

THE ADOPTION AND SAFE FAMILIES ACT (ASFA) TRAINING SERIES

CHANGE IS ALL AROUND US: TOOLS TO BUILD COMMITMENT TO CHANGE

TRAINER'S GUIDE

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**Developed by
The Institute for Child and Family Policy
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Introduction

The national vision for child welfare is that children will grow up in safe, nurturing and stable environments. To help achieve that vision, state and county child welfare agencies are striving to assure that their practice, systems and management approach ensure that clients needs are assessed quickly, that individualized services for children and families are available and delivered promptly, that the impact of the services is monitored and, if need be, that services are modified.

The emphasis on results and the use of data to measure progress toward the achievement of outcomes carry clear expectations for child welfare administrators, supervisors and managers. While agencies are making progress implementing Adoption and Safe families Act (ASFA), more work needs to be done to assure that the managerial and supervisory day to day decisions are informed by data and reports, that agencies refine internal administrative systems to support practice and that training continues to enhance the skills needed to successfully implement the practice, managerial and legal implications of ASFA.

The document you are reading is one in a set of trainer's guides designed to communicate information on the Adoption and Safe Families Act (ASFA) that goes beyond introductory, compliance based topics. While this material is designed primarily for training purposes, it certainly is adaptable to other forums, such as internal or external workshops, presentations, newsletters or briefings on ASFA and could be successfully presented to child welfare administrators, supervisors, managers, foster parents, caseworkers, providers, teachers and other community stakeholders.

The Training Series

The trainer's guides in this series are:

The Adoption and Safe Families Act (ASFA) and the Child and Family Services Reviews (CFSR): Using Outcomes to Achieve Results

This trainer's guide highlights the major requirements of ASFA, presents federal outcomes and measures and systemic factors and provides an opportunity to discuss the philosophy, practice implications and results of the CFSR.

Action Planning: A Problem Solving Tool

This trainer's guide introduces and demonstrates how the use of Action Planning can assist child welfare managers and supervisors in planning, managing and evaluating practice, systems and programs toward the achievement of desired outcomes.

Collaboration with Native American Tribes: ICWA and ASFA

In the child welfare system Native American children have different service delivery systems as well as laws that apply to them. Therefore, individuals must ask different questions and make different assumptions in their efforts to identify and work with Native American children and families. Because of the importance of the interaction between the agency and tribes, this trainer's guide focuses on successful approaches to collaboration, the requirements of the Indian Child Welfare Act (ICWA) and ASFA and the practice considerations when working with Native American children and families.

Using Data to Measure Success

Child welfare managers and supervisors are increasingly expected to be able to use data, information and reports to guide decision making and to determine what is working and what isn't working in the organization, with practice and in the service delivery system. This trainer's guide gives participants practice in analyzing reports and in using basic data tools for reading and interpreting data.

Change is all Around Us: Tools to Build Commitment to Change

In most organizations change occurs constantly. In order to be effective in leading and modeling change management skills, supervisors and managers must understand the dynamics of avoiding resistance to change and how to build commitment to it. This trainer's guide includes a model for building commitment to change, provides an opportunity to build on these skills and includes use of a case study, *Family Net: An Automated Child Welfare Information System* which explores organizational and managerial issues when a major change in the workplace takes place.

Collaboration with the Courts (under development)

ASFA promotes the concept that the child protective system involves a network of interrelated agencies and services. The courts, of course, are an essential piece of this network. This trainer's guide explores what the courts and child protective agencies identify as their main opportunities, challenges and needs as they work together and independently to carry out their required activities in child welfare cases.

Notes on Using These Trainer's Guides

The Muskie project team expects that each agency will use the *Adoption and Safe Families Act (ASFA) Training Series* in a variety of ways, thus we designed the training guides to be easily modified to accommodate the differing needs of child welfare agencies. This approach enables each public child welfare agency to customize these training guides to meet its unique needs -- in effect to use the materials contained in this series to guide its own workshops, briefings and presentations. For example, some agencies will select and use material from all of the trainer's guides, others will use only 1 or 2 of the guides, while others will use these guides as a springboard to create their own materials to better suit their needs. The material in these guides is proven to accommodate and support this type of adaptation by child welfare personnel. At minimum, an agency will need to adapt the material by adding their own agency's outcome measures, results of the Child and Family Services Review (CFSR), policies, regulations, data, reports and other state or county specific materials.

To increase usability, this trainer's guide and the others in the series have the same format. The pages are divided into two columns. One contains the text of the guide and the other sometimes contains notes on the text and also provides space for users to write their own notes.

Each guide begins with information on the length of time the session will take to complete, the rationale, the learning objectives, activities, sample materials, advance preparation, glossary of terms and an annotated bibliography. The Trainer's Instructions are guidelines for the way a presenter may want to organize the material and thus are an attempt to standardize content, not delivery style. The text (appearing in regular type) provides information on moving through the material, while the text in italic type is a suggestion for what the presenter might actually say as he/she presents the material. Of course, the material in the text can be modified or changed to suit the needs of the presenter and the group. Following the text of the guides are the handouts/overheads that accompany the text. These appear in the order that they are referenced in the text.

Additional Resources

The *Adoption and Safe Families Act (ASFA) Training Series* builds on training material previously produced by the Institute for Child and Family Policy, Edmund S. Muskie School of Public Service at the University of Southern Maine:

- **Using Information Management to Support the Goals of Safety, Permanency and Well Being**, developed as part of a project funded by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services under Section 426 of the Social Security Act, published September 27, 2000 (<http://www.muskie.usm.maine.edu/sacwis>) and

- **Bringing Together the Child Welfare Team**, developed as part of a project funded by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services under Section 426 of the Social Security Act, published September 27, 2002 (<http://www.muskie.usm.maine.edu/asfa>).

Several talented experts in child welfare, curriculum design and the adult education field tested and provided feedback on these documents, including the trainer's notes, exercises and handouts, and helped polish the material to better convey the complex concept of outcomes based management.

The training guide(s) can be viewed/downloaded on the internet at <http://www.muskie.maine.edu/asfa>. Or, they can be ordered from Clearinghouse, National Child Welfare Resource Center for Organizational Improvement, University of Southern Maine, One Post Office Square, 400 Congress Street, P.O. Box 15010, Portland, ME 04112. Phone: (207) 780-5813; Fax: (207) 780-5817; e-mail: clearing@usm.maine.edu.

Change is All Around Us: Tools to Build Commitment to Change

Time: Approximately 2 hours

Rationale: Whether caused by technology or new policies, procedures or regulations or other factors, change occurs frequently and regularly in the workplace. In fact, several organizational development theorists believe that the ability to manage change is the key skill an employee needs to bring to the job today. In order to be effective in leading and modeling change management skills, child welfare supervisors must understand the dynamics of avoiding resistance to change and how to build commitment to it. This module addresses these topics and provides an opportunity to explore organizational issues such as efficiency, accountability, and hierarchy when a major change, such as the implementation of a new information system, occurs in the workplace.

Objectives

When this module is complete, the participant will be able to:

- Define the key phases in the change commitment process
- Assess his/her commitment and resistance to change
- Understand how to assess staff commitment and resistance to change
- Employ some tactics to move self and staff along the change curve
- Discuss several organizational, accountability, hierarchy and efficiency issues and opportunities created by a major change in the workplace

Optional exercise: The trainer may want to include in this module some tools to identify leadership styles or personality type.

Activities

- Exercise: A Change I Recently Led (20 minutes)
- Presentation of the Phases of Change Commitment Model (20 minutes)
- Exercise: Change Commitment: Where Are We? (20 minutes)
- Exercise: Actions Supervisors Can Take to Move Staff to the Next Stage of Commitment (15 minutes)
- Exercise: Case Study FamilyNet: An Automated Child Welfare Information System (45 minutes)

Sample Materials

1. A Change I Recently Led (Overhead #1)
2. Characteristics of Commitment (Overhead #2)
3. Stages of Change Commitment Model (Overhead #3)
4. Change Commitment: Where Are We? (Overhead #4)
5. FamilyNet: An Automated Child Welfare Information System (Overhead #5)
6. FamilyNet: An Automated Child Welfare Information System Summary Version (Overhead #6)
7. A Few Bits and Bytes (Overhead #7)

Advance Preparation

Make sure the flipchart, markers, newsprint pad, stars/stickers, overheads, and overhead projector are in the room.

Distribute the FamilyNet: An Automated Child Welfare Information System case and ask participants to read it prior to the training.

Overheads/handouts are designed as "Overheads", but they can be used as both overheads and/or handouts.

Note the numbers following the name of a handout or overhead refer to the number of the handout or overhead not to a page number. The handout/overhead number is found on the top right hand corner of the page; the page number is on the right lower corner. For example, A Change I Recently Led (Overhead #1) refers to the first overhead/handout.

The trainer may want to make overheads/handouts of the learning objectives for each module.

Permission to reprint and use the Characteristics of Commitment (Overhead #2), Stages of Change Commitment Model (Overhead #3) and related trainer's notes to train child welfare supervisors is authorized by an agreement between the Muskie School of Public Service and ODR, Inc.

FamilyNet: An Automated Child Welfare Information System was written by a case writer from the John F. Kennedy School of Government (KSG), Harvard University. Public Child Welfare Agencies, the University of Maine and the University of Southern Maine have permission to reprint the case for educational purposes without cost or further permission from the KSG.

Two pre-printed flipcharts with the change curve drawn on each for use with the "Change Commitment Where Are We" exercise

Bibliography and Suggested Reading

Conner, D. R.(1992). *Managing at the Speed of Change*. New York: Villard. Copyright by ODR, Inc.

Coping with change is a fact of life for most people, both in their professional and personal lives. This book focuses on how leaders can do a better job of managing organizational change. The book covers the nature of change and how to deal with resistance to it. It presents a method for building commitment to change and a description of the steps involved. The book concludes with a discussion of the nature of resilience and how resilient people gain energy during change as well as a section devoted to the responsibilities that are involved in increasing human resilience to organizational change.

