services*

- Indicators:
- Funding directed to achieve results for children and families, rather than restricted to categorical programs
  - Funds pooled to meet highest identified community needs
  - Duplication of service provision to individual children and families minimized

Outcome: *Accountability for results*

- Indicators:
- Clear outcomes and indicators identified and regularly tracked and reported on
  - Programs have clear performance measures established that are relevant to their mission
  - Family records show clear goals and measurable objectives
  - Programs are discontinued and funding redirected when performance measures not achieved

*Source: Author's unpublished work for Commonwealth of Pennsylvania*

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<sup>111</sup> Two illustrations are evident from decategorization experiences in Polk County, Iowa. One involved case facilitation of complex cases that enabled participants to develop case plans “outside the lines” of existing funding streams. See: Bruner, Charles. *Improving Children’s Welfare: Learning from Iowa*. Denver, CO: National Conference of State Legislatures, 1992. A second involved a demonstration project funded by the Danforth Foundation that supported a worker whose job was to coordinate child welfare services and educational plans for children coming back into the school system from out-of-community placements. See: Berryhill, Megan. *Serving Severely At-Risk Youth: The Second-Year Evaluation of the Polk County School/Community Partnership*. Des Moines, IA: Child and Family Policy Center, 1993.

There is also experience, again particularly around deep-end families, that less costly approaches can developed if they draw in all system resources, although the size of these savings has yet to be shown to free huge resources for redirection to more preventive services.<sup>112</sup>

With respect to child and family outcomes, there has been little to connect system integration approaches with changes in community-wide indicators of child and family well-being. As will be discussed later, social services are not the only determinant of community-wide child and family well-being.

Again, the primary changes at the client level from more integrated services most often have been documented with respect to deep-end families and reductions in remote, extended, and institutional placements. The presumption is that community-based placements and family environments are preferable to residential or institutional placements.<sup>113</sup> In short, there is a research base that reliance upon high-cost placement services can be reduced and more family-like environments maintained through greater integration of services.

*Future Activities to Further Knowledge Base.* There is increasing evidence that service integration strategies, at best, relate to only a narrow part of needed reforms to improve well-being for children and families in poor neighborhoods. As the field has developed, the absence of cross-system service integration has not been viewed as the only reason for service fragmentation.

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<sup>112</sup> Ventura County and selected managed care experiences in behavioral health and child welfare have been able to reduce expenditures by 10-30%. In the case of the case facilitation work in Polk County, it was possible to turn one \$300,000 per year family into a \$200,000 per year family, a significant saving but still a very high cost with multiple, expensive needs. The experiences in long-term care for the elderly similarly suggest that, while more home-based services may be more desirable, they generally do not dramatically reduce the overall costs of care, particularly when they are provided on an entitlement basis, because there is a discovery effect or woodwork phenomena. Many of the children and families to be served are not engaged simply for acute care needs, but have extended care needs. For a recent analysis arguing that there should not be expectations for cost-savings for such extended care populations of special needs clients through managed care: see: Verdier, James. *Coordinating and Financing a Continuum of Services for Special Needs Populations in Medicaid Managed Care Programs*. Philadelphia, PA: Medicaid Managed Care Stakeholders Project of Center for Health Care Strategies, 1999.

<sup>113</sup> These have become terms of art in different fields. In child welfare, judges must make “reasonable efforts” to prevent placement, and provide the “least restrictive placement,” when placement is needed. In the disability world, systems shall practice “inclusion” in serving persons with disabilities. The mental health world speaks to “normalization” in the care and treatment of persons with mental illness. At the same time, at least for children in child welfare and juvenile justice systems, this does not necessarily result in better educational or social results, nor does it necessarily guarantee greater continuity of care. The values of the system state that the child should be with parents or guardians, where possible, even if this does not result in optimal education or social experiences. When the state places the child and becomes the parent, there is a higher standard for the provision of educational and social supports – and there is more control available to assure the child attends school and order is maintained. The “least restrictive alternative” can result in more actual moves for a child within the system, from more to less restrictive or less to more restrictive placements, as the situation demands, even though movement can reduce the continuity of care provided the child.

Even within systems, either through movement from one service to another or turnover in staff, service response often is discontinuous. Further, public and professional services often have limited contact with natural support networks needed to sustain family growth and development. If systems do not operate effectively on their own, integrating them will not solve those problems and concerns.

Still, there are obvious advantages to reducing duplication, minimizing hand-offs, and avoiding the imposition of conflicting or confusing expectations upon children and families who do become involved with more than one system. In this respect, there is a need to obtain answers to what strategies work to produce the types of changes described in Chart Eight. Research and evaluation that focuses upon these systemic changes is needed to better answer questions of how systems can become more seamless, the costs of duplication reduced, and treatment planning more consistent across systems.

As electronic data system capacities develop, there is a need to identify the extent of client overlap among social service systems, particularly those involved in more than systems providing transfer payments and benefits. This includes identifying profiles of children and families who consume a disproportionate share of system resources and identifying strategies that can more effectively address their needs.<sup>114</sup>

These all need to be put in the context of other systemic change efforts, both within social services and by other systems in poor neighborhoods.

### **Theory of Change Three: Transforming Frontline Practice**

*Transforming Frontline Practice. While the first dictum of the helping professions is to “do no harm,” too often that is what they do with the clients they serve, particularly within poor neighborhoods. Their deficit-based and professional-knows-best practice devalues and discredits individual initiative and breeds dependence, rather than independence. A paradigm shift in practice is needed to make social work “work.” This paradigm shift involves new partnerships between*

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<sup>114</sup> In a critique of family preservation, Douglas Besharov cites a program designed to provide temporary housing assistance to help homeless families get “on their feet.” Besharov noted that the intention of the program was to provide transitional housing within an apartment that provided additional support. The first family who moved in, however, was still there years later. While the children and family were doing okay, they had not progressed to a point where they could independently manage, without the structured and subsidized setting. While the program did not meet its mission, however, it may have proved to be the most cost-effective service for the family, and one that led to the best outcomes for the children. This might have been the most appropriate “wrap-around” service possible for the family. The fact, however, is that such results – permanently supported living environments – seldom are considered successes and even more less likely to have access to service system funding streams. It should be noted that Besharov uses this case illustration as a critique of family preservation services and not for the purposes used here. See Besharov. Douglas, [citation goes here]

*professionals and community, greater reliance upon mutual aid and self-help, and emphasis upon the role of organization and advocacy as well as individually- or family-based care and treatment. Transforming frontline practice involves fundamental and profound changes in frontline worker roles and their relationships with the people and neighborhoods they serve.*

The family support principles and the core attributes of effective services enumerated in Charts Four and Five have been applied beyond prevention programs. In fact, in various forms, terms to describe new frontline practice service delivery – asset-based, family-focused, neighborhood-embedded, individually tailored, collaborative – have become almost a mantra in the system reform world. There are significant reform efforts within most helping professions – mental health, disability, public welfare, child welfare, health care, youth development<sup>115</sup> – that have articulated a very similar set of practice principles. While one or two of the principles articulated generally speak to more seamless services, with better integration with other professional (and voluntary) systems, most address the manner in which the frontline practitioner works with the clients the practitioner serves. These changes are sometimes considered so profound within public service systems – from the client as the recipient of service to the family as a participant in their own growth and development – that they have been referred to as a “paradigm shift” in the way services are delivered.<sup>116</sup>

As such profound shifts, they require fundamental changes in the manner in which frontline practitioners are trained, supported, and rewarded within their organizations. They call into question a variety of bureaucratic policies and practices within public systems and even the ways institutions of higher education teach.<sup>117</sup>

Some public systems, such as public welfare, long have been organized to routinize practice at the frontline level through a variety of rules and regulations. This offers greater consistency and efficiency of service and enables less-skilled and expensive workers to perform the tasks.<sup>118</sup> In these instances, this new paradigm requires transformations that involve frontline workers exercising substantially greater discretion in working with children and families, ones which cannot be created by changes in policy and regulation alone.

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<sup>115</sup> For an overview essay on incorporating such principles into each of these fields, along with programmatic examples, see: Family Resource Coalition. *Report* Vol. 13, No. 1 & 2, (Spring/Summer, 1994), special report entitled, “Building Bridges: Supporting Families Across Service Systems.” For actual articulations of these principles within different professional system reform efforts, see the Appendix to Kinney, *et.al. Beyond the Buzzwords, op.cit.*

<sup>116</sup> Adams, Paul, and Kristine Nelson (eds.) *Reinventing Human Services: Community- and Family-Centered Practice*. New York, NY: Aldine De Gruyter, 1995.

<sup>117</sup> Adler and Gardner, *The Politics of Linking Schools and Social Services, op.cit.*

<sup>118</sup> Piven and Cloward, *Regulating the Poor, op.cit.*. Of course, workers, despite rules and regulations, may bend their practice to do what they feel is most effective. See: Lipsky, Michael, *Street-Level Bureaucracy: Dilemmas of the Individual in Public Service*. New York: Russell Sage Foundation, 1980.

In poor neighborhoods, the notion of “neighborhood-embedded” within this service mantra takes on additional meaning. Moving from the client as “recipient” of service to “participant” in the process of personal growth is not necessarily enough. Ultimately, as clients see new possibilities for themselves, they also will recognize the need for community-building efforts that extend beyond their own growth in order to achieve them. The client becomes a “contributor” to community change, with frontline practitioners required to be partners in that broader task.<sup>119</sup>

*Soundness and Support for Underlying Premises.* Clearly, as with the other theories of change, there is significant “face validity” for this theory, as witness to the rhetorical embrace of these practice principles within and across many social service systems. There also is a great deal of documentation of current service systems failing to make connections with at least some individuals and families they are designed to help.<sup>120</sup> At the same time, this theory is often difficult to disentangle from current preferred system practice. Workers often contend this is what social work is about in the first place, and constitutes what they are doing to the extent that external constraints and client cooperation permit them.

As with other theories of change, there are several underlying premises regarding this shift in frontline practice:

1. This form of frontline practice achieves better results than more professionally directed practice, at least for a significant portion of the children and families in poor neighborhoods who receive services.
2. Frontline practice change can be imparted to workers and does not require such rare skills and talents that there will never be a sufficient supply of workers able to do the work.
3. Policies, processes, and structures can be established to produce this frontline practice transformation.

1. On the first premise, the research base could bring in the whole fields of psychology and sociology. Jill Kinney, *et. al.*, have provided a description of

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<sup>119</sup> Bruner, Charles, “Beyond Service Collaboration – Involving Children, Families, and Neighborhoods in Service Reforms,” *PSAY Network Newsletter* Vol. 4, No. 2 (June 1996).

<sup>120</sup> Typical among the stories that are told by workers in programs embracing such principles is that the families they serve tell them, “You are the first person who really has cared what I think,” “I have never trusted someone from the system before,” and “You’re the first person who believed in me.” Frequently, overcoming this level of distrust comes only after concerted and persistent outreach, when the worker has demonstrated that he or she really was going to stick with the effort and the family finally decides to give him or her a chance.

some of the clinical and theoretical literature supporting the following five principles of effective practice, shown in Chart Nine.<sup>121</sup>

### **CHART NINE** **Principles of Effective Frontline Practice**

1. Effective workers emphasize client strengths, rather than client pathology, and use client strengths and resources in problem solving.
2. Effective workers view their clients holistically and their treatment plans encompass a broad array of factors.
3. Effective workers join with their clients as true partners in a collaborative, problem-solving effort.
4. Effective workers tailor treatment plans to meet the needs and goals of their clients.
5. Effective workers and clients work together to create very specific, short-term, measurable goals for treatment.
6. Effective workers display certain skills and attitudes, including the ability to engage clients in a trusting working relationship, to express appropriate empathy, and to facilitate learning a broad range of life skills.

Source: *Beyond the Buzzwords*

For at least some clients, Kinney *et. al.* argue that these principles of effective practice are well-grounded.

Clearly, establishing trust with a client is considered fundamental to helping the client change (or work to change surrounding circumstances). While establishing trust does not require partnerships or equal relationships, it does require belief that the client can change, which presumes that the client has strengths.<sup>122</sup>

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<sup>121</sup> Kinney, Jill, *et.al.* *Beyond the Buzzwords*, *op.cit.*

<sup>122</sup> The strength-based approach makes sense for two reasons. First, it helps in building relationships in the first place and identifying action steps that can produce success. Second, human growth and development requires more than the absence of negative conditions (abuse, lack of basic needs, environmental hazards and threats to safety), it requires the presence of positive ones (nurturing, opportunities to experience growth and receive reinforcement). See: Dunst, Carl and Carole Trivette. *Measuring Family Functioning as an Outcome of Social Action Programs: A Framework and Relevant Indicators*. Philadelphia, PA: Pew Charitable Trusts, N.D.; and Cown, Emory, "The Enhancement of Psychological Wellness: Challenges and Opportunities," *American Journal of Community Psychology*, Vol. 24, No. 2 (1994), pp. 149-179. The British recognize this in their formal child protection system, using the British terminology "high criticism" and "low warmth" environments to characterize parenting styles that place a child at risk – with "low warmth" environments generally considered to be most harmful. See: Dartington Social Research Unit. *Child Abuse and Child Protection: Recent Research Findings and Their Implications*. Great Britain: Department of Health, 1995.

