Family and Community Centered:

Helping County and Community Service Providers Build Partnerships with Families and Communities

A paper prepared on behalf of the Service Integration Action Plan's Customer Service and Satisfaction Workgroup by:

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Give a man a fish, feed him for a day.
Teach a man to fish, feed him for a lifetime.

—Ancient proverb

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EXECUTIVE SUMMARY

In March 2001 the New Directions Task Force approved a two-year action plan to make substantial progress in integrating County human services for children and families. Referred to as the Service Integration Action Plan (SIAP), the plan outline five principles areas of action:
- Access to services;
- Customer service and satisfaction;
- Multi-agency services;
- Data and information sharing; and
- Funding for services.

The Service Integration Branch of the County Administrator's Office took the lead in organizing work groups for each of the five areas of action. These work groups began work in April 2001.

Section 2.1.3 of the Service Integration Action Plan calls for the County to "establish guiding principles for partnering with communities and families based on mutual respect and accountability." The Customer Service and Satisfaction work group has responded to this charge by articulating two principles it believes create the foundation for partnerships based on mutual respect and accountability. Those two principles are:

- County departments and community-based organizations act to increase a family's capacity to meet its needs within networks of peer relationships; and

- County departments and community-based organizations act to increase a community's capacity to act on its own behalf.

Why these two principles? The Board of Supervisors, all of the County's departments, and organizations across the County have publicly committed to work toward the achievement of five outcomes for *all* of LA County's children and families:
- Good health;
- Safety and survival;
- Economic well-being;
- Social and emotional well-being; and
- Education and workforce readiness.

As the members of the Customer Service and Satisfaction work group considered these outcomes, and what it would mean to achieve these outcomes for all children and families in Los Angeles County, we were inexorably drawn to embrace two propositions.

- The first proposition: Publicly funded, professionally delivered human services, alone, cannot deliver these outcomes for all children and families in need.

- The second proposition: For sustained change, families and communities require individualized responses and supports that reflect the nuances of their circumstances, community, and culture, individualized responses that large government structures often cannot offer.

These two propositions, taken together, convinced the members of the Customer Service and Satisfaction work group that *if* we take our commitment to the five outcomes seriously, then we must evolve our service delivery system in ways that will build families' and communities' capacities to meet their own needs: not just giving them fish, but helping them learn to fish. This conclusion is what led the work group to articulate and explore the two principles.

With these two principles as the focus for its efforts, the workgroup wanted to explore how well current county and community-based efforts were aligned with these principles. To engage in this exploration, the work group formed a sub-committee who interviewed representatives, including participants, of nine different programs.

This paper summarizes the lessons that emerged from these conversations, and then outlines a series of recommendations that reflect these lessons.

The members of the Customer Service and Satisfaction Work Group would like to thank all of the program representatives who joined us in this exploration. Their willingness to speak openly about their achievements and their frustrations, as well as their passionate commitment to improve the lives of children and families, provided much hope to all of us. We would especially like to thank the parents who participated in the interviews. Their courage, perseverance, and commitment to their families, will continue to offer inspiration to all of us graced by their presence and their stories.

Introduction

In March 2001 the New Directions Task Force approved a two-year action plan to make substantial progress in integrating County human services for children and families. Referred to as the Service Integration Action Plan (SIAP), the plan outline five principles areas of action:
- Access to services;
- Customer service and satisfaction;
- Multi-agency services;
- Data and information sharing; and
- Funding for services.

The Service Integration Branch of the Chief Administrative Office took the lead in organizing work groups for each of the five areas of action. These work groups began work in April 2001.

In July 2001, the Customer Service and Satisfaction work group began to focus on Section 2.1.3 of the SIAP. This section calls for the County to "establish guiding principles for partnering with communities and families based on mutual respect and accountability."

The work group authorized a sub-committee to work on Section 2.1.3. Appendix 1 lists the members of the work group and members of this sub-committee. In establishing the scope of its work, the sub-committee wanted to insure that whatever it developed would have immediate and practical application for County agencies and community-based agencies, and would also challenge some of the system's current assumptions about how services are delivered and what is needed to achieve improved outcomes for children and families. To achieve these two ends, the sub-committee rejected a process that would generate a list of abstract exhortations, opting instead to focus on two essential principles:

- County departments and community-based organizations act in ways that increase a family's capacity to meet its needs within networks of peer relationships; and

- County departments and community-based organizations act in ways that increase a community's capacity to act on its own behalf.