Trainer's Instructions

1. Begin the session by welcoming the group and introducing yourself and other presenters and reviewing the agenda and materials.
2. Introduce the module by presenting the rationale and objectives of the module using the following as a guide:

*Organizational development experts maintain that the pace of change is so frenetic that the ability to manage change is one of, if not **THE**, most important skill an employee can bring to the current work environment. For a child welfare supervisor, the ability to lead and model commitment to change building skills is an invaluable competency whether the change is technology or program related. This module will help you increase and enhance your commitment building skills When*

Notes in *italics* in the Trainer's instructions section are talking points, comments that the trainer may make directly to the participants or use to format the basis of his/her presentation.

this module is complete, you should be able to:

- *Define the key phases in the change commitment process*
- *Assess his/her commitment and resistance to change*
- *Understand how to assess staff commitment and resistance to change*
- *Employ some tactics to move yourself and your staff along the change curve*
- *Discuss several organizational, accountability, hierarchy and efficiency issues and opportunities created by a major change in the workplace*

3. Begin the module by asking everyone to refer to the 'A Change I Recently Led' (Overhead #1)

4. Ask participants to think for a few minutes about a work related change they have recently gone through, specifically a change that they led their workers through---something like introducing a new or revised policy, regulatory requirement, or a supervisory practice. Have participants pair off, ask them to complete the questions on the handout and share their experiences with each other. Give each person 5-6 minutes to share his or her experiences.

5. After a few minutes, ask if one or two participants would like to share with the group their answers to each question. Record the answers on a flipchart.

6. Ask ...'what are the two things about change that cause us to feel anxiety?' Expect answers like:

- Loss of control
- Feeling a skill deficit
- Fear of the unknown
- Unpleasant past experiences with change

7. Explain that there is a wide range of emotions associated with change. Some are positive and some, like those just mentioned, can lead to resistance to change. This range of emotional responses is a natural part of the change process, common when people are going through change. Mention that being familiar with commitment building skills can help people understand and even predict emotional responses to change.

8. Present a mini lecture using the following material as a guide:

As we are well aware, changes in the workplace occur regularly and will continue to occur in the future. Agency goals change, people change, procedures change and the tools needed to do our work change. Some might say that the only constant is change. Developing the skills needed to overcome the fear and loss of control that some folks associate with change and respond positively to change have become some of an employee's most essential tools. As a supervisor, you need to understand the dynamics of change, be skilled at building commitment to change and have the tools you need to lead your staff through the change process by helping them develop positive, focused and flexible attitudes toward change. In any change, people often have more than one role to play. For example, perhaps you, at times, you have been asked both to change and to take the lead in implementing

a change. In other words, you were asked to do the difficult tasks of altering your own knowledge, skills and behavior. Perhaps you were also called on to be a change leader, responsible for leading the change in your unit.

9. Have participants go into their small groups. Give the groups 2 minutes to list as many characteristics of commitment to change as they can. At the end of two minutes have each group share 2-3 items. Ask if any other characteristics need to be added.

10. Display the 'Characteristics of Commitment' (Overhead #2) and refer participants to the handout. Compare the characteristics just mentioned and walk through the overhead highlighting items not already noted.

An effective commitment builder not only encourages and gains the commitment of staff but also assesses whether or not he/she is fully personally committed to the change.

According to Conner and Patterson, a person is said to be committed to a specific outcome when he/she:

- *Pursues that outcome in a consistent fashion*
- *Rejects courses of action that may have short-term benefits if they are not consistent with the overall goal*
- *Stands fast in the face of adversity, remaining determined and persistent*
- *Understands that a price will be paid to achieve the outcomes, and*
- *Applies creativity, ingenuity and resourcefulness to resolving problems or issues that would otherwise block achievement of the goal*

The more committed a person is to change, the more personal resources like time, energy, endurance and ingenuity he/she freely invests in achieving it. Commitment building, thus, is necessary for successful implementation of change. The change could be a system implementation, like installation of a new computer system or a life style change or a change you may be asking your clients to make to support the case goal. Regardless of the type of change, the phases of building commitment stay constant. To look at a way that potential resistance can be overcome and commitment to change can be generated, let's look at the 'Stages of Commitment to Organizational Change' model.

11. Display the overhead containing this model (Overhead #3) and refer folks to the related handout. Continue the mini-lecture.

The model is presented as a grid with support for the change presented on the vertical axis and the passage of time presented on the horizontal axis. The model consists of three developmental phases:

- *Preparation*
- *Acceptance and*
- *Commitment*

Each phase represents an opportunity for commitment to be threatened (the down arrows) or supported (the up curve) and provides opportunities for change leader intervention. Also, people tend to go forward and back through the stages---making progress forward and then slipping back. In real life, progress toward commitment is not quite as linear as the chart shows.

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Lets look at each of these Phases in detail:

Phase 1: Preparation

*It's in this phase that folks are **contacted to** let them know what's going on and to begin to build **awareness** of the change. Awareness does not, however, indicate a thorough understanding of the change or an agreement that the change is a benefit. In reality at this time in the change process, people may be confused about what the change will mean to them personally, how they will be effected by the change, what role they will be asked to have in the change or even why the change is needed.*

During this phase, it's critical for the change leader to provide a clear message on what the change involves and its major implications.

12. Stop here to ask participants to describe to the group a major change that has occurred in their workplace and how they first learned about it.

13. Continue the mini-lecture.

Phase 2: Acceptance

*The second phase in the commitment model is the Acceptance phase. It's during this phase that the person demonstrates some initial **understanding** of the nature, intent and impact of the change. The person is, for the first time, in a position to make a judgement about the change and have **positive and negative perceptions**. This is where the anxiety*

that we discussed a while ago can creep in and if unchecked can result in resistance. Rarely, by the way, is a person's response either all positive or all negative. Usually it's a bit of both. A positive perception is NOT the same as deciding to commit time, energy and other personal resources to making the change a success. For example, you may have some negative feelings about implementing a new policy but will go along with it because it's the priority of your supervisor and one of the factors in your performance evaluation will be how well you implemented the policy.

Phase 3: Commitment

*The third and final phase is Commitment. In this phase the change is **installed, implemented** and becomes operational. During this phase, it's common for unanticipated problems to arise, that unexpected complications occur and that 'checking out behavior' can happen. It's in this stage that initial optimism about the change can be deflated or turned into pessimism, resistance can increase and rumors can run rampant.*

After the change has been used long enough to demonstrate worth and visible positive impact, people begin to assess the benefits of the change from long-term perspectives such as logistical, organizational, personal and economic perspectives. Ideally the change is now the norm and has been thoroughly adopted by people, receiving maximum organizational, personal and

*professional support. Enthusiasm, high-energy and persistence characterize commitment at this level when **institutionalization and internalization** occur. At institutionalization, the organizational structure has adapted to support the change. For example, it's reflected in policy and procedure, job descriptions and performance appraisals. At internalization, the person 'owns' the change---to them its theirs, always has been and always will be.*

To wrap-up, what we see here is a three-phase model for building commitment to change.

Building commitment to change is not easy work, in fact the lack of skills in this area is one of the principle reasons so many change efforts fail or are very slow and painful. Understanding the model and applying it can help you be successful however in overcoming resistance to change and building commitment to change. We're going to work with this model now.

14. Refer participants to Overhead #4 labeled 'Change Commitment; Where Are We?' Ask the group to find the handout in their packets. Ask the group to think of some major changes that are taking place at their agency right now. List those on the flipchart and then ask the group to select two changes to analyze further. Using the pre-printed flipcharts, label each with the name of the changes that the group decided to analyze. Then ask the group to take 5 minutes to think about how these changes are affecting each of them and where they are in the change process. Then ask them to complete each section on the handout. Instruct

the group that after they have completed the work individually, they will be asked to share their answers with the group.

15. When the group appears done, approximately 5 minutes, hand out stars/stickers to the participants and ask participants to answer Question 2 by placing a star/sticker on each of the flipcharts recording where they are on the commitment curve for each change.

16. Review each flipchart by commenting on the numbers of folks in each phase of the curve. (The expectation here is that participants will be in all phases of the curve.)

17. Introduce the next activity in this module, exploring what change leaders can do in each phase to help staff overcome potential resistance and move forward through the commitment curve. Assign each group one phase. Give them 3 minutes to list actions they could take to assure a positive outcome and progress to the next phase. Have each group present their list. After each list is presented ask if anyone has something to add to the list. Ask if any new skills or competencies are needed? If so, record them on a flipchart.

18. Ensure that the following answers are mentioned for the related phase:

Preparation Phase

- factual, accurate, complete information—what’s known, make known; what’s not known, will be
- discussion of the upcoming change at staff and other meetings

The trainer might want to make a list of the items mentioned in this exercise to distribute after the completion of this module.

Trainers may want to give specific examples here as to how Administrators in their state/county have responded to employees' needs during a major change.

- public announcements
- frequent communication announcing the change
- personal communication from the supervisor
- checking to be sure that the message is heard

Acceptance Phase

- frequent communication focusing on the benefits of the change, why it's important and when it will happen
- expectation shaping---don't oversell
- show results/benefits
- training
- opportunities—formal and informal-- to participate in the planning, decision making and implementation process (SME's)
- clarification of roles
- question and answer forums
- access to change sponsor and change leaders
- rewards/positive feedback

Commitment Phase

- communication---frequent, factual---when you think you've done it enough, do it more
- honestly acknowledging and addressing problems, issues and concerns
- present facts
- provide feedback on the status of user suggestions for modifications to the system
- acknowledge successes
- rewards/celebrations
- active problem resolution
- formal sanctioning---incorporating the change into daily

operations, for example job descriptions, performance evaluations, hiring/promotional decisions

19. Introduce the FamilyNet: An Automated Child Welfare Information System case. Let the group know that the discussion will center around six questions:

- What are the key 'facts' in the case?
- What were the goals and expectations for the FamilyNet system?
- Were the goals reasonable?
- Were the goals met? Why or why not?
- What major themes or issues emerge from the case?
- What are the lessons learned from the case that you could apply in your day to day work?

Ask each person to spend a few minutes rereading the case and prepare to discuss the questions/comments.

20. Start the discussion by eliciting responses to the first question... 'what are the key facts in the case?' Record the answers on a flipchart. The groups might highlight 'facts' such as :

- In February, 1998, the Massachusetts Department of Social Service (DSS) implemented a new information system called FamilyNet. (FamilyNet is a Statewide Automated Child Welfare Information System, SACWIS).
- Prior to FamilyNet, DSS's system (ASSIST) for collecting and organizing data on families served was antiquated, cumbersome and paper based.
- In FY99, \$3.9 billion federal dollars went to states to support foster care. Federal dollars also supported

The summary of the FamilyNet case (Overhead #6) is a useful version to include in the handouts.

adoption services, family preservation services, prevention services and other activities aimed at protecting children.

