

Value Identification as a Basis for Program Evaluation

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Abstract

Although value identification plays a strong role in micro-level social work, it has had less of a role in program evaluation at the mezzo or macro levels. This article reports the results of a process program evaluation for a United Way initiative called “Healthy Three Year Olds” (HTY).** Two contract agencies were evaluated – one employed and served a historically African American population and the other served a Latina population. All of the clients served were mothers to children three and under. The results suggest the importance of identifying cultural values and using this information in the process of designing and delivering family services. This process is promising for family service delivery that meets the needs of ethnically diverse agencies and populations and is explained in further detail.

** All agency information is disguised throughout

Key Words: values, culturally competent, family services, evaluation, ethnicity

1. Background

As social workers, we continuously work with values. Indeed, social work has been called a value-laden profession and much has been written about value dilemmas, ethical decision-making,

and clarifying value positions in clinical practice (Dolgoff, Harrington & Loewenberg, 2012). This manuscript explores values in a different way, in the context of designing and completing a program evaluation for two ethnically diverse agencies.

The Healthy Three Year-olds (HTY) initiative is a direct-service program that was begun by the United Way in a southern town (XXX) in 2005. Now in its third year, the HTY’s leadership contracted with the researcher for a program evaluation in early 2008. The study was completed 6 months later.

The mission of the HTY initiative is cited as follows: “*HTY is a United Way of XXX community collaboration with a simple premise: Children who are healthy, physically and emotionally, by age three are more likely to be successful in school and in life.*” To accomplish this mission, three strategies are employed:

- 1) To engage and empower parents and caregivers by providing clear, useful information on child health and development and available services to promote active participation in their children’s well-being.
- 2) To promote a strong, high-quality system of care that includes community-family partnerships supported by well-coordinated

services from public and private agencies working with children.

- 3) To conduct outreach to homes with vulnerable children as close to birth as possible and provide services that link families to community resources. (United Way of XXX, 2008)

The HTY officially began in 2005 as a direct-service endeavor and is currently in its third year. After the idea was articulated, two agencies were contacted regarding becoming direct-service partners of the initiative, identified in this paper as Agency A and Agency B. Additionally, an HTY Community Collaborative was formulated as an advisory arm of the project. The Collaborative consisted of agencies that were providing related services to the 0 to 3 population. It was hoped that the Collaborative would inform service provision and reduce the possibility of duplicating services. Today, both partner agencies carry a case-load of approximately 60 families each or about 120 families in the HTY initiative. While families are continually added, there is no formal mechanism for terminating services.

2. Methodology and Data Collection

The evaluator employed multiple methods in order to more effectively evaluate the HTY Initiative (Lackey, 2006).

2.1 Review of supporting materials

HTY personnel provided written program materials including descriptions of HTY, contact, intake and assessment forms, as well as public information on what parents and caregivers should look for in a “thriving” birth-three year old. All materials appeared readable and attractive. Furthermore there is an extensive website for HTY with PowerPoint slides, PDF files, and information for multiple stakeholders including parents and caregivers, treatment providers, and community members.

2.2 Staff Interviews

During the data collection phase of the program evaluation, the researcher met with United Way administrative personnel 7 times. She met with the Agency A HTY program coordinator (TW) twice and Agency B HTY program coordinator (JF) three times. Site visits were made to each program office. Additionally, numerous telephone and e-mail were a part of the data collection process.

2.3 Interviews with Administrative Staff of United Way

The majority of United Way administrative contact was with two people, a Vice President for community investment (VP) and a community investment specialist (CIS). They served the important functions of historian (VP) and inside view (CIS). It was evident that the VP especially, felt a strong connection to the program. The VP’s sense of ownership of the program appeared to be a strong positive, while the leverage of his administrative position allowed him to “run interference” when problematic issues arose. Additionally, the HTY Initiative received strong administrative support through the community investment staff. The fact that the VP was also a social worker (LCSW) also may have helped to ensure some degree of clinical back-up for the program coordinators.

The Community Investment Specialist was new to the agency about the time the evaluation began. She was, therefore, extremely helpful in navigating the sometimes ambiguous roles between the Community Collaborative and the actual program staff – something that was confusing for the researcher at first – because she was learning it as well. In many ways, the CIS represented an inside view with “fresh eyes” so that her information about the ways that United Way interfaced with stakeholders of the HTY Initiative was critical to understanding the structure of this program.