Why these two principles?

The Board of Supervisors, all of the County's departments, and organizations across the County have publicly committed to work toward the achievement of five outcomes for *all* of LA County's children and families:
- Good health;
- Safety and survival;
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You have likely heard or read these outcomes many times before now. Take a moment, however, and consider these outcomes seriously. Think about the over 10 million people in the County, and imagine working to achieve these five outcomes for *every* child and *every* family.

As the members of the Customer Service and Satisfaction work group considered these outcomes, and what it would mean to achieve these outcomes for all children and families, we were inexorably drawn to embrace two propositions.

- The first proposition: Publicly funded, professionally delivered human services, alone, cannot deliver these outcomes for all children and families in need.

- The second proposition: For sustained change, families and communities require individualized responses and supports that reflect the nuances of their circumstances, community, and culture, individualized responses that large government structures often cannot offer.

These two propositions, taken together, convinced the members of the Customer Service and Satisfaction work group that *if* we take our commitment to the five outcomes seriously, then we must evolve our service delivery system in ways that will build families' and communities' capacities to meet their own needs. This conclusion is what led the work group to articulate and explore these two principles.

The methodology

With these two principles as the focus for its efforts, the sub-committee decided to interview representatives, including participants, of nine different programs. These nine programs included:
- Department of Public Social Services: CalWORKs
- Department of Health: Nurse Home Visitation Project
- Department of Children and Family Services: Department of Children and Family Services: programs dealing with child abuse and neglect
- Department of Mental Health: School Based Mental Health Initiative
- LA County Office of Education: Head Start Program
- Probation Department: Long-Term Family Self-Sufficiency (LTFSS) Project #30 partnership with Northeast Valley Urban Village Initiative (NEVUVI)
- Multi-agency: Children's System of Care
- Multi-agency: Wraparound Program
- Community initiated: Juvenile Crime Prevention Program/Stevenson YMCA Community School

These programs represent a broad spectrum of approaches for working with children and families, and a diversity of perspectives and experiences, including:
- Programs that many people felt were already in alignment with one or both principles;
- Programs that many people felt struggled with one or both principles;
- Programs where participation was involuntary;
- Programs where participation was voluntary;

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- Programs initiated by County Departments; and
- Programs initiated by organizations or people in a particular community.

Representatives from these nine programs were interviewed over two days. While each interview began with a standard set of questions, each conversation progressed in unique ways, covering a wide range of issues and topics.

What follows is a summary of the lessons that emerged from these conversations, as well as a series of recommendations that reflect these recommendations.

Initial reflections on the two principles

A large body of research and analysis supports the concept of service providers partnering with *families* based on mutual respect and accountability. The family support movement has for decades demonstrated the importance and the practicality of this approach. (Appendix 2 lists the nine principles that underpin all family support programs in this country.) The work of John McKnight and many others has amplified this concept through the development of *strength-based* approaches to working with families, approaches that begin with a commitment to recognize, honor, and build upon the competencies and capacities of families who seek help.

The first principle the sub-committee articulated—*County departments and community-based organizations act in ways that increase a family's capacity to meet its needs within networks of peer relationships*—focuses on a particular dimension of a more general approach to working with families based on mutual respect and accountability: families meeting their needs within networks of peer relationships. This first principle also responds to the growing research that suggests that one of the primary barriers families living in poverty face is social isolation.

The second principle articulated by the sub-committee—*County departments and community-based organizations act in ways that increase a community's capacity to act on its own behalf*—shifts the focus from families to communities. While a large body of research and analysis supports the concept of service providers partnering with *families* based on mutual respect and accountability, far less established work supports the concept of service providers partnering with *communities* based on mutual respect and accountability. Large bodies of research and practice have developed frameworks of community capacity building and community organizing, but often these frameworks ignore or reject a service approach and the traditional work of service providers.

Several family support principles do speak to the need for service providers to ground their work in a framework of community capacity building. For example:

- Family Support Principle 3: Families are resources to their own members, to other families, to programs, and to communities.
- Family Support Principle 4: Programs are embedded in their communities and contribute to the community building process.
- Family Support Principle 7: Practitioners work with families to mobilize formal and informal resources to support family development.

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- Family Support Principle 8: Programs are flexible and continually responsive to emerging family and community issues.

But researchers and advocates have provided far less documentation of practices focused on how service providers can partner with a community in ways that increase its capacity to act.

