

2018-2019

# Evaluation Plan for PB&J Family Services

December 3<sup>rd</sup>, 2018



**PB&J**  
FAMILY SERVICES



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NM EVALUATION LAB  
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## 1. Introduction

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PB&J Family Services is a local nonprofit organization that promotes child well-being by supporting the relationship between parents and children. The organization serves vulnerable families in Bernalillo and Sandoval counties.

## 2. Purpose of Evaluation

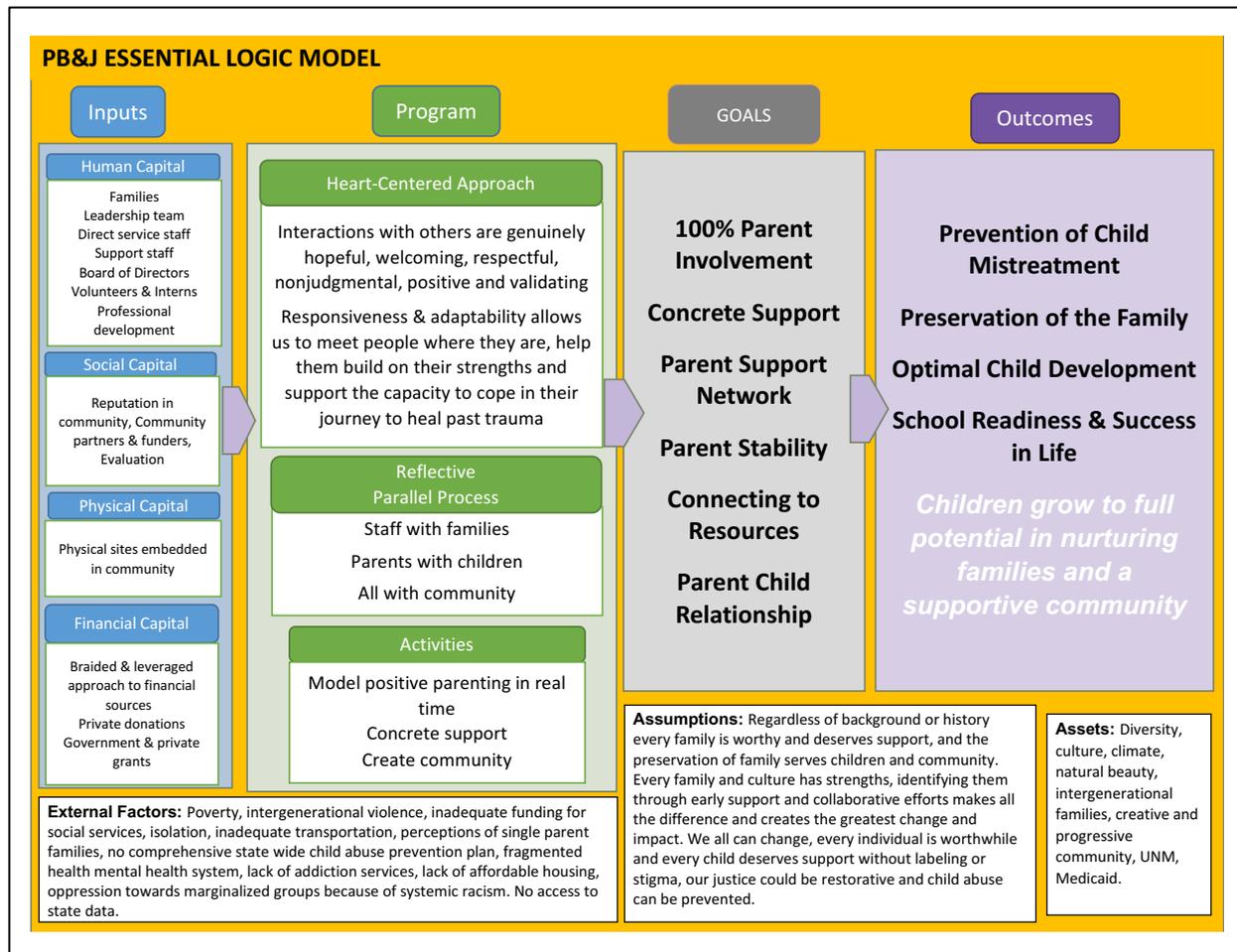
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For the 2018-2019 academic year, the Evaluation Lab will work with PB&J as they transition from long-time director Susannah Burke to new director Raymond Garcia and a team of associate directors. The organization is keen on preserving its uniqueness during this transition. To support this process, the UNM Evaluation Lab fellows will review literature that underpins the theoretical foundations of the PB&J leadership and programmatic models. Topics to be covered include shared leadership, feminist leadership and organizational theory, the contextualized approach to case management, and ethics.

Following the 2017-2018 Evaluation Lab recommendation, the 2018-2019 team will also work on initial implementation of a live Tableau dashboard featuring the PB&J program outcomes and goals. The team will also determine if Salesforce is a viable option for PB&J. The ability to pull useful data, including indicators that reflect prevention of child mistreatment, preservation of the family, optimal child development, and school readiness/success in life “before” and “after” they participate at PB&J is a major focus for building evaluation capacity.

### 3. Logic Model

Figure 1. PB&J Logic Model for Replication



The Heart Centered approach is at the core of how PB&J Family Services aims to achieve positive outcomes for parents and children. Evidence from the scientific literature indicates that infants and children need secure attachment to a caring adult in order to thrive. Immersion in the Heart Centered Approach at PB&J helps parents experience and then replicate the nurture and support that builds secure attachment with their children. To create this environment, PB&J staff and leadership must reflect the values of the Heart Centered Approach through the work they do every day.

