

Chapter 20

Preparing Human Service Workers to Implement Welfare Reform: Establishing the Family Development Credential in a Human Services Agency

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The need to empower families in their quest toward self-reliance has become critical in the wake of welfare reform. In 1996, the president signed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) into law and fundamentally restructured the nation's safety net for low-income families with children. PRWORA gave states broad authority to restructure welfare programs within the confines of strict time limits and work participation requirements. The employment philosophy of WorkFirst has encouraged those with job skills to find work but has left behind individuals with multiple barriers to self-sufficiency. In an attempt to assist hard-to-place individuals, many states have sought to link agencies and programs to expand the range and availability of support services such as transportation, child care, housing, substance abuse services, and domestic violence services (Trutko, Pindus, and Barnow, 1999). Other states have integrated their programs into one-stop career centers which might include employment services, education, and other services (Martinson, 1999). The new strategies have created a need for strength-based, interdisciplinary service delivery approaches to replace the traditional entitlement/problem-based system.

This case study describes an approach taken by a county human service agency to train human service workers in collaborative case management to deliver strength-based services within a new interdisciplinary system. It begins with a brief literature review of strength-based, interdisciplinary service delivery and the history of the training model developed by Cornell Uni-

versity for New York State. It then focuses on the start-up and implementation of the family development credential (FDC) in San Mateo County, California. The final sections identify the strengths and challenges that emerged as well as the lessons learned from the process.

STRENGTH-BASED INTERDISCIPLINARY SERVICES

Strength-based case management practice has been developed for many populations, including those with mental illnesses, older people, troubled youths, addictions, as well as communities and schools (Chamberlain and Rapp, 1991). Rather than focusing on client dependency as a result of pathology and deficits, the strength-based social service delivery approach seeks to foster client self-sufficiency. Through listening to the clients' stories, workers enable clients to identify personal strengths and resources such as families, friends, neighborhoods, and subcultures that empower them to change their environments and foster personal growth (Simon, 1994; Parsons and Cox, 1994; Sullivan and Rapp, 1994; Weick et al., 1989).

Most welfare recipients do not perceive themselves in terms of strengths, but instead identify themselves as deficient and needy (de Shazer, 1991; Holmes and Saleebey, 1993; Lee, 1994). To shift from a deficits to a strengths perspective, human service workers need to learn how to help clients capitalize on their resources, talents, knowledge, and motivation, as well as a supportive environment (Saleebey, 1996). This requires the formation of mutually respectful and collaborative relationships. Empowering clients involves (1) accepting the client's definition of the problem, (2) actively involving the client in the change process, (3) teaching specific skills, and (4) mobilizing resources and advocating for clients (Gutierrez, GlenMaye, and DeLois, 1995). The core concepts include (1) the reduction of self-blame, (2) the assumption of personal responsibility for change, (3) the development of a group consciousness (not alone), and (4) enhancement of self-efficacy. Gutierrez, GlenMaye, and DeLois (1995) found the following four barriers and three supports for agency-based empowerment practice:

Barriers

- *Funding*: the empowerment method is more time consuming than traditional methods, resulting in reductions in clients able to be seen. In addition, it is difficult to measure empowerment as an outcome for funding.
- *Social environment*: differing agency philosophies and competition impede interagency cooperation and client access to resources.

- *Interpersonal:* clients with mental and physical challenges progress incrementally, which is potentially frustrating to the worker.
- *Intrapersonal:* encouraging choice may require a worker to let go of outcomes or responsibility when the well-being of the client is at stake.

Supports

- *Staff development:* four aspects of staff development were important in maintaining an empowerment approach: (1) provision of advanced training and in-service training, (2) entrepreneurial support (e.g., encouragement and opportunities to develop programs and professional skills), (3) being rewarded through promotions and salary increases for pursuing self-learning, and (4) provision of flexible hours and encouragement toward self-care.
- *Enhanced collaboration:* an atmosphere of empowerment in an agency or organization is needed that includes (1) sharing of power and information among all levels of staff, (2) peer supervision and review which serve to build relationships and support systems among staff, (3) a sense of safety to take risks (e.g., confronting one another, developing new ideas), and (4) a shared empowerment philosophy.
- *Administrative leadership and support:* the advocacy and encouragement of the empowerment orientation by the leadership of the agency or organization is fundamental (Gutierrez, GlenMaye, and DeLois, 1995).