One reason for the difficulty in exploring how to increase a community's capacity to act on its own behalf lies in the confusion around the concept of "community." Many conversations among service providers are peppered with the phrase "*the* community" as if there was one, universal group of people who define *the* community. Such language can be profoundly confusing.

Embedded in the second principle—*County departments and community-based organizations act in ways that increase a community's capacity to act on its own behalf*—is a very different focus, a focus on *a* community, not *the* community. That is, the principle focuses on discrete, discernible groups of people who are in relationship with each other. A community can be a geographic community, an ethnic community, a cultural community, or a community of affinity, meaning a group of people who are drawn to act together because of common interests.

For a community to act on its own behalf to improve outcomes for children and families requires a sufficiently strong network of relationships that enables the people in those relationships to act together. To *increase* a community's capacity to act, therefore, requires at minimum building and strengthening networks of relationships that enable people to act together. It also requires that people in the community have the skills and resources to act effectively. So increasing a community's capacity to act on its own behalf can also involve activities that increase a community's skills and resources.

Comparing different ways of working with families and communities

While the first principle focuses on one dimension of strengths-based work with families— partnering with families in ways that increase a family's capacity to meet its needs within networks of peer relationships—at times the case studies reflected a more general focus on strengths-based work with families.

As we examined the data that emerged from the nine case studies, we began to conceptualize a matrix (see next page) that would help distinguish between a traditional services approach, a strengths-based approach to working with families (that includes our first principle), and a community-capacity building approach that reflects our second principle.

Comparing different ways of working with families and communities

Approach / Aspect	Traditional Service Approach	Strength Based Work with Families	Community Capacity Building
Orientation	Problems of families	Strengths of families	Strengths of communities
Who we work with	Client as recipient of discrete services	Families as sources of strengths that can contribute to the solution	Communities as sources of on-going support and solutions for families
Geography and networks of personal relationships	Geography & relationships hardly relevant	Geography matters some; networks of relationships matter more	Geography and networks of relationships matter a lot
Ultimate response	Do it for them	Help them do for themselves	Never do for others what they can do for themselves
At its best	Provides a cure for effects	Provides prevention for individual families by focusing on causes within family's control	Provides prevention for multiple families by focusing on causes within family and community's control
Frequent consequence when successful	Individual needs met; client still dependent on services	Individual needs met; family begins to rely on its own resources	Individual needs met; families begin to rely on each other for other needs
Frequent consequence when not successful	Client more isolated than before; still dependent on services	Families may still have some understanding of their individual strengths	Families may have networks of relationships they can continue to rely on
Control of program	Concentrated; top down	Concentrated; but some flexibility with families	Shared between County departments and community leadership
Nature of power relationships	One-way: provider to client	Two way: provider to family and family to provider	Multiple directions: providers to families; families to providers; families to each other
Service integration	Service integration not essential	Service integration very important	Service integration essential

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Some observations about this matrix:

- The three columns are distinct, but not mutually exclusive, approaches to achieving outcomes for children and families. Programs can pursue one or more of these approaches simultaneously.

- The chart does not imply that one approach is always better or more appropriate than another. Hospital emergency rooms are not likely to become focused primarily on organizing and community capacity building.

- The chart represents a *possible* developmental path, but not a necessary one. That is, individuals and groups can move from a service approach to a strengths-based approach to a community capacity building. They can also move from a service-based approach to a strengths-based approach but not embrace community capacity building. Some may also move to community capacity building without working directly with individual families.

- This chart reflects a bias for simplicity, and as such, does not capture many of the nuances of particular programs. Still, we found that the data from the case studies supported these distinctions, and more to the point, that being disciplined about these distinctions helped us understand some of the differences between programs that sometimes used similar language to describe different approaches and philosophies.

The lessons from the case studies

We have divided these lessons into two categories: lessons that applied generally to both the second column, strengths-based work with families (including our first principle) and the third column, community capacity work; and lessons that applied specifically to our two principles of acting in ways that increase a family's capacity to meet its needs within networks of peer relationships, and a community's capacity to act on its own behalf.

Lessons for both strengths-based work with families and community capacity building work generally

1. *Starting there, not evolving there*

Generally, programs that *begin* with a commitment to strengths-based work with families have a much easier time sustaining their commitments than programs that begin with a service approach and attempt to evolve a strengths-based approach. Head Start embraced a strengths-based approach to working with families from its inception over 30 years ago. While the intensity of commitment may vary from chapter to chapter, every Head Start program reflects a basic commitment to strengths-based work with families. Similarly, the Nurse Practitioner Program, begun 4 years ago in LA County, implements a model, first piloted 22 years ago in New York, that reflects a fundamental commitment to partnering with teenage mothers.