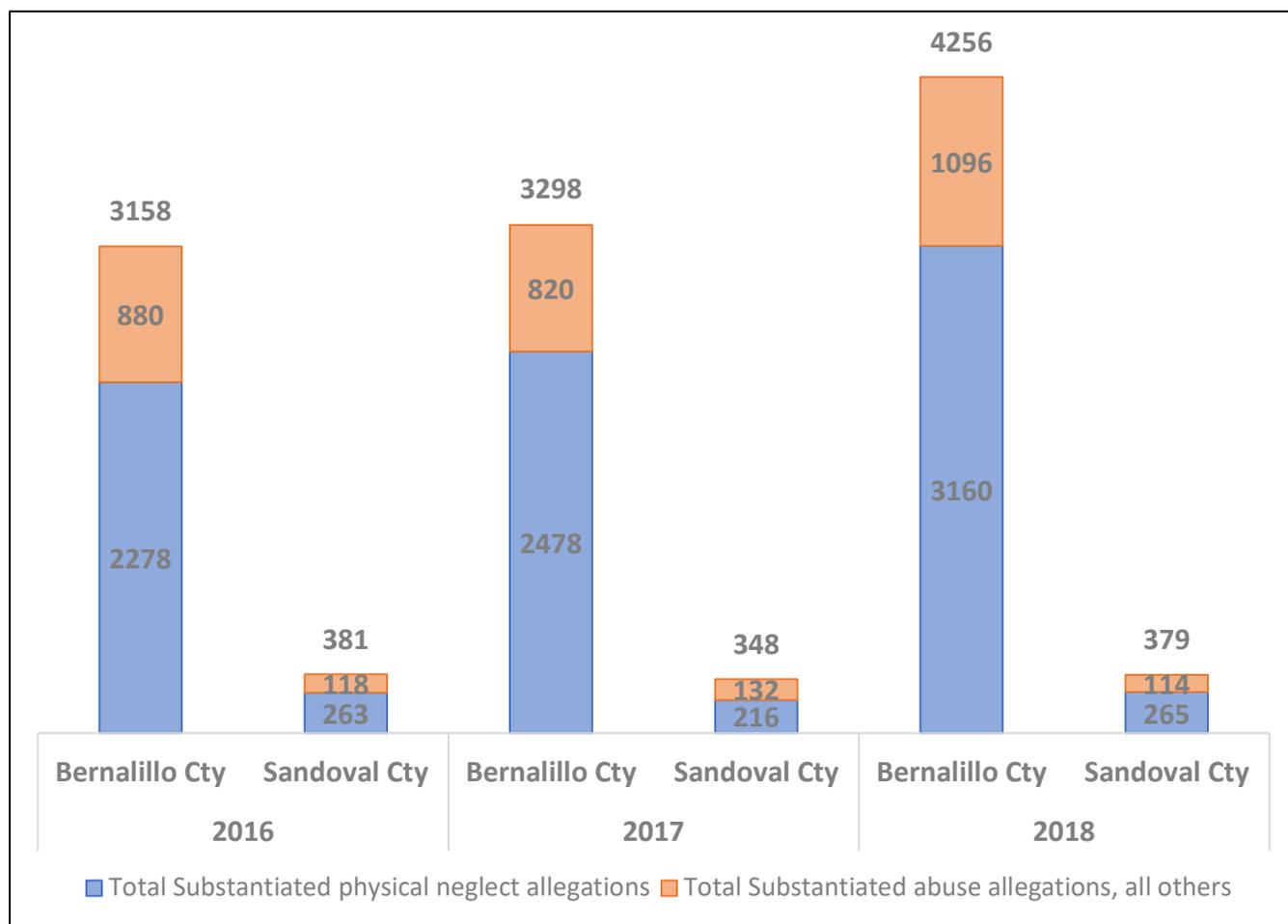
A Harvard Center on the Developing Child study for best practices in working with at-risk parents calls for programs that build relationships, provide concrete support, and include positive parent coaching. The study notes that parents can learn resiliency “when there are nurturing, capacity-building experiences to counterbalance the effects of adversity,” (p. 7). This is exactly what the PB&J model provides.

## 4. Context

A review of community data shows pockets of extreme vulnerability for children in the greater Albuquerque area.

Data from the New Mexico Children Youth and Families Department, Child Protective Services 360 Yearly Reports show that substantiated child neglect allegations rose sharply in Bernalillo County, from 3,158 cases in Fiscal Year 2016 to 4,256 cases in Fiscal Year 2018. Substantiated allegations in Sandoval County remained relatively constant over this period, at about 380. In all years, neglect cases outnumbered physical and sexual abuse cases, by at least 2 to 1. (See figure 2.)

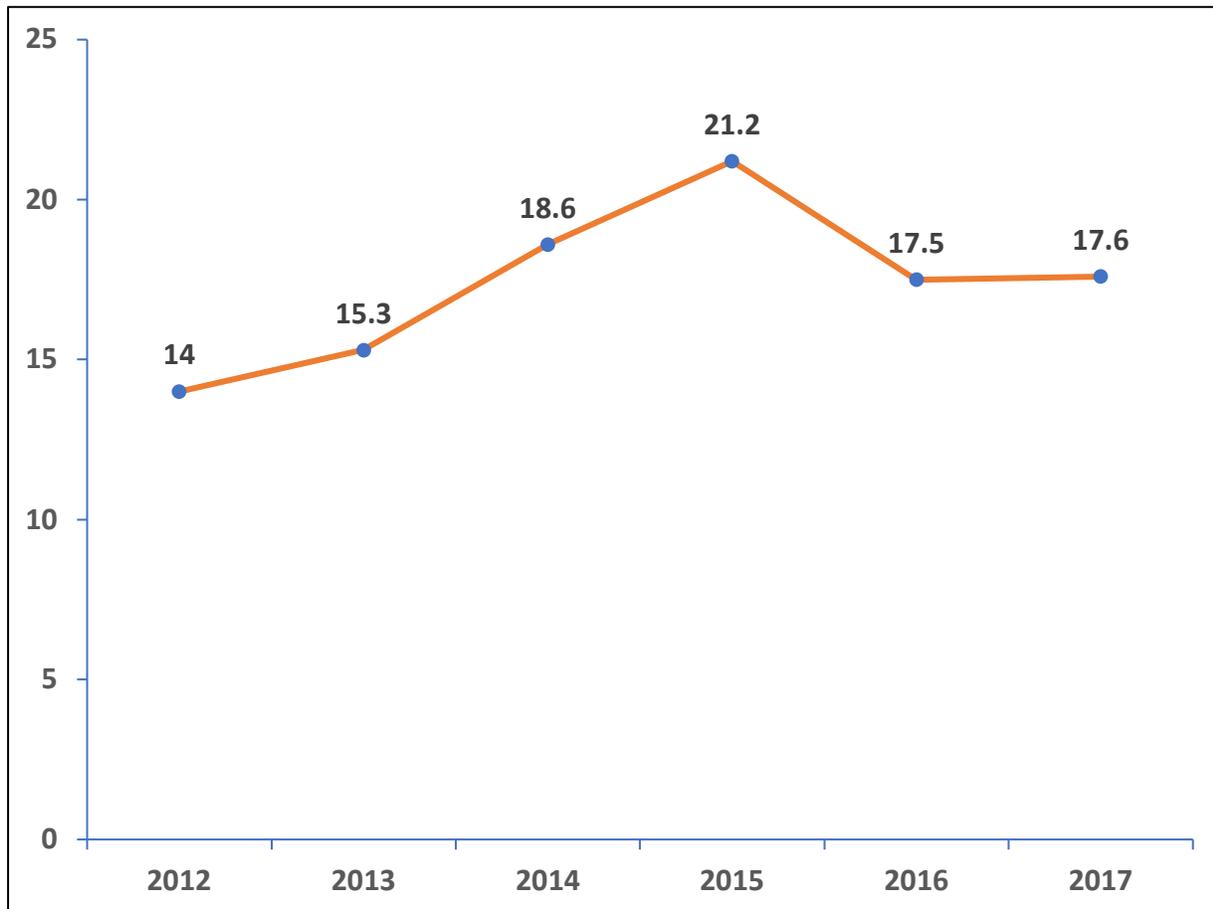
**Figure 2. Number of Substantiated Child Neglect Allegations in Bernalillo and Sandoval Counties, Fiscal Years 2016-2018**



Source: NM CYFD PCS 360 Yearly Reports, Fiscal Years 2016-2018. Santa Fe New Mexico, [www.cyfd.org](http://www.cyfd.org), <https://cyfd.org/about-cyfd/publications-reports> (last accessed January 21, 2019).