These findings emphasize the importance of a supportive organizational culture to help staff engage in strength-based practice. The practice principles and concepts, as well as the research findings, provide the foundation for a training program on family development that helps to strengthen communities (Kretzmann and McKnight, 1993).

HISTORY OF THE FAMILY DEVELOPMENT CREDENTIAL IN NEW YORK

The family development credential is a training program that enables paraprofessionals from a wide range of human service agencies (HSA) to help families solve problems and achieve enduring self-sufficiency. The approach utilizes a common language, skills set, and competencies that emphasize prevention, interagency collaboration, and a greater role for families in determining services. The FDC program was developed as part of a major New York State multiagency initiative to redirect the way its health,

education, and human services are delivered to families. Developed and implemented by Cornell University, the FDC program begins with a one-week training institute for future FDC program facilitators from county human service agencies. The goal of the institute is to prepare participants to return to their agencies to teach line staff the twelve-month, 110-hour FDC "Empowerment Skills for Family Workers" curriculum, through which workers can earn college credit. Figure 20.1 describes the FDC training sequence and intended worker outcomes. The FDC is currently offered in every New York county and at least nine states (Dean, 2000; Lang, 1999).

The expected staff outcomes of the FDC curriculum are to enable families to

- regain their sense of responsibility and hope;
- become more self-reliant in caring for their own needs and less dependent on government programs;
- develop healthier interdependence with their communities;
- learn how to assess their own strengths and needs;
- learn how to set and reach their own goals for self-reliance;
- learn skills to reach these goals;
- learn how to get access to services they need to reach these goals;
- learn to serve as their own "case managers"; and
- develop stronger informal support networks, in combination with enabling communities to develop such support networks (Crane and Dean, 1999, p. 3).

START-UP OF THE FAMILY DEVELOPMENT CREDENTIAL IN SAN MATEO COUNTY

The idea for implementing the FDC in San Mateo emerged from changes in services fostered by welfare reform and the interest of the HSA to redesign its service delivery and training approach. This section outlines these major forces.

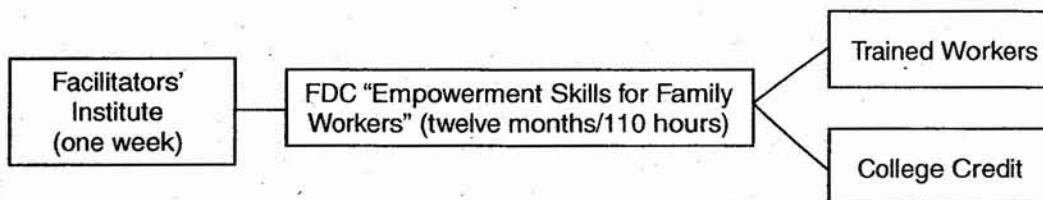


FIGURE 20.1. FDC Training Sequence and Intended Outcomes

Welfare Reform and Organizational Change

A state waiver granted to San Mateo in 1997 gave the county special permission to operate the Shared Undertaking to Change the Community to Enable Self-Sufficiency (SUCCESS) program (San Mateo County Human Services Agency, 2000). The SUCCESS model was developed by the county as a demonstration project under the Aid to Families with Dependent Children (AFDC) program. The model required considerable staff training in order to create a comprehensive, interdisciplinary service delivery system (DuBrow, Wocher, and Austin, 1999). As a result of the new model, job functions changed. For example, SUCCESS divided the eligibility staff into four service categories: (1) eligibility technicians (ET) who work in Temporary Assistance to Needy Families (TANF) children services, Food Stamps, and Medi-Cal, (2) income and employment services specialists (IESS) who work with families and participate in the SUCCESS interdisciplinary team meetings (the Family Self-Sufficiency Team), (3) employment services specialists (ESS) who focus only on preparation for employment, and (4) screening and assessment (SAS) specialists who provided initial assessments and developed preliminary case plans and made referrals. An interdisciplinary team, the Family Self-Sufficiency Team (FSST) was established in every region of the county to review and formulate comprehensive service plans for the increasingly complex and multidisciplinary cases. Human service workers began an in-service training program in multidisciplinary case management to address the complex and multiple barriers of individuals and families.