2.4 Meetings with Partner Agencies and Direct Service Staff

Agency B: JF, HTY Coordinator

Agency B was a university-based center and had strong ties to the social work department. Because the researcher is a member of this social work faculty, she was familiar with the HTY and with the Program Coordinator, JF. Agency B worked with Latinas and their children. JF is fluent in Spanish and described her responsibilities as predominantly medical interpretation and transporting, although she did a variety of other things as well. The majority of the Agency B clients were referred by informal networks, such as friends and relatives. JF reported a strong element of institutional mistrust among her clients as well as a lot of misinformation. For example, she said that she heard that women believed that if they got any aid from the government, they would be ineligible for citizenship and their children would then have compulsory military service at age 18. As a result, JF spent much of her early contact with the clients building rapport and trust:

What I've learned in working with members of the Hispanic community here is that I can't just go into a client's house with a stack of papers to be signed and expect them to trust me right from the beginning. Cultivating the relationship is the most important thing on the agenda; getting the client to trust me. So most of my first visits start with conversation: how are you, how is your husband, your daughter is precious, oh, what a pretty doily; did you make it? But these kinds of interactions form the relationship, the trust, the "confianza", and once it is formed, it is hard to break (JF, 2008).

As a relatively innovative type of service provider, Agency B was less governed by tradition and policy and was more able to offer free-form

services that could be tailored to clients' needs.

Agency A: TW, HTY Service Coordinator

Agency A had been serving the area for approximately 40 years. They provided services ranging "from preventative education to counseling and case management for those affected by Sickle Cell Disease, HIV/AIDS and diabetes" (Agency A, 2008). TW was the HTY Coordinator. She was a Licensed Professional Counselor and had training in treating clinical mental health issues.

The majority of HTY clients for Agency A were referred through formal mechanisms, such as other agencies or from within Agency A; although some were contacted through outreach efforts – a service that Agency A had long-practiced. TW was one of several program coordinators at Agency A. There was a mid-level supervisor between her and the executive director. She used agency policies to guide her activities as well as charging mechanisms. Agency A clearly had the advantage as a long-standing, direct-service agency in its ability to provide an insulating clinical environment for staff. She stated that her own philosophy on service provision had undergone a change in that her role had necessitated her being "more concrete" and less "system-driven." She underlined the importance of Agency A as a historical, trusted agency in the community in helping to build confidence and solidarity with the clients:

...Our agency's long-lasting reputation in the African American community ... has definitely played a role in making clients feel comfortable about receiving services, although HTY is a fairly new program as compared with other local programs. It helps clients to feel as though their services will have continuity without the worry of being cut off due to the unavailability of funds or unsustainability of an agency without the 'roots' of a tenured agency such as AGENCY A (TW, 2008).

TW was extremely helpful in teasing out what makes Agency A so unique from other programs and pointed to the lack of paperwork hurdles as very beneficial in facilitating the bonding process and the immediacy with which she could meet the needs of the clients:

As far as uniqueness of the HTY direct services paradigm, again I stress that due to our semi-paperless model, we are afforded much more time to address clients' pressing issues rather than being concerned about having clients sign a piece of paper or answer a checklist upon every meeting. I also believe that this helps to build trust within the relationship, since I can focus my undivided attention on the client and making our visits as productive as possible. As a result, this makes it easier to customize a family development plan tailored to each family's specific needs (TW, 2008).

Future directions of the HTY program were less of a concern for Agency A, namely that United Way would divest of the direct-service component and require the HTY partner agencies to apply for funding. In fact, Agency A staff members said that they were ready for this to occur.

2.5 Focus Groups with Clients

In order to thoroughly evaluate the impact of services, it was essential to speak with clients of the HTY Initiative. It was decided with the program coordinators and United Way administrative personnel that a focus group format would be best. The number of 5 women was chosen so as to provide a diversity of experiences, as well as leave enough time for everyone to speak. The focus group format also has the advantage of giving peer support and fostering networks between clients. Child care and lunch were provided, as well as

“goodie bags” for participants. The necessary Human Subjects approval was received from the Institutional Review Board (IRB). The program coordinators arranged for the women to participate and were given copies of the questions in advance through email. In general the participants were eager to participate; however, the Agency B group only included one woman, although 8 women were invited. Six women attended the focus group for Agency A. Present during the focus group for Agency A were the participants, the researcher and a United Way student intern who participated by taking notes. During the Agency B group, in addition to the participant and the researcher was an interpreter who was a professor of social work at UNC Greensboro.