Rates of substantiated abuse and neglect rates per 1000 children in New Mexico show a net increase over the five-year period from 2012 to 2017. There was a steady increase from 14 to 21 cases per 1000 children between 2012 and 2015. The rate then fell to just over 17 cases per 1000 in 2016 and 2017. (See figure 3.)

**Figure 3. Substantiated Child Abuse and Neglect Rates in New Mexico per 1,000 Population Under 18 Years of Age**



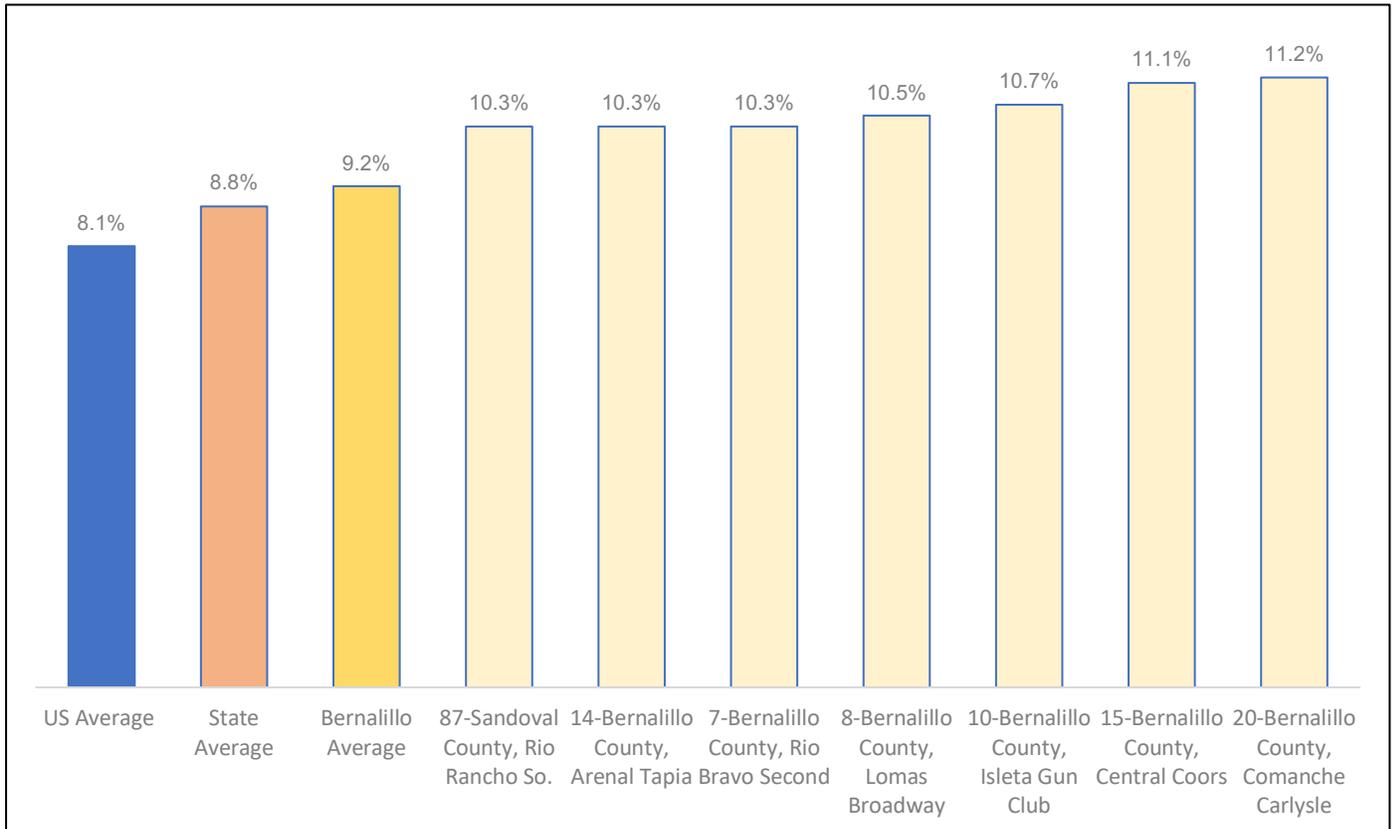
Source: NM-IBIS, "Health Indicator Report of Child Abuse and Neglect," <https://ibis.health.state.nm.us/>, <https://ibis.health.state.nm.us/indicator/view/ChildAbuse.Victims.Year.html> (last accessed January 21, 2019).

Another risk factor for children is low birth weight. Although Bernalillo as a whole is on par with the state average for birth weight and only slightly higher in this risk factor than the national average, some of Bernalillo and Sandoval counties' most vulnerable small areas have rates that compare to those in impoverished rural areas in New Mexico. Small areas are combined census tracts that are statistically stable, and have within area homogeneity and between-area heterogeneity with regards to population demographics.

For example, the Comanche Carlisle small area tract in Albuquerque has a low birthweight rate of 11.2%, which is closer to rates in counties like Santa Fe (11.6%) and San Miguel (11.8%) than it is to the Bernalillo County average of 9.2%. South Rio

Rancho/Corrales, the South Valley, Albuquerque Downtown, and Central and Coors all have low birthweight rates over 10%. (See figure 4.)

**Figure 4. Percentage of Low and Very Low Birth Weight Infants in the United States, New Mexico, Bernalillo County and Select Small Areas, 2012-2016**



Source: NM-IBIS, “Health Indicator Report of Birth Outcomes – Low Birth Weight,” <https://ibis.health.state.nm.us/>, <https://ibis.health.state.nm.us/indicator/view/LowBirthWt.Sarea.html> (last accessed January 21, 2019).