Education and Retraining

When the SUCCESS service system was implemented, many front-line staff members were not trained in case management. For these staff members, in-service training began with the implementation of SUCCESS. HSA designed and developed in-service training programs in cooperation with a new community college human services certificate (HSC) program on multidisciplinary case management methods.

The Human Services Credential

Soon after the implementation of SUCCESS, HSA developed a partnership with the College of San Mateo to create a two-year human services certificate program (Deichert and Austin, 1999). Because of the new family assessment responsibilities required of line staff in the SUCCESS service delivery model, the first course developed for HSA was "Interviewing and Counseling." Other core courses include introduction to human services, in-

troductory to case management, public assistance and benefits programs, and an internship in human services work experience. Courses are offered on-site at HSA as well as at the community colleges. Staff members receive college credit for all training attended and satisfactorily completed. With permission from their immediate supervisor, staff may attend courses on HSA time (College of San Mateo, 2000; San Mateo County Human Services Agency, 1998).

FDC

It soon became clear that more training was needed because many staff who were trained in case management lacked the collaborative skills necessary for the interdisciplinary SUCCESS model. To build skills in collaborative case management, HSA implemented the FDC to complement its in-service training program and the community college certificate program. Units earned in the FDC and the human services certificate may be applied toward an accelerated associate of arts degree in human services as well as a four-year college degree. Figure 20.2 describes the array of HSA case-management training venues.

The start-up of the FDC in San Mateo was a collaborative effort. The HSA training specialist was searching for a strength-based case-management model that could supplement and/or replace many of the agency's in-service components. Concurrently, the Community College Foundation (CCF) was seeking to develop a human service credential program that would meet the needs of untrained community workers (with or without a high school diploma), who desired further education. The Community College Foundation and HSA had learned of the successful FDC program that New York State had developed in conjunction with Cornell University in 1996.

By August 2000, with the support of the Community College Foundation, HSA decided to begin FDC training for all its front-line human service workers, as well as interagency collaborative partners. Inserted into the staff development program as a link between case management training and the community college human services certificate, the FDC will increasingly incorporate the case-management content into the credential program. As a result, the FDC curriculum is becoming the core of case-management train-

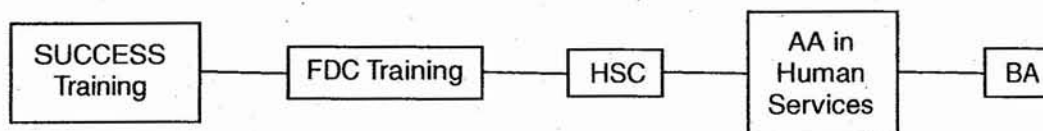


FIGURE 20.2. Case Management Programs Eligible for Community College Credits

ing. The following list outlines the content of the case-management training programs that are eligible for credits and certificates.

1. SUCCESS multidisciplinary case-management training
 - Interdisciplinary case management
 - Mental health overview
 - Alcohol and drug services
 - Employment support strategies
 - Advanced case management
 - Domestic violence
 - Culturally sensitive assessment of risks and strengths
 - Home visitation
2. Family development credential collaborative interdisciplinary case management training
 - Family development
 - Worker self-empowerment
 - Building mutually respectful relationships with families
 - Communicating with skill and heart
 - Cultural competence
 - Ongoing assessment
 - Home visiting
 - Helping families access specialized services
 - Facilitating family conferences, support groups, and community meetings
 - Collaboration
3. Human services certificate
 - Introduction to human services
 - Introduction to counseling and interviewing
 - Introduction to case management
 - Public assistance and benefits programs
 - Human services work experience

FDC PROGRAM IMPLEMENTATION

The Community College Foundation collaborated with Cornell University to bring the FDC program to California. In March 2000, Christiann Dean from Cornell trained thirty lead facilitators from across California at Cabrillo College in Aptos, California. Three facilitators from HSA were trained at the Aptos institute. Community College Foundation members as well as HSA staff attended the facilitators' institute in August 2000. In September 2000 and again in May 2001, the Community College Foundation

trained and the HSA sponsored additional facilitators from various HSA disciplines as well as agency partners. The Community College Foundation oversees all aspects of the facilitators' institute.