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This lesson also applies to community capacity building work. That is, it is much easier for a program to act to increase a community's capacity to act on its own behalf when it begins with this commitment rather than if it evolves to this commitment. This is true even for programs that begin with a commitment to strengths-based work with families. The story of the Juvenile Crime Prevention Program and the Stevenson YMCA Community School provides the most compelling documentation of this aspect of the lesson. The YMCA of Greater Long Beach initiated both programs. The first program, the Juvenile Crime Prevention Program, began with a collaborative planning effort among 18 local agencies. Parents and community residents were invited into the planning structure after the basic program components had been established. The Stevenson YMCA Community School, by contrast, involved parents and residents from Long Beach in the very first planning conversations. The difference, according to the two program designers, has been dramatic. It took over two years to earn the trust and integrate the participation and leadership of family members and residents into the Juvenile Crime Prevention Program; the Community School has enjoyed a far higher level of participation and leadership from community members.

2. *Culture and leadership*

An organization's culture and leadership dramatically affects its capacity to embrace and act from either of the two principles. When the leadership of an organization has embraced one or both of the principles, and when the principles permeate an organization's culture, the organization will more likely act consistently with these principles.

Perhaps the clearest way to illustrate this point is with an inverse example. The Department of Children and Family Services (DCFS) has principal responsibility for child abuse and neglect cases. Historically the department's culture has developed around a primary mission: to protect the child. More recently, the department has begun to articulate a commitment to families and to family preservation. But it has proven very difficult for the department to develop the systems and supports that can achieve both of these goals—to protect the child and to preserve the family—equally. The data from the interviews we conducted led us to conclude that the culture of DCFS is biased toward protecting the child, and led us to wonder whether it is possible to reconcile a commitment to preserve the family within a culture that must by law and by necessity give priority to protecting the child. Protecting the child is paramount to DCFS; given that preserving and supporting the family is also a crucial value, it may be that other structures should take responsibility for implementing this commitment in partnership with DCFS.

Please understand: this is not a trivial or abstract concern. The case study we heard involving a parent whose child was taken from her, only to be returned many months later with no finding of abuse, documented the nightmarish impact a mistake by DCFS can have on a family. All of us understand the terrible consequences that can befall a child left unprotected in a violent home environment. But we have come to believe that the system is not currently structured to adequately meet both the interests of physically protecting children who may be in abusive environments, and also protecting the emotional needs and fundamental rights of children and their parents not to be wrongly separated from each other.

3. *Commitment to on-going staff and organizational development*

Related to this issue of culture and leadership is the need for ongoing staff development. All of the programs we examined articulated the need for on-going staff and organizational development. For programs and organizations used to a more traditional service approach, the shift in roles and responsibilities for staff can be dramatic, and often counter to instincts developed through years of experience. Developing a staff's capacity to enter into partnerships with parents and community members, and to think strategically and developmentally about networks of relationships, cannot be achieved in episodic training efforts; the commitment must be ongoing, and unfold in multiple forums, including staff-wide training, small group work, individual meetings, and others.

4. *Clarity about roles between professionals and community residents*

For several programs we examined, clarity about roles was important, particularly clarity about the roles played by professionals and community residents. A number of programs have made a commitment to use parents and neighborhood residents as volunteers and as paid staff. This can work well, but only with on-going training and support.

Sometimes, parents or residents becoming volunteer or paid staff can have unintended consequences. For example, in one of the programs developed by the YMCA of Greater Long Beach, staff hired parents as Community Workers to provide some of the case management services families needed. After six months, program assessments showed that for many of the families involved in case management, family functioning had actually gotten worse. When staff investigated this trend, they determined, among other things, that they had not adequately prepared the Community Workers to serve in the capacity as paraprofessional social workers. The parents were not yet skilled enough to pick up verbal and non-verbal clues about hidden family problems such as domestic violence. Moreover, though staff had believed that the relationships the Community Workers had with people in the community would be an advantage, these relationships actually presented a barrier to communication. Many families did not want to divulge information about sensitive personal issues with their neighbors. The YMCA found that trained social workers netted better outcomes and now uses them for this type of work.