2.5.1 What do you like best about the HTY initiative?

This question was by far the easiest for the participants to answer and contained the most information. The women talked about how their concrete daily needs had been met when they related how HTY had helped them evaluate and obtain daycare, had helped them find and furnish apartments, had helped them find jobs or go back to school, had helped them get their power or gas turned back on. Other concrete aid took the form of formula, diapers, food, and clothing. The less tangible help had to do with the emotional support they received from the HTY workers: “I confide in her when I feel depression... Since I have first met her, she has been able to help me and gives me great comfort.” Many of these women have known traumatic events and difficult lives: “When we come [sic] to this country, we feel very alone very often,” and “My family wasn’t there for me; this program was all I had.”

The women appeared to value their relationships with the workers and they learned to network with their fellow clients. Several talked about being along on an errand when someone else needed help and how good it made them feel to be able to help. One even talked about wanting to

be the HTY worker's assistant. All of the women voiced alarm at the thought that they would someday be "finished" with HTY.

2.5.2 What do you like least?

This negative question proved to be difficult for the participants to answer. In the end, the only answer that they provided was an indirect positive. For example, "The program is going to end and it has been so beneficial that we wish it could last." Another indirect negative was the activity level of the program coordinators: "She needs more people to help her. She had an intern one time, but she doesn't have anyone now." This question appeared to illicit distrust from the participants which might have contributed to the paucity of responses.

2.5.3 Tell me a story about a time that the HTY initiative helped you.

The participants readily shared times when they had been helped by the program. One described how she first met the worker. She was 8 months pregnant and trying to get a ride: "She actually picked me up and took me where I needed to go." The client was assisted with an emergency housing placement; later, she got an apartment. Now her daughter is nearly three years old and the client is waiting to hear about a career job opportunity and "I'm getting back emotionally from the bottom to the top." Another participant reported that she was graduating from high school right before she had her second child and did not have money for the cap and gown. She described how the HTY worker asked her what she needed and then got it for her. This was a contrast with how she had been treated by agencies in the past. She went on to talk about how that was what made HTY different: "HTY helps without there having to be something *wrong*, without getting so into your personal business." This was echoed by others in the group, *that HTY said they would help and actually did* without all the invasive questions and yards of paperwork that characterize the

traditional social service model. Another group member also discussed the difference of HTY with other programs in that "she comes to the house" and "I don't have trust" in other agencies.

3. Discussion and Implications for Practice

Through immersion in the HTY programs by extensive staff contact and the consumer focus groups, it became clear that HTY was an innovative approach to working with families. The things that made it distinct included the emphasis on relationship, the level of cultural connectedness, the level of outreach in meeting new clients, the family as unit of service, and the flexibility of paperwork requirements. All of these defining characteristics seemed to work because they were assembled around the originally identified cardinal cultural value of each group.

3.1 Importance of Relationship-Building Trust

The focus group members said again and again that they felt valued as people by HTY. They were accustomed to being seen as *problems* and being dealt with by *agencies*. Now they were seen as *people* and were in relationship with other *people* who were able to help them. The relationship was important to them. They recounted the HTY workers coming to baby showers, birthday parties, and being with them at the hospital when they were in labor: "She was there with me the entire time, translating. I would get more relaxed so that I could forget about the fear..." This emphasis on relationship should be elemental to social service.

Distrust is a barrier to service utilization. It creates impediments to optimal service engagement of minority consumers. Generalized trust can be seen as a value that leads to many positive outcomes in family service delivery. Putnam (2007) argues that trust is lower when we are surrounded by people who are different from ourselves. The United States' national identity, like that of other nations, is challenged by forces of globalization,

diversity, cultural competency, and inevitable cultural transformation. Family service agencies have populations and service delivery challenges that mirror our country's transformational evolution.

3.2 Cultural Connectedness

When the United Way formed partnerships with agencies who were the "experts" in meeting their clients' particular needs in the context of their culture, it guaranteed a level of cultural competence that is unusual in social services. What was interesting was the difference in the ways the agencies operationalized cultural competency across the two populations. It is important at this point to say that cultures are not homogeneous and that the following should not be considered a blanket statement about the values of Latinas and African Americans. Most important is the process of identifying the underlying values and providing services from within that cultural grounding. What follows is beginning exploration of the cardinal cultural values of the two agencies as the researcher sees them. An adequate excavation of why these values are important to these groups is beyond the scope of this article. It should also be disclaimed now, that the authors in no way assert that these particular values would be similar among all groups of Latinas or African American women.

