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Family empowerment in public child welfare: an exploratory study of organizational culture as a barrier to implementation

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Dissertation

FAMILY EMPOWERMENT IN PUBLIC CHILD WELFARE:

AN EXPLORATORY STUDY OF ORGANIZATIONAL CULTURE AS A

BARRIER TO IMPLEMENTATION

by

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DEDICATION

This dissertation is dedicated to my family; my family of origin and my own young family.

To my parents and sister: thank you for teaching me the value of family; for showing me that my roots form a strong foundation to help me withstand adversary, and for empowering me to empower others.

To my husband and children: thank you for teaching me the importance of work-life balance; for your patience and support as I've pursued this very important personal and professional goal. To my husband, Lance, who himself recently completed his own doctoral journey; you truly know what it is like to burn the candle at both ends. To my babies, Mathieu-Ethan and Mackenzie, born during this dissertation process; Mathieu, just days before my first scheduled prospectus defense and Mackenzie, during the data collection process; thank you for inspiring me to make the next generation better than the previous.

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FAMILY EMPOWERMENT IN PUBLIC CHILD WELFARE: AN EXPLORATORY STUDY OF ORGANIZATIONAL CULTURE AS A BARRIER TO IMPLEMENTATION

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ABSTRACT

Despite findings that public child welfare systems typically serve disempowered populations, no clear and explicit agenda to empower families is readily identifiable. In fact, over the last several years, child welfare researchers and reformers have advocated for the implementation of evidence-based and promising practice models that emphasize empowerment and have been found to contribute to the improvement of outcomes for families. Yet, this has not happened on the scale recommended. Historically, the system has struggled to adequately engage and empower families. In addition, child welfare employees themselves have reported negative views of the system and the effectiveness of their work (Zell, 2006) and organizational culture has been cited as a potential barrier to empowerment-based work (Hur, 2006).

But previous research has not focused on workers' perspectives of family empowerment and how these workers understand the role of organizational culture in the adoption of a family empowerment approach. This qualitative research study fills these existing gaps in the literature. Data are collected from a total of 30 public child welfare workers and supervisors and 10 child welfare-involved caregivers in four counties in a mid-Western state. Child welfare workers and supervisors share their views concerning the use of family empowering interventions and their perspectives on the public child welfare system's readiness to change toward adoption of a family empowerment approach. The child welfare-involved family members also share their experiences with empowering interventions implemented within their county.

The study combines a theory-driven and grounded theory approach, and leads to major findings regarding (a) a reliance on relational approaches to family empowerment, (b) the primacy of the child protective mission over family empowerment and (c) perspectives on change and responsiveness within public child welfare. Grounded theory analysis results in the development of a theoretical model of family empowerment in public child welfare, which highlights organizational leadership as the core factor that influences public child welfare agencies' implementation of family empowerment approaches. The findings suggest that the leader's values and management style are central in determining organizational direction and focus, and are therefore important for understanding worker approaches and ultimately, intervention with families.

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LIST OF ABBREVIATIONS

AR   Alternative Response

CG   Caregiver

CPS   Child Protective Services

CWS   Child welfare supervisor

CWW   Child welfare worker

EBP   Evidence based practice

FTM   Family Team Meeting

PRT   Permanency Round Table

TR   Traditional Response

SOC   System of Care

Chapter 1 – Introduction

Research problem

Merkel-Holguin (2003) makes a strong assertion that traditional child welfare disempowers and disenfranchises families and communities. While the majority of child welfare personnel may not necessarily agree with this claim, it is factual that the public child welfare system does typically serve vulnerable and disempowered populations. However, the system has been severely criticized for failure to provide adequate intervention to facilitate change for its clientele (Barth, 2008). In fact, over the years, a range of issues has been cited, including institutionalization and segregation of children (Bradley, 1992), failure to protect children or preserve families (Kaplan, 2003), poor family engagement (Kemp, Marcenko, Hoagwood & Vesneski, 2009) and having an antifamily bias (McGowan, 2005).

In addition, a number of child welfare researchers and commentators agree that services offered by public child welfare organizations are both ineffective and inefficient and have consistently called for comprehensive reform (Lindsey, 1994; Maluccio, 2000; Steib & Whiting Blome, 2003). Involved families and child welfare workers themselves have also added their voice, reporting overall dissatisfaction with the system and questioning their ability to meet needs and help families with goal attainment (Zell, 2006).

