Culturally Competent Systems of Care with Latino Children and Families

Alan J. Dettlaff and Joan R. Rycraft

The Latino population represents the fastest growing ethnic minority in the United States. As a result, child welfare agencies need to be prepared to provide culturally appropriate services to Latino families. This paper describes an evaluation of a federally funded initiative designed to train child welfare practitioners in using an existing evidence-based framework—systems of care—with Latino children and families to address the need for culturally competent, community-based services with this population. Results indicate that trained participants responded positively to the systems of care framework, increased their knowledge of systems of care, and reported positive benefits to their clients through using this framework. However, challenges to implementing systems of care were identified. Implications of these findings and the use of systems of care in child welfare are presented.
The Latino population, particularly those who have recently migrated from other countries, represents the fastest growing ethnic group in the United States. Population data indicate that the Latino population increased by 29% from 2000 to 2008, with Latinos accounting for 15.1% of the total population (U.S. Census Bureau [USCB], 2008). Foreign-born Latino immigrants account for nearly 40% of all Latinos living in the United States (USCB, 2008). Within the child welfare system, the number of Latino children has steadily risen over the past several years, with national data indicating the percentage of Latino children confirmed as victims of maltreatment has risen from 10.0% in 1995, to 14.2% in 2000, to 17.4% in 2005 (U.S. Department of Health and Human Services [USDHHS], 1997, 2002, 2007).

Given the dramatic and continual increase of Latino families in the United States, it is imperative that child welfare agencies provide culturally appropriate services to these families, particularly those who are recent immigrants. Children in immigrant families are often considered at increased risk of maltreatment due to the stress and pressure resulting from immigration and acculturation (Dettlaff, Earner, & Phillips, 2009). Fear, stress, loss, isolation, and uncertainty about the future are factors often experienced by immigrants because of immigration. Additional pressures resulting from acculturation often lead to a variety of strains and difficulties, as parents and children experience changing cultural contexts, along with the loss of previously established support systems (Maiter, Stalker, & Alaggia, 2009). As a result, social workers must understand the impact that immigration and acculturation has on each family and how these experiences may have contributed to their involvement in child welfare. Additionally, culturally competent practice requires that social workers clearly assess the cultural values and traditions of Latino families and how these values and traditions may impact service delivery.

Address reprint requests to Alan J. Dettlaff, 1040 West Harrison (MC 309), Chicago, IL 60607. E-mail: aland@uic.edu.
In addition to the need for culturally competent practices, recent reform efforts in child welfare have called for services to be provided to children and families within their communities and to include community stakeholders in identifying and developing these services. There is also a call throughout the social work profession to establish evidenced-based practices to assure that services are designed and implemented using the best available evidence of practice effectiveness. This paper describes an evaluation of a federally funded initiative designed to train child welfare practitioners in using an existing evidence-based framework—systems of care—with Latino children and families to address the need for culturally competent, community-based services with this population.

**History and Philosophy of Systems of Care**

The systems of care (SOC) philosophy developed in response to growing recognition over the past 20 years that children with serious mental health disorders were not receiving the services they needed (Stroul & Friedman, 1986). This concern was first brought to the forefront through Knitzer’s (1982) seminal publication, *Unclaimed Children*, which exposed the inadequate care received by youth with mental health problems and its consequences. These concerns led to the development of the Child and Adolescent Service System Program (CASSP), funded by the National Institute of Mental Health. The CASSP integrated principles developed by Stroul and Friedman (1986), who coined the phrase “community-based system of care for seriously emotionally disturbed children” (p. iv). As originally defined, a system of care is “a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and

---

*This project was funded by the U.S. Department of Health and Human Services’ Administration for Children and Families, Administration for Children, Youth, and Families, Children’s Bureau, #90CT0132. The authors are solely responsible for the information and opinions expressed in this article.*
changing needs of children and their families” (p. 3). This approach is guided by values and principles that emphasize the provision of child-centered, family-focused, community-based, and culturally competent services.