The primary goal of the FDC training is to empower human service workers to provide services in ways that are family focused and strength based and which help families develop their own capacity to solve problems and achieve self-reliance. The following three FDC components were designed to meet this goal: a facilitators' institute, field instruction, and the training program.

The Facilitators' Institute

The institute is a highly interactive learning experience. The process begins by helping the facilitators establish their own set of ground rules, and then enables them to teach new ideas and principles through group discussion and role-plays, as well as shared experiences, ideas, and feelings. The institute leaders model the role of the facilitator for the facilitators-to-be. Participants gain facilitation experience with helpful guidance and group feedback. The week-long institute builds on the FDC training curriculum and its commitment to two related concepts: empowerment and family support. The role of the institute leaders is to enable participants to demonstrate the empowerment approach in their teaching and class exercises. For example, one exercise included an analysis of the costs and benefits of mutually respectful behavior between worker and client. The exercise demonstrated that the extra time and effort workers spend building respectful relationships could produce better outcomes for both clients and workers.

The institute focuses on empowerment as a developmental process that begins at the personal level. It concentrates on fostering an awareness of the knowledge and skills the participant already possesses and then helps each one acquire new knowledge and skills. The FDC facilitators learn how to guide group processes so that the FDC participants can view themselves as competent and effective. In addition, the facilitators learn to create an engaging learning environment utilizing room arrangements and the use of refreshments.

Field Instruction

Field advisors with master's degrees in social work were selected from HSA staff to provide support and guidance for workers who are working toward the FDC credential. They help workers create portfolios that demonstrate the workers' knowledge and application of their family development skills. Field advisors are expected to understand the curriculum and help

workers gain skills and understanding in how it is applied through course exercises. Their responsibilities include the following:

- reviewing the workers' application of the curriculum as demonstrated by their responses to "activities to extend your learning";
- providing assistance for planning, reflecting on, and giving feedback for "skills practice";
- reviewing the three "family development plans" that complete the portfolio;
- providing feedback on what the worker has learned and how it applies to the family development approach; and
- being a resource and mentor for the worker in developing solutions to problems.

The field advisors typically consult with the participants before or after class, by special appointment, or by phone.

The FDC Program

In October 2000, HSA began with two groups of FDC program participants, with twenty-five participants meeting in the morning and twenty-five in the afternoon, twice a week. The first participants were volunteers, but the program will be mandatory in the future for all front-line staff. This section describes the FDC program, participation characteristics, and transformation outcomes.

Program

The FDC program is built on eleven core principles:

1. All people, and all families, have strengths.
2. All families need and deserve support. The type and degree of support each family needs varies throughout the life span.
3. Most successful families are not dependent on long-term public support. Neither are they isolated. They maintain a healthy interdependence with extended family, friends, other people, spiritual organizations, cultural and community groups, schools and agencies, and the natural environment.
4. Diversity (race, ethnicity, gender, class, family form, religion, physical and mental ability, age, sexual orientation) is an important reality in our society and is valuable. Family workers need to develop competence in working effectively with people who may be different

from them or come from groups that are often not respected in our society.

5. The deficit model of family assistance, in which families must show inadequacy in order to receive services (and professionals decide what is best for families), is counterproductive to helping families move toward self-sufficiency.
6. Changing from a deficit model to the family development approach requires a whole new way of thinking about social services, not simply more new programs. Individual workers cannot make this shift without corresponding policy changes at agency, state, and federal levels.
7. Families need coordinated services in which all the agencies they work with use a similar approach. Collaboration at the local, state, and federal levels is crucial to effective family development.
8. Families and family development workers are equally important partners in the empowerment process, with each contributing important knowledge. Workers learn as much as the families from the process.
9. Families must choose their own goals and methods of achieving them. Family development workers' roles include assisting families in setting reachable goals for their own self-reliance, providing access to services needed to reach these goals, and offering encouragement.
10. Services are provided in order for families to reach their goals, and are not themselves a measure of success. New methods of evaluating effectiveness are needed to measure family and community outcomes, not just the number of services provided.
11. In order for families to move out of dependency, helping systems must shift from a "power over" to a "power with" paradigm. Human service workers have power (which they may not recognize) because they participate in the distribution of valued resources. Workers can use that power to work with families rather than use power over them. (Dean, 2000, p. 29)

The FDC differs from other training programs for human service workers in the following ways:

- It calls for a new kind of relationship between families and workers.
- It builds on the strengths of families and communities.
- It recognizes that important changes are needed in human service delivery systems.