The role of self-help and mutual support in this process also makes good theoretical sense. Unless children and families are connected with support systems, they will not succeed.<sup>123</sup> In the medical world, “outcomes” are defined as consisting of multiple dimensions, including the actual presence of the clinical condition in the patient, the functional status of the patient, and the patient’s perception of health and well-being.<sup>124</sup> While the literature on self help and mutual aid is mixed in showing gains with respect to changes on clinical conditions, it is much stronger on the latter two dimensions.<sup>125</sup> The disability world, in part because many of the parents of children with disabilities have had the resources and community standing to advocate for changes in professional response, has some of the strongest literature on the power of consumer involvement in service design and results.<sup>126</sup>

Within poor neighborhoods, social services often look very different than they look in more affluent neighborhoods. The distances between the systems and the families they are designed to help – in culture, race, class, world experience, and sense of opportunity – are very large.<sup>127</sup> Particularly in dealing with poor neighborhoods and the children and families within them, practitioners may come to see their role as one of social control and maintenance, rather than help and empowerment. In child welfare and juvenile justice service systems – largely involuntary systems with very disproportionate numbers of clients in poor

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<sup>123</sup> In making the case for wrap-around services, VanDenBerg states, “If a child doesn’t have friends, he won’t succeed.” Therefore, finding friends may be a critical part of a service strategy for some children. See: VanDenBerg, *Alaska Youth Initiative*, *op.cit.*

<sup>124</sup> According to Michael Goldberg, “Outcomes are the results of patient care from the perspectives of the patient, the doctor, and the system. . . . Technical physiologic outcomes are specific measurements of physiological function. Functional health status measures the roles and tasks performed by the patient. Patient satisfaction includes satisfaction with the processes of care as well as with the consequences of care. Resource utilization are the dollars spent and the services consumed in patient care.” Goldberg goes on to apply this medical model outcome classification to child welfare. Goldberg, Michael. *An Introduction to Outcomes and Performance Measurement*. Paper prepared for First Annual National Symposium of the Boston Children’s Institute of The Home for Little Wanderers. Boston, MA: Boston Children’s Institute, 2000.

<sup>125</sup> While studies of Alcoholics Anonymous may not conclude AA “cures” many of its members from drinking, for instance, those members have more positive views of themselves and are more likely to carry on responsible roles in society. See: Riessman, Frank, and David Carroll. *Redefining Self-Help: Policy and Practice*. San Francisco: Jossey-Bass Publishers, 1995. For a discussion of the relationship of professionals to self help, see: Gardner, Audrey and Frank Riessman, “Professional and Self-Help,” in *Wise Counsel*, *op.cit.*

<sup>126</sup> See: Bradley, Valerie, John Ashbaugh, and Bruce Blaney (eds.). *Creating Individual Supports for People with Disabilities: A Mandate for Change at Many Levels*. Baltimore, Paul H. Brookes Publishing Co., 1994; and Nisbet, Jan. *Natural Supports in School, at Work, and in the Community for People with Severe Disabilities*. Baltimore: Paul H. Brookes Publishing Co., 1992.

<sup>127</sup> See: Bruner, Charles, and Larry Parachini. *Building Community: Exploring New Relationships Across Service Systems Reform, Community Organization, and Community Economic Development*. Washington, D.C.: Together We Can Partnership, 1997. Community organizing efforts and community economic development efforts often dismiss social services as capable of self-reform, and some community organizing efforts mobilize against these systems.

neighborhoods<sup>128</sup> – workers often view themselves as enforcement officers rather than asset developers.

Many of the publicized “success stories” in community-based systems reform – case studies of changed practices at the frontline practice level and resulting changed child and family and neighborhood results as a consequence – have occurred within very poor neighborhoods, where such change was most needed, through forging different relationships with children and families based upon new practice principles.<sup>129</sup>

The move toward the carrot and away from the stick represents a challenge as well as an opportunity in poor neighborhoods, however. Empowerment as effective or sole intervention has not been accepted universally. While the theory of change here posits that frontline practice that empowers is more effective than that which controls, it should be noted that there are advocates for the alternative approach, as well.<sup>130</sup> Welfare reform in America has been schizophrenic with respect to the degree it seeks to support families in achieving economic independence and the degree it seeks to force them to comply with societal expectations of work. The building research literature on welfare reform approaches – from empowering to punitive – has not produced consensus on most effective approaches.<sup>131</sup> In addition, there are some that contend that change, at least in the form of human advancement, is not possible within poor communities, and the best society can aspire to is greater social peace.<sup>132</sup>

2. On the second premise – that workers can be found or existing workers re-trained or otherwise empowered to change practice – there is no particular evidence to the contrary. Since there are few instances of full-scale conversions of workforces, however, there also is little evidence to negate an assertion that the skills and demands of the work are so complicated or require such special personalities and passion that they always will be in scarce

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<sup>128</sup> See footnote 33. A historical review of this country’s removal of children from their parents – from orphanages to orphan trains to the current foster care system – argues that children always have been removed from their parents in large measure because of poverty and its disadvantage and as a means of imposing middle class values. See: Pelton, Leroy. *For Reasons of Poverty: A Critical Analysis of the Public Child Welfare System in the United States*. New York, NY: Praeger, 1989

<sup>129</sup> See both of Lisbeth Schorr’s books: *Within Our Reach, op.cit.* And *Common Purpose, op.cit.*

<sup>130</sup> At the same time Oliveras starred as Jaime Escalante in *Stand and Deliver*, Morgan Freeman starred as in *Lean on Me*, the story of an Patterson, New Jersey principal who carried a baseball bat to bring discipline and control to his school.

<sup>131</sup> In part because many welfare reform initiatives at the state level began as demonstration programs requiring evaluations, and in part because foundations have provided substantial support for evaluating the impact of welfare reform, there are increasing studies in the field on the effectiveness of different policies and practices. See, in particular, the Urban Institute’s *Assessing the New Federalism* series of reports and papers, and the *Welfare Information Exchange Network’s* reports.

<sup>132</sup> Herrnstein and Murray. *The Bell Curve, op. cit.*

supply.<sup>133</sup> In addition, it may be that the resulting costs of enlisting that workforce, in comparison with enlisting the existing workforce, as prohibitive.<sup>134</sup>

It is clear that, whether conducted by professionals or para-professionals, the work is highly skilled, demanding that workers exercise a great deal of discretion in working with families, with a very holistic focus. It requires a broader range of knowledge than narrow professional expertise in one field, as it requires connections with local circumstances and resources. Particularly in poor neighborhoods, it requires understanding of and appreciation for different cultures and working with diverse individuals and groups in a partnering fashion. The skill levels required may necessitate fundamental changes in the overall support provided to workers, well beyond a shift in values.

3. On the third premise – that policies, processes, and structures can be constructed to produce this frontline practice transformation – there is ample historical evidence that shifts in thought and practice do occur, although there are different theories of how they change, in part depending upon how fundamental or radical (“at the root”) the change is.

If the change relates to a specific practice within a larger base of knowledge that remains largely valid, e.g. an “innovation” in the field, there is substantial evidence that this practice change can be diffused to other practitioners. Effective models to spread that practice include the identification of persons who can act as initiators and early adopters, using their experiences and successes to enlist the support of respected colleagues in the field, who can then help diffuse the practice to the majority of practitioners. This “diffusion of innovation” model<sup>135</sup> has been shown to apply in the medical field, in particular, to the adoption of new procedures and practices.<sup>136</sup> Simplistically, there is something of 10-80-10 rule in converting practice in the field. Ten percent of practitioners will eagerly embrace new ideas; eighty percent can be brought along to change practice over time; and ten percent will never adopt new practices and must be transferred from their positions or otherwise removed.

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<sup>133</sup> Unfortunately, while the existence of exemplary programs embracing these principles may demonstrate the efficacy of such an approach, this does not speak to the ability to develop an effective system. While the development of ground-breaking exemplary programs within today’s categorical funding systems may require, in Lisbeth Schorr’s terms, passionate leadership that blends the strengths of “Mother Teresa, Machiavelli, and a certified CPA,” social service system workforces ultimately must be constructed on the basis of a Lake Wobegone labor pool, “above-average” persons working reasonably diligently at their jobs.

<sup>134</sup> Current payment levels within social services are causing major problems in maintaining existing workers. In fact, workforce recruitment and retention issues in social services represent one of the major challenges identified by both the American Public Human Services Association and the Child Welfare Leagues of America.

<sup>135</sup> Rogers, Everett. *Diffusion of Innovation, Fourth Edition*. New York, NY: The Free Press, 1995; and Tushman, M.L. and W.L. Moore (eds.) *Readings in the Management of Innovations, Second Edition*. Harper Business Publishers, 1988,.

<sup>136</sup> The federal Agency for Health Care Policy and Research has funded a number of research projects to identify effective ways to disseminate information to the medical field on new practices, which largely conform to the “diffusion of innovation” model.

Alternatively, if the change is a true “paradigm” shift – a radical restructuring of underlying assumptions and premises – the likelihood of persons changing underlying beliefs (teaching old dogs new tricks) is small. The old systemic beliefs will fight the new ones to the end; and the process of change ultimately is a destruction of the old through the eventual gaining of power of the new.<sup>137</sup>

In either case, the change process occurs less through rules and policies than through training, support, experience, and politics. If practices are to be changed – particularly to provide greater rather than lesser discretion – rules and policies can stand in the way, but they alone cannot produce desired change.

Further, changes in this frontline practice may have major consequences to the manner in which organizations structure themselves, with hierarchical administrations being at cross-purposes to the levels at which fundamental decisions are met. Converting hierarchical systems into collegial ones represents an organizational challenge of major proportions.<sup>138</sup> In this respect, state departments and agencies, in particular, often have a great deal of difficulty converting their thinking from guiding and directing local activities to supporting and facilitating them.

*Implementation Experiences.* There has been a great deal of rhetorical emphasis in the systems reform world upon converting public, social service systems to be more consumer-driven, asset-oriented, and neighborhood-based. At the state and community level, inter-agency commissions or cabinets, social service departments and agencies, and community collaboratives have rewritten their mission statements to promote new frontline practice principles.

There has been much less actual experience in converting that practice, in the field. As Iowa embarked upon such a change agenda in child welfare and juvenile justice, Doug Nelson cautioned the state that, “In my own experience, it takes four times as much administrative time and priority to manage a change in system structure and function than it does to effectively administer the status

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<sup>137</sup> For a history of the politics behind paradigm shifts in the physical sciences, see: Kuhn, Thomas, *The Structure of Scientific Revolution*. Chicago: University of Chicago Press, 1970. For a description of the “theory of creative destruction” in the economic world, which argues that old products do not adapt but wither away in the light of superior new products, see: Schumpeter, J.A. *Capitalism, Socialism and Democracy*. New York, 1947.

<sup>138</sup> When Gary Stokes endeavored to change Mid-Iowa Community Action Agency from a “service provider” to a “family developer,” the role of frontline staff changed from determining service eligibility to working with families to develop self-sufficiency plans. He found that he had to restructure his organization by flattening his hierarchical structure and treating his frontline staff as the most important part of his agency, rather than at the bottom of a decision-making hierarchy. In addition to respecting the skills they needed, he recognized that he could not ask them to partner with families if they were in an organizational structure that did not partner with them. See: Stokes, Gary and Janet Carl, “Ordinary People: Extraordinary Organizations,” *Nonprofit World*, Vol. 9, No. 4 (July/August 1991); Vol. 9, No. 5 (September/October 1991); and Vol. 9, No. 6 (November/December, 1991). Three-part series.

quo. If that level of priority is not accorded ... they will very likely not be operationalized in a way that will work.”<sup>139</sup>

Particularly over the last two decades, however, the infrastructure within public systems at the state and community level that might plan, administer, and support such change efforts has been dramatically reduced.<sup>140</sup>

Some of the most concerted efforts at this practice change have been through relatively small-scale foundation efforts. In particular, the Clark Foundation’s Community Partnerships for Protecting Children is seeking to produce such change within the child protective service system within four pilot communities. Increasingly, its emphasis has been on training, staff support and development, and supporting a “culture change” within those public systems.<sup>141</sup> The Annie E. Casey Foundation’s Family-to-Family Initiative has had a similar thrust with respect to family foster care.<sup>142</sup>

Two areas where work has proceeded the furthest in producing this practice change have been in the disability field, through the persistence and leadership of parents of children with disabilities, and in the field of child mental health, where reform advocates were successful in establishing a national effort, CASSP, to support changes in the manner in which states develop systems of care for children with serious emotional needs and difficulties. In addition, some individual social services organizations have sought to “institutionalize” this practice within their own programs, with Behavioral Sciences Institute, a research arm of the Homebuilders family preservation program, giving particular attention to this effort.