- Little solid data about child welfare came to HSS from the states. In December 1993, HHS outlined guidelines for SACWIS systems.
- In Massachusetts, DSS employs approximately 2,800 people in 26 area offices.
- DSS supervisors are not part of management, rather they belong to the same union as caseworkers.
- DSS provides services to more than 21,500 families every day. On average, caseworkers have a caseload of 18-20 families; supervisors have approximately 100+ cases under their purview.
- When supervisors meet with workers, they discuss 'hot' cases as well as more routine matters such as making sure that the children were getting needed medical attention. Progress Supervisory Reviews (PSR's) were instituted in 1993 as a way to assure that every service plan, not just 'hot' cases, was discussed at least once every three months.

There are other facts that the groups may state but these are the key ones.

21. Move on to discussing the goals and expectations for FamilyNet. Probe to assure that the federal, agency management, frontline, media, legislative and client perspectives are explored.

Record the answers on the flipchart. Look for issues such as.

- HSS was looking for timely reliable information.
- DSS administrators expected automation to help meet service delivery goals on improving the well-being of

children and families, ease the administrative duties of caseworkers and increase the staff time with clients; make improvements in case practice; and provide accurate and current information to assist in decision making and program modification. Specifically, agency administrators hoped that the new system would greatly enhance the ability of senior managers to collect and aggregate data and respond to the increasing demand for information from the federal government, that it would support ongoing efforts by agency leaders to standardize practice throughout DSS and monitor the performance of its area offices; that it would give central office staff instant access via desktop computers to cases that aroused the interest of the press. Perhaps most important, it was expected to lead to improvements in the delivery of services to the agency's clients by lifting the burden of paperwork on the hard-pressed caseworker and making it easier for their supervisors to keep track of the many dozens of cases needing their attention.

- Caseworker and supervisor expectations are not stated. Managers state what they are but the frontline workers don't.
- Media, legislative, public and client goals aren't stated but can be assumed.

22. Solicit from the groups their opinions on the question... 'were these expectations met by FamilyNet?'. Record the answers on a flipchart. Expect to hear answers such as the following:

- By all accounts, the first months of operation were rocky, in part due to technical problems that made the

system ‘crash constantly’.

- After several months, the worst of the problems—the crashes—were largely cleared up, though they left behind a residue of ill will toward the new system; but other technical problems remained. For one thing, the system was slow, especially when it was being heavily used. For another, it was totally unintuitive.
- Workers' unfamiliarity with the construct of a database further slowed things down.
- For supervisors of the beleaguered caseworkers, the new system appeared to be a mixed blessing. FamilyNet brought some clear timesaving benefits to them, especially in terms of access to case files. The same system that seemed to chain caseworkers to their desks liberated supervisors from laborious searches through the green binders. In addition, FamilyNet provided supervisors with a useful tool for keeping track of their own and caseworkers' tasks: the ‘tickler.’ The tickler file contained reminders of tasks that had deadlines attached. At the same time, however, the slowness of FamilyNet threatened to offset the benefits it brought to supervision.
- Among central office managers and supervisors alike, there was agreement that FamilyNet generally had not lived up to its promise as far as caseworkers were concerned. From the management viewpoint, it had failed to deliver on some of the key benefits they had originally envisioned it would confer on frontline workers. “We were hoping it would do all the things people thought five years ago computers could do,” Linda Carlisle remarks ruefully. “Reduce paper.

Streamline their jobs. Like any other job that requires you to use computers, it doesn't always simplify it in a way that you'd like." The hope that an automated system would save caseworkers time had largely faded.

- There was disappointment as well that, thus far at least, FamilyNet had not provided supervisors with the opportunity to manipulate data in the system in a way that would allow them to do some analysis.
- Senior managers at the agency believed that FamilyNet, for all its technical flaws, had fulfilled some of their major goals for the system. It had, for one thing, improved access to information on cases, which on occasion proved to be more than simply a matter of convenience.
- Senior DSS managers also believed that FamilyNet supported their efforts to improve management and accountability at the agency in a number of ways. It helped standardize practice in the agency's area offices, reducing opportunities to dodge statutory requirements and agency policy.

23. Solicit answers to the question... 'what are the major themes raised by the case?'. Expect to hear answers such as:

- The disconnect between management's expectations of the system and staff expectations and reality. Administrators' expectations were similar to those of HSS and, for the most part were met. It's not clear what the expectations of the frontline were but the systems seems to be, at least initially, a disappointment to them. You might explore here what

else DSS administrators might have done to get the expectations more closely aligned. You might also examine if the disappointment expressed by the frontline could be temporary, perhaps caused by resistance to change or perceived loss of knowledge.

- The tension between the needs of the worker and the needs of upper management. Explore how these are similar, different and may change over time.
- The issue of the supervisory squeeze. In other words, the fact that supervisors are the link between the caseworkers and management, are not management (in this case they are union workers), yet are expected to act like managers and assure that management's priorities are carried out. Yet supervisors are also the group that has been around the longest, is the most resistant to change, is the hardest to [get to] see themselves as a manager, as someone who aggregates information, as opposed to a lead worker who's just there for support and mentoring.
- IT is no cure all.

24. Begin discussing the final comment... 'describe the lessons learned from the case that you can apply to your day to day work'. Solicit comments from the groups and record the comments on a flipchart.

25. Wrap-up this exercise by summarizing the group's key discussion points. You may want to use the following as a guide to highlight certain points:

With a situation such as the one we have just discussed, there are no right or wrong answers---very much like real life. While this FamilyNet case focuses on the implementation of a SACWIS, it clearly raises issues of accountability, efficiency, hierarchy and change management that all of us face on a daily basis. These issues are not necessarily automation related; rather, we constantly see issues of power, conflict of expectations and perceived resistance to change play out in the workplace. Solutions to address these issues are not easy to craft yet attempts must be made. Hopefully, this case has allowed you to examine these key issues and explore some new solutions that will help you better meet the demands of your day to day work.

26. Ask for and address any questions or comments.

27. Put up the 'A Few Bits and Bytes' (Overhead #7)

The issues of accountability, hierarchy, goal conflicts and efficiency are at the heart of this case. You and your group of might identify and explore other issues. As the trainer, it is critical that you allow discussion of the key themes raised by the group to be full, robust and thorough while at the same time not allowing the discussion to become circular or stagnant. You need to ensure that all perspectives are aired without censure. The questions you ask to guide the conversation are an important part of the success of this case as a learning tool.

Follow-up note: As of July 2000, Family Net is used throughout DSS with minimal difficulties. All of the DSS central office staff mentioned in the case (Carlisle, Watson and Bennard) have moved on to IT, consulting or managerial positions outside of DSS.

A Change I Recently Led

Please take a few minutes to answer the following questions. You will be asked by the instructor to share your answers to these questions with the group.

1. As a supervisor, I have led a change, be it introducing a new policy, reforming practice or supervising employees. The change I'm thinking about now is this: _____

2. How did you decide to lead this change? What did you experience in your own reaction? (Include feelings and behaviors.)

3. What reactions did you get from those impacted by the change? (Include feelings and behaviors.) Did the reactions change over time?

Characteristics of Commitment

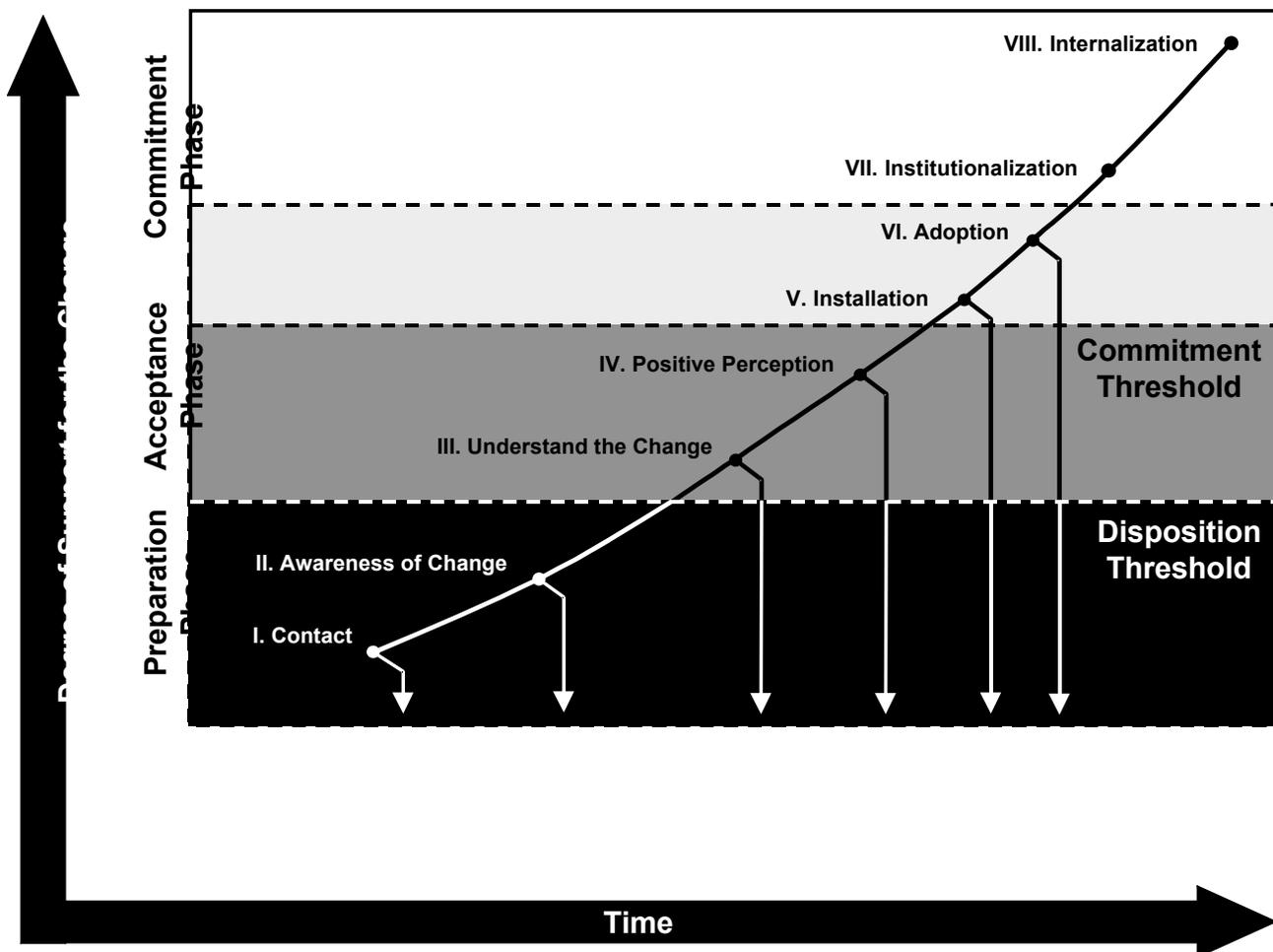
Commitment to major change is evident when people:

- Invest resources (time, energy, money, etc.) to ensure a desired outcome.
- Consistently pursue their goal, even when under stress and with the passage of time.
- Reject ideas or action plans that offer short-term benefits but are inconsistent with the overall strategy for ultimate goal achievement.
- Stand fast in the face of adversity, remaining determined and persistent in their quest for the desired goal.
- Apply creativity, ingenuity, and resourcefulness to resolving problems or issues that would otherwise block their achievement of the goal.