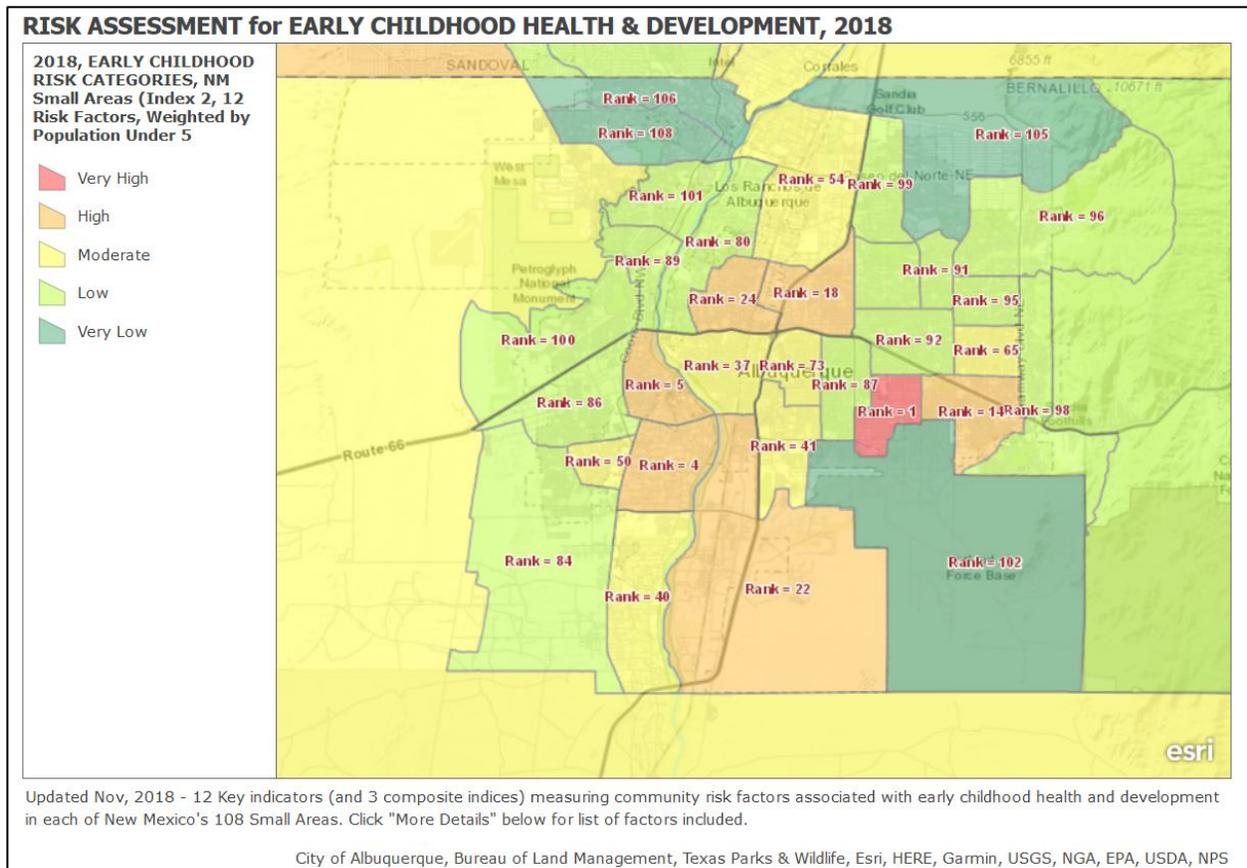
Our last measure is an index of risk factors for childhood health and development in each of New Mexico's 108 Small Areas developed by the New Mexico Department of Health's Community Data Collaborative. The index combines:

- 1-Rate per 1000, Age Specific Fertility Rate for Women age 15-19 (Adolescent Birth Rate)
- 2-Percent, Pre-Term Births (<37 Weeks) as a Percent of All Live Births
- 3-Percent, Low and Very Low Birthweight Births as a Percent of All Live Births
- 4-Percent Population 25+ Without High School Degree
- 5-Percent of Civilian Labor Force 16 years or older who are Unemployed

- 6-Rate per 1000 Substantiated Cases of Child Abuse or Neglect Children Age 0-17
- 7-Rate of Infant Deaths per 1000 Live Births
- 8-Percent Live Births to Mothers with No High School Degree
- 9-Percent of Children 0-17 Below 100% Federal Poverty Level
- 10-Percent, Births to Unmarried Mothers as a Percent of All Live Births
- 11-Percent, Births With Less than Adequate Prenatal Care as a Percent of All Live Births
- 12-Rate per 1000 of Juvenile Justice Referrals of Children Age 0-17

The risk assessment map shows that the Central/Penn small area, commonly known in Albuquerque as the International District has the dubious distinction of being the highest risk small area for early childhood development in the entire state. (See figure 5.) It is clear that the services provided by PB&J are sorely needed to help needy children around the Albuquerque area.

**Figure 5. Risk Assessment for Early Childhood Health & Development, 2018**



Source: New Mexico Community Data Collaborative, <http://www.nmcdcmaps.org> (search for Risk Assessment for Early Childhood).

## 5. Evaluation Team

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The 2018-2019 Evaluation lab PB&J team is as follows:

UNM Evaluation Lab team members Melissa Binder (team lead, Associate Professor of Economics and Evaluation Lab Director), Mark Hume (Evaluation Lab Fellow and Cradle to Career Policy Institute Staff Member) and Khadijah Jacobs (Evaluation Fellow and MA Public Policy student).

And:

PB&J Services Staff evaluation team members Susannah Burke (outgoing Executive Director), Raymond Garcia (incoming Executive Director), Jennifer Thompson (Associate Director of Clinical Services), Claudia Benavidez (Associate Director of Community Services), and Felicia Tapia-Alvidrez (Associate Director of Family Services).

Given that our evaluation project is focused inwardly on building internal evaluation capacity within PB&J, we have engaged the appropriate stakeholders and have no short-term plans to bring in others.

## 6. Evaluation Activities and Timeline

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During the first meeting of the 2018-2019 PB&J Family Services evaluation team, the UNM fellows were tasked with producing a literature review based around three core topics regarding the theoretical foundations of PB&J and program replication: Leadership, the Contextualized Approach to Case Management, and Non-Profit Organization Best Practices. Finding, reading and critiquing these sources were the first evaluative activity the 2018 team focused on; reading of initial literature was conducted during October 2018, and write up and revisions of the annotated bibliography started in November 2018 and continue as of December 2018.

The second major evaluation activity that the 2018 UNM Evaluation team is working on is the data dashboard implementation. Work on this activity began mid-October 2018, during a working meeting between the UNM and PB&J evaluation teams to identify how questions on the North Carolina Family Assessment Scale (NCFAS) and Protective Factors Survey (PFS) fit in with PB&J's 6 major goals and 4 primary outcomes.

The outcomes are:

- 1) Prevention of Child Mistreatment,
- 2) Preservation of the Family,
- 3) Optimal Child Development,
- 4) School Readiness/Success in Life,

PB&J program goals are:

- a) 100% Parent Involvement,
- b) Concrete Support,
- c) Parent Support Network,
- d) Parent Stability,
- e) Connecting to Resources, and
- f) Parent Child Relationship.

The evaluation team went question by question through these two data collection instruments and encoded each response factor based on the outcomes and/or goals that it fit under. Most factors were tied to numerous goals and outcomes. Some factors, such as hygiene, were omitted. The PFS was similarly encoded during a second working meeting in October 2018. The PICCOLO instrument was omitted from encoding, as PB&J staff did not find the instrument to be useful in an evaluative capacity.

Once the encoding of factors for these two instruments was completed, the UNM evaluation staff began working with Tableau and Tableau Prep take the initial steps for dashboard implementation, starting November 1st, 2018. The assessment coding data was joined to a PB&J database extract using Tableau Prep, and transformed from wide form to long form, allowing the UNM Evaluation team to make a sample data sheet that filtered NCFAS response factors based on the Outcomes/goals they were tied to. Additional coding was done to standardize the scoring for the NCFAS along a 100 point scale and to pull the records for the first and last assessments for each client ID. What remains to do for the dashboard is to debug and clean up the pilot data sheet, and joining and coding for the PFS outcome coding as well.