Building from these values, implementing SOC involves developing multiple community partnerships that create a broad network of services tailored to meet the individual needs of children and families. Services are provided by a variety of public and private agencies. Implementation often involves the development of a child and family team (CFT), which consists of family members and others, including service providers, community members, and others who provide support and resources for the family. The CFT develops a comprehensive and individualized plan for the family, with specific and achievable goals, to guide service provision and coordinate the work of the participants. When fully implemented, SOC involves a broad array of services and supports to meet families’ unique needs, full participation of families as partners in service planning and delivery, interagency collaboration, and access to services that consider families’ circumstances, abilities, and limitations. Cultural competence is reflected through the system’s sensitivity to the cultural needs of families and is demonstrated through services that respond to those needs.

Use and Evidence Base of Systems of Care

In the decades that followed the development of SOC, both the federal government and private foundations provided resources for its continued development. In the late 1980s, the Robert Wood Johnson Foundation initiated the Mental Health Services Program for Youth, whose funds allowed 12 states and cities to develop and implement SOC. Beginning in 1992, the Substance Abuse and Mental Health Services Administration (SAMHSA) created the Comprehensive Community Mental Health Services for Children and their Families Program, which funded more than 70 SOC sites throughout the country, accompanied by a national evaluation.
Evaluations of early demonstration projects using randomized clinical trials noted several positive outcomes for children, including increased behavioral and school adjustment, increased permanency of placements, reduced restrictiveness of living environments, and decreased rates of delinquency (Clark, Lee, Prange, & McDonald, 1996; Evans, Armstrong, & Kuppingher, 1996). The largest evaluation to date of the SAMHSA projects reported positive child and family outcomes, including reduced behavioral and emotional problems, improved clinical functioning, reduced contacts with law enforcement, increased school performance, increased stability in living situations, reduced caregiver strain, and improved family functioning. Among children entering the program in out-of-home care, more than 50% were living with parents or kin after six months, significantly reducing out-of-home placement (Center for Mental Health Services, 1999).

**Systems of Care and Child Welfare**

Although SOC was originally developed in response to the needs of children with serious emotional and mental health disorders, the applicability of this philosophy has broadened; in recent years, there has been a growing focus on developing SOC for all children whose needs require services from multiple systems (Pires, 2002). This broader implementation allows more families to benefit from SOC by improving access to services, reducing fragmentation, and improving the level of family involvement in service planning and delivery.

Fundamentally, SOC is not a program or a model of practice, but rather a value base for guiding processes and providing services to meet the needs of children and families. Thus, communities and service delivery systems have the flexibility to apply this framework in a way that responds to children and families in their communities while maintaining fidelity to the values and philosophy of SOC. Children and families who come to the attention of the child welfare system are an ideal population for SOC because
this framework can prevent out-of-home placement, support the strengths of the child and the family, and use existing supports in the community to enhance options for service delivery.

In 2003, the Children’s Bureau funded several national projects to bring the principles of SOC into the child welfare arena. These projects had successes in some areas and difficulties in others. Successes included the strengthening of interagency collaboration, individualized service planning, and increased family and youth involvement. Challenges included the need for substantive infrastructure change, time constraints, and staff turnover. The consensus, however, was that the principles of SOC were compatible with good child welfare practices (USDHHS, 2006).

**Culturally Competent Systems of Care with Latino Children and Families**

In 2005, the University of Texas at Arlington received funding from the Children’s Bureau to develop and implement a training program to improve service delivery to Latino families involved with the Texas Department of Family and Protective Services (TDFPS). SOC was identified as the practice framework that would guide the development of this training initiative. The project, Culturally Competent Systems of Care with Latino Children and Families, developed a curriculum to train TDFPS caseworkers on creating and implementing SOC with Latino families to improve outcomes of safety, permanency, and well-being. The training program was designed for caseworkers in the family-based safety services stage of service delivery (i.e., family preservation), which provides services to families following an investigation of maltreatment in which significant risk factors have been identified. The goal of this stage of service is to reduce these risks and prevent out-of-home placement.