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<sup>139</sup> Nelson, Douglas. “A National Perspective on Iowa’s Initiative: Challenges to Iowa Policy Makers.” June 30, 1992 speech, Des Moines, IA.

<sup>140</sup> In Iowa, for instance, while overall state spending increased slightly in real (inflation-adjusted) dollars and programmatic dollars increased dramatically in a number of areas between 1983 and 1992 – most notably Medicaid, corrections, and child welfare – general purpose government and administrative support, including planning, declined substantially in real dollars. Like the private sector, middle management state agency staffing was reduced dramatically, with a declining share of the overall budget from 8.9% to 5.8%, and a reduction in actual non-university employees of 13.6%. See: Iowa Kids Count, “State Budget Trends – Implications for Prevention,” *Iowa Kids Count Quarterly* (September 1994). Many states were more aggressive than Iowa in budget cutting over this period.

<sup>141</sup> For an overview of the philosophy behind the initiative, see: Center for the Study of Social Policy. *Strategies to Keep Children Safe: Why Community Partnerships Will Make a Difference*. Washington, D.C.: Center for the Study of Social Policy, 1997. For an overview of the initiative today, see: Program for Children. *Community Partnerships for Protecting Children*. New York, NY: Edna McConnell Clark Foundation, 1999. Chapin Hall is conducting both formative and summative evaluations of the initiative. While it did not start as such, developing “individualized courses of action,” with active family involvement – a major practice change for the CPS system – is now the centerpiece of the Foundation’s effort.

<sup>142</sup> The Initiative has produced a series of overviews, summaries, and implementation manuals on sixteen topics, based upon experiences in implementing family to family. See: Annie E. Casey Foundation. *Family to Family: Reconstructing Foster Care* and *Family to Family: Tools for Rebuilding Foster Care*. Baltimore, MD: Annie E. Casey Foundation, 1998.

The persistence and leadership of parents of children with disabilities has produced professional practice changes in serving children with disabilities, with much more “inclusion” and much greater parental involvement. While this represents a continuing struggle, with some practitioners much more receptive to new roles of partnering with families and children than others, there have been substantial changes in the treatment of disabilities as a result of these efforts, as evidenced by such national policy changes as found in the Americans with Disabilities Act (ADA).

While there are many implementation lessons from this movement in the disability field, It should be noted that there may be additional obstacles in transferring its successes to practice issues as applied to poor people and poor neighborhoods. Parent advocates for practice changes in the disability world generally were parents with standing in their communities and the resources to press for change. They were dealing with conditions that did not stigmatize them and were recognized to be organic in nature. While disabilities occur disproportionately among children in poor families and poor neighborhoods, the reforms and changes in practice in the disability field largely have been driven by and benefited persons outside these neighborhoods.

The systems of care movement within CASSP also provide lessons to the field. From the outset, CASSP has sought to provide technical assistance and support to change the professional culture to embrace a “systems of care” perspective. In many respects, CASSP has sought to construct a diffusion of innovation model in supporting professional practice changes.<sup>143</sup>

The Homebuilders program in Tacoma, Washington represents a very structured family preservation program model.<sup>144</sup> Clearly, the success of Homebuilders is entirely dependent upon the skills and abilities of its workers, both in diagnosis of presenting and underlying family issues and in resolving those issues in a way that ensures child safety. To maintain program integrity, Behavioral Sciences Institute developed a continuous quality review process for Homebuilders, called QUEST, to help insure that workers have and continue to develop their skills. The QUEST model involves extensive shadowing and supervision of workers, as well as training, and is being integrated into the core operation of the Homebuilder’s program. Behavioral Sciences Institute staff believe QUEST has helped assure program quality. The intensity and comprehensiveness of the QUEST model, however, well exceeds what public

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<sup>143</sup> Lourie, Ira. *Principles of Local System Development for children, Adolescents, and Their Families*. Washington, DC: Georgetown University Child Development Center, 1994.

<sup>144</sup> Homebuilders is designed to work very intensively, on a short-term (4-6 week) basis, with families at imminent risk of having a child placed in the foster care system. A family preservation worker is on-call twenty-four hours a day over this period, and works with no more than two or three families at any one time. The model is holistic in its approach, building upon family strengths and problem-solving to address the needs that gave rise to placement. From the outset, Homebuilders has sought to retain its program integrity as it expanded from one site to another, recognizing that program integrity rested with the quality of the workers, themselves. Homebuilders’ potential for replication was what attracted Peter Forsythe and the Clark Foundation in using it as a model for family preservation services for state implementation.

systems currently providing in the form of training and support for their workers, or make available to private providers within their contracts with them.<sup>145</sup>

*Observed Impacts to Date.* In one sense, there is significant evidence that frontline practice that adheres to these practice principles can produce dramatic impacts. Many case studies of exemplary programs whose emphasis has been on a new frontline practice paradigm provide evidence of success, often with case studies or client reports that clearly identify the frontline practice approach as something different from other system responses and what produced results, where other programs and services did not.

Still, the overall research base on practice impact is not particularly strong, for two reasons.

First, generally programs, and not practices, have been the subjects of research and evaluation. The focus upon programs has gone so far that some reform efforts, most visibly the OJJDP-sponsored community planning efforts related to Communities that Care and comprehensive strategies, recommend adoption only of “researched-based” programs or curricula – ones that have proved their effectiveness through research. Some of the proven, “researched-based” programs identified by Communities that Care does adhere to these frontline practice principles.<sup>146</sup>

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<sup>145</sup> For a current description of the Homebuilders program and the role of QUEST, see: Leavitt, Shelley and Susan Robison. *Intensive Family Preservation Services Implementation Guide and Toolbook*. Federal Way, WA: Behavioral Sciences Institute, 2000. There also is a large literature that has developed on the impact of family preservation services, in particular its effectiveness in averting the need for out-of-home placements (“removing the risk and not the child”). Due in part to its rapid expansion in the 1980’s and 1990’s, it has been the subject of much more research than most social interventions. The issue of the effectiveness of family preservation services continues to be debated.

<sup>146</sup> In fact, the “research-based programs” identified by Communities that Care represent a mix of curricula, training and educational materials, and programs that vary from addressing only a tiny issue (e.g. a book lending library, a videotape series, and a promotion program for using front-pack infant carriers) to providing very comprehensive services and supports. Increasingly, however, reform efforts are looking for evidence of child and family impacts in the programs they develop, as will be discussed in more detail under Theory of Change Four. For the Communities that Care enumeration of research-based programs, see: Posey. *et.al.* *Communities That Care Prevention Strategies, op.cit.*. Seattle, WA: Developmental Research and Programs, Inc., 2000. A more detailed assessment of research-based programs has been developed by the Center for the Study and Prevention of Violence at the University of Colorado in Boulder. Their *Blueprint for Violence Prevention* series has identified and described in detail ten research-based programs that meet high standards for demonstrated success – including some evidence of replicability. Mark Greenberg and associates have sought to conduct a similar review of programs designed to address mental disorders of school-aged children. See: Greenberg, Mark, Celene Domitrovich, and Brian Bumbarger. *Preventing Mental Disorders in School-Age Children: A Review of the Effectiveness of Prevention Programs*. State College, Pennsylvania: Prevention Research Center for the Promotion of Human Development, Pennsylvania State University, 1999. The debate over whether to employ only “research-based” programs in new program funding or to use a broader, “best practices” approach, is likely to become more prominent over the next several years. Criteria for qualifying as a research-based program have not yet been broadly agreed upon, and some promising programmatic areas – such as after-school programming – do not yet have any research-based programs from which to choose. There are specific populations (e.g. ADHD youth with specific learning disabilities and histories of substance abuse) which may or may not respond to existing research-based programs. In addition, as the next footnote discusses,

The challenge still remains, however, to replicate the essential features of the programs that made them effective – which may be the frontline practice approach -- and not simply the structure and curriculum.<sup>147</sup>

Second, while there are studies and proponents within and across the social service professions for more asset-based approaches to working with families, there also are studies and proponents for specific programs that stress compliance and impose sanctions as a means of changing behavior. Juvenile “boot camps” and “scared straight” programs in the juvenile justice field are two examples of such programs.<sup>148</sup> Many of the reforms at the state and federal level in welfare reform seek to gain compliance through sanctions, rather than to build upon successes. As child and family behaviors become more risky and more threatening to society as a whole, the use of social control measures and the enforcement of compliance, with or without the client’s belief in the value of that compliance, assume greater weight, even when the overall design is to be asset-based.

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the key to success may be less program than attribute related. This issue deserves much more consideration than can be provided in this paper.

<sup>147</sup> Throughout, the attributes of successful programs – which include staff capacities and abilities to engage families – rather than program curricula, have been stressed. Successful programs simply may be manifestations of successful underlying practices. In the 1990’s, Congress debated and eventually provided funding for Midnight Basketball programs, based upon a successful model. At the same time, Public/Private Ventures in Philadelphia had established a new initiative, Community Collaborative for Youth Development that, through research of effective youth development programs, concluded that five core concepts need to be present: (1) personal support and guidance from caring adults; (2) work and school as a tool for promoting personal development and learning, (3) constructive activities that fill critical gap periods and facilitate major transitions, (4) active youth involvement in program and community activities, and (5) continuity of attention to these four areas from early adolescent to adulthood. Public Private Ventures. *Community Change for Youth Development: Establishing Long-Term Supports in Communities for the Growth and Development of Young People*. Philadelphia: Public/Private Ventures, 1993. Midnight Basketball succeeds when caring adults guide the program, it is connected to work and school and learning, it meets gap periods in youth’s lives, youth are actively involved, and it is connected to other activities and opportunities. So could Midnight Chess or 4:00 p.m. Photography. The concepts, and not the program, make the difference. Unfortunately, it is much easier to describe and measure programs than core concepts. Incidentally, one of the youth activities developed in inner-city Austin was a sculling program, because a caring adult had a passion for sculling that he could convey to inner-city Austin youth.

<sup>148</sup> In many respects, the research base for these programs is similar to those for more asset-based programs, with equivocal results and considerable debate over the effectiveness of the programs and many caveats, as well. See: Peters, Michael, David Thomas, and Christopher Zamberlan. *Boot Camps for Juvenile Offenders*. Report prepared by Caliber Associates. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, 1997. Of course, as occurred in Maryland, boot camps can be operated in ways that violate human rights and be more likely to “cause harm” to those involved than more asset-based programs. In general, the current direction of boot camps is toward more balanced and integrative approaches that do not employ only the “boot camp” mentality. It may be that it is not so much the programmatic approach (carrot vs. stick – asset-based versus deficit-focused) that one takes as the amount of time, energy, and persistence workers maintain. In addition, some children and families may respond more positively to one approach, while others may respond more positively to another. The PEIP program, for instance, is a rather maternalistic program, with the nurse as an authority figure – which may suit the goals of imparting child-rearing techniques to new parents.

While it is clear that adhering to these frontline practice principles works for some children and families at some times and should be part of a frontline practitioner's toolkit, it is less clear how universally applicable these practice principles are and where other approaches – either because the issue of individual or community safety is paramount or because they work better in such instances – should be employed. A judicious combination of the two may result in the best approach, particularly when the stick relates to the recognized societal expectations and consequences.<sup>149</sup>

The issue of efficacy or effectiveness in producing positive results is not the only concern, of course. People have rights, and there are values embedded in social service professions that involve treating people with dignity and respect and valuing diversity, whether or not doing so results in improved results.

*Future Activities to Further Knowledge Base.* To date, much of the work within public systems to change frontline practice has been conducted through policy actions or administrative changes. These may be necessary to remove barriers to more flexible and holistic frontline responses.

Such changes, however, do not guarantee that discretion will be exercised at the frontline level according to these principles. In the social services world, particularly the publicly-funded world that disproportionately serves children and families in poor neighborhoods, there often is limited oversight of or efforts to lend consistency to actual frontline practice, beyond adherence to rules and reporting requirements.