The final activity the 2018 Evaluation lab is vetting an alternative to PB&J's current Oracle database, which is difficult to maintain, update and access. The UNM Evaluation team will vet Salesforce as a possible solution for PB&J's data needs. The most important feature of Salesforce is that it is easy to use and requires no specialized knowledge or training to navigate or utilize, effectively opening up the data access bottleneck and giving PB&J relief in the data management department. Additionally, Salesforce works well with non-profits, as it gives ten free seats for their software suite to any non-profit that uses their product. If needed, additional seats could be bought for a deep discount. Salesforce allows for a month-long free trial, and the UNM Eval team plans to get together in January 2019 to activate a free trial and determine if this could be a data solution for PB&J. Hours for this activity have also been allotted to February 2019, as needed.

Our full timeline is as follows:

- **October 2018**
  - First set of readings for literature review
  - First draft of annotated bibliography
  - Meet with PB&J to determine Data needs,
  - Coding of NCFAS/PFS assessments
- **November 2018**
  - Second Draft of Annotated Bibliography, Identification of additional readings
  - Identifying steps to install Tableau Database

## UNM Evaluation Lab

- **December 2018**
  - Additional readings for Literature Review
  - Evaluation plan write up an presentation
- **January 2019**
  - Vet Salesforce Database Implementation
- **February 2019**
  - Vet Salesforce Database Implementation
  - Tableau Implementation
- **March 2019**
  - Draft Final Report
- **April 2019**
  - Final report revisions and corrections due
  - Annual Evaluation Lab Workshop

## Appendix A: Annotated Bibliography

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**Center For Non-Profit Excellence. 2018. *New Mexico Nonprofit Principles and Practices Guide, First Edition*. New Mexico: Center For Non-profit Excellence.**

This first edition of the New Mexico Nonprofit Principles & Practices Guide was developed over the course of two years by the Center for Nonprofit Excellence team at the United Way of Central New Mexico to support the boards of directors and management staff of non-profit organizations. The handbook was written in collaboration with a 50 member advisory committee and guidance from state non-profit associations across the United States, making this an authoritative collection of best practices and actionable methods for New Mexico non-profit organizations.

The book was also printed this year (2018), so it provides up-to-date information. The guidebook is organized roughly along 12 core guiding principles: Advocacy, Board Development, Collaboration, Communications & Marketing, Diversity, Equity & Inclusion, Evaluation, Financial Management, Fundraising, Human Resources, Leadership, Technology, and Volunteer Management. It states guiding principles and the legal obligations for non-profits in reference to each core principle, and then offers recommended standard practices. There are also sections regarding needs assessments for non-profits in the reader's community and practices for opening and closing non-profits.

The intention of including this reading in the literature review for the evaluation lab project was to compare it to the "Staff code of ethical standards" from PB&J Services, and determine if their code of ethical standards was deemed a best practice by the guide or if it is a unique feature of PB&J Services approach. The "Board Development" section does mention that a code of ethics should be developed in accordance with the organization's mission, vision and values, but gives no specific instruction how to do so. However, I think that PB&J's code of conduct is exactly that—a code of ethics shaped by the uniqueness of the organization. It is promising that PB&J was already demonstrating best practices before any interaction with this document, and it is fair to say that the Staff code of ethics is a feature unique to the needs and values of the organization.

It should be noted that I read through the additional resources cited in the board development section, looking for more detailed resources in developing a code of ethics for non-profits, but did not find anything in their listed information.

PB&J's Code of Ethics is reproduced in Appendix B.

**Cohen, Steven D. 2016. *Applying the Science of Child Development in Child Welfare Systems*. Harvard University Center on the Developing Child.**  
<https://developingchild.harvard.edu/resources/child-welfare-systems/>

This report discusses how insights from childhood development research can be used to improve child welfare systems. Trauma, distress, and neglect can alter a young developing brain. According to Cohen, the brain is built during the early stages of childhood, therefore any experiences a child has during this period can significantly

impact the healthy development of their brain. The consequences will ultimately affect the well being of the child as he or she grows into adulthood.

According to the author, “Deprivation, neglect, or emotional abuse, though less visible and easier to ignore than overt physical abuse, can actually cause more harm to a young child’s development, with effects including subsequent cognitive delays, impairments in executive functioning, and increased risk of a wide range of health problems over a lifetime,” (7). Genes and neurons can be altered by traumatic experiences and neglect. Raising a child in a positive and supportive learning environment changes the trajectory of their brain development in a more positive way. Therefore, encouraging parents to maintain such an environment through aid from social work programs is key to improving the well being of families and preventing child neglect (5).

As for building resilience in parents with traumatic histories, the report calls for programs that build relationships, provide concrete support, and include positive parent coaching. According to Cohen, resiliency is established “when there are nurturing, capacity-building experiences to counterbalance the effects of adversity,” (7). Being a responsive parent promotes a child’s brain development through building a strong and solid brain structure through “serve and return” experiences, which essentially takes place when a parent acknowledges and communicates with their child promptly. Cohen explains that lack of responsive care is biologically necessary and when it is not received by the child from a parent or caregiver, the child can become stressed which may affect their health long term. To effectively build resilience, social programs can train parents to gain skills and strategies to handle their own stress and stressful experiences. In addition, social workers can assist and encourage parents to change where they live and work in order to eliminate some stress from their daily life (8).

**Morgen, Sandra. 1994. “Personalizing personnel decisions in feminist organizational theory and practice” *Human Relations* 47(6): 665-683.**

Sandra Morgen’s article “Personalizing personnel decisions in feminist organizational theory and practice” was published in June 1994’s volume of *Human Relations*, a monthly peer-reviewed academic journal published by Sage Publications on behalf of the Tavistock Institute of Human Relations. The journal focuses on social relationships in work related settings. Sandra Morgen received her Ph.D. in Anthropology in 1982 from UNC-Chapel Hill, and specializes in feminist anthropology. She is generally held in good esteem with her field and think can speak authoritatively about feminist organizational management.

Morgen’s article opens by presenting some context to her research, namely, the history of critiques of bureaucracy (both feminist and collectivist). She presents these sources to “explore how feminist organizations...contest the ideal of impersonal, role-based and instrumental social relations characteristic of bureaucracy.” She emphasizes the concept of “personal is political,” and explains how the multiple meanings of the phrase shape feminist organizational practice. She closes the contextual section of her article by stating the research purpose of her work in this piece, which is to explore the strategies and challenges encountered by feminist alternative organizations as they seek to replace or supplement conventional bureaucratic ideals and practices.

Morgen's research on the women's health movement for this article spans 15 years, and includes fieldwork in a feminist clinic in the late 1970s, a mailed questionnaire completed by 50 "women-controlled" health organizations in 1990 and interviews with 38 health activists from 22 different feminist health organization. The 38 indepth interviews, conducted between 1990 and 1992, are the primary data used for the paper. In this light, this is definitively not a RCT study nor a quasi-experimental study. It is an observational case study based in qualitative methodology, with the intention of finding what these feminist health organizations have shared across their diverse experiences. Her interviews were loosely structured with the objective of constructing organizational histories, with an emphasis on the subjective experiences of organizational changes and their own movement into and within the organization. She then presents subjects that were strong themes in many interviews.