Because models for applying the SOC framework to child welfare practice with Latino families did not exist, the development of this training program used an expert panel to provide consultation on the development of the curriculum and training delivery. The
panel included national experts in SOC, child welfare, and community practice. All panel members had significant expertise in providing services to Latino children and families, and accordingly were actively involved in developing the training curriculum by providing resource materials and recommendations. As the curriculum developed, panel members met regularly to review drafts and provide additional recommendations. Additionally, the curriculum was based on a thorough review of literature and focus groups with immigrant Latino parents who had a history of involvement with TDFPS. Because the large majority (85%) of the Latino population in Texas is of Mexican origin, much of the information on culture, immigration history, and values focused on this segment of the population. The curriculum was pilot tested with TDFPS supervisors and caseworkers in January 2006, and final revisions were made based on feedback from the pilot participants. The resulting training program included curriculum materials, instructor manuals, participant handbooks, a case simulation for use in training, and a guide for technical assistance. An outline of the training curriculum is included in Table 1. Training delivery included a one-day face-to-face training, followed by a half-day technical assistance session held after approximately 60 days.

**Evaluation Methodology**

The evaluation design used in this study is based on Kirkpatrick’s (1998) levels of evaluating training programs. Level one focuses on the reaction of participants to the training. Kirkpatrick describes this level of evaluation as similar to measuring customer satisfaction; for training to be effective, trainees must be pleased with the training that was provided. Level two focuses on evaluating learning because of the training program: change in behavior cannot occur unless there is a change in learning. Level three evaluates changes in behavior by exploring the transfer of knowledge and skill to the workplace. While this level of evaluation is more difficult, it is necessary to determine if long-term changes are made in job performance. To assess this, level three evaluations occur after
Table 1
Curriculum Outline

Module 1: Cultural competence with Latino children and families
• The need for culturally competent practice
• Latino children and families in the United States
• Cultural values and traditions of Latino children and families
• The experience of immigration and acculturation

Module 2: Overview of systems of care
• Understanding systems of care
• Core values of systems of care
• Key components in systems of care

Module 3: Engagement
• The importance of engagement
• Activities in the engagement phase
• Engaging Latino children and families

Module 4: Assessment
• The purpose of assessment
• Identifying strengths and resources
• Understanding cultural factors (cultural assessment)

Module 5: Planning
• The purpose of the planning phase
• Creating and convening the child and family team
• Identifying and planning for services

Module 6: Implementation and intervention
• The purpose of implementation and intervention
• Tasks in the implementation and intervention phase

Module 7: Transition
• The impact of transition
• Elements of a successful transition

Module 8: Case simulation
time has elapsed, to allow for behavior change. Finally, level four measures the success of the program in achieving positive outcomes for the intended consumers or clients of the agency. From an organizational perspective, this is the primary reason for the training program (Kirkpatrick, 1998).

Sample

Participants consisted of child welfare practitioners with the TDFPS. Training sites were identified in collaboration with the TDFPS director of field operations and included a mix of both urban and rural areas. Eight training sessions were held throughout Texas between July 2006 and April 2007. In total, 151 caseworkers were trained. Follow-up sessions were held in each of the training locations. In total, 102 caseworkers participated in follow-up activities and were included in the evaluation. Of the participants, 41% identified as white/Caucasian, 39% identified as Hispanic/Latino, and 18% identified as African American; 63% had less than 5 years experience in child welfare, while 18% had 5 to 9 years, 15% had 10 to 15 years, and 4% had more than 15 years.

Data Analysis Procedures

Evaluation procedures were developed to address each level of training outcome.

Level One: Reaction

To assess participants’ reaction to the training program, participants completed a reaction instrument at the end of each training session designed to evaluate reaction to the curriculum content, instructional design, and effectiveness of the trainer. This instrument was based on instruments developed by Kirkpatrick (1998) and consisted of 12 questions on a five-point Likert scale ranging from 1 (poor) to 5 (excellent). Internal consistency of this instrument with the current sample was high with an overall Chronbach’s alpha of .95.
**Level Two: Learning**

The extent of participants’ learning because of training was measured through a knowledge instrument developed by the researchers using a one-group pre-post follow-up design. The instrument consisted of 20 multiple-choice and true/false items designed to measure participants’ knowledge of Latino culture and SOC. To enhance validity, the instrument was developed with the assistance of the expert panel, which recommended items for inclusion based on the training curriculum. The instrument was then pilot tested during the original pilot training.