Therefore, one area for further knowledge development involves implementation, and how to consistently incorporate those principles into practice. Such critical questions as the following need to be answered in this area, which themselves might lead to more research on the effectiveness of this frontline practice:

- \* What recruitment and selection practices work best to differentiate among workers who most readily will adopt or already have internalized such principles, when new staff are brought on board?
- \* What organizational structures and processes are most conducive to such practices (work setting, hours of employment, supervisory and collegial contact and guidance, hierarchical structure)?

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<sup>149</sup> For instance, Toby Herr's work in Project MATCH, now applied to large public welfare systems, sets clear expectations for families seeking to leave welfare and uses the sanctions inherent in TANF to gain client participation. Families are held accountable for undertaking the actions they set for themselves but are supported in this process and recognized for their efforts. Herr believes that voluntary programs would not reach and help the full range of families that her program now serves effectively – that sanctions represent an important component for maximum impact. For a description of Herr's current work, see: Herr, Tobay and Suzanne L. Wagner, "Moving from Welfare to Work as Part of a Group: How Pathways Makes Caseload Connections," in: *Wise Counsel, op. cit.*, p. 56-74.

- \* What training, staff development, quality assurance structures, and other infrastructural supports best produce organizational frontline practice that consistently adhered to such principles?
- \* How can frontline practitioner performance (through case record documentation, shadowing, or intensive case reviews) be evaluated on the basis of its adherence to this practice?

### **Theory of Change Four: Planning Comprehensively and Establishing Accountability Based Upon Results**

*Planning Comprehensively and Establishing Accountability Based Upon Results. Currently, no single service system has overall responsibility for achieving results for children and families. Moreover, each individual service system is accountable largely based upon adhering to process, rather than achieving results. There are no clearly articulated goals for improving people’s lives through social services that could be used to create an impetus for change, nor are workers and systems rewarded for achieving success. An overall governance structure – by setting goals, establishing logic models or theories of change for reaching them, and establishing accountability for all systems performance based upon results – is needed to improve results for children and families, particularly in poor neighborhoods, where risk factors interact and poor results are most prevalent.*

In two movies in the 1970’s (*The Heartbreak Kid* and *The Graduate*), the protagonist was offered the secret to the future by an older businessman – “plastics.” If there is such a single word message to state agencies and community collaboratives in their reform efforts today, it is “outcomes.”<sup>150</sup> States such as Oregon and Minnesota have been leaders in developing a broad range of outcomes and indicators upon which all policies and funding decisions are to be made, with tracking of those outcomes over time to provide accountability. National efforts such as the Annie E. Casey Foundation’s *Kids Count Data*

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<sup>150</sup> As Mark Friedman and others have pointed out, there is no agreement on the terminology used in this field. Some use the term “outcomes” and others use the term “results” or “benchmarks.” The social science world generally refers to “outcomes” as long-term or final or distal and “impacts” as short-term or proximate, while the clinical world uses “outcomes” as proximate and “impacts” as distal. In either case, programmatic effects are more likely to be measured in terms of proximate outcomes/impacts and community-wide effects are more likely to be measured in terms of distal outcomes/impacts. Further, “indicators” are generally used to refer to specific measures (such as infant mortality or student test scores), while distal outcomes/impacts relate to more general dimensions (such as health or education). Here, the term “outcomes” generally will be employed and used to refer to general dimensions of well-being and “indicators” will be used to refer to specific measures. “Impacts” or “proximate outcomes” will be used to refer to proximate outcome indicators.

Book,<sup>151</sup> the U.S. Department of Health and Human Services *Trends in the Well-Being of America's Children and Youth*,<sup>152</sup> and child and family report cards from a variety of political perspectives (from the Children's Defense Fund<sup>153</sup> to Children's Rights Council<sup>154</sup>) have brought visibility and attention to the increasing vulnerability of children to "rotten outcomes" on a variety of dimensions.

At the same time, there is recognition that no one system can achieve optimal results for children and families alone. Children bring more than educational needs into the classroom; families bring more than employment needs into the welfare office; individuals bring more than medical needs into the health practitioner's office. Unless these other needs are met, children will not achieve all their educational objectives, families will not achieve all their self-sufficiency goals, and individuals will not be guaranteed the best possible health.

Increasingly, both state governments and communities are supporting the development of planning structures designed to establish over-arching goals and hold individual systems more accountable for achieving results, rather than simply adhering to current processes and practices. Federal, state, and foundation initiatives frequently require new, cross-system planning structures at that community level, which have responsibility for administering new grant funds. These community collaboratives or local governance structures, may or may not have specific statutory authorization. The most ambitious, however, are designed to exert authority over all existing social service systems and hold them accountable for achieving community-wide results.<sup>155</sup>

The rhetoric on moving to outcome-based funding frequently poses a shift from holding programs and services accountable to process and paperwork to providing programs and services flexibility in what they do but holding them

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<sup>151</sup> In addition to publishing an annual *Kids Count Data Book*, the Annie E. Casey Foundation funds organizations in all the fifty states and District of Columbia to develop state versions of the report. The latest data book features a report on poor neighborhoods and their relationship to family supports. See: Annie E. Casey Foundation. *Kids Count Data Book 2000*, *op.cit.*

<sup>152</sup> Office of the Assistant Secretary for Planning and Evaluation. *Trends in the Well-Being of America's Children and Youth: 1999*. Washington, D.C.: United States Department of Health and Human Services, 1999.

<sup>153</sup> Children's Defense Fund. *State of America's Children: Yearbook 2000*. Washington, D.C.: Children's Defense Fund, 2000.

<sup>154</sup> The major differences in the Children's Rights Council Report and other data books on the choice of indicators were the use of abortion data and dissolution's of marriage to rank states. Children's Rights Council [www.vix.com/crc/](http://www.vix.com/crc/)

<sup>155</sup> The Center for the Study of Social Policy has been a leading force in describing these governance structures and their functions. For a brief summary, see: Brunson, Phyllis, "Local Governance: A Call to Action," *Georgia Academy Journal* Vol. IV, No. 4 (Spring, 1997). See also: Center for the Study of Social Policy. *Toward New Forms of Local Governance: A Progress Report from the Field*. Washington, D.C.: Center for the Study of Social Policy, 1996.

accountable to results.<sup>156</sup> At its furthest reach, administrators talk of “purchasing results, not services.”<sup>157</sup>

*Soundness and Support for Underlying Premises.* This theory of change has been particularly popular among executive and legislative branch officials and top-level administrators. This is in part because they have overall responsibility for all social service systems and in part because they can delegate the actual task for making changes to achieve those results downward on others. Moreover, this delegation does not necessarily entail any additional resources. It can be argued that better results can be achieved by doing better with what already is there -- through replacing ineffective or less effective services and strategies with more effective ones. Since policy makers and administrators operate within budgetary constraints, theories that do not necessarily require new investments to produce changes on outcomes can be very appealing.

As with the other theories of change, there are several underlying premises that deserve discussion:

1. Rational and comprehensive planning is needed to keep the “eye on the prize” and will achieve better results, particularly where there are complex interplay’s across different social service needs.
2. An overarching governance structure with authority over all systems will improve the allocation of resources, create needed cross-system collaboration, and achieve better results.
3. Accountability based upon results rather than accountability based upon adherence to processes will produce better results.

1. On the first premise, there is the old adage, “if you don’t know where you are going, any road will get you there.” Clearly, if social service systems did not have goals and objectives for the improvement of their clients or communities, there would be no point in their existence. At the same time, after their creation, the literature on organizational development is clear that there are

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<sup>156</sup> For several iterations on this theme, see: Schorr, Lisbeth, “The Case for Shifting to Results-Based Accountability,” in Young, Nancy, Sid Gardner, Soraya Coley, Lisbeth Schorr, and Charles Bruner, *Making a Difference: Moving to Outcome-Based Accountability for Comprehensive Service Reforms*. Des Moines, IA: National Center for Service Integration: 1994; Friedman, Mark. *A Strategy Map for Results-Based Budgeting*. Washington, D.C.: The Finance Project, 1996; and Brizius, Jack, and Michael Campbell. *Getting Results: A Guide to Government Accountability*. Washington, D.C.: Council of Governors’ Policy Advisors, 1991.

<sup>157</sup> Under the direction of Director Jessie Rasmussen, for instance, the Iowa Department of Human Services has developed an “Action Plan” designed to switch its “resource management strategy” by renaming its staff “results brokers” and the agencies the staff contract with as “results producers.” Under the conceptual model, all contracting would be results-based including case rates paid according to the degree to which results are achieved. For a critique of this approach, as well as a review of the literature on current efforts within child welfare to develop more outcome-accountability, see: Bruner Charles. *Financing and Outcome Accountability in Child Welfare: An Assessment of the State of the Field*. NCSI/CFPC Occasional Paper # 24. Des Moines, IA: Child and Family Policy Center, 2000.

bureaucratic forces at work. Systems develop an organizational life of their own and tend to become institutionalized and protective of themselves.<sup>158</sup> They also may grow their own goals or redirect themselves from their initial reason for formation, whether or not their initial goals were achieved.<sup>159</sup> They become constituencies who advocate for its own survival above any external goals.

Development of a comprehensive plan that extends beyond the boundaries of any single service system to achieve overall goals makes logical sense as a means to retain focus on end goals. At the same time, this approach makes sense only if agreement can be reached on both the end goals and the means to their end. Robert Lindblom's classic works in the field of public administration argued that "muddling through" and "bargaining" reflected more implementable, real-world approaches to dealing with conflicts and differing perspectives than comprehensive analysis and clear setting of direction. While individuals may engage in rational planning and goal setting, amalgamating individual perspectives and plans into an overall comprehensive plan that is rationale may provide a textbook definition of democracy, but it does not occur in the real world. It is exactly the ambiguity of meaning that produces agreement on goals and means, as different parties can read in their own cherished perspectives.<sup>160</sup> Change may be the result of individuals who have clear goals and perspectives – and a driving will – but this does not necessarily mean that all systems need to appreciate that clear perspective for changes to occur.<sup>161</sup>

Currently, Heather Weiss, among others, is adapting some of the business literature on "learning organizations" to apply to social service reforms, with a focus upon outcome-based logic models and feedback and refinement of the logic model, based upon experience, as the essential component for successful change.<sup>162</sup> This formulation is close to the rationale comprehensive planning model, but with continuous review and adaptation of that model on the basis of experience.

The Rensselaerville Institute's focus upon developing business plans represents something of an alternative to an approach that presumes rationale planning and agreement. It stresses the need to identify possibilities for change (promising markets) and to be systematic in seeking to capture market share (employing benchmarks and milestones to determine progress and make changes along the way), without necessarily setting out a comprehensive

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<sup>158</sup> Mouzelis, Nicos, *Organization and Bureaucracy: An Analysis of Modern Theories*. Walter De Gruyter, 1968..

<sup>159</sup> Or they may develop goals *because* their initial goals were achieved, as they have to create a new rationale for their existence. See: Downs, Anthony. *Inside Bureaucracy*. Waveland Press, 1994.

<sup>160</sup> Lindblom, Charles, "The Science of 'Muddling' Through," in Theodoulou, Stella and Matthew Can, eds. *Public Policy: The Essential Readings*: Prentice Hall, 1995. pp. 113-127.

<sup>161</sup> See footnote 19.

<sup>162</sup> As with the overall conceptual framework and "Grand Theory" such a formulation is not easily testable, as most social processes could be described within it. See: Harvard Family Research Project Newsletter. *The Evaluation Exchange: Emerging Strategies in Evaluating Child and Family Services* Volume 4, No. ¾, 1998.

approach at the outset. The Institute notes that, particularly for inventions or innovations, successful actions may precede theory, rather than be guided by it. Inventors may not be able to articulate why they think their approach might succeed, but simply see something promising in trying that new approach. Group planning, by nature, moves toward a lowest common denominator that tends to reject “outside the box” thinking.<sup>163</sup>

In short, there exist alternative and sometimes competing premises that do not rely upon rationale and comprehensive overarching plans in order to achieve success, and that actually argue that progress is more likely to occur when such restrictions are not placed upon individual ingenuity.

2. The second premise speaks to the need for an overarching governance structure to produce change. Whether in the form of a collaborative or a more formal and statutorily defined entity, the term “governance” is used instead of the term “government” to acknowledge that such an entity is not replacing existing formal governments.

These governments (state government, county government, city government, and school district government) retain their statutory responsibilities for allocating public funds and regulating services. The collaborative governance structures, by including within their membership or otherwise connecting with these governments, influence government decision-making and the allocation of resources.