- It is based on an understanding of how power is used by agencies either to help families out of dependency or keep them dependent on programs.
- It values diversity.
- It prepares and supports front-line workers through a combination of classroom study and support from a field advisor to help workers apply what they learn to their work with families.

Through HSA's partnership with the College of San Mateo, the FDC participants are enrolled for two semesters at the college. Upon completion of each semester, the participants receive seven semester credits: three for the FDC course work and four for the FDC fieldwork (a total of fourteen units). All units completed by FDC participants enrolled at College of San Mateo can be applied toward the twenty-five-unit human services certificate and are transferrable to the California State University system.

HSA began with two sections of the FDC program held twice a week on Tuesdays and Thursdays. One section was held in the morning and the other in the afternoon. Two primary facilitators from HSA worked with each section throughout the program duration. In addition, adjunct facilitators from community partner agencies taught sections in their areas of expertise.

Participation

The Cornell model encourages interagency participation in the FDC on the premise that agencies frequently work with the same families or similar challenges. It is anticipated that when staff from different agencies attend the FDC program together, they are able to work together to promote family development in their agencies so that families hear a similar empowerment message from all agencies. They learn much more about other services available to families and build networking relationships that will strengthen interagency understanding and referrals to develop a community support system for family development workers.

The first thirty-four FDC graduating participants to receive both the credential and certificate were a diverse group of interdisciplinary human service workers from HSA (thirty-one) and community partners (three). In addition, all facilitators (nine) and one field supervisor received the College of San Mateo certificate. The classes contain group exercises to enhance group relations and develop interpersonal and networking skills. Participants are taught facilitation and family case-management tasks through example as well as group feedback. Feedback is framed in positive, nonjudgmental language. Problems are solved through group interaction and exploration. Box 20.1 provides an outline of the ten FDC modules.

BOX 20.1. Ten FDC Modules

1. *Family development: A sustainable route to healthy self-reliance*
 - Restoring a sense of self-reliance
 - Beyond provision of services
 - Core principles underlying an empowerment and family support approach to family development
 - Understanding family development
 - Empowerment: The opposite of the deficit model
 - Family support
 - Family forms and family systems
 - Families in communities
 - Putting it all together as a family development worker
2. *Worker self-empowerment*
 - "How do I work in empowering ways with families when I don't feel empowered myself?"
 - Developing a personal vision for your work
 - How to spend your time doing what is important (not just what is urgent)
 - Creating a support system for yourself
 - Balancing work and family life
 - Creating your own stress-management and wellness program
 - Staying sane on "soft money"
3. *Building mutually respectful relationships with families*
 - Effective outreach strategies
 - Establishing mutually respectful, trusting relationships with families
 - Helping families build on their own strengths
 - Confidentiality
 - How to avoid families becoming dependent on you
 - When and how to end the relationship
4. *Communicating with skill and heart*
 - Empathy: Putting yourself in their shoes
 - Finding a good balance between listening and expressing yourself
 - Listening well
 - Saying what you mean clearly and respectfully
 - Handling blame and criticism constructively
 - Promoting cooperative solutions to conflicts
 - Confronting people constructively when needed
 - Communicating about "hot topics"
 - Understanding nonverbal communication
 - Working with families with language barriers or low literacy
5. *Cultural competency*
 - What is culture?
 - What is cultural competence?
 - Why is cultural competence important for family development workers?

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- Language and cross-cultural communication
 - Displacement and immigration
 - Barriers to a culturally competent society
 - Exploring your own culture
 - Expanding your understanding of and ability to work respectfully with other cultures
 - Helping your agency to develop multicultural competence
 - Family development and cultural competence
6. *Ongoing assessment*
- What is assessment?
 - Basic principles of empowerment-based assessment
 - The family development plan
 - The family circles assessment
 - Helping your agency choose empowerment-based assessment tools
7. *Home visiting*
- Home visiting: A unique relationship
 - A family development approach to home visiting
 - How to enter a family's home respectfully: The first time and on future visits
 - How to establish the purpose of the home visit
 - Safety issues
 - TV, dogs, and another cup of coffee: Handling the practical matters of home visiting
 - Home visits in child protection or other domestic violence situations
 - Ongoing visits
8. *Helping families access specialized services*
- Helping families use specialized services in order to become self-reliant
 - Identifying specialized services and helping families gain access to them
 - Recognizing the need for specialized services
 - Making and following through on referrals
 - Supporting family members in specialized programs
 - Recognizing, referring, and supporting families needing specialized services
 - Recognizing the need for, referring, and supporting families in other specialized services commonly needed by the families your agency works with
9. *Facilitating family conferences, support groups, and community meetings*
- The importance of community
 - Helping families identify and strengthen their informal helping networks

