

# The Edna McConnell Clark Foundation

**Community Partnerships for Child Protection  
The Challenge of Changing CPS Practice and Culture  
Paul Vincent  
The Child Welfare Policy and Practice Group**

## **Introduction**

The four public child protection systems that are implementing the Edna McConnell Clark's Initiative, Community Partnerships for Child Protection, are experiencing steady successes in changing the day to day practice of their staff and the organizational culture in which they exist. By thinking strategically about the institutional barriers within their organizations and the environmental barriers external to their systems, sites are identifying and addressing the complex landscape of organizational culture issues, new practice methodologies, structural change, community and neighborhood partnerships and honest self-evaluation.

Throughout the evolution of the Initiative, the Foundation, site leaders and technical assistance providers have expanded their awareness of the many challenges that must be addressed for meaningful community partnerships to improve the quality of child protection and achieve the effort's goals. In no part of these four sites is the urgency for change more critical and essential than in the public CPS agency.

The array of steps and strategies to be undertaken by the CPS agencies is identified in the written design of the Initiative's change strategy, site proposals and reports, technical assistance papers and most important, found in problem solving discussions of the CPS leaders as well. The following abstract of those thoughts and designs is intended to summarize the major planning steps to be accomplished in realizing the vision of creating a system of effective community partnerships for child protection.

## **Steps in Changing CPS Practice and Organizational Culture:**

In the past year, a focused set of priorities has become evident as the most valuable for emphasis at this stage of implementation. Among the more crucial ones are those practice issues influenced by the implementation of Individualized Courses of Action (ICA) and the outcomes of the Qualitative Service Reviews (QSR). The current priorities are described in greater detail as follow.

### **Current Priorities**

- ❑ **Examining practice quality as a basis for external and self-evaluation.** Sites need feedback on the quality of frontline practice, both for formal evaluation purposes and for continuous quality improvement within the self-evaluation process. The status (safety, permanence and well being) of children should be examined as well as the performance of the system itself.
- ❑ **Dealing with resistance to outstationing CPS staff.** Working conditions in neighborhood settings may not be equivalent to the environment in central offices, causing staff to feel that they have had to sacrifice to participate in the initiative. Space, privacy and connections with colleagues not only relate to functional work environment needs, they also are powerful markers of status. Until CPS staff become integrated into community teams, these outstationed staff may feel isolated. Where outstationing results in functional problems, such as the loss of access to space permitting confidentiality, the issue becomes more important. Concerns about worker safety can magnify opposition to neighborhood basing.
- ❑ **Supervising staff who are outbased.** Loss of easy access to supervision, if supervisors remain in a central location, can be resisted by staff, particularly if supervision is used to oversee case decision-making. Workers may feel even more exposed to potential liability if they are accustomed to routinely walking down the hall to double check with their supervisor. Supervisors may be made uncomfortable by the loss of control as well. The vertical management structures common in CPS agencies magnify this concern. As staff are moved to neighborhoods, management supports that compensate for a real or perceived loss of supervisory influence need to be provided.
- ❑ **Improving the ability of staff to do community and resource development.** In this category, sites themselves have described a need to build staff capacity to help communities organize themselves and participate meaningfully in the partnership. Sites also expressed the need for improvement in creating resources within neighborhoods and communities that would be responsive to the needs of families.
- ❑ **Building teams between CPS and the community's natural helping systems.** If full and effective partnerships are to be built between CPS and the community, the CPS system will need to develop the capacity to team not only with the formal organizations in the community, but also with the informal helping systems as well. Work will be needed on issues of process, practice content and capacity and team relationships. Because CPS systems are most accustomed to teams composed of representatives of other professional disciplines and because community entities are less experienced with more formal teaming, preparation will be needed to bridge the barriers of culture, race, ethnicity, education and class to facilitate partnerships that work.
- ❑ **Maintaining caseload balance and equity when cases are assigned geographically.** One important technical barrier that exists involves management of caseload balance without constantly transferring cases or modifying territories when caseloads are assigned geographically. This is a traditional problem in public welfare settings generally. Caseload balance is made more difficult when information systems do not accurately reflect the status of cases. While it seems simple, this barrier is resistant to simple solutions.
- ❑ **Shifting from a resource allocation model where staff are allocated based on caseload to**

**one where allocations are based on workloads (relevant due to anticipation of fewer cases being reported).** Almost uniformly, sites expressed concern that current resource allocation formulas that are based on caseloads would be inapplicable to a practice model that deflects some cases to community helping systems and/or classifies abuse or neglect differently. There was real concern that staff allocations would suffer unless this discontinuity was resolved.