While such governance structures may not have legal authority, they can “earn” credibility and gain authority through their actions. Effective governance structures, according to this formulation, are defined by the following attributes:

- publicly accepted as legitimate and representative
- organizationally sustainable (durable) across changes in leadership (both internally and within the formal governments)
- capable of marshalling resources and exacting accountability across other systems and governments
- planful and adaptive in producing change to improve results.<sup>164</sup>

According to the premise’s logic, such governance structures are necessary to align actions across social service systems to insure both that “the whole is more than the sum of its parts” and that systems do not work at cross-purposes with one another, both observed problems with the current categorical social service systems.

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<sup>163</sup> See: Williams, Harold, and Arthur Webb. *The Business Plan vs. The Proposal: ...getting to results*. Rensselaerville, NY: The Innovations Group of The Rensselaerville Institute, 1988. A more detailed discussion of many of these issues is found in: Williams, Harold. *Outcome Funding, op.cit.*

<sup>164</sup> This formulation is adapted from the Center for the Study of Social Policy’s work, as cited in footnote 149.

There exist, however, other formulations that do not rely upon one overarching collaborative. Drawing from communications theory, there is an argument for multiple governance structures that are connected to one another to produce a variety of pathways from one point to another. If one structure breaks down or fails to cooperate, this does not prove fatal to achieving the end goal, as it would if there was only one such structure. Redundancy thus plays a role in compensating for imperfection.<sup>165</sup> Moreover, the existence of multiple structures enables more participation by producing more potential seats at the table. More individuals can experience ownership and investment, which itself is important to developing effective strategies.<sup>166</sup>

In this formulation, while the functional attributes of effective governance may still be relevant, they do not necessarily require only one, or one overarching, community governance structure.

3. The third premise is that moving toward accountability based not upon what programs and systems do, but rather what impacts they produce, is needed to produce better results.

There is evidence simply of the “declarative” power of stating goals or objectives. Simply raising specific goals or objectives to higher visibility increases the likelihood that systems will help produce them, whether or not any other form of accountability or any new or different resources or regulations are introduced. In fact, certain changes in American social behavior, such as drinking while driving, smoking, or engaging in unprotected sexual behavior, have resulted more from greater public declaration of social goals and norms than from any specific programs and social service systems changes designed to impact those behaviors. In this respect, efforts to identify and publicize trends in child and family well-being and identify specific concerns – such as adolescent parenting or violence among youth – may have produced impacts upon those trends and concerns independent from any program development or systems change, because people generally became more attuned to them and socially reinforced them.

The argument for accountability based upon results rather than processes, however, speaks to specific efforts to change the oversight for public social services. The logic of the premise is that systems, if they know they are accountable for results, will adapt and revise their practices to achieve them. If

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<sup>165</sup> Huber, Peter. *The Geodesic Network: 1987 Report on Competition in the Telephone Industry*. A discussion of this topic also is found in: *Steps Along an Uncertain Path, op.cit.* Chapter III.

<sup>166</sup> This may be particularly critical for expanding the base of resident involvement in decision-making. Henry Izumizaki made the point at a roundtable discussion on resident involvement in data collection, as follows: “When a new initiative starts, there may be new seats at the table. If there is only one table, however, people who get to the table are likely to stay there. New voices don’t have access. The challenge is to increase the number of tables or number of places at the table. There need to be strategies to expand the opportunities to participate to incorporate new voices.” Quote from: Kot, Veronika, and Charles Bruner. *Resident Experts: Supporting Neighborhood Organizations and Individuals in Collecting and Using Information*. Des Moines, IA: National Center for Service Integration, 1999. p. 22.

they are accountable only for following processes, they will continue that practice even when those processes do not produce desired impacts. Results-accountability provides an impetus for change and learning, even when it is not entirely fair.<sup>167</sup> It further facilitates this change at the point closest to service delivery, rather than furthest from it.

There is, on the other hand, a corresponding rationale for accountability based upon adherence to process, under certain conditions. If a specific process has established a proven ability to produce results, replication is needed. Adherence to following that process is essential and is the appropriate way to access accountability.<sup>168</sup> In addition, regulations and process also may be important in insuring access and conferring rights to service and avoiding arbitrary provision of services.<sup>169</sup>

Even when the determination is to hold programs and services accountable for outcomes, the question of what outcomes will be used for determining accountability at a program or a social service system level is critical. The assumption in this premise is that systems currently are not accountable for outcomes, which may not always be the case. In the case of child welfare, for instance, children generally are not placed into foster care unless keeping them in their own home would jeopardize their safety and result in continued abuse and neglect. In most cases, placing a child in foster care produces one of the following immediate child outcomes – greater child safety (freedom from abuse),

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<sup>167</sup> One of the debates in the field is whether systems should be held accountable to changes they cannot produce alone. This is particularly pertinent to reforms in poor neighborhoods, where lack of economic opportunity may persist even when social services are changed. “You cannot prepare people for opportunities they do not have,” one argument goes, and social services will be ineffective unless people see realistic opportunities available for them. On the other hand, this frequently has been seen as an argument against any accountability. Mark Friedman argues, for instance, “Don’t accept lack of control as an excuse. The more important the performance measure (e.g. children successful in first grade), the less control the program has over it. This is a paradox at the heart of doing performance measurement well. If control were the overriding criterion for selecting performance measures, then there would be no performance measures at all. The first thing that we must do in performance measurement is get past the control excuse, and acknowledge that we must use measures we do not completely control.” Friedman, Mark. *Results Accountability for Proposition 10 Commissions: A Planning Guide for Improving the Well-Being of Young Children and Their Families*. Los Angeles, CA: UCLA Center for Healthier Children, Families, and Communities, 2000. p 24. A middle ground on this issue that seeks to expand upon current accountability for programs without necessarily extending that to community-defined outcomes and indicators, is found in: Bruner, Charles. *Defining the Prize: From Agreed-Upon Outcomes to Results-Based Accountability*. Des Moines, IA: National Center for Service Integration Clearinghouse, 1998.

<sup>168</sup> Rituals often play this role in society. Japanese sword making followed elaborate rituals, for instance, in the heating and layering of the steel and the addition of alloys. The ritual was needed to insure that the practice was followed precisely to produce both the strength and the suppleness of that steel – before the actual set of steps could be explained by scientific theory. See: Clark, Kenneth. *Civilisation: A Personal View*. New York: Harper & Row, 1970. Ironically, if states and communities seek to replicate research-based programs as a means to assure greater impact upon outcomes, accountability systems that are process-based (that can demonstrate whether programs are faithfully replicated) are essential, while outcome-based systems are redundant (if one really believes the research).

<sup>169</sup> In fact, welfare reform in the 1960’s was designed to confer rights on welfare recipients through strict rules regarding their eligibility for service, taking that “power” away from social workers. The arbitrary processes became protections. See: Piven and Cloward, *Regulating the Poor, op.cit.*

improved supervision (freedom from neglect), more consistent health care treatment (freedom from medical neglect), or improved school involvement (freedom from educational neglect). These immediate outcomes may have other negative effects that can lead to longer-term problems – losses resulted from separation from family and peers, loss of identity, and frequent movement and instability of placement. Workers in child welfare systems do feel they are accountable for certain outcomes and fearful that their actions or inaction's could result in a child tragedy. They must balance what they can see as sometimes-conflicting outcomes of “family preservation” and acting “in the best interests of the child.” In the end, it may not be that the child welfare system is not outcome-focused, but that which outcomes to stress in which situations are not always clear.

Finally, within poor neighborhoods, social services systems may not be able to impact important outcomes for children and families alone. They may be necessary, but not sufficient, elements in producing change. Economic opportunity and social supports may be other necessary elements to achieve success. Accountability that is based upon producing an impact upon community-wide results<sup>170</sup> may reject certain needed elements for success as ineffective, because other parts were not in place.

*Implementation Experiences.* There has been a great deal of effort by states and communities to develop a set of outcomes or results for children and families that then can be used as a basis for social service, and other systems, reform. Oregon was a leading state in developing a broad range of benchmarks that included child and family outcomes but extended to economic and environmental ones as well. Its benchmarks have now been in place for nearly a decade, with community governance structures established to make changes in systems that would improve those outcomes. A wide variety of communities have established their own governance structures, with or without state authorization, to hold their systems accountable to improving child and family outcomes. While there is much variation and individualization across such initiatives, common on the list of “outcomes” (and selected “indicators” of those outcomes) are: family economic security (reduced poverty and increased employment); child health (reduced low birthweight and infant mortality and improved immunization rates); educational attainment (improved high school graduation and improved test scores); safety (reduced child abuse, foster placement, and juvenile delinquency); and responsible sexuality (reduced

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<sup>170</sup> An additional point can be made with respect to community-wide outcomes. In the field, outcome accountability is sometimes tied to individual programs and the outcomes they produce on the children and families they served. It also sometimes is tied to community-wide (or neighborhood-wide) changes in child and family indicators. From a theoretical perspective, there is an important distinction. Individual programs may be effective at achieving results for the children and families they serve, enabling them to be the ones to succeed. If the overall system only allows for a limited number of successes (a zero-sum model) within that community, then they will succeed at expense of others – and the community will not be better off. This is referred to as “the fallacy of composition.”

adolescent pregnancy and parenting and reduction in sexually transmittable diseases).<sup>171</sup>

The general movement to outcome accountability usually has been connected with a governance structure with cross-system authority, both at the state level and the community level. In some instances, and often a recommendation from those promoting outcome accountability, such governance structures have identified a particular outcome upon which to focus, in order to gain some initial successes.<sup>172</sup>

As one illustration, the Carnegie Corporation's Starting Points Initiative, working with six cities and ten states to improve early childhood services and early childhood results, required its grantees to develop a "logic model" (or theory of change) to guide its grantees in developing strategies.<sup>173</sup> In a growing movement, a number of other recently established foundation initiatives now expect their grantees to develop theories of change and provide them technical assistance in these efforts.

Clearly, there is extensive activity in the systems reform world in identifying and prioritizing outcome goals and indicators to track them, establishing governance structures that can hold systems accountable to achieving them, and creating comprehensive plans that provide rational approaches to achieving that success. At the same time, this work has only begun to tackle several important issues.

First, while communities generally have been able to identify priority outcomes and their indicators with a good degree of community consensus, there has not been nearly as much progress in developing "intermediate" or "proximate" outcomes or impacts of programmatic or systems change efforts. There is not much agreement on how programmatic evaluation on the basis of outcomes should be tied to community-wide accountability for achieving overall outcomes, although "theories of change" or "logic models" hold the promise of providing those connections.<sup>174</sup> It seems to be clear, however, that proximate

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<sup>171</sup> For a good description of the strengths, limitations, and interpretation of specific indicators, see: Improved Outcomes for Children Project. *Finding the Data: A Start-Up List of Outcome Measures with Annotations*. Washington, D.C.: Center for the Study of Social Policy, 1995. For several community and state examples of lists, see: Appendix 2-3 of Bruner, Charles, *Defining the Prize*, *op.cit.* pp. 42-45.

<sup>172</sup> The notion here is that selecting an indicator, such as immunizations, can focus attention and bring success, therefore encouraging future action. Mark Friedman's work, among others, supports this approach. As will be discussed later, this approach is not without its own caveats.

<sup>173</sup> For site descriptions, see: National Center for Children in Poverty and Harvard Family Research Project. *Starting Points: Challenging the "Quiet Crisis: A Description of the Starting Points Sites*. New York, NY: The Carnegie Corporation, N.D. A substantial portion of the technical assistance provided to the sites related to logic model development. The Initiative itself was based upon a Carnegie report: The Report of the Carnegie Task Force on Meeting the Needs of Young Children. *Starting Points: Meeting the Needs of Our Youngest Children*. New York, NY: Carnegie Corporation, 1994. That report referred to the status of our nation's youngest children as "The Quiet Crisis."

<sup>174</sup> These proximate outcomes are not necessarily "mini" distal outcomes, reflected simply at a lower rate. In working with stressed and overwhelmed parents whose children are at risk, for instance, short-term

measures are needed, ones which can assess impact on a programmatic basis and ones that can assess impact over the immediate and short-term, without waiting for long-term results to occur.<sup>175</sup> Measures also are needed for systems changes, such as more seamless service provision or greater inclusion of natural networks of support in service planning.<sup>176</sup>

Second, while some in the field promote the approach of selecting a specific outcome and concentrating attention on it in order to gain experience and success, it is not a given that these child and family outcomes can be addressed and impacted separately from one another in the long term. Instead, they may represent a constellation of outcomes with common underlying roots (related to individual, family, and community resiliency and opportunity). Strategies focussing on a single outcome measure (such as efforts to increase immunization rates) may do virtually nothing to insure that children receive general primary and preventive health services, let alone produce the generally healthy climate needed by children to succeed generally. Particularly in the case of more preventive and long-term efforts or more holistic approaches to children and families, targeting only one outcome dimension is likely to be unfair to the impacts programs are designed to achieve.