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- Family conferences
 - Support and advocacy groups
 - Facilitation skills
 - Teaching leadership skills to family members
10. *Collaboration*
- What is collaboration?
 - Why collaboration?
 - Coordination and cooperation: Individuals, front-line workers, and systems
 - Keys to successful collaboration
 - Practical pitfalls of collaboration (and how to turn them into advantage)
 - Does case management empower families?
 - Major functions of a family development worker
 - The bigger picture: How agency, state, and national policies affect your work
 - Interagency training: A key to interagency collaboration

HSA developed many incentives for attendance: college credits and a college certificate, a university credential, full salary for classes taken on agency time, tuition reimbursement, and overall agency support. Through partnership with the College of San Mateo, all participants in the program receive a FDC certificate and semester units that may be applied toward a human service certificate, an associate of arts degree, or a four-year college degree. In addition, recent graduates received a family development credential through the Community College Foundation. The credential is accreditation for graduates that is separate from the community college certificate and may be useful for individuals with college degrees or those without a high school diploma. Discussions are in progress for University of California Extension to issue the credential in the future.

The half-day classes are held twice a week for two semesters on agency time at full salary with tuition reimbursement. Moreover, HSA supervisors are requested to provide support to the participants so that their workloads will not accumulate during their time in training. Most participants agreed that the incentives played a large part in their decision to volunteer for the program. Participants gave three main reasons for attending the program: (1) to participate in a formal human service education program, (2) to improve their skills in helping clients, and (3) to advance their careers. It is unclear how these incentives will be perceived when participation in FDC becomes mandatory.

Transformation

The FDC is an empowerment-oriented case-management model and is relevant at many levels. Personal transformation was evident throughout the FDC course as well as at the institute for facilitators. Participants, their families, and colleagues told numerous stories of improvements in their personal attitudes and values, and consequently in their family and professional lives. For example, one participant noted that one of her biggest successes has been the way in which she interacts with her teenage son. One time he left the house without telling her where he was going. When he returned, she treated him like an adult and with respect. She spoke calmly, letting him know that she was concerned about him. She told him that adults communicate this information as a common courtesy. In the past she would have spoken angrily at him, but the program has changed her perspective.

Many participants spoke of how they are spending more time listening to their clients, enhancing their self-awareness, and encouraging them to participate actively in pursuing their goals. Some workers mentioned they are more capable of responding to irate clients. Moreover, workers are more willing to go out of their way to help clients. One participant told an especially poignant story. She enabled a woman who had a severe anxiety disorder and was unable to leave her home to obtain a part-time job, simply because she initiated a home visit by placing a call to the client when she did not show up for two appointments.

All of the participants, from HSA as well as community-based organizations and at various professional levels, noted the value of building a network of trusted, qualified service providers. One community participant indicated the program has been beneficial in helping HSA staff understand his program as well as building collaborative relationships. He noted that more people are aware of his program, make more referrals, and have a better working relationship needed to help clients. In addition, his program is accepting a greater diversity of clients than before.

HSA has sought to create a transformative environment. Although some participants felt they knew much of the course material and that classes were mostly a means toward earning college credits and a certificate, they had ample opportunity to express their ideas for improvement. HSA adjusted modules along the way in response to the needs of the participants. For example, the cultural competency module was extended because of its popularity and perceived importance. In addition, participants have experienced enhanced communications with their clients and supervisors and are eager to provide face-to-face feedback to the agency director. Facilitators encourage participants who demonstrate leadership potential in the FDC classes to become facilitators themselves.

SUCCESS AND CHALLENGES

The successes of the FDC program far outweigh its challenges. Responses from staff, facilitators, and participants are summarized in three categories: program, work, and relationships.