Because it was not possible to have a comparison group in this project, the evaluation incorporated an internal referencing strategy (IRS) to strengthen the inferences of the one-group design (Haccoun & Hamdiaux, 1994). The IRS is a one-group design in which items are incorporated into the pretests and posttests that are relevant to the training (covered in the course content) and not relevant to the training (related to the training topic, but not covered in the course content). Comparisons are established between pre-post differences on the relevant items as well as the nonrelevant items. Training effectiveness is inferred when changes on relevant items are greater than changes on nonrelevant items. Thus, the knowledge instrument included 15 items that are based on core concepts covered in the training curriculum and 5 items that are related to Latino culture or SOC, but not covered in the training curriculum.

**Level Three: Behavior**

The extent of participants’ behavioral change because of training was measured through a feedback instrument completed at the follow-up session. This instrument was developed by the researchers and included a series of open-ended questions designed to elicit participants’ feedback concerning their experiences implementing SOC and perceived benefits of the model. At the conclusion of the initial training, participants were asked to implement
the SOC model with one Latino family over the next 60 days. At the follow-up session, participants completed the feedback instrument and reported the extent to which they had implemented the model. If participants were unable to implement the model, they were asked to address barriers that prevented implementation.

**Level Four: Outcomes to Clients**

To determine the extent to which the training curriculum resulted in positive outcomes for clients, case reviews were conducted on the cases in which participants implemented SOC. Outcomes focusing on safety, permanency, and well-being were adapted from the Child and Family Services Review (CFSR) onsite review instrument that pertained to cases in the in-home stage of service delivery. The case review was conducted six months following the technical assistance session using data from the TDFPS statewide data collection system. Indicators included the following:

1. Substantiated or indicated reports of maltreatment (CFSR item 2A)
2. Services to protect children and prevent their entry into foster care (CFSR item 3A)
3. Efforts to actively involve the child in case planning (CFSR item 18A)
4. Efforts to actively involve the parents in case planning (CFSR item 18B&C)
5. Face-to-face contacts between the caseworker and the child (CFSR item 19A)
6. Face-to-face contacts between the caseworker and the parents (CFSR item 20A)

**Results**

**Level One: Reaction**

To determine participants’ reactions to training, means were calculated for the three subscales of the reaction instrument, as well as
a total reaction score. The mean score for curriculum content was 4.10 ($SD = 0.76$), the mean score for instructional design was 4.00 ($SD = 0.77$), and the mean score for trainer effectiveness was 4.44 ($SD = 0.67$) using a scale ranging from 1 (poor) to 5 (excellent). The mean total reaction score was 4.15 ($SD = 0.69$).

**Level Two: Learning**

To determine the extent of participants’ learning because of training, two sets of analyses were completed: (1) a comparison of mean scores for relevant items on the knowledge instrument, and (2) a comparison of means for nonrelevant items. A one-way repeated-measures ANOVA was calculated to compare the mean scores of relevant items at each level (pretest, posttest, follow up). The total possible score was 15, corresponding to the 15 relevant items; thus higher scores indicated greater knowledge of the training content. The mean score on the pretest was 9.83 ($SD = 2.23$), the mean score on the posttest was 12.71 ($SD = 1.57$), and the mean score on the follow up was 11.76 ($SD = 1.63$). The analysis indicated a significant difference between these scores ($F = 90.95, p < .05$). Post-hoc $t$-tests showed that participants scored significantly higher on the posttest than on the pretest ($t = -11.99, p < .05$), but that scores significantly decreased from posttest to follow up ($t = 5.84, p < .05$). However, a comparison of pretest scores to follow-up scores showed a significant increase ($t = -8.01, p < .05$), indicating that although scores decreased from posttest to follow up, an overall increase in knowledge was sustained from pretest to follow up. An additional one-way repeated-measures ANOVA was calculated to compare the mean scores of nonrelevant items at each level (pretest, posttest, follow up). The total possible score was 5, corresponding to the five nonrelevant items; thus, higher scores indicated greater knowledge of these items. The mean score on the pretest was 0.65 ($SD = 0.57$), the mean score on the posttest was 0.54 ($SD = 0.59$), and the mean score on the follow up was 0.66 ($SD = 0.61$). The analysis indicated these scores did not significantly differ ($F = 1.95, p = .146$).
**Level Three: Behavior**