- ❑ **Translating the partnership philosophy into practice.** A number of respondents spoke of the need to translate the partnership philosophy into practice. A related and perhaps causal factor of this need was the need for staff to internalize the core beliefs of the initiative, which was reported as happening unevenly. This issue seemed more related to line staff than to site leadership.
- ❑ **Helping staff internalize the core beliefs of the initiative.** Staff support for the core beliefs of the initiative, especially at the line level, may be largely at the intellectual level at earlier stages, which could be expected. It is possible that the principles of the Initiative will remain somewhat theoretical until actual practice begins to demonstrate their practical efficacy. A focus on frontline practice improvement will help move staff from conceptual acceptance to internalization of the principles of reform.
- ❑ **Increasing the meaningful involvement of families and their natural helping systems in planning and decision-making.** All sites noted the need for greater involvement of families and their natural helping systems in case planning. There was fairly consistent agreement about the need for family involvement, but very uneven practice in this area. Family involvement might include signing off on a plan, but did not necessarily extend to meaningful, ongoing participation in recognizing strengths, identifying needs and matching services to needs. Both practice skill levels and agency policy on family involvement seem to need attention.
- ❑ **Determining the appropriate use of authority in a community partnership role.** There is an appropriate role for the use of authority in CPS. However, its use may cause discomfort among community partners whose primary perception of the CPS enforcement role is a negative one. When asked, all sites agreed that using authority appropriately and helping the community team members compliment its use were important needs to be addressed.
- ❑ **Modifying the practice of providers to mirror the principles and beliefs of the Initiative.** An important need increasingly being faced is modifying the practice of service provider agencies to reflect the principles and beliefs of the Initiative. The Initiative could be seriously undermined if the approach of providers to families does not reflect the Initiative's partnership beliefs. The difficulty in changing the approach and culture of traditional provider agencies should not be underestimated, nor should the likelihood of provider resistance to change.
- ❑ **Improving skills in assessing and intervening in cases of domestic violence.** As CPS staff and their community partners work together more closely, especially involving partners skilled in the area of domestic violence, the need for improved assessment and intervention with families experiencing domestic violence has increased. The use of family conferencing, and its value in assessing underlying needs, has helped focus attention on this complex issue.
- ❑ **Preventing drift into former methods of practice.** It is not uncommon in systemic reforms for staff to revert to former, more comfortable practice after the novelty on innovation wears

off. Because change is difficult and often uncomfortable, constant attention and support is needed to reinforce desired performance. "Drift" is very likely if staff are not competent in and confident of the new skills required to partner with the community.

- **Addressing the relationships between CPS and traditional partners.** There is no CPS system that does not have conflict with juvenile courts, law enforcement and local prosecutors. While a certain amount of tension between CPS and these parties is inevitable, most of the sites are likely to experience more substantial conflict as the Initiative begins to change traditional processes, practice and most significantly, control of cases. Resistance should be anticipated and strategies developed to insure that these influential partners are not so threatened by the Initiative that they become opponents.

## Summary

The approaches to addressing the fifteen current critical priorities reflect the maturing of the reform, from early work related to vision, structure and policy, to today's increased attention to the actual delivery of community supports and services. Attention to practice quality and effectiveness has begun to emerge as a vital focus of managers and practitioners. As new challenges are discovered in the examination and improvement of front line practice, it is inevitable that further work will be identified as needed to address residual structure and policy issues that continue to be a barrier to CPS culture change.

The implementation of the Community Partnership practice framework, Individualized Courses of Action (ICA) and use of the Qualitative Service Reviews have promise as broadly effective change mechanisms, affecting policy, relationships with the community, internalization of the principles of the Initiative and most important, outcomes for children and their families. These interventions are proving to be valuable in fostering the changes that are identified as important current priorities for the CPS agencies of the Initiative.

These change strategies and interventions, of course, are but a part of the significant shifts needed in CPS systems and neighborhoods to create community-based partnerships. The Initiative continues to focus intensively on other key solutions for the Partnership as a whole, including communication strategies, expanding the array of partners, governance, case diversion and formal evaluation. These reforms and improvements are interdependent, linking the public system and the community in a difficult, pioneering and essential transformation of the child protection network in Jacksonville, St. Louis, Louisville and Cedar Rapids.

---

The Child Welfare Policy and Practice Group  
*A Nonprofit Organization Committed to  
Improving Outcomes by Improving Practice*  
428 East Jefferson Street  
Montgomery, AL 36104  
Phone (334) 264-8300  
[www.childwelfaregroup.org](http://www.childwelfaregroup.org)