Successes

Program

- The quick six-month program start-up and implementation was a tremendous accomplishment which is a tribute to the successful collaborative partnership among HSA, the Community College Foundation, and the College of San Mateo. It immediately addressed the training needs of line staff.
- HSA is committed to the program and has developed agency support and incentives for participation by (1) conducting the training on county time; (2) reimbursing participants for tuition and mileage; (3) collaborating to provide credentials and college credits; and (4) requesting that supervisors support their participants.
- Facilitators have built a nurturing, spirited, and interactive environment. Facilitators and participants learn from one another and build on one another's knowledge and experience. One participant stated, "I feel as if I'm in a room full of wisdom."
- Learning the strength-based approach and the network of services enhances the ability of workers to provide family support. One participant said, "It opens the mind to a holistic view of family needs and the exploration of different options."
- Active listening skills have increased workers' understanding of clients which enables them to develop positive relationships and build a better perspective of the agency.
- The empowerment model has contributed to positive transformations in the personal as well as professional lives of participants.

Work

- Participants' enthusiastic application of the FDC principles to their work has increased their productivity. Participants shared many stories of how changes in their approach have led to successful client outcomes. Moreover, as case managers, workers are able to provide a higher level of service to families.
- Increases in education and skills have enabled workers to attain their career goals (e.g., one participant applied for and attained an advanced social work position). The county has indicated that, based on their

training, FDC participants will have top priority with regard to promotions.

- Feelings of personal empowerment and positive relationships built with family, clients, supervisors, and co-workers have reduced feelings of worker burn-out and have reinvigorated their work. Participants have stated that although implementing the new concepts is time consuming, happier clients and positive outcomes have improved their work attitudes.

Relationships

- Overall, supervisors have been supportive and accommodating while the participants attended the program. Most participants reported that their supervisor encouraged them to participate and reinforced the importance of attending the classes.
- Facilitators have monitored the reactions of participants to the pace and content of the course work and have adjusted it as needed. They have created a supportive environment for learning and a safe environment for open communication.
- The first FDC cohort has built professional relationships that have resulted in greater networking, greater awareness of services and programs, and more client referrals.
- In general, field advisors have been accessible, supportive, and understanding of the difficulties that participants face in working and going to school. They have been helpful when participants needed to talk about such sensitive topics as cultural competency.
- Greater contact and respectful relationships built with families are resulting in positive outcomes (e.g., successful transitioning to work, greater utilization of supportive services, better oversight of and provision for children's needs, greater client responsibility for their actions, and increased client satisfaction based on the perception that the agency is helpful).
- Participants are spreading the successes of the FDC to their co-workers and peers in other counties. Several of their peers are now attending FDC program and others are advocating for the program in their counties.

Challenges

Program

- The quick program start-up precluded preparatory time for facilitators and field advisors, and it was difficult to ensure that HSA promises

were kept (e.g., tuition reimbursement, college credits). For example, there was confusion initially about when portfolios were due and when field advisors were to meet with participants, as well as whether HSA was going to pay the tuition or reimburse the participant after course completion.

- Participants need assistance in resolving time-management issues and possible lack of support in their job environment. Facilitators have been attempting to help participants negotiate these difficulties during class time. One participant stated she has difficulty giving up her clients to other workers and that she works overtime to keep from being overwhelmed.
- It has been difficult for the three field advisors to assist an average of thirteen participants.
- The homework (e.g., portfolios and reading) required by the program can be overwhelming for participants, as it takes additional time outside class and work.
- Outcome evaluation is needed to assess the impact of FDC on Cal-WORKS families.

Work

- Because they require additional time, it is difficult to implement the new FDC concepts on the job under current caseload demands and time mandates. Participants need time to become familiar with the new concepts as well as allow the time needed to learn empowerment methods such as active listening. The reductions in the number of clients that are seen may impact departmental staffing and funding. Moreover, applications must be approved or denied within a set period of time. One participant indicated that she used a new approach with every other client until she became comfortable with it.
- It is difficult for supervisors to ensure client coverage and maintain staff morale while their workers attend the FDC classes. It can be difficult to find temporary staff coverage within HSA. For example, because screening assessment specialists are union members, they cannot be temporarily replaced with nonunion workers. As a result, co-workers become burdened with extra work and client service may be delayed.
- The strength-based approach does not always match intake and assessment forms or the work environment. For example, the approach is not as effective when workers have only one or two meetings with the client, or for workers performing risk assessments (e.g., child protective services). In addition, community-based agencies function

very differently than HSA. Community workers may provide greater hands-on client assistance from contact through termination, such as performing counseling, working with clients as they go through court, and guiding them toward their goals.