Use of the SOC model was measured through a feedback instrument completed by participants at the follow-up session. Participants who implemented the model were asked to provide feedback concerning their experiences and perceived benefits of the model. Participants who were unable to implement the model were asked to address barriers that prevented implementation. Analysis of these data indicated that 41 (40.2%) of the 102 case-workers implemented the SOC model with a Latino family. Perceived benefits of the model involved: (1) benefits to caseworkers and (2) benefits to clients. A summary of perceived benefits and barriers to implementation is included in Table 2.

**Level Four: Client Outcomes**

To determine the extent to which the training resulted in positive outcomes for clients, case reviews were conducted on the cases in which training participants implemented SOC ($n = 41$). Outcomes of the selected indicators showed (1) 100% of cases ($n = 41$) were not involved in substantiated reports of maltreatment in the six months following implementation; (2) 97.6% of cases ($n = 40$) remained intact at the conclusion of services (one case resulted in foster care placement); (3) 100% of cases ($n = 41$) documented efforts of child involvement in case planning; (4) 100% of cases ($n = 41$) documented efforts of parent involvement in case planning; (5) 100% of cases ($n = 41$) documented at least one face-to-face visit per month, with a range of one to four visits per case; (6) 100% of cases ($n = 41$) documented at least one face-to-face visit with parents per month, with a range of one to three visits per case.

**Limitations**

The primary limitation in this evaluation is the lack of a comparison group, both as a comparison to trained caseworkers and as a comparison to families who received services with the systems of care framework. When the evaluation plan was conceptualized, it was
### TABLE 2
Perceived Benefits of Systems of Care and Barriers to Implementation

<table>
<thead>
<tr>
<th>Perceived benefits to caseworkers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Facilitates engagement early in the case</td>
</tr>
<tr>
<td>• Facilitates increased involvement of family members</td>
</tr>
<tr>
<td>• Allows caseworkers to practice “real social work”</td>
</tr>
<tr>
<td>• Helps caseworkers identify family strengths</td>
</tr>
<tr>
<td>• Allows caseworkers to learn from families</td>
</tr>
<tr>
<td>• Facilitates understanding of families’ cultures</td>
</tr>
<tr>
<td>• Facilitates case closure by providing additional support systems</td>
</tr>
<tr>
<td>• Takes some of the burden off caseworkers to help families achieve their goals</td>
</tr>
<tr>
<td>• Allows caseworkers to take a more holistic approach</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Perceived benefits to clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Helps families feel empowered</td>
</tr>
<tr>
<td>• Increases self-esteem of family members</td>
</tr>
<tr>
<td>• Helps families heal strained relationships with extended family members</td>
</tr>
<tr>
<td>• Helps family members identify their own strengths</td>
</tr>
<tr>
<td>• Increases accountability among family and team members</td>
</tr>
<tr>
<td>• Allows families to take control of identifying their own needs</td>
</tr>
<tr>
<td>• Fosters support from external family members</td>
</tr>
<tr>
<td>• Helps families build problem-solving skills</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Barriers to implementing SOC</th>
</tr>
</thead>
<tbody>
<tr>
<td>• High caseloads</td>
</tr>
<tr>
<td>• Time constraints</td>
</tr>
<tr>
<td>• Staff shortages and high turnover</td>
</tr>
<tr>
<td>• Increased stress for caseworkers</td>
</tr>
<tr>
<td>• Difficult to incorporate community partners</td>
</tr>
<tr>
<td>• Difficult to “unlearn” old practice methods</td>
</tr>
<tr>
<td>• Difficult to implement with hostile or resistant families</td>
</tr>
</tbody>
</table>
intended that there would be a comparison group to allow for greater inference of training outcomes. However, following discussions with agency administrators, it was determined that the inclusion of a comparison group would not be logistically feasible due to the statewide nature of this project and the time demands it would place on participants in the comparison group. Accordingly, the IRS was incorporated to allow for greater inference of learning outcomes and feedback was obtained from participants on the perceived benefits of this model in comparison to their practice as usual. An additional limitation is that the training sample was obtained through a nonrandom process. The training participants are not representative of all staff, and they likely had a particular interest in the training topic and in improving their practice with this population.