The themes most focused on in the subsequent narrative are that personnel issues were the most problematic issues when trying to create human, egalitarian and diverse workplaces. She notes that women working in feminist health organizations see their work in said organizations as more than work, but also as a way to orient their work life along the vectors of their social values. The end result posited by Morgen is that this factor leads to solidarity and intense bonding among staff. She cites research that says this kind of personal investment and emotional intensity can be draining and can even evoke some more passionate members to marginalize other personal commitments. The intensity of this dynamic and the potential for burnout makes personnel issues more volatile, and Morgen offers evidence from her interviews and field work that demonstrate this effect. Morgen then expands her scope to the intersection of feminist organizations and race and class issues in the workplace. She presents cases where racial or class conflict affects personnel decisions in these organizations. She presents evidence that some interviewees thought that the failures presented were not because of "class conflict" but because there was a lack of clearly defined roles and shared organizational roles—I think this is an important take away from Morgen's work. She also notes that organizations that are trying to escape the tyranny of bureaucracy often cannot fully escape its trappings, especially as the organization faces adversity. She also notes another challenge—that sometimes the dominant bureaucratic processes exist to increase diversity and representation, and by being at its core anti-bureaucracy, sometimes the forces of feminist organization and increasing racial or ethnic diversity are oppositional. Morgen closes the article by deconstructing the duality of bureaucratic/anti-bureaucratic practices and posits that feminist organization make room for both ends of the duality.

**Pearce, Craig L., and Jay Alden Conger. 2003. *Shared Leadership : Reframing the Hows and Whys of Leadership*. Thousand Oaks, CA: Sage Publications.**

Pearce and Conger are the Editors of this volume, which contains academic articles from dozens of different authors, covering the topic of Shared Management. The book was published by Sage Publications in 2002, and is the single edition of the book. This implies maybe that the book has not been considered novel or authoritative in the subject, as there hasn't been any new editions to add responses to critiques, clarifications, or further focusing on questions from its audience. This seems to be in line with the intentions of the book, however, as it presents itself as a founding volume on the subject and as the foundations of a knowledge base on the subject of Shared leadership. The audience of

the book is explicitly stated to be academics, management students, and management professionals.

Chapter 2 introduces Stone Center Relational Theory and how it applies to concepts of Shared Leadership. Stone Center relational theory is a model of human growth developed by feminist psychologists and psychiatrists at Wellesley College in the 1970/80s. It supposes that growth occurs primarily through connection with other people, as opposed to through separation from others (traditional theories). The author posits that interdependence is the ideal state of human relations, and that both dependence and independence are impermanent states that are less than ideal. There are a few caveats to Stone Center theory. In order for interdependent relationship systems to thrive, you must have mutual authenticity, empathy and empowerment between participating members. Your participating members also must have strong empathy skills and high emotional competency, and must see the value in opportunities for mutual growth.

Chapter 4 also highlights how team members can share leadership and presents a fairly succinct list of facilitators and barriers to Shared Leadership. Listed as facilitators are:

1. Task requires role differentiation and multiple exchange relationships
2. Large Organizational group size (to facilitate capacity for specialization and help split up tasks)
3. Higher Ratings of each other's abilities to contribute towards the goal
4. High Interpersonal attraction (team enjoys working together)
5. Generalized reciprocity of effort on the team (i.e. you complete tasks with the understanding that the intensity of effort will be reciprocated by all members of the team).

The authors also list barriers to Shared Leadership:

1. People on the Team don't like the Ideas/tasks/goals
2. Evolutionary Evidence of Status Differentials (natural 'pecking order' in organization prevents good-faith Shared Leadership as those with lower status defer to de-facto leaders)
3. Emergent Leadership (One or two leaders usually emerge from same-status groups)
4. Individual difference in status seeking (team members have divergent goals for ideas/tasks/projects)
5. Implicit leadership theories (mostly concerning the implied meaning and use of the word(s) Leader/Leaders, Followers/members, etc.)
6. Demographic composition of group (a more homogenous group will be more harmonious than one that is more heterogeneous.)

Most of these categories speak for themselves but particularly troublesome in the barrier list is the demographic composition issue. This theory states that groups that are more alike have an easier time sharing leadership, but organizations like PB&J Services pride themselves on their diversity and their openness to all voices. This not to say that diversity

hurts an organization's ability to share leadership, but that it makes it more complex a process to start and maintain. Facilitators like role specialization and high perception of team member abilities can mitigate this.

**Saleebey, Dennis. 1996. "The strengths perspective in social work practice: Extensions and cautions." *Social Work* 41(3): 296-305.**

This article discusses the need to shift from focusing on addressing trauma through traditional medical treatments, towards an approach that is based on strength and resilience. The article notes that roughly 96% of families within the US are dysfunctional and this indicates that at least 96% of children within the US are subject to experiencing trauma that will impact them into adulthood. This suggests it is less realistic to treat all of these individuals with medication alone, rather it is necessary to support the growth of their resilience and to emphasize strengths over what has negatively affected them.

The theory of the strengths based perspective focuses on building resilience among the individuals and communities of people who have struggled with trauma from toxic experiences of the past. According to the authors, this perspective is centered on taking into consideration what people are capable of rather than allowing their status as a victim define them. The authors also state that performing social work from such a perspective may be difficult because this approach is not "natural to the world of helping and service," (297).

When comparing a strength-based approach to helping others to a traditional approach, it is noted that the key to a strength-based approach is that individuals essentially grow from their negative experiences rather than simply having symptoms treated. This approach encourages one to develop values and commitments which will help them attain a role within a community.

**Walker, Robyn, and Jolanta Aritz. 2015. "Women doing leadership: Leadership styles and organizational culture." *International Journal of Business Communication* 52(4): 452-478.**

This article seeks to understand how "leadership emerges and is negotiated in discourse among male and female groups in a masculine organizational environment" (453). The researchers randomly assigned men and women into 22 mixed gender groups in order to test if females "emerge as leaders" within their groups as they compete for leadership opportunities. The groups responded to a scenario that required them to come up with ways to survive in the wilderness.

This study notes that the females did not clearly emerge as leaders but in some cases, were coded as leaders. Those who were coded as leaders possessed qualities such as strong decision making skills and communication. The qualities were determined by the groups of males and females through making a judgement about the leaders of their group when performing given tasks.

Three case studies were conducted and the findings show that when women communicate in a way that is described as task oriented and decisive and involves others in decision making, they were commonly chosen as leaders.

**Ybarra, Vickie, Shannon Sanchez-Youngman and Shania Krawic. 2015. *Meeting the Public Policy Challenge of Diversity & Equity in Early Learning: A White Paper*. Albuquerque, NM: RWJF Center For Health Policy University of New Mexico.**

This White Paper, provided to the evaluation lab as a possible source by PB&J director Susannah Burke, and published by the RWJF Center for Health Policy at the University of New Mexico in April 2015 was coauthored by Ybarra, a senior fellow at the RWJF Center for Health Policy and Political Science Ph.D., and Sanchez-Youngman, also a fellow at RWJF at UNM and Political Science Ph.D. candidate at the time (she has since been awarded). The White Paper was written in conjunction with the April 2015 Early Childhood Health and Development Symposium in Albuquerque, New Mexico. The symposium, research and white paper were all funded by a grant from the Robert Wood Johnson foundation.