A kindergarten teacher may recognize certain kindergartners as being “at risk of future problems and failures” with a fair degree of accuracy, for instance, but that teacher is unlikely to be able to discriminate among those who at risk of adolescent parenting, of substance abuse, of school failure, or of juvenile delinquency. This relates to the first concern in determining how such programs are assessed. Causal links between programmatic efforts whose goals are to strengthen “resiliency” at the child, family, or community level can be made to these long-term outcomes, but require proximate measurements of that resiliency. It also relates to the second concern, as effective strategies to strengthen this resiliency will have impacts on that constellation of long-term outcomes.

Third, communities are only beginning to track these outcomes on a neighborhood, as well as a community-wide, basis. When this is done, it becomes apparent that there is a concentration of the constellation of “rotten outcomes” within poor, tough neighborhoods. Infant mortality, low birthweight,

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success may be greater parental sense of control and ability to plan for the future. This improved parental confidence and competence, in the long-term, may be reflected in the child’s greater school readiness, social adjustment, and educational performance – as reflected in school completion and lack of juvenile court involvement. It takes a logic model to connect the proximate outcomes related to the parents to the distal ones related to the children.

<sup>175</sup> This is particularly true of “prevention” programs, which are seeking to affect a future, as opposed to current, outcome or outcomes. It also is particularly true when the risk factors can relate to multiple outcomes.

<sup>176</sup> For one effort to distinguish among community-wide outcomes, program outcomes, and systems change outcomes and their indicators and proximate measures, see: Department of Public Welfare. Commonwealth of Pennsylvania. *Request for Application for Renewal of Family Service System Reform*. November 30, 2000 Draft Document. Appendix B: Outcomes Terminology, p. 13 –29.

and school dropout rates have been shown to be double to four times the rate in poorer neighborhoods in metropolitan areas than in more affluent ones; child abuse, juvenile delinquency, and adolescent parenting rates have been shown to be four to ten times higher in poor neighborhoods; and foster and juvenile placement rates and adult incarceration rates have been shown to be as much as eight to forty times higher.<sup>177</sup> Given these overall high rates, strategies within such poor neighborhoods require much more concerted and extensive, and probably comprehensive and integrated, approaches as well. Alternatively, if gains at the neighborhood level can be achieved, they can provide substantial “returns on investments” that, at a minimum, suggest the scope of investment/redeployment of resources that can be justified within those neighborhoods.<sup>178</sup>

Fourth, community governance structures generally have overall community representation but have much less involvement from poor neighborhoods, whose residents have the most at stake. In fact, consumer/parent/resident involvement represents one of the challenges that such governance structures generally acknowledge they face.<sup>179</sup>

Fifth, most people who are involved in collaborative efforts do not naturally employ theoretical constructs and complex logic models to guide their actions. In fact, an evaluation of one of the more comprehensive and long-term community initiatives to produce change – the Kellogg Foundation’s Youth Initiative – found that its collaboratives simply took pragmatic approaches to doing what was possible at the time, perhaps with implicit notions of potential benefits, but without clearly articulated rationales for why their approaches would succeed. While the collaboratives fostered new community activities for youth, they did not

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<sup>177</sup> For specific studies that have geo-mapped administrative data by neighborhood, see the following. For Allegheny County in Pennsylvania, see: Bruner, Charles with Stephen Scott and Martha Steketee. *Allegheny County Study: Potential Returns on Investment from a Comprehensive Family Center Approach in High-Risk Neighborhoods*. Des Moines, IA: Child and Family Policy Center, 1996. For Chicago, see: Bruner, Charles with Stephen Scott. *The Effects of Concentrated Child Poverty on Child Welfare Policy and Practice*, op.cit. For Linn County, Iowa, and St. Louis, Missouri: see: Child and Family Policy Center. *Community Partnerships for Protecting Children: Neighborhood Characteristics and Implications for Strategy: St. Louis and Linn County*. Report to the Edna McConnell Clark Foundation. Des Moines, IA: Child and Family Policy Center, 1999. The figures in the text on the differential rates are drawn from these studies. The National Neighborhood Indicators Project of the Urban Institute is conducting very extensive work in this area, initially with seven cities and now with the twenty-two Annie E. Casey Foundation neighborhood transformation and family development sites, as well. See: Kingsley, Tom. *Democratizing Information: First Year Report of the National Neighborhood Indicators Project*. Washington, D.C.: The Urban Institute, 1996.

<sup>178</sup> The Allegheny County study indicated, for instance, that, if the high-risk neighborhoods (constituting 220,000 people of Allegheny County’s 1.3 million people) had the same characteristics as the rest of Allegheny County on these and other indicators, government would spend nearly \$300 million less annually on food stamps, Medicaid, child welfare services, juvenile detention, prisons, and jails and would receive more than \$250 million more in tax revenues. A \$50 million annual investment that reduced the disparity between high risk and other neighborhoods by one-fifth would have a return-on-investment of more than two to one in reduced public spending and increased tax revenue. *ibid.*

<sup>179</sup> See: Bruner, Charles and Maria Chavez. *Getting to the Grassroots: Neighborhood Organizing and Mobilization*. Des Moines, IA: National Center for Service Integration Clearinghouse, 1998.

create a new *gestalt*. Whether enforcing the development of such a theoretical overlay produces more effective activity or prolongs the strategic planning process<sup>180</sup> remains to be seen.

*Observed Impacts to Date.* Several efforts, in particular, have been highlighted as leaders in this area – in particular Oregon, Vermont, and the LINK effort in Kansas City, Missouri – with claims for changes upon at least some community-wide outcome measures.

Oregon has received much favorable publicity for its leadership and the promise Oregon benchmarks and its local planning processes hold.<sup>181</sup> Particularly noted in Oregon was the early success of Tillamuck County in dramatically reducing its adolescent-parenting rate. The early results in Tillamuck County in this area were, indeed, impressive, with reductions in adolescent parenting from 23.7 per 1,000 females aged 10-17 in 1990 to 7.1 in 1994 (it subsequently has gone back up to 15.2 for 1996-7).<sup>182</sup> Tillamuck County engaged in a community-wide public education campaign that focussed attention on adolescent parenting, so the initial changes may have been due to the “declarative” effect as much as to any rationale comprehensive planning and outcome accountability. Overall, however, Oregon’s position among states on indicators of child and family well-being, at least as measured by Kids Count nationally, has not shown dramatic change as a result of the benchmarks.<sup>183</sup> While Tillamuck County showed success on one measure for a period of time, there has not been a legion of other experiences in Oregon similar to Tillamuck County’s. To date, Oregon has shown the ability to track trends on a community level on a variety of important benchmarks, but has not shown great evidence that this tracking has produced changes in those trends.

Vermont, under the leadership of then-Director of Human Services Conn Hogan, has placed a similar emphasis upon community-based planning and action focussed upon improving results for children and families. In addition to creating this focus upon outcomes, Director Hogan, with Governor Dean, was able to leverage substantial additional state investments in children and families, particularly young families. Over that period, Vermont has experienced

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<sup>180</sup> Sid Gardner has argued that “strategic planning” is an oxymoron. If it is “strategic,” it does not stop with a plan; if it is only a “plan,” it is never strategic. Collaboratives often can spin their wheels in what seems like endless discussions and planning, victim of terminal BOGSAT (bunch of guys sitting around a table). The issue is that collaborative activities must not become a substitute for action. See: Gardner, Sid., *Beyond Collaboration to Results: Hard Choices in the Future of Services to Children and Families*. Fresno, CA: Arizona Prevention Resource Center and The Center for Collaboration for Children, 1995.

<sup>181</sup> Macy, Christina. *The Oregon Option: A Federal-State-Local Partnership for Better Results*. Baltimore, MD: The Annie E. Casey Foundation, N.D.

<sup>182</sup> Figures from 1990 and 1994 are cited from: Macy, Christina. *The Oregon Option, ibid.* p. 16. The 1996-7 figures are from: Children First for Oregon. *Status of Oregon’s Children: 1998 County Data Book*. Portland, OR: Children First for Oregon, 1998. During that period, state rates went from 19.7, to 18.9, to 17.9.

<sup>183</sup> Oregon actually moved from 21<sup>st</sup> among the 50 states in the 1990 National Kids Count Data Book to 27<sup>th</sup> in the 2000 National Kids Count Data Book, a slight decline. The 2000 Data Book shows Oregon improving from 1990-1997 in its ranking among states on 4 indicators and declining on 6.

substantial improvements in adolescent parenting rates, juvenile delinquency rates, and child abuse rates.<sup>184</sup> The former two, however, largely correspond with national trends over this period (although Vermont's gains were substantial, particularly, when ethnicity is taken into account). Child abuse rates clearly dropped greatly contrasted with national reported figures, but it is very difficult to say there are any national trends in this area, as policies and practices for reporting differ substantially across states and can be affected very dramatically by state policy actions. During the same period, some other states shown dramatic increases in child abuse, while others showed declines. Child abuse rates do not represent pure underlying measures of child safety in the home.

While Vermont's efforts deserve recognition, and its proponents have stressed the importance of developing an outcome-based system, the outcome-accountability emphasis remains only one feature that might have produced those gains. The focus upon outcomes and willingness to be held accountable to them also may have helped make one of the other potential explanations for gains possible, substantially increased funding.<sup>185</sup> Finally, while Vermont has made this commitment, its overall standing among states on Kids Count indicators have not changed appreciably.<sup>186</sup>

The Local Investment Commission (LINC) in Kansas City has been nationally recognized as a leader in establishing a citizen governance structure, with extensive use of data to plan and develop more comprehensive and community-based services. Their citizen governance structure has received both broad authority and credibility at the state and community level, and has leveraged significant new resources as well as redirecting of existing resources. Again, however, while LINC has unleashed a great deal of energy and positive community sentiment, there have not yet been such pronounced changes in

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<sup>184</sup> For a discussion of Vermont's experiences, see: Hogan, Cornelius. *Vermont Communities Count: Using Results to Strengthen Services for Families and Children*. Baltimore, MD: Annie E. Casey Foundation, 2000.

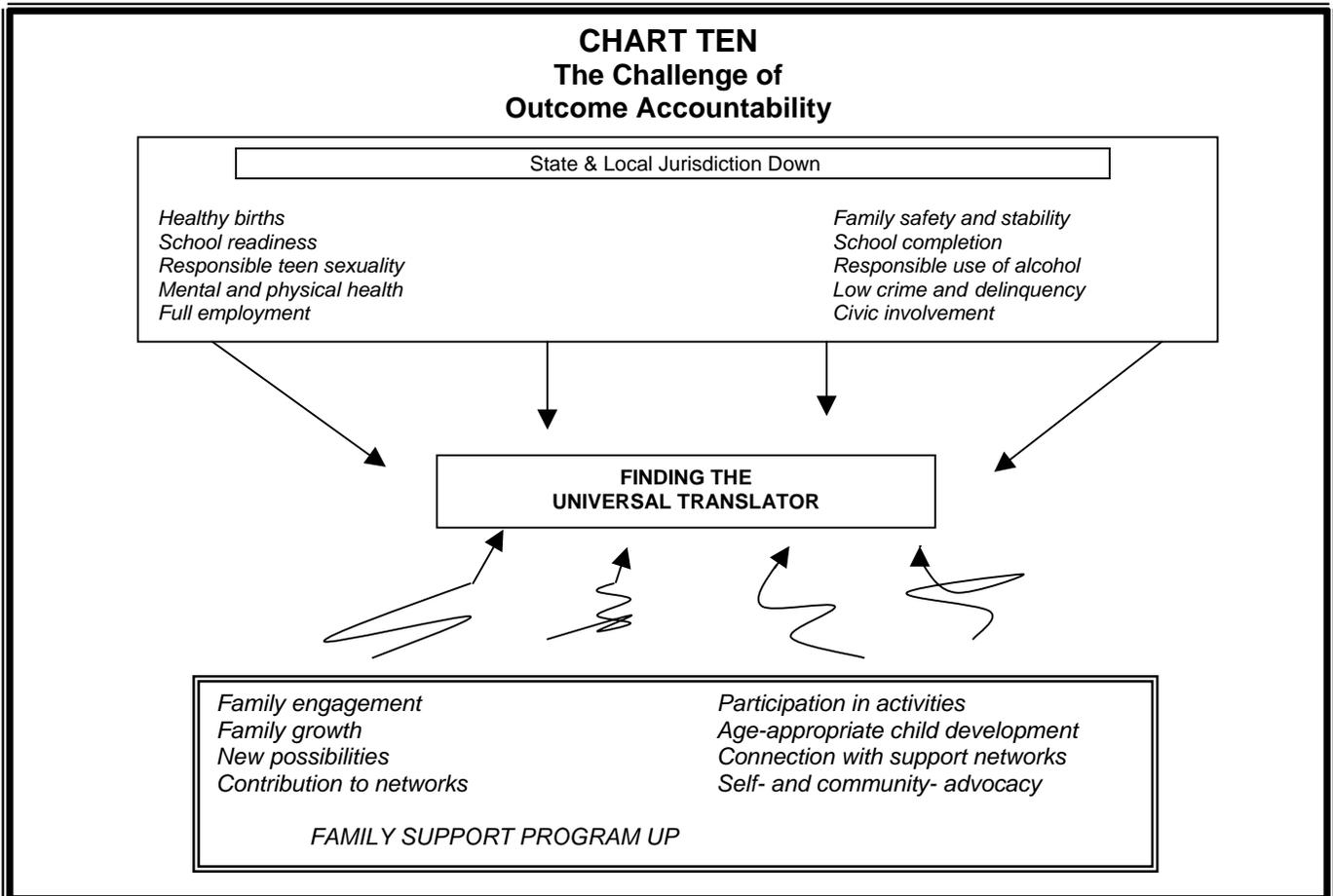
<sup>185</sup> Vermont dramatically increased its child health insurance program and its preventive services to young families over this period. *Ibid.* In the educational world, David Hornbeck took the position of Superintendent of Philadelphia schools with a strong emphasis upon outcomes accountability, and was able to produce significant gains in educational performance. During the same period, however, he also secured substantial new investments in the school system, leverage resources in exchange for his commitment to accountability. He ultimately resigned in a bitter fight with the Pennsylvania General Assembly over increased state funding for the school system. A study of state-initiated child health programs concluded that the eagerness to be held accountable for health outcomes was often a major contributing reason to statewide expansion, although this did not necessarily mean that subsequent achievement of those outcomes was demonstrated or continued funding rested upon achieving them. See: Bruner, Charles and James Perrin. *More than Health Insurance: State Initiatives to Improve Infant and Child Health*. New York, NY: Milbank Memorial Fund, 1995.