Commitment is the glue that bonds people and their change goals. It is the key source of energy that propels resilient people and organizations through the transition process at the fastest, most effective pace possible — the optimum speed of change.

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STAGES OF CHANGE COMMITMENT



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Change Commitment: Where Are We?

Using the Change Commitment Model as a Guide, please complete the following:

A. Change #1

1) The change I am addressing

is: _____

2) With regard to this Change, I am in the phase of:

Preparation _____

Acceptance _____

Commitment _____

3) To move out of that phase, I need:

B. Change #2

1) The second change I am addressing

is: _____

2) With regard to Change #2, I am in the phase of:

Preparation _____

Acceptance _____

Commitment _____

3) To move out of that phase, I need:

**FamilyNet:
An Automated Child Welfare Information System**

**Kennedy School of Government
Case Program
C16-99-1552.0**

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In February 1998, the Massachusetts Department of Social Services (DSS) launched an ambitious new automated information system, which it called FamilyNet. As the agency responsible for responding to reports of child abuse or neglect and for providing services to children and families throughout the state, DSS faced the gargantuan task of collecting and organizing information on the thousands of families it served, and on the innumerable investigations, assessments, home visits, phone calls, consultations, and placements that were done by its caseworkers everyday. Before FamilyNet, most of the department's activities were recorded in handwritten notes or entered into its antiquated computer system; its limited record-keeping capacity afforded neither easy access to information on cases, nor the means to do more than basic analysis of data. Now, with the aid of federal funds, it had developed a sophisticated and comprehensive automated system that would put it in the vanguard of child welfare information systems in the US.

The agency's hopes for FamilyNet were as ambitious as its scope. The new system would greatly enhance the ability of senior managers to collect and aggregate data and respond to the increasing demand for information from the federal government; it would support ongoing efforts by agency leaders to standardize practice throughout DSS and monitor the performance of its area offices; it would give central office staff instant access, via desktop computers, to cases that had aroused the interest of the press. Perhaps most important, it was expected to lead to improvements in the delivery of services to the agency's clients by lifting the burden of paperwork on hard-pressed caseworkers and making it easier for their supervisors to keep track of the many dozens of cases needing their attention. It was these two groups—caseworkers and supervisors—that would feel the impact of the new system most directly. As the first and most essential links in the chain of data entry that would feed FamilyNet, their response to the new system would be an acid test of its effectiveness. At the same, FamilyNet would be a test of their ability to adapt to the challenges of an increasingly automated workplace. For supervisors in particular, the new system would raise the question of how—or if—the nature of their work would be changed by the advent of what some of them referred to as “the machine.”

Background: The Push for Automation

FamilyNet was in many respects an outgrowth of a new interest in Washington in assessing the effectiveness of state child welfare programs the federal government helped pay for. Federal money flowed to states through a variety of funding streams that supported services to children suffering from, or at risk of, abuse and neglect. The single largest sum—\$3.9 billion in FY 1999—went to foster care; states were reimbursed for 50-80 percent of the cost of maintaining a child in foster care, as well as a percentage of the administrative costs associated with each placement. The federal government also provided funds and grants for adoption assistance, “family preservation” programs, prevention services, and a host of other activities aimed at protecting children in troubled

families.¹ Taken together, federal funds made up a significant portion of state child welfare budgets. In Massachusetts, for example, almost half of its \$509 million budget in FY 1998—about \$225 million—came from the federal government in the form of reimbursements, discretionary grants, and block grants.

But from the federal perspective, there was, in a sense, not much to show for its support of child welfare programs. Little solid data filtered back from the states to Congress or the White House on the status of recipients of these services. In 1986, Congress moved to fill the information gap, enacting legislation that established a mandatory data collection system—eventually known as the Adoption and Foster Care Analysis and Reporting System (AFCARS)—for states that received federal funding under Title IV-E (foster care) or IV-B (child welfare services) of the Social Security Act. As later spelled out in regulations, AFCARS sought to capture an array of data on the background, treatment, and ultimate disposition of children in foster and adoptive homes.

The AFCARS measure would pave the way for later legislation that reflected an increasing emphasis on “outcome measures” as a way to rate states’ performance in child protection and child welfare programs. But that lay more than a decade ahead. In the late 1980s, few states had the capacity to comply with requests for basic information, as embodied in AFCARS, never mind to aggregate and analyze data. “In many areas, it was not just that you couldn’t count outcomes,” notes Olivia Golden, assistant secretary for children and families at HHS, “but that you couldn’t count anything. . . . Not having any ability to know important figures about foster care and adoption not only got in the way of states and their ability to manage, but got in the way of the ability to see what was going on nationally.”

Recognizing this, Congress offered a helping hand to states to upgrade their information systems. The Omnibus Budget Reconciliation Act of 1993 provided “enhanced federal financial participation”—i.e., 75 percent funding, instead of the usual 50 percent—for the development of “statewide automated child welfare information systems,” or SACWIS.² States would find added incentive to take advantage of the generous federal offer when HHS issued the final AFCARS regulations at the end of 1993. In addition to specifying some 66 foster care and 37 adoption “data elements” to be collected and reported on a semi-annual basis, the regulations for the first time imposed penalties for noncompliance, either in timeliness or accuracy of reporting; the penalties could be assessed for as much as ten percent of a state’s administrative cost reimbursements for foster care.

SACWIS Specifications. But while the federal government intended to take a firmer hand with states in its demand for timely and reliable information, it recognized that the individual states had widely varying child welfare organizations and programs, and sought to give them “significant latitude,” in the words of a 1998 HHS report to Congress, in designing their automated systems. In regulations published in December 1993, HHS outlined the minimum system requirements in order to qualify for SACWIS funding. Among other things, all systems would have to meet the AFCARS reporting requirements; permit “to the extent practicable” interfaces with other systems in the state, such as Medicaid and Aid to Families with Dependent Children; facilitate determinations of eligibility for federally supported services, such as foster care and adoption assistance; and track the progress of individual

¹ In addition, social service block grants to states were used to help defray the costs of child welfare services. In Massachusetts, 98 percent of the state’s block grant—almost \$99 million in FY 1998—went to the Department of Social Services.

² The legislation called for enhanced funding for three years, through September 30, 1996, but this was later extended for an additional year.

cases by recording information on referrals, screenings, assessments, services, and reviews. Beyond these and several other specifications, states were free to tack on additional functions to their automated systems as needed.

In crafting the SACWIS guidelines, Golden says, “we worked hard not to have it be narrow, ... but instead to focus on [writing] it broadly enough that states have the ability to design systems that work. ... States have very different structures and they may need to do different things in order to build a system that works for their line workers.” The utility of automated systems to these workers was, she adds, very much on the minds of HHS officials as they drafted the SACWIS guidelines. “We were really seeing,” she recalls, “how both the development of management information and the ability to support caseworkers so they could do their work better and not be dragged down by paperwork—how we had the opportunity to support both of those goals at once.”

In one state, at least, the progress of the SACWIS legislation through Congress was closely followed and eagerly anticipated. Massachusetts child welfare officials welcomed the opportunity provided by SACWIS, believing, like their federal counterparts, that it would make life easier for employees at all levels, particularly those who worked on the frontlines of child welfare services—caseworkers and their supervisors.

Managing Information at DSS

The Massachusetts Department of Social Services employed roughly 2,800 people, the great majority of them “direct service workers,” deployed in 26 area offices throughout the state. Within each area office, workers were assigned to one of several specialized units, including intake, which investigated reports of abuse and neglect; assessment, which evaluated families when abuse or neglect reports were considered “supported”; “ongoing,” or case management, which worked with families deemed to be in need of services; family resources, which recruited and provided support for foster parents; and adoption, which handled the “permanent placement” of children who were unable to return to their families. Direct service staff worked closely with their supervisors, who were usually responsible for five to six—but, in times of turnover, as many as nine—workers. In DSS, supervisors were not technically part of management—they even belonged to the same union as the direct service employees—though, unlike caseworkers, they were required to have a master’s degree in social work. Above them were “area program managers” who, in the words of one, “supervise[d] supervisors,” and then the director of the area office.

DSS estimated that it provided services to over 21,500 troubled families everyday; keeping track of them, under conditions that were often difficult, was, at best, a juggling act. According to supervisors’ estimates, most workers had a caseload of about 18-20 families,³ which meant that most supervisors were typically responsible for overseeing the handling of anywhere from 100 to 120 cases. Much of the documentation and oversight of these cases was recorded manually. Caseworkers in the ongoing unit, for example, kept handwritten notes, known as “narratives” or “dictation,” detailing home visits, phone calls (including no answers), and contacts with schools, doctors, therapists, or other “collateral” figures. They represented an “ongoing chronology of what caseworkers did,” explains David Van Kennan, a supervisor for 15 years before becoming an area program manager in the North Central area office.⁴ These, along with other pertinent case documents, were bundled into thick green binders, which were stored in record rooms in area offices.

³ In 1998, according to the department’s annual caseload report, the average caseload was just under 18.

⁴ In the past, when the department was flush with funds, Van Kennan recalls, it would hire secretaries to type the notes or, sometimes, dictation tapes. “But any time there was a budget cut,” he adds, “they just got rid of support staff.”