Agency B: Trust

Again and again, what stood out when looking at Agency B's service provision was the idea of gaining trust and maintaining it through real problem-solving. The HTY program coordinator described how she proceeded slowly; once the relationship was developed, then she began to help in other ways. The focus group respondent clearly trusted her and described that other women she knew did as well. This is especially important for members of this culture who may face discrimination and daily fear around issues of documentation.

Agency A: Respect and Faith

Although the women from Agency A

clearly trusted their HTY worker, they also communicated something else: "TW's got *connections!*" They had faith in her ability to help them and in her respect for them as people. This was clearly different than their experiences with other agencies. Faith (*Imani*) is one of the Seven Principles of Afrocentric Philosophy and has been studied as an essential component in African American culture (Stewart, 2004). It is logical that it would be important to these women who have been perennially disappointed by traditional services.

For education, service provision, and outreach efforts to be beneficial, they must target the community's beliefs, particularly as they relate to cultural competence and whether providers will render appropriate care. A lack of trust in the Black community extends back to the era of slavery, when slaves served as subjects in medical experimentation and research without consent or personal benefit (Dula, 1994). It is well-documented that White physicians allowed their Black patients to die so that they could dissect their bodies. The Tuskegee Syphilis Study further fostered fear and mistrust of public service workers (Thomas, 1991). These beliefs that support a lack of trust for providers have been reinforced through dissemination by providers, policymakers, and the media of literature promoting such theories. Inequities in access to health care and adequacy of treatment have been well documented. Studies show that Black Americans are less likely than White Americans to ask questions freely while receiving help (Corbie-Smith, 2002). They are more likely to report believing that their physician will expose them to unnecessary risk, prescribe them experimental medications, not provide them with the best care available, and be motivated by profit (Miller, 2001).

3.3 Outreach

Several women discussed being approached by their workers instead of seeking them out for help. This seemed to work well in gaining their trust and was another distinctive feature

of the program. This is not a unique technique in social services, but it is clear that the combination of outreach and cultural connection and the other HTY defining features makes for a powerful combination.

3.4 Family as base of service

Again, although this feature is not unique to HTY, clearly seeing the family as the identified client makes for a stronger worker/family bond. It is also more of a natural support, because this is the way that families relate to one another. TW's words synthesize this phenomenon:

I feel that a strong part of our HTY program is that when working with our families many of whom which are African American, I have the opportunity to "bond" with the entire family as a unit. Although my assignment is working with the children who are birth-three and their parents, I often times will get requests from my families to work with their school-aged children as well... I have found that bonding with the entire family as a unit helps to increase rapport-building with the families including the fathers, many of which are not living in the same home as their children but are often there "visiting" while I am working with the families. It tends to give them a sense of pride to be included in the sessions and increases positive relations between the two parents TW, (2008).

3.5 Paperwork as a tool versus hurdle

One of the most distinctive aspects of HTY is the lack of onerous paperwork requirements. In recent years, paperwork in social service agencies has taken on a life of its own in that it has almost become an end in itself rather than a means to enable agencies to help people. This dynamic has led to the creation of "paper programs"

(Lackey, 2006), in which agencies can continue to exist based upon how good they look on paper without doing anything with clients that makes a difference. This was decidedly not the case with HTY and it enabled the partner agencies to focus on what the families needed versus what they were "allowed" or "required" to do based on paperwork formulas. For this reason, if funding streams change it will be important to assess how changes in accountability to grantors could affect services.

Emerging Practice Process: Value Identification

All of these distinctive features, together with the words of staff and clients alike, have come together to inform the shaping of a process of value identification as the guiding principle behind the HTY Initiative.

4. Study Limitations and Future Directions

One study specific limitation that emerged and serves as a lesson in cultural competence was a concern by the women in one focus group that the researcher was trying to find out "negative things" about the agency. The researcher, in retrospect, should have foreseen this perception due to the fact that the group was made up of long-time social service recipients who had a host of negative feelings about "the system." Utilizing a member of the group to serve as facilitator might have been one way to increase trust with participants, as would including the program coordinator in the meeting.

Cardinal value identification is an emerging practice for family service delivery as a way of understanding what can help meet the needs of diverse families. Future research that utilizes this process for intervention research could provide greater information about concept utility, validity, particularly across populations.

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