In addition to hosting interdisciplinary research panels among national and local experts, the Symposium also facilitated a series of break out discussion sessions involving New Mexico policymakers, service providers, and community members. Facilitators explored these policy questions with 13 groups of symposium participants. Trained observers collected demographic information on each participant, documented emerging group dynamics, and recorded key topics that emerged during each one-hour session. After the sessions were complete, the research team used standard descriptive coding techniques to generate a thematic analysis of these sessions. A total of 87 individuals participated in this process.

Upon close review of the white paper, it is clear that the research conducted at the symposium is not a focus of the paper or even that integral. The body of the paper is really a collection of narratives describing secondary sources of research in the field of Early Childhood Development. However, the White Paper does offer a comprehensive list of best practice recommendations for Early Childhood Development:

1. Develop and implement early education accountability and quality standards and practices that explicitly incorporate strengths-based, resilience-promoting partnership approaches to working with children, families, providers and communities.
2. Develop and implement assessment systems that assess child strengths, consistent with current standards for professional early childhood practice, including assessing literacy and language skills in young children's primary language.
3. Develop and implement systems of professional development opportunities for community-based early learning providers and teachers that are consistent, available and accessible, in terms of geography, scheduling, and language.
4. Build support systems for community-based early learning providers and teachers that both promote development of a professional identity and

support provision of quality early learning as well as recruitment to and retention in the early learning field.

5. Develop implementation system capacity to critically examine evidenced-based early learning practices to determine if they have been tested with and are appropriate for young children in their jurisdiction, including young children of color and from immigrant families, those who do not yet speak English, and those from low-income families.
6. Develop implementation system capacity to support scale up and spread of evidence-based and best practices found effective with specific subgroups of young children of color and those from immigrant families (for example dual-language programming for children who do not yet speak English).
7. Develop data systems for service delivery, family satisfaction, and outcome metrics that disaggregate, monitor and are demonstrate accountability for outcomes related to communities of color, immigrant communities, children who do not yet speak English, and low-income children.

In addition, the White Paper addressed the need to develop and implement systems-level accountability metrics that reflect these priorities:

1. Small area, geography-based service penetration rates to measure access to early childhood development services for young children who are eligible for public services.
2. State plans for accessible, acceptable early learning services that include identification of high-need service areas - the most under-served communities of young children eligible for public services.
3. Recruitment and retention of community-based providers and teachers by race/ethnicity, languages provided, and location in identified high-need service areas.

I think there a few recommendations here that are directly related to the Evaluation Lab and PB&J's Evaluation team. The team is working to "develop and implement assessment systems (#2): and "develop data systems...that disaggregate, monitor and demonstrate accountability for outcomes (#7)." The work that the Evaluation Team is doing is an integral best practice in providing the best possible services to young children in the Albuquerque metro. Also of note is the emphasis on using small area geographies to best track the penetration rates of PB&J Services into high risk areas of Albuquerque. The Data compilation for the evaluation lab should focus on using these small area designations better understand the problems some residents face in Albuquerque.

Since the literature review is such an integral part of what the Evaluation Lab is working on this year, I think that the PB&J project would be better served by pulling out some of the secondary sources and critiquing those over continued analysis of this paper. Perhaps additional reading could be done to further bolster our literature review. Potential sources could be Michael Ungar's 2014 work "Resilience and Culture: The Diversity of Protective Processes and Positive Adaptation," or Vernon-Feagan's, et. al. 2004 article "An Ecocultural Perspective on Early Literacy: Avoiding the Perils of School for Nonmainstream Children."

## Appendix B: PB&J Services Staff Code of Ethics

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# STAFF CODE OF ETHICAL STANDARDS AND PROFESSIONAL CONDUCT

PB&J staff will abide by PB&J's Staff Code of Ethical Standards and Professional Conduct. (Board Approved 08-31-01; Reviewed 01-08)

### 7. MISSION

The mission of PB&J Family Services, Inc. is to help **at-risk children** to grow and develop to their full potential in **nurturing families** within a **supportive community**.

### 8. PREAMBLE

This Code serves as a living document and reflects the commitment of the staff of PB&J Family Services, Inc. (PB&J). We remain aware of and are committed to PB&J's mission, policies and procedures, philosophical foundations and *Code of Ethical Standards and Professional Conduct (The Code)*.

### PURPOSE

1. The Code identifies core values upon which PB&J's mission is based.
2. The Code summarizes ethical principles that reflect PB&J's professional core values and establishes a set of standards that are used to guide and evaluate staff practice.
3. The Code provides ethical standards by which clients and affiliates can hold PB&J professionally accountable.
4. The Code serves as a foundation for employees to gain a better understanding of PB&J's mission, values, ethical principles and professional standards.
5. The Code guides management towards responsible decision-making.

### I. CLIENT / STAFF WELL-BEING AND SELF INTEREST

Our work is based upon respect and dignity for both clients and staff. We promote the well being, growth and best interests of clients and staff. We acknowledge that these factors are the driving force behind our work and are paramount when making recommendations and/or decisions concerning services or needs.

We recognize that relationships between people serve as an important vehicle for change and that within these relationships we learn from each other as co-workers and service providers. We are committed to mutually beneficial relationships and avoid imposing our personal judgments, values, attitudes, and beliefs upon others.

We are aware of the harm of stereotyping and discriminatory behaviors and are committed to guarding against such practices in order to protect the dignity and well-being of everyone. Therefore, we promote client and staff empowerment as well as the development and clarification of each person's goals.

## **II. POSITIVE AND EFFECTIVE COMMUNICATION**

PB&J recognizes the need for positive and effective communication that presents unique opportunities to facilitate, teach, and help strengthen relationships within the families we serve, our communities, and with one another. We also recognize that empowering words are an important aspect of communication and provide encouragement, inspiration, understanding, and successful growth.

It is our belief that clear and positive communications within professional interactions will potentially create important emotional connections and relationships that may uplift and encourage others to reach their highest potential.

## **III. RESPECTING DIVERSITY**

We believe that each person brings value to our agency. Thus, we strive to understand and acknowledge our own culture/ethnicity and that of each individual, whether co-worker, client or affiliate. We demonstrate and promote sensitivity to the sameness and difference between and among people and cultural groups. We continually seek out opportunities to learn how social and political inequities and barriers affect each person regardless of age, color, race, cultural identification, disability, gender, religion, marital status, sexual orientation, and/or social or economic status.

## **IV. SELF DETERMINATION**

We respect and promote the ability and right of each person to make his/her own choices. When assisting our clients/staff to do such, we are educating and providing supports and resources to facilitate informed decision-making. We avoid placing our views or interests above those of our clients/co-workers.

**V. POWER DIFFERENTIAL**

We acknowledge that inherent power differentials exist between and within client/co-worker relationships and systems, even when members may not be aware of that power difference and the effect power may have on relationships. We model and foster appropriate and effective use of power.