Supervisors devised their own systems for tracking the 100-plus cases under their purview. While most relied on a combination of notes and memory, the basic staple of supervision was talk, whether in formal weekly supervisory meetings or informal conversations with caseworkers. “For me,” says Roberta Barrasso, area program manager in the Cambridge office and a former case management supervisor, “my supervision was more generated by the worker. ‘I saw Mrs. So-and-so. Things are not right. She’s not meeting with the family intensive worker. What do I do now?’ That kind of thing.” Barrasso also made a point of spending time in caseworkers’ quarters. “My personal style,” she notes, “is not to sit in my office for a long period of time. ... I need to sit in the unit [housing the case management team]. I need to know what’s happening for every episode of the soap opera. ‘How was it when you went out [on a home visit] today? Did [the mother] look okay? Did the kids get to school?’ It was daily supervision.” But, Barrasso acknowledges, supervisors’ caseloads were too heavy to sustain a high level of involvement in each family. Certain cases “rise to the top,” she observes, “because Mom’s not looking well, the kids are not getting to school. Not every case is like that. You’d have some pretty stressed-out workers if all the cases were like that. So there’s a middle ground of cases that you’re talking about maybe not on a weekly basis—maybe on a monthly basis, because things are going pretty well.”

In addition to keeping close tabs on cases that were getting “hot,” supervisors helped caseworkers with the more routine tasks that required their attention. Children in foster care, for example, were expected, as a matter of policy, to have routine medical and dental examinations; it was the caseworker’s responsibility to make sure the appointments were made and kept. Again, it was up to supervisors to settle on a method for ensuring that caseworkers met their obligations. Vito Congero, supervisor of a kinship unit in the North Central area office,⁵ provided his workers with a list, which he compiled by hand from case records, of children who would be needing appointments in the coming weeks; he found it a useful management tool in supervisory meetings. “I wrote [the lists] out,” he explains, “and I would say, ‘This week, ... you have these medical appointments that are coming up, and you need to attend to those.’ ... If [caseworkers] were in a situation where they were dealing with four or five things that were immediate, we would set realistic goals. ... [So] if they agreed on two weeks [to schedule the appointment], in two weeks when we talked again, I would say, ‘Is it done?’”

Automation. DSS did have an automated information system, which dated back to the early 1980s. Known as ASSIST—an acronym whose original meaning no one in the agency could any longer recall—the mainframe computer system was used primarily to record certain tasks and transactions, many of them carrying statutory deadlines, such as an investigation of an abuse or neglect report (10 days; 24 hours in an emergency), or a family assessment (45 days); service referrals—for foster care or residential placement, for example—were also entered into the system. In each instance, caseworkers filled out the appropriate forms, which usually involved checking off a series of boxes, and, after getting a supervisor’s approval where needed, handed it over to a data entry operator who typed the information into the system. “It was all very simple information,” says Mary Ellen Bennard, acting director of information technology at DSS and a former supervisor, but caseworkers “hated them” nonetheless. “They took time away from clients. They were not useful to [workers].” ASSIST did not “provide any feedback at all to the worker,” she continues, “other than in a monthly report that told them whether they were in compliance with timeframes for investigations or timeframes for assessments. It was all management reporting.”

⁵ The kinship unit was a pilot program that sought to place children with members of their extended family instead of in foster care; it provided both regular case management services and support for the extended family.

When Linda Carlisle was appointed DSS commissioner in 1993, she used ASSIST to implement a new program designed to help supervisors keep track of cases: the “progress supervisory review” (PSR), in which, every three months, a supervisor and caseworker together revisited a family’s “service plan.” This document mapped out a plan of action, in the form of goals and tasks, for families and service providers to follow; the plan, it was hoped, would lead to successful resolution of the problems that had brought a family to DSS’s attention or, failing that, to permanent placement for the child at risk. Service plans were required by law to be completed within ten days of an assessment, but thereafter no formal mechanisms for review were in place. As a result, Carlisle says, cases could easily fall between the cracks, particularly when caseloads were heavy. Before PSRs, she maintains, a supervisor’s awareness of the status of individual cases depended largely on the worker’s own report. “You would come into my office,” she says by way of illustration, “and I’d say, ‘So what do you have for me?’ And you would tell me the thing that you needed help with. But what about the ones you didn’t think you needed help with? So you’d have 20 cases, and talk to me about two. ...”

Under the new review policy, the goals of service plans were entered into ASSIST, which generated a monthly printout of cases ready for their three-month review; supervisors then reviewed the service plan with caseworkers, noting down progress towards goals, contacts with the family, and other pertinent information, which was later entered into ASSIST. This way, Carlisle points out, “every supervisor had to, in a systematic way, go through every one of their caseworkers’ cases. ... It’s through PSRs that we can answer the question, when did you last visit the family. Believe it or not, there was no way to answer that question before that. Then the case would blow up and you’d look in the record and say, “Holy Christ, we didn’t see this family for ten months.”⁶

The PSRs, Carlisle notes, were part of the department’s response to a report by a blue ribbon commission on foster care, issued the year before she became commissioner, which “hammered” DSS for its lack of accountability, and its inability to answer “basic questions” about its services to children at risk. Over the next several years, the department’s efforts to implement the commission’s recommendations—there were over 130 in all—led to “huge policy changes,” the effects of which, Carlisle believes, sometimes got “confused with automation.”

Management Indicators. The information generated from PSRs became an important barometer of area office performance, particularly regarding home visits, but Carlisle, who had a background in management, felt the need for other ways to keep her finger on the pulse of the agency. “I don’t think you can manage anything, even a social service agency,” she says, “without having data and some information.” Accordingly, she instituted a new series of performance measures, which she called “management indicators.” Based in part on information pulled from ASSIST and in part on data collected by DSS central office staff, management indicators were intended to set statewide standards that all area offices were expected to meet. “We said,” Carlisle recalls, “out of the 110 things that social workers need to do, ... what are the ten or fifteen things that we really need to know?”

Most of the indicators were measures of timeliness, particularly those determined by statute—investigations, assessments, service plans—but others tracked such things as foster parent recruitment and attrition rates. The results were tallied monthly and distributed to area offices where, initially, they caused consternation among directors, who were stunned by the low levels of compliance with statutory mandates and departmental policies that the reports revealed. Those figures soon began inching upward, however, so that by 1998,

⁶ According to departmental policy, caseworkers were required to visit each family under their care at least once a month.

according to Peter Watson, director of quality assurance at DSS, most offices had compliance rates of 80-90 percent. But while area directors came to find the monthly reports a valuable management tool, frontline workers viewed them in a less positive light. “I think what you’d hear from [them],” says Mary Ellen Bennard, “is that they felt a constant pressure from management in the offices to perform, to make sure that the office was meeting those indicators.” They felt burdened, too, by the growing piles of computer forms that had to be filled out in time for the monthly reports. “The paperwork for the past 15 years,” Dave Van Kennan maintains, “has been horrendous.”

But Carlisle disagreed with the assertion of critics that the concern with numbers distracted frontline workers from their mission. “I hear caseworkers and supervisors all the time,” Carlisle observes, “saying, ‘You guys are worried about the numbers; you’re worried about management; you’re worried about this, that, and the other thing that has nothing to do with casework.’ Well, yes it does. Because if we’re not out there ... seeing kids, if we aren’t out there giving people a service plan saying here are the things you need to work on to get us out of your life, then what are we doing?” Management indicators provided information on whether, and when, these things were in fact done. “I think,” says Carlisle, “we need to be accountable.”

It was in this context of concern for accountability, and for the steadily mounting paperwork it entailed, that DSS moved quickly to, in Bennard’s words, “jump on the SACWIS train.” Soon after the SACWIS legislation cleared Congress, agency officials put together a proposal for the system that would be called FamilyNet. It stalled for months in the Massachusetts legislature, but eventually won approval. By 1995, the project, with a total pricetag of about \$53 million in federal and state funding, was ready to advance to the design stage.

FamilyNet: The Vision

While the need to meet the newly published final regulations on AFCARS provided some impetus to upgrade its data collection capacity, DSS was largely motivated by other possibilities it saw in a new computer system. The vision of what SACWIS could do for child welfare programs was perhaps best captured in a February 1995 “action transmittal” issued by HHS’s Administration for Children and Families. “We believe that in pursuing automation,” the document asserted, “States can also meet their service delivery goals in improving the well-being of children and families; ease the administrative duties of caseworkers and increase staff time with clients; make improvements in case practice; and provide accurate and current information to assist in decision-making and program modification.” It was the pursuit of these goals that prompted agency officials to build an ambitious new system from scratch instead of merely expanding ASSIST’s capabilities to satisfy the AFCARS requirements.

Information technology had advanced considerably since ASSIST had been installed. The old system, notes Peter Watson, “was hard to get at. It wasn’t user friendly.” For the most part, caseworkers and supervisors had little direct access to ASSIST, which was largely the domain of data entry operators. Limited searches could be done on the system—to find out, for instance, whether a new client had previously been served by DSS—but that entailed, Bennard says, either “finding someone who knew how to use ASSIST” or was willing to share their password; moreover, area offices usually had only two data terminals available.

The new technology would bring desktop computers and, hence, access to case files directly into caseworkers’ and supervisors’ offices. For supervisors, this was expected to be a major improvement over the existing arrangement, which required them to track down the appropriate green binder when they needed

information on a family. This could mean a trip to the record room and “flipping through hundreds of pages of handwritten notes,” as Bennard describes it, or, if it was an active case, searching for it in the caseworker’s office—not always an easy task. “Maybe it would be under the desk of a social worker,” Carlisle notes, “or maybe the social worker had taken it home for the evening. Or records could get easily misplaced. ... There’s all kinds of problems in having one physical record of a case.” It was not just supervisors, she adds, who ran into these problems. “From our perspective in the central office, when you get a media inquiry or a case blows up, you immediately want to know certain things,” Carlisle points out. “You have to then track it through to the caseworker to get the caseworker to read the case record, to go through pieces of paper to try to piece together what happened. Meanwhile, four hours of the day have gone by and the reporter is thinking you’re stonewalling. ... So I wanted better access to information.”