In this case, staff became clearer about what parents and residents could do, and what roles professionally trained staff should handle. And, as this program continues to develop, and the relationships and trust between residents deepen, staff may discover over time that residents become more comfortable with their neighbors playing roles that, for now, seem inappropriate.

5. *Funding*

Funding sources can hinder or support agencies and organizations that want to pursue strengths-based work and/or community capacity building work. We heard stories of both experiences.

The School-based Mental Health Initiative, a collaborative effort to locate mental health services in the community where they will be more accessible to children and families who need them, receives its primary funding from the Early and Periodic Screening and Disability Treatment

(EPSDT) program. While the availability of this funding has enabled the placement of mental health services in the schools, the regulations governing the funding also prevent practitioners in this initiative from more fully embracing strengths-based and community capacity building work. How? Funding from EPSDT is based on billable units, tied to individual clients. What this means is that unless a counselor is seeing a specific client and providing a specific service, his or her time cannot be billed. So none of the informal relationship work that is needed to help mental health workers become part of the school and the surrounding community, and to better understand the context that impacts the lives of their clients, can be billed to EPSDT.

On the other hand, the funds available through Long-Term Family Self-sufficiency Project #30 have enabled the Probation Department to participate in a community building initiative to reduce juvenile crime with the Northeast Valley Urban Village Initiative (NEVUVI), an initiative and a relationship that the Department may not have pursued without the encouragement of these new dollars.[1] Strength-based work with families, and particularly community capacity building work, do not just happen; resources are needed to help staff transition into new roles and to build and support the networks of relationships to sustain these approaches.

6. *Size of caseload and mandated participation*

Another perhaps obvious point: the size of the caseload for individual workers and for agencies as a whole impacts the capacity of these workers and agencies to embrace strengths-based work and community capacity building. The programs we interviewed that had most successfully begun to implement one or both of these approaches worked with relatively smaller numbers of families on a voluntary basis. Programs that had very large caseloads of families who were required to participate had a relatively more difficult time aligning with these two approaches.

One of the reasons for this is that as an agency or program's caseload increases, so does the pressure to standardize procedures and to disburse different program components across multiple staff. Standardized procedures make it more difficult to develop individualized responses to fit the particular circumstances of families and communities; multiple staff working on different aspects of a "case"—e.g., intake, compliance, different program services offered or required— decrease the likelihood that partnerships will form between a family and the service workers, and increase the likelihood that mistakes in communication or judgment will lead to an adversarial relationship between a family or community and the program. These tendencies become even more exaggerated when multiple agencies are intervening with the same family or community, particularly when those agencies do not coordinate or collaborate well with each other.

While large caseloads and mandated participation makes it more difficult for programs to embrace strengths-based work with families and community capacity-building approaches, we heard of a number of examples of County departments working to do just that.

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[1] Note that while the Probation Department has entered into a very effective relationship with NEVUVI, its financial relationship under LTFFSS Project #30 is with California State University @ Northridge.

Through CalWORKs, for example, the Department of Public Social Services (DPSS) is working to evolve from a traditional welfare department to more of an employment support agency. The department has expanded services, including employment counseling by professional job developers, vocational assessment, training, basic education and work experience. Individuals also receive assistance with childcare and transportation, as well as substance abuse, mental health and domestic violence services to address issues that can impede progress toward full employment. The department has forged partnerships to support the goals of CalWORKs, including partnerships with business organizations, community colleges, adult education, childcare agencies, service providers, the faith community, and community-based organizations. Symbolic of the shift in perspective, DPSS staff now use the term "participants" instead of "recipients" to better reflect the more active role participants are encouraged to play in taking control of their own lives.

A program model more deeply aligned with strengths-based work with families and community capacity building is the Family Group Decision-Making initiative piloted by the Department of Children and Family Services (DCFS). Pioneered with indigenous populations in New Zealand, this initiative involves a conflict resolution methodology in which the family takes a leading role in resolving its problems. Family members, friends, community specialists, and other persons invited by the family meet with the assistance of professional social workers and facilitators to create a plan for the care and protection of a specific child or children.

DCFS has implemented this program on a very limited basis through one if its field offices from October 1998 through June 2001. During that period, an average of two families per week participated in the program, with a total of 84 families, including 647 family members and participant-invitees taking part over the life of the pilot. The Department has hoped to take this program Countywide for some time, but has encountered a number of barriers that so far has prevented this expansion. These barriers include:

- The conflicts within the Department's culture noted earlier. That is, DCFS struggles to establish a balance between its legally mandated responsibility and accountability to protect children, and its desire to partner with, preserve, and empower families.