<sup>186</sup> Vermont moved from 4<sup>th</sup> among the 50 states in the 1990 National Kids Count Data Book to 8<sup>th</sup> in the 2000 National Kids Count Data Book, a slight decline. The 2000 National Kids Count Data Book shows Vermont improving from 1990-1997 in its ranking among states on 3 indicators and declining on 7. This may not be a reasonable way to assess either Oregon's or Vermont's efforts, given so many variables that can impact these issues beyond public program support and policy. If not, however, the same would hold for programmatic efforts that sought to contribute to producing impacts on these measures, but did not feel they could themselves produce measurable impacts.

community-wide measures of child and family well-being that LINC can be recognized as having this impact.

Oregon, Vermont and LINC have been discussed here because they represent the sites proponents of moving to community governance and outcome-accountability most frequently have cited as showing the value of this approach. While each has valuable lessons to share and has shown the ability to construct more outcome-oriented and planful governance structures, often leveraging substantial additional resources, the results from these efforts in producing better outcomes is far from proven.

*Future Activities to Further Knowledge Base.* One of the major continuing challenges in moving to outcome accountability is determining what outcomes or impacts should be applied at different levels and who should be accountable for what. While the whole may be more than the sum of its parts, there still is a need to assess whether each part is in place. Outcome measurement at the program and service level must ultimately be tied to outcome measurement at the community level, with an appreciation for the differences in measurement that may occur. Chart Ten provides a description of the challenge in finding this “universal translator,” which should continue to be at the forefront in building a better knowledge base.



Second, it is important to determine the extent to which community collaboratives can benefit from establishing explicit logic models and theories of change to guide their actions and the extent to which this can deflect from taking actions. While such logic models may be needed to establish hypotheses and further the knowledge base, they may not be needed to create the actions by which those hypotheses can be tested. At a minimum, the research and evaluation community – which increasingly is brought into initiative design and development as a part of this emphasis upon outcomes – should recognize that such frameworks, while basic to research and evaluation, are not the driving forces behind the practice and policy-making worlds, which have other means for decision-making that have their own internal logic and validity.

Third, the issue of whether long-term community outcomes can be addressed independently or must be treated as a constellation must be explored much more deeply, particularly as it applies to poor neighborhoods. Holistic programmatic or systemic approaches, because they can impact multiple outcomes, deserve to be measured against more than one outcome, or else they risk being dismissed as ineffective even if their overall impacts are substantial.<sup>187</sup> Alternatively, more focused approaches to a single indicator may miss the point in producing any significant gains.<sup>188</sup>

### **Theory of Change Five: Building Grassroots Capacity**

*Building Grassroots Capacity. There is a large distance or gulf between the culture of social service systems and the culture of the poor neighborhoods they disproportionately serve. Residents in poor neighborhoods do not see much of themselves in the workers assigned to serve them, nor do they see pathways for people within their neighborhoods to become part of those systems. At some point, however, if poor neighborhoods are to become economically similar to other neighborhoods, their residents will need to be represented in this, as well as other, workforces in the community. Social services reform can create needed economic development opportunities within poor neighborhoods.*

Of the five theories of change presented here, this theory has been the least frequently articulated in community collaborative activities or in the service integration or systems reform literature. In large part, this is because the social services world and community collaborations historically have had little

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<sup>187</sup> See: Bruner, Charles, with Stephen Scott. *Thoughts on Statistical and Substantive Significance, op.cit.*

<sup>188</sup> A number of community collaboratives have sought to tackle “immunizations” as an issue, developing “immunization” campaigns for two year-olds in poor neighborhoods. While “immunizations” have a benefit in reducing the chance of an outbreak of an immunizable disease, the indicator has been important primarily because it is a good measure of the degree to which very young children receive primary and preventive health services. An immunization campaign that only immunizes children does not provide such primary and preventive services and can further fragment the health system. Immunization rates may increase while the underlying health status of very young children may not change in any significant way. This is akin to the difference between “learning” and “teaching to the test.”

connection with community organizing and community economic development activists, who hold this vision. Often, community collaboratives do not have a strong grassroots presence in any sense, nor have representatives who see the world in such terms.<sup>189</sup>

The fact remains, however, that building more preventive systems and transforming frontline practice require much greater embedding within poor neighborhoods. This will only occur if “community-based” means more than agency geographic location and involves connections that include employment, ownership, and direction.

*Soundness and Support for Underlying Premises.* There are three underlying premises for this theory of change:

1. There are people within poor neighborhoods who have the innate capacity and proclivity to become part of the social services community, if provided the opportunity.
2. Pathways can be developed to create these opportunities.
3. Doing so will improve services within poor neighborhoods and create other social and economic benefits.

1. The first premise is almost tautological. If one believes that poor neighborhoods and their residents can change into economically and socially vibrant ones, there must be the human capital within those neighborhoods to assume professional and administrative positions within society in the same proportion as is found in more affluent neighborhoods.<sup>190</sup>

In addition, experiences have been that, where there are opportunities for advancement, people from poor neighborhoods will seek them out, provided they have realistic pathways to succeed. That persons in poor neighborhoods have proclivities toward this work is evidenced by the fact that many of the lowest-paid positions within these social service systems are held by residents from these neighborhoods.<sup>191</sup>

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<sup>189</sup> For a discussion of the different worlds of community organizing and community economic development and their different cultures, see: Bruner, Charles and Larry Parachini. *Building Community*, *op.cit.*

<sup>190</sup> The corollary is that, unless people from within these neighborhoods assume such positions, there cannot be social or economic regeneration. Jerry Tello argues that “when families of color must depend upon authority figures who are not part of their community, they receive a subtle message that the collective community is not capable of caring for itself and that they must in the end depend upon outside help. On the other hand, when families see professionals who are from the community, the message is that the community is coming together to care for its own. This is important for the development of a sense of collective, community self-reliance.” Cited from: Akinyela, Makungu. *Diversity, Cultural Democracy, and the Family Support Movement: An Abstract*. Chicago, IL: Family Resource Coalition of America: 1997.

<sup>191</sup> These include homemaker health aides and nursing home workers, childcare workers, and orderlies and nurses aides in hospitals, occupations disproportionately assumed by people of color.

2. On the second premise, it is clear that the current pathways to these professional and administrative social service positions primarily are through education and credentials rather than experience in lower-level positions, options not easily available to persons in poor neighborhoods.

Conceptually, there are several ways to create these pathways – through emphasizing competency-based training and credentials rather than education-based training credentials, through creating internal pathways to leadership within community-based organizations, and through providing more opportunities for education-based credentials to persons within poor neighborhoods. Some illustrations of efforts in these areas will be discussed under the section on implementation.

3. On the third premise, there clearly are economic and social benefits potentially available to poor neighborhoods from greater employment by residents in professional and administrative positions within social services.

Currently, the helping professions – both public and private – constitute a significant share of the nation’s employment base, particularly when health care is included.<sup>192</sup> While not among the most lucrative positions, professional and administrative positions within social services provide family-sustaining employment opportunities and represent part of the professional base that can serve as role models and social mediating forces for the community as a whole.

Few of these professional and administrative positions within society are held by persons from poor neighborhoods, however, although these poor neighborhoods disproportionately are served by these systems. Creating these employment opportunities for residents plays a role, but only a role, in creating the social and economic infrastructure that poor neighborhoods must develop to cease to be poor.

Whether having residents as social service providers changes the nature of those services, however, represents a second part of this premise. Clearly, this does not guarantee that those providers will adhere to new practice principles or be closer to the people they serve than providers from outside the community would be. This part of the premise is dependent upon the degree to which transformation of frontline practice has occurred. Persons within poor

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<sup>192</sup> Using 1999 Bureau of Labor Statistics figures, 8.1 million persons, or 6.1% of the labor force, were employed in the following job designations (registered nurse, health therapist, special education teacher, education or vocational counselor, social worker, licensed practical nurse, health aide, nursing aide or orderly or attendant, private home child care provider, family child care provider, early childhood teaching assistant, or welfare service aides). These were the job classifications most associated with the social services work discussed in this paper. Together, over 80% of the persons in these job designations were women, and more than 16% were African American, compared with the overall workforce of 46.5% women and 11.3% African American. The lowest paid jobs, such as nursing aides, orderlies, and attendants, however, already were 35.6% African American, with a large portion likely already living in poor neighborhoods. By contrast, the health diagnosing occupations (physicians and dentists) were only 24.1% women and 4.4% African American.

neighborhoods who achieve professional levels and levels of authority and power can be just as judgmental and authoritarian regarding the children and families they serve as those they might replace. Experiences from hiring at the paraprofessional level within poor neighborhoods indicate that there must be careful attention to recruitment and selection of persons and not an assumption that any interested person, however well connected to the neighborhood, is able to do the work.<sup>193</sup>

*Implementation Experiences.* Most of the efforts to hire social service workers from within poor neighborhoods have been at the paraprofessional level. While these generally have demonstrated success – both in finding workers and in those workers effectively performing their roles – there also has been a recognized absence of career ladders for people who do assume those positions.<sup>194</sup> Moreover, there has been little emphasis within community-based or other social service organizations that developing those career paths should be a part of their mission.

Where there has been a focused effort and leadership in this direction, however, there is evidence that such career path development is possible. This has been most common with new community-based organizations with a prevention focus. When Yoland Trevino took the position of Director of the Vaughn Family Center in San Fernando Valley, California, she saw her leadership responsibility as one of finding people from within the Panoima community who could take over her job and the operation of the Center. She achieved this through nurturing others to develop their skills and take over the Center's operation, one aspect of her transformational work at the Center.<sup>195</sup> Through a variety of funding sources, Allegheny County funded a number of neighborhood-based Family Centers, and provided sufficient community organizing and technical support to enable residents to direct the work of the Centers, with several neighborhoods opting for complete neighborhood-based staffing.<sup>196</sup> In both instances, service consumers have indicated that community staffing provided both greater adherence to meeting their needs and a strong sense of ownership and pride in those institutions as community-builders.

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<sup>193</sup> The Ford Foundation's Fair Start for Children Initiative emphasized paraprofessional staff as home visitors. Some residents welcomed such visitors as "of the community" and others indicated preference for persons more removed from their daily lives. While sites eventually found workers from within the neighborhoods who would be accepted and could do the work, the first choices of people well-known and connected to the community often did not work out. For a discussion, see: Larner, Halpern, and Harkavy. *Fair Start for Children. op.cit.* See, especially, Halpern's chapter, "On Program Design and Implementation" and his characterization of effective lay workers.