But desktop access was expected to do more than make it easier for supervisors (or central office staff) to find information on a particular case. It would make it possible for them to review all the active cases in their unit, and “make sure,” as Carlisle explains, “that the social worker was on track and that they were looking at the right thing and hadn’t missed something obvious. So, we hoped that it would improve the clinical practice and the oversight of the cases at the supervisor level, the APM [area program manager] level, maybe at the area director level.” Carlisle expected the new system to allow for “better oversight” at the central office level as well, “not the big brother stuff,” she adds, but the kind of aggregate data that would enable managers to assess how well the agency overall was doing in meeting its obligations—the number of children who had been in foster care for over a year, but had not had a “permanency planning conference,” as required by federal law, for example, or the number of children “aging out” of foster care in a given year.

Finally, it was hoped that the new system would encourage supervisors to make more creative use of data by providing various kinds of “summary information” that would enable them, as Watson puts it, “to look at trends in terms of the way we’re doing our work.” To Carlisle, the ability to step back and look at the big picture was an important habit for supervisors, most of whom came from the ranks of caseworkers, to acquire as part of their armory of management skills. “Social workers are by and large not trained to aggregate, but to look at individual cases,” she says. “So that was a big mindset shift we were trying to instill, at least in supervisors on up. Yes, you need to be a social worker, and yes, you need to look at that particular family. But you also need to look across all of your families and see, are there trends? Are there trends in workers on things they may be overlooking?” The perspective gained from this approach, she believed, would give supervisors an independent vantage point from which to assess the job their caseworkers were doing. “Without the PSRs, without FamilyNet, without exceptions reports [on what obligations were not being met], without [management indicators],” she asserts, “the supervisor is at the mercy of what each caseworker presents.”

As work on the design of FamilyNet proceeded, project management officials, working with a consultant, sought the input of frontline workers and supervisors in “joint application design” sessions. The sessions—there were over 80 in all, involving more than 400 workers—revealed a sharply different outlook on the potential of the new system. Many workers saw it essentially as a way to automate what they already did. The “overwhelming tendency,” says Watson, “... when you’re talking about a system which they’re trying to conceptualize, but they don’t know how, is to say, well, this is the way we do it right now, so just put a screen in there that looks exactly like the forms we have. To me, one of the biggest struggles is to say, we have a huge opportunity. Think beyond what we do now. Think what we should be doing and what we want to be doing.” Carlisle agrees. “For me,” she

reflects, “part of the tension was that I didn’t want to just take all the forms, all the paperwork, all the ways of doing business and automate them. Because it really gives you an opportunity to do some things differently.”

FamilyNet Takes Shape. The system that emerged in early 1998, after almost three years of planning, was, as Watson puts it, “massive compared to what we used to have.” It went well beyond the federal SACWIS requirements to encompass almost every aspect of DSS operations. “We include basically all of our casework [on it],” says Watson. “Every scrap of information we collect is on the system. Everything. All of our legal work goes through the system, which didn’t have to be [on it]. ... All of our service referrals and financial information is on the system. You don’t have to do that. Some states just have a case management system. All service referrals to outside agencies go through the system, and payment [to foster parents and providers] runs based on what you put in the system. So that’s a huge area that, again, we didn’t have to do at all. We have our resource directory of all potential services out there that people can get. ... It just covers virtually all the work that we do.” In all, FamilyNet had over 380 different screens. Recalling the development process, which he managed in its final year, Watson observes that “one of the biggest things that you fight about is this tendency for people to say, ‘Well, as long as we’re doing this, can we put in these things [in the system], because I’m interested.’” Efforts to contain this inflationary tendency were not, Watson concedes, wholly successful. “There were people here who had pet things they wanted to do, and they snuck them in. ... There’s always this push and pull, I think, in these development projects. What you find out is you built a system that’s probably too large and has too many data points and people are never going to put that information in the system.”

While the project design and development phases proceeded, DSS officials took steps to ease its staff into an automated environment. Beginning in the fall of 1995, DSS began installing desktop computers throughout the agency (“every single employee,” Carlisle notes, received one) and training employees to use the “Microsoft Office suite of tools,” says Bennard. While younger caseworkers and supervisors usually had some familiarity with computers, many of the older ones had never used one. “So they had two-and-a-half years to get used to that,” Bennard continues. “And they loved it. We built some templates for them that they could use to type service plans on, and assessments. They really enjoyed that. They were able to spell-check and have things look professional. And I think people felt better about themselves, more professional.”

But, Bennard notes, FamilyNet would “look nothing like that.” It used an Oracle database and an Oracle case tool, “which is just totally, totally different.” On the eve of implementation of the new system, she recalls thinking that “these social workers and supervisors are going to go home [tonight] and they know how to do their job. They know how to fill out every form; they know how to do all these things. And they’re going to come back to work [the next day] and we’re going to have changed all the rules. ... We’re just turning their world upside-down.”

FamilyNet: The Reality

Early Glitches. FamilyNet was officially launched in February 1998. By all accounts, the first months of operation were rocky, in part due to technical problems that made the system “crash constantly,” in Watson’s words. “It was absolutely hysterical,” Barrasso recalls. “It went down every 20 seconds. It went down for an hour; then it went up for an hour; and then it went down for an hour.” Caseworkers found themselves handcuffed to their computers, waiting for the system to come back online, instead of making home visits. But system crashes could be more than a time-consuming nuisance, Barrasso points out; in the case of intake workers investigating abuse and

neglect reports, it could lead to the loss of crucial data. “You’re supposed to be on the phone [getting information] and typing it in at the same moment,” she explains. “If the thing went down [during the phone call], you lost everything. ... I mean, it was painful. ... They ended up putting stuff down on paper and then typing it in, which is a waste of time.” There were other annoying bugs in the system. The data stored in ASSIST had been transferred to FamilyNet, but the hand-off from one system to another had not gone smoothly. “Being two very different databases,” Bennard explains, “the match wasn’t always perfect.” The result, says Barrasso, was that some data “got lost in the shuffle or just not [recorded] on there accurately.”

Caseworkers and FamilyNet. After several months, the worst of the problems—the crashes—were largely cleared up, though they left behind a residue of ill will toward the new system; but other technical problems remained. For one thing, the system was slow, especially when it was being heavily used, which, according to Dave Van Kennan, had the effect of magnifying “every one of its defects.” For another, he adds, “it’s totally unintuitive.” Watson agrees. “It’s a pain to use sometimes,” he acknowledges. “Some of it isn’t intuitive enough in terms of how you move from screen to screen, and when you have to put information in.”

Workers’ unfamiliarity with “the construct of a database,” says Watson, further slowed things down. Many felt “betrayed in some sense,” Bennard adds, by the stark differences between the Microsoft documents they had mastered and the Oracle database screens that now confronted them on FamilyNet. They said, as Bennard paraphrases it, “‘You gave us this great stuff. We got comfortable using it, and now we can’t do that anymore.’ ... We couldn’t even make the FamilyNet windows look anything like their forms.”

The task of entering information and processing forms was often laborious. What had been a one or two page checklist in ASSIST—for a service referral, for instance—became a six or seven screen process in FamilyNet, due in part to “add-ons for various and sundry reasons,” Bennard says, “probably from more of an administrative side of things than a casework.” The time that it required, moreover, was time that had to be spent in front of the computer, a circumstance that many caseworkers found constraining. Workers in the ongoing units, Barrasso explains, were accustomed to writing out some of their “dictation” while on the road—“sitting in the car or sitting in court,” where they could spend long hours waiting for their case to be called; these went directly into the green binders. Caseworkers could, of course, continue to do handwritten accounts, but it would now be up to them to type them into FamilyNet. “Every worker in their own way had to change their modus operandi,” says Barrasso, to meet the exigencies of the new system, “... first of all [by spending] more time in the office.” But the need to be in the office, many felt, clashed with their obligation to be visiting homes or schools, or ferrying clients to medical appointments. “This is not a job you do in an office,” Barrasso maintains, “never mind at a computer.”

The perception of frontline workers of the burdens imposed by FamilyNet, and of the conflict of duties it implied, was highlighted in the aftermath of a scandal that briefly erupted in the press. In January 1999, police removed five children, ranging in age from 22 months to 13 years, who were living in squalid conditions in a house in Everett, later dubbed the “house of horrors.” When it was discovered that the children’s school and neighbors had lodged 13 neglect complaints against the parents in the past six months, both the caseworker and supervisor were suspended without pay. In an article sympathetic to the DSS workers, a correspondent for the *Boston Globe* noted, among other extenuating circumstances, that DSS had “introduced a computer network system, FamilyNet, which

has been criticized by caseworkers as cumbersome, overly time-consuming and so restrictive that it diverts time from more critical work.”⁷

Supervisors and FamilyNet. For supervisors of the beleaguered caseworkers, the new system appeared to be more of a mixed blessing. FamilyNet brought some clear time-saving benefits to them, especially in terms of access to case files. The same system that seemed to chain caseworkers to their desks liberated supervisors from laborious searches through the green binders. When she needed to look up a document in a case, Barrasso explains, “whereas before I’d have to walk to a case record room that has maybe a thousand binders and go [through them] to find the so-and-so case, I don’t have to do that anymore. I can sit [at my desk] and do it.” Moreover, Watson points out, FamilyNet had the virtue of making caseworkers’ dictation much easier to read; in the past, he says, many complained about the difficulty of trying to decipher some of the handwritten reports in the case files.

In addition, FamilyNet provided supervisors with a useful tool for keeping track of their own and caseworkers’ tasks: the “tickler.” The tickler file contained reminders of tasks that had deadlines attached. In the case of supervisors, the file consisted largely of progress supervisory reviews—a simple list of case names and the dates the reviews were due. Caseworkers’ ticklers, on the other hand, comprised a laundry list of tasks, including medical and dental appointments, service plans due, and other requirements. The ticklers contained dates as much as two years in advance and as much as several years back, which could make them dauntingly long; they could, however, be sorted by date or by category of task, or set to display tasks for a limited time period, such as a week or a month. Moreover, supervisors had access to their workers’ tickler files as well, and could use them to help set priorities. Continuing his practice from pre-automated days, Vito Congero could now generate a printout (instead of a handwritten list) of his caseworkers’ upcoming tasks by extracting them from their ticklers, using a filter to select dates for a two-month period. “The information is there for them on their own screens,” he notes. “They can bring it up themselves and check their ticklers whenever they want to. ... I give them [the list] only because I want them to be clear about what my expectations are.” Providing workers with a list of duties in manageable two-month increments gave them an organizing principle of sorts amid the welter of tasks that confronted them everyday. “They know that they have two months to deal with the 11 things [on a typical printout]. If they deal with those 11 things in two months, that’s fine. They met my expectations at least for the compliance part of the job, which then leaves them the time to do the other 900 million things that they have to do.”