Based on my own personal experiences and observations, having worked in the child welfare system for a number of years, these areas of concerns resonate with me. In

fact, this dissertation study was birthed out of my uncertainty regarding the amount of family voice and choice accorded to families served by child welfare agencies. In a conversation with a colleague, I shared my excitement about a new family empowering practice model, only to be told that empowering child welfare-involved families was a stupid idea. While this extreme position may not be widespread among child welfare staff, families may encounter these attitudes, whether overtly or subtly expressed, as part of their experience.

In light of these issues, it appears that Merkel-Holguin's (2003) claim may have some validity, as worker views may get in the way of empowerment, and child welfare involvement may not leave families in improved situations. The 'multi-stressed' families served "often experience fragmented care and are involved with multiple systems with contradictory and competing agendas" (Cleek, Wofsy, Boyd-Franklin, Mundy & Howell, 2012, p. 207). This results in services and interventions that are not adequately focused on harnessing and developing the family's inherent strengths. A part of the issue may be that the system has historically been primarily identified as a child protective agency. But, given how vulnerable these families are, and findings that they tend to be disempowered, the need for an explicit and realistic agenda focused on family empowerment is salient, but appears to be lacking. Furthermore, it is concerning that it is even questionable if the principles of empowerment can truly be realized within public child welfare, since systems tend to be bureaucratic and resistant to change (Brady, 2006).

No doubt, efforts to empower families are pursued at some level within child welfare. However, it remains unclear how this may be approached and how empowerment is measured. This begs the question as to what models of family empowerment may already exist in public child welfare and how widely they are implemented. Does the public child welfare system's organizational culture support or inhibit the full pursuit of family empowerment? How do public child welfare workers and administrators feel about the use and significance of empowering interventions? Do child welfare-involved families think that they are empowered?

The purpose of this dissertation is to explore how public child welfare systems approach family empowerment. Specifically, the research ascertains the perspectives of child welfare workers and supervisors on empowerment and on the system's readiness for change toward an approach guided by the principles of empowerment. In addition, the study examines the perspectives of child welfare workers and supervisors on whether organizational culture discourages or inhibits implementation of a family empowerment approach. Finally, the views of caregivers, whose families have been involved with public child welfare, are also examined to ascertain their perspectives on empowerment. The dissertation focuses on the public child welfare system within a large mid-Western state and data are collected from case workers, supervisors and caregivers within a few counties in that state.

Significance of the research study

The implementation of family empowering interventions within public child welfare deserves critical attention for several reasons. As an organization, the child welfare system supports children and families with diverse and complex presenting and underlying problems in various ways[1]. The system is the primary entity responsible for investigating and addressing reports of child maltreatment, and child abuse and neglect have typically been seen as serious concerns, both at national and local levels. Attention to these concerns, and the system that provides support to affected families continues to be warranted in light of how inherently vulnerable children in particular are and given the plethora of issues today's families in crisis face.

Public child welfare agencies serve large numbers of children and families. For example, there were 3.5 million referrals for child protective services in 2013, involving the alleged maltreatment of approximately 6.4 million children (Child Welfare Information Gateway, 2015). Child welfare services therefore reach an extensive number of children and families in need and have the potential to impact family life positively for a huge sub-section of the American population.

Public child welfare also serves a largely low income population and Green (2002) points out that poor families tend to be over-represented in the system. In addition, almost anywhere poverty presents as a prevalent issue, one can expect racial and ethnic minorities to be a featured group. Consequently, there are also

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[1] Children and families may be supported with home-based services that are aimed at stabilizing and preserving the family unit, though a number of children tend to be deemed in need of care and protection and are approved for out-of-home placements in foster care, residential settings or acute hospitalizations.

disproportionate numbers of minority families involved with child welfare and protective

services (Child Welfare League of America, 2004). If these and other families are under-

served and have to rely on a debatably 'broken' child welfare system, the entire nation

will be negatively impacted at the micro or mezzo level in terms of family life, and also

at the macro level in terms of the health and productivity of its institutions. The salience

of the system and the families it serves therefore cannot be overlooked and research that

seeks to highlight issues faced within the field and by the child welfare population is

critically important.

Overview of chapters

In the chapter that follows, I outline a brief history of public child welfare and

make the case for the adoption of family empowerment within the system. I also

summarize previous research on empowerment, highlight existing gaps in knowledge and

present the study's research questions. Chapter 3 covers the theories and concepts that

are most pertinent to studying perspectives of family empowerment and public child

welfare organizational culture. I briefly expound on organizational culture theory, as

well as proffer the relevance of organizational and institutional field theories to an

understanding of the public child welfare system. In chapter 4, I share the

methodological design and procedures followed in the data collection and analysis phases

of the study. I also discuss rigor and the strengths and limitations of the study.