- The Community Worker staff positions, a key component of the process, were downgraded in the last budget cycle to Intermediate Typist Clerk positions. DCFS will request the Community Worker positions again in the next budget cycle.

- The process is costly, requiring considerable preparation time (an average of 30 hours per family group meeting) and lengthy family meetings (an average of 3.9 hours per meeting).

- The process requires DCFS to decentralize the Family Group Decision-Making teams into the Service Planning Areas, yet DCFS does not have the community-based structures or relationships that would allow it to confidently pursue this decentralization strategy.

These barriers are not unique to this initiative, or to DCFS; indeed, they are typical of the barriers large County departments have encountered when they seek to adopt strengths-based approaches or community capacity building strategies for their work with large numbers of

families and multiple communities. The existence of such barriers, however, does not negate the need for Departments to more aggressively pursue such approaches, particularly as the County moves to embrace accountability for the five outcomes. These barriers do suggest some of the systems changes that will be required to enable County departments to explore strengths-based approaches with families and community capacity building strategies.

Lessons specifically for our two principles— acting in ways that increase a family's capacity to meet its needs within networks of peer relationships, and a community's capacity to act on its own behalf

> 7. *Strengths-based work with families does not automatically lead to helping families meet their needs within networks of peer relationships*

Of the nine case studies we heard, *only* those programs that focused on building *community capacity* engage in work designed to increase a family's capacity to meet its needs within networks of peer relationships. That is, we heard from several programs that had embraced a strengths-based approach to working with families, but who did not extend that work to helping families build relationships with neighbors, friends, extended family or others who could support the family in meeting its goals. For example, the Health Department's Nurse Family Partnership program, a program deeply committed to building on the strengths of the individual teen mothers who join the program, does not help the individual teen mothers develop relationships with each other. Such relationships could be an invaluable source of support and self-help for the mothers, but the model does not call for the creation and facilitation of such relationships. This particular example reflects a larger bias of the "service model": seeing program participants as individual service recipients instead of as people connected to expanding networks of relationships.

> 8. *Fear, and consequences, of failure*

One of the barriers that prevents agencies and organizations from pursuing strategies that help families develop peer relationships that can help support them is fear of, and the consequences of, failure. Within the Department of Children and Family Services (DCFS), for example, workers fear that a mistake in judgment can mean that a child dies. Such potential consequences can lead workers to mistrust the family, or the community, or anyone whom they feel does not share the same accountability or concern for the child's well being. Such mistrust, unfortunately, then undermines the potential for relationships with community partners, and ultimately the family, that could ultimately lead to safer and more supportive environments for the child.

This example suggests a broader culture of fear and blame within the services system. If a child dies, or if a family suffers because of denied service, often the media, elected officials, and community advocates begin an aggressive hunt for the responsible worker or agency. We might ask: How does the death of a child become the responsibility of one agency, or one worker, instead of a community's responsibility?

The next two lessons speak to this question, and some of the larger challenges that our two principles present for the services system and for communities throughout LA County.

9. *A bias toward professionalism*

What do we mean by professionalism? An emphasis on specialized knowledge and skill that are possessed only by people—professionals—who have attained high levels of formal education and extensive structured experience.

Beginning in the early 1900's, and accelerating over the last four decades, there has been an increasing emphasis on professionalism in human services. This movement has been motivated by laudable values, including the desire to insure high quality and knowledgeable service to participants. Increasing the education levels, training and skill of service providers has created important improvements in the system.

Over time, however, this emphasis on professionalism has created an unspoken assumption in the system, and often in communities as well, that *only* professionals are qualified to provide services and supports to people in need. And this assumption creates a barrier to strategies that seek to increase a family's capacity to meet its needs within networks of peer relationships, and to strategies that seek to increase a community's capacity to act on its own behalf. If *only* professionals are qualified to provide support and services to families in need, then peer support or community based strategies will be seen as illegitimate.

Staff members of the Nurse Family Partnership Program encountered this bias from the program's designers in New York. The model is proprietary. Departments can only implement the model if they agree to abide by the program's rules, including a restriction that only public health nurses can work with the mothers. The program designers do not want the model weakened by using non-nurses to work with the mothers. The consequence, however, is that the program is very expensive, and fewer families are reached than might otherwise benefit from the program if community members and paraprofessionals were recruited and trained to support the work of the nurses.