Generally, Congero says, FamilyNet proved to be “an excellent tool for tracking what’s been done, what hasn’t been done, what needs to be completed, what hasn’t been completed. ... And it’s a brain-saver in that respect, where I don’t have to try and store all that stuff in notes or in files, or in my own head.” He also found the new system helpful in conducting his weekly supervisory meetings with workers. It made information “a little bit more accessible during supervision,” Congero explains. “I don’t have to ask workers to go and retrieve records; I don’t have to ask them to thumb through things.” Typically, he and a caseworker sat at his computer together, reviewing the worker’s active cases. “The screen is there for both of us to see,” Congero says, “so we go through each case.” In some situations, he adds, doing these reviews on FamilyNet had improved his relations with caseworkers. “It makes it seem more like a partnership kind of relationship, where we’re working together.” As an example, Congero notes that he occasionally spotted mistaken data entries that would penalize the caseworker if left uncorrected. “Because of the way the machine is set up, if you don’t enter information correctly, putting in the right criteria, using the right

⁷ Anne Driscoll, “Turning around the blame game,” *Boston Globe*, February 14, 1999, North Weekly section, p. 11. Both caseworker and supervisor were reinstated in February.

labels, ... then the work that you've done will show up as not being completed, and the credit you deserve will not be there. So with the machine, I can go through these things with [caseworkers] and say, 'There's a mistake here; this is entered incorrectly. I know you've done this [task]; you know you've done it. Let's sit here and fix it so that everybody else knows you've done it.'

At the same time, however, the slowness of FamilyNet threatened to offset the benefits it brought to supervision. "It has impacted the amount of time in supervision that it takes sometimes to cover the information that I need to cover," says Congero, "and that's because of the down-time waiting for the computer to bring it up." This was particularly true, according to Van Kennan, during progress supervisory reviews. "I think mostly [FamilyNet] has taken an awkward system," he says, "and made it slower." As it was, PSRs had become a more problematic process to many after DSS revamped its service plans—shortly before FamilyNet was implemented—both to standardize the format and to emphasize treatment outcomes; the new service plans proved unpopular with caseworkers and supervisors alike, who found them complicated to devise and difficult to explain to client families. When married to the new system, they made the review process unwieldy. PSRs could take place only via computer, Van Kennan points out—it was no longer possible to print out a paper version of them; viewing the multi-screen document was a time-consuming affair. "If you have a social worker sit [with you while doing the PSR]," he says, "they fall asleep [while] you are going between screens.⁸ ... If you have to wait 15 seconds to go from that one to that one to that one, that's a horrendous waste of a social worker's time."

Van Kennan saw a similar waste in the demands the system made on caseworkers for data entry. The system was "tremendously over-inclusive," Van Kennan maintains. "There's just too much in there. And to expect people to feed it—these are social workers—requires a tremendous amount of time." Because caseworkers were often unable to keep up with data entry, supervisors could not always get a clear reading of the status of a case merely by reviewing it on the computer. "All dictation, every move you make, all health records—everything is supposed to be in there," Van Kennan points out. "Seldom is everything in there. And that creates this false sense that what's in there is what's real—which, as a manager now, I'm noticing more and more. If something happens in a case, I pull up the records. 'Oh my God, they didn't do this! They didn't do that! What the hell's going on?' Then you go and sit down with the worker ... and she says, 'Oh no, I was just out there. I'm just so far behind, I haven't put it in the machine yet.'"⁹

The "Numbers" Issue. Under FamilyNet, the timely entry of data into the system became something of a charged issue in DSS, due to its effect on management indicators. Compliance rates that had hovered in the 80-90 percent range in most area offices plunged as low as 20-30 percent, which, Watson says, "really got people anxious, especially at the management level." The low numbers were in part attributable to unfamiliarity with the new system, but they reflected as well the consequences of the decision by DSS managers to use FamilyNet as an instrument to standardize and enforce policy in regard to statutory deadlines. Before FamilyNet, Watson explains, area offices were able to interpret certain time limits somewhat loosely; in the case of abuse and neglect investigations, which had to be completed within ten days, it was not uncommon for supervisors to take an extra day or two to approve the intake worker's report, and then backdate it on ASSIST. The new system, however, was built

⁸ His caseworkers, Congero reports, did not necessarily fall asleep, but they often used the time to go outside for a cigarette or coffee.

⁹ According to Watson, however, the incompleteness of case records was not a new problem brought on by FamilyNet. DSS policy, both before and after the system was implemented, gave caseworkers 30 days in which to record their activities. FamilyNet, he argues, "raised [supervisors'] expectations about what they would find in the record."

so that backdating was no longer possible. “Early on [in the development of FamilyNet],” Watson continues, “... top-level management in the agency said, ‘We want FamilyNet to track exactly when supervisors and managers make their approval, and you’ve got to get that approval within ten days.’ It sounds like a minor thing, but it’s a huge change, and it caught people off-guard.”

For managers in area offices, the sudden drop in numbers came as a shock. “It’s a hard thing to handle,” Watson observes, “when you feel that you’re managing an office well ... to suddenly have your percentage of investigations done on time go from 90 percent to 30 percent.” The concern over performance, he continues, reverberated through all levels of the area offices. “And that will hit a supervisor,” he notes, “because the area director gets the stats [from management reports], but then they’ll push down the [organization] and ask why, and eventually that comes to a supervisor.”

Different area offices took different approaches to the problem, some applying more pressure than others on supervisors and caseworkers to meet deadlines and get the data in the system quickly. In the Cambridge office, Roberta Barrasso reports, managers “made sure they generated down to everyone that seeing the family was most important. ... So when [caseworkers] said to you, ‘What do you want me to do, do you want me to go out [on a visit or enter data],’ you don’t have to ask. The family is more important; you’ll get to the computer.” Caseworkers, Barrasso adds, were given “a little bit of overtime [pay] to try to get all the data in, or correct some of the data.” A few area offices, however, found ways to “fudge the numbers,” Barrasso asserts, “to keep the statistics up.” Some in DSS countered that FamilyNet in fact made it harder for managers to manipulate the numbers, but in any event, according to Watson, the central office tried to make clear its position in the ongoing tug-of-war between casework and data entry. “The deputy commissioner was saying, ‘Look, we need to get these statistics up; we need to learn how to use the system,’” he recalls, “but if you ever have a choice between going out and seeing a kid and putting stuff in FamilyNet, go see the kid.’ He said it over and over, but I suspect that’s not the message that’s always going down to people who are doing the work, because managers in area offices want to look good.”

Taking Stock

Almost two years after it began, the dust from the implementation of FamilyNet had begun to settle, allowing some breathing space for the agency to consider the effects to date of the automated system. Among central office managers and supervisors alike, there was agreement that FamilyNet generally had not lived up to its promise as far as caseworkers were concerned. From the management viewpoint, it had failed to deliver on some of the key benefits they had originally envisioned it would confer on frontline workers. “We were hoping it would ... do all the things people thought five years ago computers could do,” Linda Carlisle remarks ruefully. “Reduce paper. Streamline their jobs. ... Like any other job that requires you to use computers, it doesn’t always simplify it in a way that you’d like.” The hope that an automated system would save caseworkers time had largely faded. “That was a pipe dream,” says Watson. “That’s not happening.”

Managers at DSS voiced frustration with the consultants who developed and installed FamilyNet. The contractors had failed to anticipate the demands on the system, Carlisle notes, which led to slow response times, and had not yet delivered some promised features that would allow caseworkers to provide better and more personal service to the children under their care—by enabling them to compile lists of those who had special educational or medical needs, for example, or keep track of upcoming birthdays or graduations. Workers “wouldn’t mind spending

time in front of the computer” feeding it information, Carlisle maintains, “if they [could] get some back.” There was disappointment as well that, thus far at least, FamilyNet had not provided supervisors with the opportunity to manipulate data in the system in a way that would allow them to do some analysis. “There is tons of aggregate information in there,” notes Vito Congero, but the process of gaining access to it was “cumbersome,” and it was difficult to organize the data to suit supervisors’ needs or interests. “We haven’t done a very good job of giving back to the field-level supervisor the ability to go in and look at the [data] themselves,” Carlisle acknowledges. “They still have to go through reports that get generated. They don’t really have the capacity to go in and play around with the data themselves and do the sorts that they might need.”

Nonetheless, Carlisle—who left DSS in February 1999, after a tenure of six years as commissioner—and senior managers at the agency believed that FamilyNet, for all its technical flaws, had fulfilled some of their major goals for the system. It had, for one thing, improved access to information on cases, which on occasion proved to be more than simply a matter of convenience. FamilyNet, Carlisle maintains, could be “your best friend in the whole world” when a scandal threatened to erupt. She cites a case similar to the “house of horrors” incident, in which young children were found alone in a house in squalid conditions. When the press came to call, DSS officials “went into FamilyNet,” according to Carlisle, “and everything was there. ... They could pull up [the case record] and say, ‘We were out there on Friday, and here’s what the case notes say.’ And that case went right away.”¹⁰

Senior DSS managers also believed that FamilyNet supported their efforts to improve management and accountability at the agency in a number of ways. It helped standardize practice in the agency’s area offices, reducing opportunities to dodge statutory requirements and agency policy. “When I took over [at DSS],” Carlisle notes, “there were 26 different area offices, and they all did things a little bit differently. Well, if you have a computer system, that forces you to do everything the same.” Moreover, Watson notes, it gave managers in area offices a way to “look across the hundreds of cases they have in their office. They need something to help them understand it.”

It was that capacity to see beyond individual cases that lay at the heart of FamilyNet’s promise in the eyes of DSS managers. The agency had to make the case for its effectiveness, Watson argues, and to do that, “you need to have information [you can] look at. That’s really the goal.” A system like FamilyNet did not generate “data for the sake of data.” It was for the sake not only of promoting “best practice,” as Carlisle puts it, but also of being able to show how well DSS served its clients. “You can’t just go out and ask people how well we’re doing in terms of our workers and get a sense of it,” Watson continues. The agency had to “demonstrate that it was doing [its job] better. Because until you can demonstrate that you’re doing it better, you’re not going to get more resources.” FamilyNet, he maintained, would provide the agency with the hard data to back its claims.

