

Social Workers and Distance Learning

How We Put the Social Back into Distance

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This is a story of how distance learning technology and a little good old-fashioned instructional design brought personalized training to Child Protective Services' caseworkers across Texas while saving the state hundreds of thousands of dollars.

Child protective services (CPS) is the type of profession that draws from people who want to make a change in the world. Caseworkers are willing to go out every day, often putting themselves in dangerous situations, in order to provide for the safety of other people's families. In Texas, a

state with some of the largest expanses of rural areas as well as some of the largest urban areas in the nation, caseworkers spend much of their day traveling from one location to another. In the training department we are tasked with finding ways to provide caseworkers with the training they need to be successful on the jobs, without requiring undue amounts of additional travel or overburdening their already hectic daily schedules. At the same time, we in the training department have a responsibility to design training experiences that adhere to the current research in learning acquisition and transfer.

CPS Training was challenged with two specific tasks 3 years ago: to develop a plan for incorporating distance education into the preexisting trainer-led training, and to consider distance education as a training delivery mode for all continuing staff development training. The tasks were complicated by a simultaneous mandate to expand the training department and the length of basic skills development (BSD) training. In a matter of months CPS training grew from a department of 1 to a department of 43, and the BSD training course from 6 weeks to 12.

Texas CPS has approximately 6,000 staff (caseworkers, supervisors, and casework assistants) spread out across the state, a state with over 250,000 square miles, making planning any new training endeavor challenging. Add a limited travel budget and an already overworked staff with lim-



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ited time. With these obstacles in place, CPS training was ready to take on the endeavor of e-learning!

The learning management system adopted by the training department, Moodle, was flexible enough to be used for stand-alone computer-based training (CBT) modules, or to house online pieces of a blended learning solution. The first distance training projects developed in CPS were for ongoing training of existing staff. These projects were self-contained Flash-based projects. The target audience of caseworkers found the opportunity to take training without travel a great benefit considering their busy days and heavy caseloads. Two years later we had more than 20 self-contained online learning solutions available for staff. However, concerns were growing that the lack of personal interaction made it impossible for staff completing the CBTs to obtain answers during the training related to their case-specific questions. Leadership was also expressing concerns that staff might not be completing all parts of the CBTs. These concerns would need to be addressed in the next large training request.

As the end of the fiscal year approached, travel funds dried up and that new training request arose. The agency would be adopting an entirely new model for addressing the healthcare needs of children in care. How to train 4,000 case workers and other staff on a new agency-wide healthcare model for children in the care of the state with very few travel funds? And, of even greater concern, how to do so in a way that allows for interaction related to their case specific questions? Oh, yes, and how can we be sure that they are the ones who completed it?

The training department determined that there were several needs, and that some were, as you might expect, not training needs at all. First was the need to overcome the concern that distance training doesn't facilitate transfer to the work place;

that distance learning doesn't provide enough opportunity to discuss case-specific information and thereby make it truly meaningful for caseworkers. In addition, we needed to reach about 6,000 staff across the large state of Texas in a 6-week period, include staff from the healthcare provider in the training presentations, staff would need to be assessed on their understanding of all of the information, and we needed to address the issues relating to completion of computer-delivered training by staff.

The answer for CPS Training was a four-part approach. An introductory, stand-alone CBT was developed to introduce caseworkers to the topic, give them general information about the upcoming healthcare model before the public knew it, and explain the trainings to come. Next was a webinar. Webinars were chosen because of the opportunity for interaction with a live presenter or presenters. The webinars were delivered to 300-500 caseworkers at a time across the state. They were scheduled over a 4-week period and were hosted by CPS staff specialists on the topics (usually around four specialists) and by representatives from the healthcare provider. With presenters from various specialty areas participating in the webinar simultaneously, staff had someone who was highly qualified available during the training session to answer their questions.

From a training design perspective the webinars are where casework-specific practice changes were addressed. It is also where caseworkers could ask questions via chat and hear the real voices of the program. The healthcare model also included a new electronic health information management system. A stand-alone CBT was developed to introduce caseworkers to this new system. However, this CBT was not made available to staff until after the webinars had been completed; we wanted to provide a firm foundation for each phase of the training. Assessment of the information learned about the most critical

areas to case timelines and federal completion requirements ensured leadership that all casework staff had been prepared to use the new healthcare management model. One last piece, though, was required; for any change to be successful, there must be support for the change from supervisors and managers. To facilitate this we included a leadership seminar. During this 1-day seminar, leadership staff were introduced to the basics of change management, to their role in the success of the training plan, including supporting and verifying that their staff had indeed completed the training as required, and were provided with the tools to do so successfully.

All too often in distance education we forget some basic principles that we all know apply to successful face-to-face training such as: how applicable the learner perceives that training is to their job is related to the transfer that will be achieved, that people need a way to make learning meaningful to them and their specific situations, that trainers adapt curriculum on the fly based on how well their class is absorbing the content, that the training department does not provide training in a sterile, sealed vacuum, and, perhaps most important, that people need potty breaks!

Our approach integrates these fundamentals of training into a distance training plan, engineered specifically for the needs of our audience and situation. Leadership staff were involved early on and their role clearly defined. They were given the tools to ensure successful participation by staff in the training program. Staff were informed of the training plan before it began with frequent communications describing what would be coming. Excitement was built using trial webinars across the state as the training department and the information technology department ensured that the network could handle 500 people on a webinar at a time. The webinars included polling questions to help the

presenters assess if the audience was “getting it.” The webinars also included a question and answer function, but this is only meaningful if the presenter can answer the questions. We included up to four extra behind-the-scenes presenters from different specialty backgrounds whose role was only to answer questions, and one who was there to assign questions. In this way questions specific to the participant could be addressed.

The course page that was set up in our learning management system included links to all pieces of the training program and to some additional resources. For ongoing support after the classes were over, a forum was developed in the learning management system where subject specialists could enter once a week and answer staff questions.

It has been too soon to complete our formal analysis of learning transfer; however, we recently experienced the simultaneous removal of a large number of children due to concerns to their welfare. This coincided with the completion of the training plan. For the training department, we inquired as to the success of caseworkers implementing the new healthcare model during this time. While it is not a formal evaluation, we were exceptionally pleased to discover that our caseworkers were not having issues with how to use the new healthcare model; from a training department perspective, that is successful transfer of learning!

This experience has shaped what will come in CPS training. As fuel prices skyrocket and state budgets feel the squeeze, alternatives to face-to-face courses will be considered more and more frequently. These alternatives need to be firmly grounded in adult learning theory and tailored to the needs of the audience and the topic. Each time we are challenged with considering how to bring powerful, change-oriented training to 6,000 caseworkers and 100 leadership staff spanning 250,000 square miles for less than \$100,000

we look at the possibilities before us, and don't choose one, but select from an assortment of good options. In this case it was one face-to-face session, two CBTs, and 20 webinars, but as we strive to keep the

social in distance learning, and as the options to do so are ever-widening, the exciting this is that it never needs to be the same thing twice!

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