Despite this restriction, staff members of the LA County program have explored promising relationships with *promotoras*, experienced mothers who are trained to work with new mothers in their community, and other community-based home visitation and support efforts. Recently, they developed a plan to co-locate the Nurse Family Partnership with a number of these community-based programs so that staff could share resources and support and learn from each other. Unfortunately, County administrative policies have thus far frustrated this effort at collaboration.

10. *The nature of service relationships*

A more subtle barrier to the adoption of the two principles than this bias toward professionalism is the nature of service relationships generally. Service relationships, by definition, are not relationships of mutuality or reciprocity. Within the service system, the power dynamic in these relationships is clear: someone—a professional—provides help to someone else—the client. The professional controls the resources in the relationship; the client's power is circumscribed.

In recent years, we have begun using a different term instead of client; we now call this person a customer. The adoption of this term was intended to be less demeaning to the person receiving services; it also was intended to focus service professionals on the need for "customer service."

From the perspective of power within the relationship, however, this new term does not shift, nor reflect a change in, the fundamental nature of the relationship. As a "customer," a person who receives services has the same limited power she had when she was called a "client"—the power to choose not to participate in the services. This is not much power; it is certainly not the relational power of a citizen, a neighbor, an advocate, or a friend. Even at their best, service relationships typically reinforce the agency of the service provider, not the agency of the person receiving services.

Two examples may help illustrate the subtle nature of this barrier to the two principles. Staff of several programs we interviewed touted their commitment to be on-call 24/7: 24 hours a day, 7 days a week. This commitment was offered as a demonstration of their deepening commitment to serve the needs of their program's participants, whenever those needs arise. But such availability also reinforces the relationship of the participant to the service provider; it does nothing to help the participant develop a network of relationships with neighbors, family members. What happens when the service ends and the service provider goes away?

A number of programs have hired, or are considering hiring, Family Advocates, people who often are from the communities that a program seeks to serve, have participated in the program, and have relationships with people currently in the program. Programs conceive of this role in different ways, but typical expectations are that Family Advocates build trust with parents and families who are receiving services and help them navigate some of the complexities of the program or the larger service system.

If done well, this can be a vital role within the service system. It can also, however, become a role that continues the pattern of undermining the agency of parents and families. If the Family Advocate always speaks *for* the families in the program, how do program participants develop their own voice? If the Family Advocate is the person whom a family always calls for help, how will families expand their own network of relationships?

These two tenets of the service system—service relationships and a bias toward professionalism —combine to create a dynamic that helps persuade individuals and families that we are not capable of impacting what is happening in our communities, and further, that we are not responsible. Someone else—service providers and service agencies—is responsible. And as policy makers and service providers sense this lack of accountability, they continue to take on more responsibility, further reinforcing the dynamic.

From inside of this dynamic, acting to increase a family's capacity to meet its needs within networks of peer relationships, or a community's capacity to act on its own behalf, may be almost inconceivable.

11. *Failure or limitations of other approaches to improve outcomes*

What helps these principles *become* conceivable, among other things, is the failure of other approaches to improve outcomes. When a program or department begins to focus on the outcomes it is achieving, and the cost of its current programs in relationship to those outcomes, this analysis often creates the incentive to develop alternative approaches. The Wraparound Program, a multi-agency, community based initiative designed to offer support to the most emotionally troubled children and their families, evolved in part because of the failure of traditional service approaches to create sustained improvements for these families.

12. *Relationships in a community*

Acting to increase a family's capacity to meet its needs within networks of peer relationships, or a community's capacity to act on its own behalf, becomes more plausible when a department or organization has trusting, working relationships with people and other organizations in a community. The relationship that has evolved between staff in the Probation Department and the leadership of the Northeast Valley Urban Village Initiative, for example, has enabled the department to explore ways of working with families and their children who are in trouble that would be unthinkable without this partnership. And this partnership will, many of its participants believe, encourage the department to develop relationships in other neighborhoods and with other communities that may produce even more innovative approaches of supporting families and their children.

13. *Conceptual confusion*

One of the most subtle barriers to fully realizing the promise of these two principles, or even to exploring them, is a pervasive confusion about exactly what they mean. An excerpt from one of the case study summaries dramatically illustrates this point.