At the supervisory level, however, skepticism about the value of FamilyNet prevailed. The argument that the system would ultimately provide useful “aggregated data,” Watson acknowledges, usually made social workers’ eyes “glaze over,” and few of the other claims made for the system proved persuasive. While FamilyNet brought them some benefits in terms of access to cases, most supervisors viewed the system’s flaws as costly in terms of time and aggravation. It was too slow and, for many, “too hard” to master, according to Vito Congero. As one who had “minimal to no experience with computers before FamilyNet,” Congero had become firmly convinced of their

¹⁰ DSS was not so fortunate, Carlisle acknowledges, in the “house of horrors” case. “When we pulled up the case,” she remembers, “there was zero information on FamilyNet. There was nothing in there on the family; you couldn’t tell who they visited.”

potential utility at DSS, but less so that FamilyNet was the right instrument. "I'm a computer believer," he says, but FamilyNet was "a little bit frustrating and a lot time-consuming" to use. Van Kennan echoed this view. "I love computers," he says. "I've used [them] at home for most of my career here. ... I had high hopes for [the system]." FamilyNet was a profound disappointment to him. "They attempted to do too much with it," he argues; consequently, it became more of a burden than a help, and certainly no improvement over its predecessor. The new automated system, Van Kennan maintains, still could not be relied on to provide a complete and up-to-date record of a case. "That's no different than when there was paperwork," he says, "except that this is much more awkward to do." His supervisory practice remained largely the same under FamilyNet, Van Kennan notes. The system merely "added an extra layer of things to do. ... It cannot be sold as a help for the social worker or supervisor. It's extra work."

In response, DSS senior management stressed that FamilyNet was still a work in progress. A system as big and complex as FamilyNet, they pointed out, would inevitably have its share of problems which would, in time, be resolved. "A large system is incredibly difficult to implement," says Bennard, noting that the roughly 30 other states that were setting up SACWIS systems had run into similar difficulties. "Massachusetts," she observes, "isn't alone." Moreover, Watson adds, the agency had a team of developers working to iron out the bugs in the system. Projects the size of FamilyNet, he says, "take a long time to smooth out. We're still in the midst of it."

In some respects, it was their closeness to frontline workers that made it difficult for supervisors to warm to FamilyNet. As Bennard points out, "supervisors clearly just want to make their workers' jobs easier," and its failure to do that soured many on the system. The hardest part of adjusting to FamilyNet, says Roberta Barrasso, was "watching caseworkers suffer through it." The burden of the new system, she maintains, fell more on frontline workers than on supervisors. "So for me," Barrasso explains, "[FamilyNet] wasn't a big thing for supervision or clinical work; it was more watching what was happening to the caseworker." She concentrated her efforts on "trying to help them find ways" to manage their time and meet the demands of the new system, but other than that, Barrasso saw little change in the style or substance of her supervision as a result of FamilyNet. "A supervisor," she says, "is still a clinical person. If you let the computer become the be-all and end-all, then you're going to put the computer ahead of the worker. You've still got to talk to the worker. ... I still have to ask whether Mary Jones' kids got to school on time, because Mary looked really lousy the last couple of days, and she might be using cocaine again. That isn't in the computer; it's not there. I still have to ask the question."

The disaffection of supervisors where FamilyNet was concerned troubled senior managers at DSS. As the ones closest to frontline workers, says Carlisle, supervisors were "the group of people that is going to be your measure of success" in any new venture. "Yet they're also the group that has been around the longest," she maintains, "is the most resistant to change, is the hardest to [get to] see themselves as a manager, as someone who aggregates information, as opposed to a lead worker who's just there for support and mentoring. ... I've spent a lot of time thinking, how do you get to that group?" Mary Ellen Bennard voiced similar concerns. While supervisors had to grapple with FamilyNet's complexities, she observes, "it's truly the caseworkers that bear the day-to-day brunt of it." For that reason, she continues, the support of supervisors was a key element in winning acceptance of the system. "If the supervisors were to somehow become more comfortable with this beast, which many of them refer to as the FamilyNet nightmare," Bennard muses, "I think it would be helpful all around. ... Clearly, we know we need to make FamilyNet easier to use, ... but what we have struggled with as well is how to get this group of people on board."

FamilyNet Summary Sheet

FamilyNet: SACWIS in Massachusetts

In February, 1998 Massachusetts Dept. of Social Services (DSS) launched a new automated information system called FamilyNet.

DSS's hopes for the new system

- It would respond to the increasing demand for information from the federal government.
- It would support ongoing efforts by agency leaders to standardize practice throughout DSS and monitor the performance of its area offices.

It would lead to improvements in the delivery of services to the agency's clients by lifting the burden of paperwork on hard-pressed caseworkers and make it easier for their supervisors to keep track of the many cases needing their attention.

Background

Federal funds made up a significant portion of state child welfare budgets. But from the federal perspective, there was not much to show for its support. Little solid data filtered back from the states to Congress or the White House.

In 1986, Congress established a mandatory data collection system (AFCARS). AFCARS would pave the way for later legislation that reflected an increasing emphasis on "outcome measures" such as permanency and stability as a way to rate states' performance in child protection and child welfare programs. A "statewide automated child welfare system" (SACWIS) was the ultimate result of the original legislation.

Massachusetts child welfare officials welcomed the opportunity provided by SACWIS (which would become FamilyNet in Massachusetts), believing, like their federal counterparts, that it would make life easier for employees at all levels, particularly those who worked on the frontlines of child welfare services—caseworkers and their supervisors.

Caseloads and accountability

According to supervisors' estimates, most workers had a caseload of about 18-20 families. Prior to FamilyNet, most of the documentation and management of these cases were recorded manually. Supervisors devised their own systems for tracking the 100-plus cases under their purview. While most relied on a combination of notes and memory, the basic staple of supervision was talk.

DSS did have an automation system, which dated back to the 1980s. Known as ASSIST, it was used primarily to record certain tasks and transactions—all very simple information. ASSIST provided no means of determining accountability with regard to casework. Because accountability was becoming increasingly important, and resulting in increased paperwork, Massachusetts welcomed a more sophisticated automation system.

The system of the future?

FamilyNet would bring with it desktop computers and, therefore, access to case files directly into caseworkers' and supervisors' offices. For supervisors, this was expected to be a major improvement over the existing arrangement, which required them to track down the appropriate green binder when they needed information on a family. Now they would be able to review all the active cases in their unit. And it was hoped that the new system would encourage supervisors to make more creative use of data by providing various kinds of "summary information" that would enable them to look at trends in terms of the way their units were doing their work.

FamilyNet would expand supervisors' management skills by allowing them to look across all their families to see if there were trends. And, were there trends in workers on things they may be overlooking? (As FamilyNet was

developed, DSS didn't want to just automate all the forms, the paperwork, and the ways of doing business—they hoped to begin to do their work differently.)

The completed system

When FamilyNet was completed, it had over 380 different screens. (In an effort to satisfy agency personnel, who wanted every aspect of their work included in the new system, plus some innovations, the final version became too large, with too many data points requiring information that people would probably never put in.)

When FamilyNet was launched in February, 1998, system problems made it “crash constantly.” Caseworkers found themselves handcuffed to their computers, waiting for the system to come back online, instead of making home visits. The data in ASSIST had been transferred to FamilyNet, but the download had not gone smoothly. Some data “got lost in the shuffle or just had not [recorded] on there accurately.”

After several months the crashes were cleared up, but a residue of ill will toward the new system was left behind. And other technical problems remained: the system was slow, and wasn't intuitive enough in terms of moving from screen to screen and putting information in.

The central and ongoing problem

The system's principal users—caseworkers—found FamilyNet to be “tremendously over-inclusive, requiring the input of far too much information.” The timely entry of data became a controversial issue, and compliance rates plunged as low as 20-30 percent. As an illustration, in January, 1999, police removed 5 children who were living in squalid conditions in a house dubbed the “house of horrors.” When the press discovered that the children's school and neighbors had lodged 13 neglect complaints against the parents in the previous 6 months, both the caseworker and supervisor were suspended without pay. In an article sympathetic to DSS workers, the Boston Globe noted that DSS had “introduced a computer network system, FamilyNet, which has been criticized by caseworkers as cumbersome, overly time-consuming and so restrictive that it diverts time from more critical work.”

After 2 years, there was agreement that FamilyNet generally had not lived up to its promise as far as caseworkers were concerned. All agreed that they didn't mind spending time in front of the computer, as long as they could get something back. Supervisors also complained that they were not provided with the opportunity to manipulate data in the system in a way that would allow them to do some analysis. And the system remained slow and too hard to master. The system “added an extra layer of things to do.” Supervisors, who wanted to make their workers' jobs easier saw FamilyNet as no different than paperwork, only more awkward.

Some different perspectives from supervisors

But the same system that chained caseworkers to their desks liberated supervisors from searches through the green binders. Now caseworkers' dictation was much easier to read. The “tickler” file gave caseworkers a laundry list of tasks, including medical and dental appointments, service plans due, etc. Although ticklers contained dates as much as two years in advance and as much as several years back, they could be sorted by date or category of task, or set to display tasks for a limited time period. Moreover, supervisors had access to their caseworkers' tickler files, and could use them to set up priorities. They could generate a printout of caseworker tasks from ticklers.

FamilyNet improved access to information on cases, and helped to standardize practice in the agency's area offices. If the supervisors were to somehow become more comfortable with the system and find ways to make it easier to use, “it would be helpful all around.”

A Few Bits and Bytes....

Where once Americans depended on the vagaries of the post office to communicate in personalized, written messages, now we send 2.2 billion E-Mail messages a day, compared with just 293 million pieces of first class mail. (U.S. News and World Report, March 22, 1999)

Change is the law of life. And those who look only to the past or present are certain to miss the future. (John F. Kennedy)

The trouble with the future is that it is not what it used to be. (Jean Paul Valery)

Current design for learning is based on the dichotomy between novices and experts...that is that novices are learners; experts have learned. This overly simple distinction fails to appreciate the way in which expertise is fluid...constantly subject to redefinition, the more so in times of rapid change. In fact, the conditions of being a novice recur in different forms and do not disappear with increasing competence. (John Seely Brown and Paul Duguid)

In the 1990's change is so rapid that stability is never achieved but only approached. (Gartner Group)