<sup>194</sup> See: Nittoli, Janice, and Robert Gilroth, "New Careers Revisited: Paraprofessional Job Creation for Low Income Communities," in Bruner, Charles, *et.al. Wise Counsel, op.cit.* pp. 4-20.

<sup>195</sup> See: Trevino, Yoland, "Unleashing Human Capital: If You Care For Me, Don't Empower Me and Get Out of My Way," in Bruner, Charles, *et.al. Wise Counsel, op.cit.* pp. 75-85.

<sup>196</sup> Bruner, Charles. *From Community-Based to Community-Staffed: The Experiences of Three Allegheny County Family Centers in Community Hiring.* Pittsburgh, PA: Starting Points and Office of Child Development, University of Pittsburgh, 1998.

There also have been some efforts to incorporate these pathways within mainstream social services. Within the Annie E. Casey Foundation's Rebuilding Communities Initiative, two grassroots organizations have taken responsibility for social service delivery in their neighborhoods, with an emphasis upon increased neighborhood resident employment in service delivery – Marshall Heights Community Development Corporation within D.C. for child protective service delivery and Germantown Settlement in Philadelphia for workforce development programming. These represent beginning efforts to transfer responsibility for public system service delivery, including the staffing of those services, to the neighborhood level.<sup>197</sup> They also, however, must face challenges of taking over service systems that themselves were regarded to be in disrepair.<sup>198</sup>

While these examples show possibilities, they currently are exceptions to the general rule. Many well-meaning and well-respected organizations currently provide services within poor communities, with leadership that is clearly committed to improving the lives of residents in those neighborhoods. At the same time, few have developed conscious and concerted strategies to transfer organizational leadership and staffing to the neighborhood level.<sup>199</sup>

*Observed Impacts to Date.* Anyone who has visited a grassroots social service program in a poor neighborhood that models, in its employment and advancement practices, its rhetoric of the potential for neighborhood residents to succeed, sees a vibrancy and energy that may be hard to measure but is very concrete and real. Not only do such programs provide good services and help those who receive those services succeed, they form a bedrock and voice in the neighborhood.

At the same time, for every such flourishing program, there are likely to be many more programs, which also may be staffed at the neighborhood level but are best characterized as struggling to survive economically. They often are under siege from their funding sources in demonstrating accountability and employing good business management practices.

This conversion of social services from its comfortable professional culture and credentialed roots to a more experientially based and competency-driven

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<sup>197</sup> Bruner, Charles, with Martin Blank and the Together We Can Partnership. *Human Service Systems Reform: Lessons from the Rebuilding Communities Initiative on the Challenges for Disinvested Neighborhoods and the Challenges for Systems.* Baltimore, MD: Annie E. Casey Foundation, in press.

<sup>198</sup> In the community development world, worker ownership options for otherwise bankrupt and closing companies has been referred to as “lemon” socialism, that workers only are offered the chance to control of the means of production for businesses regarded as “lemons.” As such, they are not a true test for the potential of worker ownership, as they are those businesses with the least chance of success. Neighborhoods taking over “broken” human service systems face similar challenges to success.

<sup>199</sup> For instance, many of the Directors of Community Action Agencies, formed in the 1960s and initially designed as community-building agencies (later turned to service providers), are now in their fifties and sixties and have been at the helm for many years. Starting as liberal activists in the 1960s, they took charge of these agencies and have maintained these positions. They have not necessarily developed the new leadership from the people that they have served nor seen that as part of their mission.

system represents a challenge –, as the best of both worlds must be maintained. The challenge is that professional expertise needs to be acquired, but the neighborhood spirit should not be lost in that process – and professionalism should not be equated with academic preparation alone.

To date, there have been very limited ethnographic studies conducted on this approach, let alone more rigorous and quantitative studies.<sup>200</sup>

*Future Activities to Further Knowledge Base.* Both at the community collaborative level and at the grassroots organizing and advocacy level, creating more opportunities for neighborhood-based staffing requires a critical examination of the core competencies required by staff – particularly at the administrative and professional leadership levels – to produce success. Determining this is a precursor to developing specific strategies to create those career pathways, starting with recruiting and selecting persons who can move into those higher positions, with requisite support, training, and encouragement.

Knowledge building, through field experiences, is needed in determining how this conversion can occur. In particular, the following areas deserve additional exploration, work, and evaluation:

- \* the processes by which community-based social service organizations can develop the skills of neighborhood residents that will enable them to assume leadership positions in administration and management;
- \* the incentives and supports that can enable residents in para-professional positions to acquire professional training and skills and competencies;
- \* the changes within mainstream organizations that need to occur to make them receptive to a broader diversity of staff; and
- \* the alternative pathways that can be developed to move from para-professional to more highly compensated positions, including competency-based credentials and advancement processes.

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<sup>200</sup> Particularly here, randomized controlled trials are an inappropriate methodology, as many of the presumed gains extend beyond the boundaries of individual client gains. Community-building impacts cannot be differentially acquired by treatment and control groups. An alternative counterfactual to random assignment of subjects must be employed.

## Final Thoughts

The theories of change outlined here do not exhaust the number that could be presented. They are somewhat arbitrarily defined, based upon the author's experiences with the world of social services system reform. In the author's view, these theories simply represent the more dominant ones employed today.

In addition, a strong case could be made for at least two additional theories: one emphasizing the critical role of leadership and constructing strategies to nurture those leaders and change agents<sup>201</sup> and one emphasizing the need for a critical mass of activity, with or without being connected and with or without an overarching theory of change.<sup>202</sup> These were not discussed here in large part because they have not been much practiced in the field. If anything, leadership development and capacity building have been given little explicit resource (as opposed to rhetorical) attention in most reform efforts, even those that are foundation-initiated. Equivalently, much greater emphasis has been given to rational planning than to fostering the blossoming of one hundred flowers, let alone the contending of one thousand schools of thought.

. Most efforts at systems reform in poor communities are based upon some amalgamation of these theories, drawing underlying premises and resultant strategies from each. These theories were not presented as alternative options for systems reform efforts, asking persons committed to improving outcomes for children and families in poor neighborhoods to make choices among them. Rather, it is hoped that drawing these distinctions and discussing them will stimulate more critical thinking regarding the assumptions behind social service system reform activities. It is hoped they will sharpen some ideas on what we need to try out and what we need to find out in order to achieve success. It is the author's belief that each theory that was presented has some utility at some times, and all can be helpful in some, but not all, situations. Sometimes the application of a theory will produce progress in achieving better results, and sometimes it will not. Greater understanding, however, will help in designing approaches that can answer more of the many unanswered questions about social services systems reform in poor neighborhoods.

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<sup>201</sup> The Move the Mountain Leadership Center has taken seriously Margaret Mead's famous quote, "Never doubt that a few concerned people can change the world. Indeed, that is the only thing that ever has." Rather than focusing upon specific initiatives or actions, they support "change agents" and new leaders through a "transformational leadership" training strategy designed to create a "critical mass" of new leaders within a community. For information, see: <http://movethemountain.org>. The Eureka Communities similarly focuses upon leadership development and the identification and nurturing of "change agents" as a key element to any societal reform. For information, see: <http://www.eureka-communities.org>.

<sup>202</sup> Within poor neighborhoods, it may simply be that enough activity is happening and enough people are beginning to see signs of possibility that they create a synergy for change. This is akin to achieving some "tipping point" where there is enough forward activity and momentum to produce success. This creates a non zero-sum game where collective growth as opposed to individual escape (the "fallacy of composition") occurs.

There are three final suggestions the author would like to make as researchers, practitioners, and funders (government and foundations) seek to tackle aspects of this very complicated puzzle and develop a further knowledge base and foundation for subsequent efforts in the field.

First, Lisbeth Schorr has quoted Sister Mary Paul as saying about her exemplary program in Sunset Park, "No one ever says, this may be what you need, but it's not part of my job to help you get it."<sup>203</sup> Similarly, at the research level, a good researcher or evaluator should never say to a program or collaborative strategy, "I know that's what you do, but it's not part of my job to find a way to measure it." Before a researcher can develop appropriate measurement tools, that researcher must understand what the program or strategy is designed to do. This is likely to require the researcher to work with program or strategy developers to identify the proximate outcomes the program seeks to achieve and to develop reasonable measures for them. At its best, this will give practitioners the tools they need to continue to improve their programs and strategies.

Second, it is important to view such research and evaluation as potentially helpful to continuous improvement – to determine what works for what children, families, or neighborhoods. Practitioners continually evaluate themselves, their performance, and their impact upon clients, but they usually do not employ evaluation techniques that can reduce the likelihood of faulty inferences and bias.<sup>204</sup> At the practice level, well-constructed evaluations can help practitioners assess and continuously improve their practices. Practitioners need to resist approaches that hold them accountable to impacts beyond their power to achieve, but practitioners can press for accountability measures that do measure the impact that seeks to produce.

Third, it is important to recognize that changes in community-wide outcomes will only occur if the scale of activity is of sufficient magnitude to produce them. Demonstration efforts can provide important answers to questions raised about different pieces of the puzzle. Doing enough to change outcomes for residents within a poor neighborhood, however, may require substantially more commitment and involvement than even the more ambitious foundation initiatives have invested to date. Moreover, going to scale may raise

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<sup>203</sup> Schorr, Lisbeth, *Common Purpose, op. cit.*, p. 5.

<sup>204</sup> On the one hand, what practitioners do in trying to determine what is effective is not that different from what evaluators do. They seek to draw inferences from their experiences, query respected peers and colleagues about effective approaches, assess changes in behavior, and solicit feedback from clients and outsiders. They simply do not label these activities 'examining a case series,' 'employing a modified Delphi-process,' 'conducting post-test observations,' or 'using triangulation.' On the other hand, people have selective memories and these can bias judgements. Good evaluation, and self-evaluation, tools and techniques can help bring greater discipline to analysis and minimize the potential for bias and faulty inference.

its own challenges and opportunities that change the fundamental character of the puzzle itself.<sup>205</sup>

We should recognize that we currently do not have any examples of social services system reform in poor neighborhoods that have produced a transformation in outcomes for the children and families living there. It is disingenuous to claim that we are seeking such results if we are not willing to make commensurate investments to achieve that end.<sup>206</sup>

At the funder/investor (foundation and government) level, until we do invest enough to create some successes in this arena, we may not be able to determine what pieces are essential and what are not and therefore how to achieve such transformation in a more efficient manner. We may be at the invention, prototype stage where successful actions may precede explanation. Once we have some successes, our research and evaluation community can begin to disentangle, to the extent that such disentanglement is possible, the critical activities that led to that success.<sup>207</sup> We cannot conclude that success is not possible until we have made the types of investments that provide a chance for success, as measured by improvements in the lives of the children and families in poor neighborhoods these social service systems are designed to help.

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<sup>205</sup> Going to scale may have pluses and minuses. As discussed previously, programs cannot get all residents “first in line” for limited but needed services and supports. At the same time, scale creates the opportunity for synergy. See: Bruner, Charles, “State Government and Family Support: From Marginal to Mainstream,” in Kagan, Sharon L. and Bernice Weissbourd (eds.) *Putting Families First, op.cit* pp. 338-357.

<sup>206</sup> In addition to Charles Murray, who argues on the basis of innate human capacity, there are others who question the ability for neighborhood regeneration but do not base their beliefs on human capacity but seek alternative solutions to neighborhood building See: Lemann, Nicholas, “The Myth of Community Development,” *New York Times Sunday Magazine* (January, 1994) pp. 27-31ff. Robert Halpern has a more class-based argument of why we have not succeeded in past efforts such as Model Cities and the Ford Foundation’s gray areas project. See: Halpern, Robert. *Rebuilding the Inner City: A History of Neighborhood Initiatives to Address Poverty in the United States*. New York: Columbia University Press, 1995. This essay is based upon the belief that we have not yet pulled together nor invested sufficiently to give up hope or stop our effort. Winston Churchill once said, “Americans have a great tradition for doing the right thing, after they have explored all other options.” We are nearing the point of having to do the right thing.

<sup>207</sup> This final footnote offers an analogy to the corporate world of research and development. In developing a new product, the first step is the development of a successful working model, probably through a successive series of prototypes. The costs of developing that first successful product, measured against its value to consumers, will put it economically out of reach. It then becomes a design-engineering task to whittle down the costs of production. Without any successes, it probably is not realistic to think that we can light on the most efficient solution the first time out, although we have tended to “underfund” rather than “overfund” our efforts in this area. Funders/investors should recognize such initial investments as eventually leading to a product that will be broadly marketable – which, in fact, is what foundation funding, as a form of social venture capital, can do best.





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