Discussion

Results from this evaluation indicate that participants responded positively to the training and significantly increased their knowledge of Latino culture and the use of SOC in child welfare. Among participants who implemented SOC, feedback was overwhelmingly positive. Participants stated that the use of this model empowered families to be more involved in the decision-making process, which facilitated engagement and led to positive outcomes. Participants also stated that using this model helped them realize the importance of learning about a family’s culture as part of the assessment process. Many caseworkers admitted that they knew very little about the cultural backgrounds of the families with whom they work, and stated that the application of SOC helped them recognize how important this is and how this knowledge can be used to facilitate engagement and improve service delivery. Participants also recognized the value of developing supportive systems for families who would be available to continue assisting them after their case was closed.

Among the families who were served with this model, outcomes were positive. None of the families experienced subsequent incidents of maltreatment and only one of the families experienced
an out-of-home placement. Case records reported significant involvement of children and families in case planning activities. Case records further indicated that face-to-face contacts were made with both parents and children at least once per month, and in many cases, more often. Although the lack of a comparison group of families prevents any inference of whether these outcomes are more positive than in families receiving services as usual, caseworkers reported that they spent more time with families and that families were more involved than in their other cases. Caseworkers also reported that they perceived the outcomes of these cases to be more positive, as families felt more empowered, had increased problem-solving skills, and established supportive networks within their communities.

However, despite these positive outcomes, only 40% of training participants were able to implement the SOC model. Feedback from participants overwhelmingly indicated that this approach to practice is not practical given the current environment of the agency. Participants stated that the greatest barrier to implementing SOC was high workloads, which are often exacerbated by staff shortages and high turnover. Participants who were unable to implement the model consistently expressed frustration that they recognized the value of SOC and wanted to implement it, but were simply unable to do so given their workload demands, as this model of practice requires more time spent with families. Even participants who implemented the model and found it beneficial stated that it was unlikely they would be able to continue practicing in this manner due to their workload responsibilities. These results clearly demonstrate the need for organizational commitment in order for improvements to be made in child welfare service delivery. Child welfare administrators need to identify ways to manage workloads to facilitate changes in existing practices to ensure that culturally competent, community-based, and family-centered services are provided. Policies are needed that support caseworkers by allowing them the time and opportunity to practice newly acquired skills and to make the desired changes to their practice.
Thus, although SOC may hold promise for improving child welfare outcomes, the application of SOC may be challenging for child welfare agencies. Despite this challenge, a strength of SOC lies in the principles on which the framework is based. Although some participants were not able to fully implement SOC as presented in this training program, participants acknowledged that they could infuse the principles of SOC throughout their practice to improve their level of engagement with families, increase and support family involvement, and ensure culturally competent and accessible services. Similarly, although child welfare agencies may not be able to overhaul their existing practice models, it is important for all child welfare agencies to explore means of integrating the principles of SOC into their practices. These include child and family involvement in case planning, cultural understanding and sensitivity, identifying and building on family strengths, engaging extended family, and providing community-based, culturally competent services. These principles are consistent with many of the recommendations of the CFSR as necessary components of child welfare practice to improve outcomes of safety, permanency, and well-being.

Finally, additional research is needed that evaluates the outcomes of systems of care and other family-centered practice strategies within child welfare agencies and with culturally diverse populations. This research will require child welfare agencies to devote the staff and resources necessary to fully implement these practice models. Further, rigorous evaluations that incorporate experimental and quasi-experimental designs need to be conducted. These should include longer follow-up times and longitudinal designs that assess long-term gains at the caseworker and client levels.

References