Relationships

- Although HSA's commitment to the program is apparent to workers and their supervisors, it has not always been communicated to middle and top managers. Moreover, although the supervisors received a letter of support from the HSA director, at times there has not always been a connection between the supervisors' verbal support and their behavior toward the participant.
- Some participants had difficulty arranging meetings with their field advisors, especially those who did not work at the location where the courses were held. Conversely, sometimes field advisors have difficulty collecting homework from participants.
- Co-workers have become upset when they were required to carry an extra workload while participants were away attending the course.

LESSONS LEARNED

The following lessons were derived from the start-up and implementation process:

1. Commitment is essential at all levels of the agency. It is critical to communicate the agency's commitment to all levels of management and to educate them on the program content. It would be beneficial for supervisors to receive education on the program content and perspective; provide strong written support of the FDC to the participants and their co-workers; and inform co-workers that they will be attending FDC classes in the future and will need the assistance of others to handle the workload.
2. Time management emerged as a critical work and program issue for facilitators, field advisors, and participants. In addition, facilitators and field workers needed to problem solve with their participants. Training on time management and problem solving could be added as a half-day component to the facilitators' institute. Moreover, it would be helpful to begin the FDC program with information on time management, how participants may obtain support from supervisors and co-workers, and what coverage is available when they are absent. Furthermore, ongoing semiannual meetings would facilitate peer support.

3. Agency supports (time, tuition, field supervision, etc.) clearly enhance program participation and can reduce resistance to mandatory training. Educational and monetary incentives have been successful in encouraging volunteer participation. However, it is important to ensure supervisor support and staff coverage while participants are attending FDC classes. Additional support might be provided to field advisors in the form of reductions in their caseloads to improve the amount of contact between them and the participants. Moreover, maintenance of a safe environment for learning and program feedback is vital.
4. It is necessary to address the potential disconnect between the strength-based concepts of the FDC and HSA forms as well as barriers in the workplace. Changes need to be made to intake and case-management assessment forms so that they match the interdisciplinary, strength-based FDC content. Program modules might be adjusted to address the difference between the strength-based empowerment approach and risk assessment.
5. It is important to allow adequate time to apply concepts learned in the facilitation and training sessions. Facilitators require preparation time between the institute and leading the FDC classes. Moreover, participants need time to practice their newly learned skills.
6. Diversity of participants and facilitators from different service units and community agencies is essential to learning and future collaboration. The diversity in participants (e.g., from different HSA departments, divisions, job classifications, as well as community partners) and adjunct facilitators enhances the collaborative process. In addition, selecting participants from diverse areas helps decrease coverage issues within HSA (e.g., fewer workers are missing at one time from the same area). More participants from community agencies should be included.
7. High levels of satisfaction among FDC graduates may help with future staff recruitment and retention as well as increased productivity with HSA. The FDC participants reported they are more satisfied with their work. Moreover, some reported job advancement and improvements in productivity and client outcomes as a direct result of the FDC program.

CONCLUSION

On May 2, 2001, San Mateo County HSA sponsored their first FDC graduation, which was also the first FDC graduation on the West Coast (a barbecue-style lunch in a local park for participants, friends, and families).

Many personal stories of transformation were shared by the participants, as well as by those who knew them. A new FDC participant from another county was so moved by the enthusiasm and poignancy of the moment that she stood up and sang the song "You Are My Hero."

The FDC program has been an overwhelming success from inception to implementation. Moreover, the transformations have included personal renewal, work satisfaction, and increased productivity, as well as an improved agency environment. HSA plans to enroll fifty human service workers in the FDC program every sixteen weeks. When 500 workers have been trained, the FDC program will be offered on the College of San Mateo campus and possibly on-site at other agencies. HSA plans to coordinate with community colleges and agencies statewide to achieve core training standardization, career pathways, and transferable job certification.

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