**VI. CONFIDENTIALITY**

Respecting that we employ a team approach when working with families, we are aware of confidentiality and privileged information. This applies to verbal, written and electronically transmitted information, and assures that we, as professionals, will not release or disclose information entrusted to us. The following exceptions apply:

- 1) when authorized by the client or by law;
- 2) when there is a duty to warn or protect;
- 3) when child or elder abuse or neglect is reported;
- 4) when there is a threat of self-harm;
- 5) when an emergency exists; or
- 6) when the client has waived confidentiality.

We are especially aware that we model behavior for others and therefore must not share private information with clients about other clients or staff.

We are also aware of how we receive information and use, with discretion, only specific information that is necessary to provide congruent services. Staff demonstrate respectful communication and boundaries, so that the information sought or received is based upon a “need to know”. Persons sharing information that falls outside these parameters will be redirected to the appropriate personnel.

Privileged communication is a legal concept that protects against forced disclosure to break a promise of privacy. It ensures that clinicians will not disclose information in court proceedings

- 1) unless the client consents by signing PB&J’s Authorization for Release /Exchange of Information;
- 2) unless child or elder abuse or neglect is reported;

- 3) unless there is a duty to warn or protect; or
- 4) unless the client's physical, mental, or emotional condition is an element of a claim or defense in a legal proceeding against PB&J.

Finally, we recognize that a close-knit family atmosphere describes many of PB&J's staff relationships, and we realize that personal information passes between and amongst peers and colleagues. Degrading or demoralizing gossip prevents productive team functioning and damages healthy work relationships. Therefore, we respect each other's privacy, integrity, and expressed boundaries.

## **VII. INFORMED CONSENT**

We recognize that informed consent is our clients' right to be made aware of any and all therapeutic interventions, so that they can make wise decisions about care for their family. It is not enough to hand the client a form to read. *Informed Consent* means that the client will be given information in a way that makes it clearly understood, regardless of their level of functioning and/or primary language.

## **VIII. OVERLAPPING RELATIONSHIPS / CONFLICTS OF INTEREST**

Clients are clearly informed of the nature of our commitment to safeguard the integrity of our relationship with them. We recognize the complexity and conflicting priorities inherent in multiple or overlapping relationships between staff and clients. We avoid situations that could exploit trust and create dependency between clients and staff.

Therefore, we accept responsibility to monitor our relationships for any conflict of interest which may interfere with our ability to exercise professional discretion and impartial judgment. If it becomes apparent that we may be called upon to perform potentially conflicting roles, we will clarify, adjust, or withdraw from those roles.

Relationships of an intimate or sexual nature with clients are strictly prohibited.

## **IX. INTERPROFESSIONAL RELATIONSHIPS**

We are dedicated to utilizing a multidisciplinary team approach within our agency, especially regarding client care. Cooperation and collaboration with various colleagues, both internally and with outside agencies, are at the heart of these processes.

We believe that each team member plays a pivotal role in our work and contributes a variety of unique skills and experiences. We strive to understand and attend to each person's ideas, regardless of his/her background or level of experience.

We treat colleagues with respect, courtesy, and good faith, striving to fairly represent each others' views. Furthermore, we avoid unwarranted negative criticism of colleagues as it is not only disrespectful but also undermines collaborative efforts.

## **X. PROFESSIONAL GROWTH AND DEVELOPMENT**

PB&J arranges for in-service training and staff development opportunities. Professional growth includes utilizing emerging information, thereby increasing knowledge related to the fields of mental health, early intervention, lifespan development, family/multicultural systems theory, and other pertinent topic areas in order to enhance service delivery within the agency. We provide the opportunity to enhance staff awareness of issues related to the diverse and/or special populations with whom we work. As professionals, we recognize our responsibility to seek external sources of professional growth and development.

## **XI. ACCOUNTABILITY**

PB&J staff member's model accountability with families, each other and other agencies. We engage in responsible use of agency technologies, equipment and resources.

Each staff member is responsible for the consequences of his/her actions and contributes to agency viability through effort, judgment, level of dedication, and competence.

The agency supports staff through responsible labor practices, sensitivity to difference, recognition of effort and equitable compensation based upon accomplishment and performance standards.

Management makes performance and programmatic decisions that foster clear and respectful communications, are congruent with productivity standards, promote staff development, are fiscally sound, and are consistent with programmatic goals. Management bears the ultimate responsibility for agency viability and staff morale.

## **XII. COMPETENCE**

We are committed to practice and to represent ourselves within the boundaries of our competence based upon education, training, and experience. We regularly monitor

our effectiveness and professionalism, and strive to increase our professional knowledge and skills in order to provide quality service. When developing skills to practice in new areas, we take steps to ensure the competence of our work and to protect others from possible harm.

We believe that personal well being directly correlates to the quality of our work and encourage staff self-care.

**XIII. AGENTS OF CHANGE**

We actively question practices and policies in the community that put children and families at risk. Whenever possible we intervene and/or assist clients in their attempts to change systems in order to meet needs. PB&J encourages and supports staff efforts, as individuals or members of groups, to effect positive change through education, advocacy, political/community organizing, or other reasonable means related to PB&J's mission.

**XIV. PROFESSIONALISM / AGENCY REPRESENTATION**

We are professional staff members who demonstrate a commitment to our agency and its mission. We represent the agency by making sound decisions through our behaviors and interactions with others.

As proactive agents towards positive change, we advocate for families, PB&J, and the community by promoting the goals of each.

**XV. CONSULTATION AND SUPERVISION**

Utilizing a multidisciplinary team approach provides an opportunity for valuable insight into our own and our client(s) needs and/or issues. Through consultation with colleagues and supervisors, both PB&J and from outside agencies, we are able to obtain and share differing perspectives which may have otherwise been overlooked.

Responsible and ongoing consultation and supervision improves staff professional and ethical decision-making abilities. We acknowledge that it is our responsibility to take reasonable steps to consult with other team members and/or supervisors when we have ethical or professional dilemmas.

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**XVI. RESPONSIBLE SUPERVISION**

Our agency provides ongoing, regular, reflective staff supervision in order to promote quality services and professional development. As supervisors, we acknowledge that we are responsible for taking reasonable measures to ensure that services provided

to clients, and work conducted on behalf of the agency, are professional. We provide consistent and accessible support through coaching and other methods. We also encourage professional growth, communicate clear expectations, assist with goal setting, and model professional boundaries.

Performance evaluations are an important component of performance management and are conducted in an objective and comprehensive manner and based upon clear performance indicators.

We recognize that we serve as role models for professional behavior and take measures to remain skilled as teachers and practitioners. We are committed to continuously update and demonstrate our knowledge of ethical, administrative, and clinical standards, as well as program policies and procedures.

PB&J's ethical standards have been developed by staff in order to communicate a code of professional conduct that guides client treatment and treatment of one another.

All staff share responsibility to uphold this Code through their conduct, collaboration with one another, and/or notice to each other or supervising staff if the Code is breached.

Serious and/or persistent infractions may require interventions including mediation, formal warnings, or other measures of corrective action, up to and including termination from employment.

In addition all staff are reminded to uphold the codes of conduct and ethical standards of their respective disciplines.