> The intent of [the initiative] is to be a community-based and family-focused program. Although funding limitations and other barriers have prevented it from reaching its full potential, it is working toward the two partnering principles for collaborating with communities:
>
> 1. County departments and community-based organizations should act in ways that increase a family's capacity to meet its needs within networks of peer relationships, e.g., other family members, friends, and members of the community.
>
> 2. County departments and community-based organizations should act in ways that increase a community's capacity to act on its own behalf.
>
> Specifically, the Initiative acted in concert with these two principles by:
>
> • Utilizing both community-based contractors and directly-operated service providers in a collaborative effort to provide services.

- Providing services in schools and in families' homes, where they are more readily available and accessible to the clients, and providing services at times convenient to family members, allowing better family participation in the process.

- Providing services in a culturally appropriate manner, when necessary.

- Involving community providers in the planning process for the ongoing implementation of the program.

Let's examine each bulleted point separately. "Utilizing both community-based contractors and directly-operated service providers in a collaborative effort to provide services." This is a very good strategy for improving the delivery of human services, but how does this strategy increase a family's capacity to meet its needs within networks of peer relationships, or a community's capacity to act on its own behalf? This strategy represents action consistent with the two principles only if we *confuse* community-based contractors and directly-operated service providers with *a community*. Service providers and contractors may be part of a community, but they are not of themselves a community, at least not the kind of community that is imagined in the second principle.

"Providing services in schools and in families' homes, where they are more readily available and accessible to the clients, and providing services at times convenient to family members, allowing better family participation in the process." Again, these practices are very good ways to improve the delivery of human services, but say nothing about how these practices help families develop their own networks of support.

"Providing services in a culturally appropriate manner, when necessary." Same analysis: being culturally appropriate is an important improvement in service delivery processes, but does not in and of itself mean that families are developing their own networks of support or that a community is developing its capacity to act on its own behalf.

"Involving community providers in the planning process for the ongoing implementation of the program." This point makes the same mistake the first point makes—confusing "community providers" with a community.

This conceptual confusion, while subtle, is quite real, and a significant barrier to acting in deep alignment with the two principles. Members of the Customer Service and Satisfaction subcommittee that participated in these interviews struggled with this conceptual confusion as well. One hypothesis that we currently hold about why this conceptual confusion persists, within us and elsewhere, is that the service culture is so pervasive that it is invisible, much as water is invisible to a fish because it is the only environment it knows. If our hypothesis is correct, then this confusion will only be overcome by sustained dialogue and exploration, together with the development of more concrete examples of programs and initiatives acting in alignment with the principles.

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Recommendations

Given the analysis of this paper, the Customer Service and Satisfaction Workgroup has developed several commitments and recommendations.

The workgroup commits:
1. To examine Section 2 of the Service Integration Action Plan in light of the lessons articulated in this paper and to recommend changes to Workgroup 6 within the next 3 months.

The workgroup recommends that the New Directions Task Force:
2. Adopt the Family Support principles as markers of how the County Human Services System wants to interact with families and communities in ways to insure the achievement of the five outcomes;
3. Adopt the two principles we have articulated as concrete ways to operationalize the Family Support principles;
4. Ask each County department to identify at least two initiatives within the department that will implement approaches aligned with one or both of these principles over the next 2 years; and
5. Advocate for the County's community partners to adopt these two principles.

The workgroup recommends that the Children's Planning Council, in alignment with its four strategic directions,[2] act to:
6. Adopt the two principles as essential to achieving the five outcomes for children and families;
7. Advocate for each SPA/AIC Council and its community partners to embrace these two principles;
8. Advocate for each member organization of the Children's Planning Council to adopt these two principles; and
9. Invest in SPA/AIC Council capacity to support initiatives that are aligned with these two principles.

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[2] See page 20 of the February 1998 report entitled *Laying the Groundwork for Change.*

APPENDIX 1
Customer Service and Satisfaction Work Group Roster

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APPENDIX 1

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APPENDIX 2
PRINCIPLES OF FAMILY SUPPORT PRACTICE

PRINCIPLES OF FAMILY SUPPORT PRACTICE

1. Staff and families work together in relationships based on equality and respect.

2. Staff enhances 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 development.

8. Programs are flexible and continually responsive to emerging family and community issues.

9. Principles of family support are molded in all program activities, including planning, governance, and administration.

Source: Family Resource Coalition of America (1996) Guidelines for Family Support Practice.

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