The next three chapters include the study's findings. Chapter 5 covers data

related to the first two of three research questions and presents case workers and

supervisors' perspectives on family empowerment and public child welfare's readiness for change toward an empowering orientation. Chapter 6 highlights what workers and supervisors believe is important for an understanding of public child welfare organizational culture and in chapter 7, I present the perspectives of the child welfare-involved caregivers and their experiences of empowerment.

In the final chapter, I synthesize the major findings, discuss their implications and outline the study's contribution to the field by offering a theory of family empowerment within public child welfare. I also discuss suggestions for extending the work began in this study.

Chapter 2 – Public Child Welfare: Past and present functioning

Public child welfare has undergone many changes since its formal inception and continues to be an evolving institution. Its evolution can be tracked in accordance with shifting beliefs and attitudes about the role, rights and responsibilities of both state and local government, versus those of federal government, as well as ideological debates concerning the rights of parents, versus the needs of the child (O'Neill Murray & Gesiriech, 2010).

This chapter provides a brief overview of the history of the public child welfare system, and highlights recent systemic efforts at change and transformation.

Shifting paradigms: from child protection to family preservation and empowerment

Early efforts to provide for needy children began in the early 19th century, following the British Poor Law tradition. These efforts were focused primarily on providing training and some income for children and their families through indentureships, but it was not long before public criticism led to shifts in the fledgling child welfare system due to concerns about intervention being solely centered on 'delinquent' children threatening social order (McGowan, 2005). Based on the underlying belief that poverty was the root cause of children needing state care and that this was the responsibility of the individual parent, the child welfare system shifted its primary focus away from providing for the children to prosecuting parents for their lack

of provisions. Thus began a punitive approach toward parents and an emphasis on the
need for state and local authorities to protect children from parental abuse and neglect.

The 20th century ushered in further development of state child and family systems
with the professionalization of services. This facilitated the expansion of state
intervention and power over family life and the simultaneous reduction of individual
freedom and community control. By the 1960s, state and local authorities were
differentiating among the 'well', 'sick' and 'vulnerable' or those who were deserving or
undeserving of support. Bradley (1992) called the period ending in the late 1960s the
'era of institutionalization and segregation' as children were often removed from their
biological homes and placed in group care. The author suggests, however, that the 1970s
through the mid-80s reflect efforts toward 'de-institutionalization and community
development' as child welfare professionals responded to pressure to engage in
permanency planning for children and youth who had become stuck in state care and in
residential-type settings, in particular. In fact, a number of reports on the state of the
child welfare system in the mid to late 1970s cited issues as:

> failure to insure permanency planning, inability to prevent placement, failure to
> place children in need of protection, inherent racism and classism, antifamily bias,
> violation of parents' and children's rights, arbitrary decisionmaking procedures,
> incompetency and inefficiency of its staff, high costs, and mismanagement
> (McGowan, 2005, p. 29).

Based on these criticisms, by the 1990s, a spate of legislation, including the Family Preservation and Support Services Program (1993) was passed, aimed at protecting children and keeping families intact. These efforts continued into the 21st Century with the Promoting Safe and Stable Families Amendments (2001), facilitating and strengthening preservation services, as well as providing supports for adoption and community-based services.

Another key occurrence during this period which led to additional changes in public child welfare was a federal mandate beginning in 2000 to conduct formal reviews of child welfare services (CFSRs). After 50 reviews, a report was issued citing gross inadequacies within the field with almost 40 states identified as failing to achieve substantial conformity in enough areas to demonstrate compliance with federally mandated performance expectations (McDonald, Salyers & Shaver, 2004). In a separate report, the chair of the Pew Commission highlighted concerning issues such as an over-reliance on a broken foster care system and a need for child welfare administrators to develop a wide range of service options to preserve families and provide permanence for children (Pew Charitable Trusts, 2004). It was clear that the public child welfare system was in need of reform.

Existing literature therefore readily identifies the specific issues to be targeted in order for the child welfare system to be reformed, including separation of children from families of origin, lack of permanency for children and the absence of concerted efforts to involve families in decision making processes (Kemp, Allen-Eckard, Ackroyd, Becker &

Burke, 2005; McGowan, 2005; Shireman, 2003). Critics believe that these issues could

be adequately addressed by implementing an overarching family preservation approach,

which specifically emphasizes engagement and empowerment, and this paradigm has

been the focus of child welfare reformers since the 1980s (Kelly & Blythe, 2000).

However, it remains unclear to what extent public child welfare has embraced this

suggested paradigm shift, despite growing evidence of the effectiveness of empowering

interventions in similar systems.

Defining empowerment

Lord and Hutchison (1993) cite Whitmore's 1988 definition of empowerment as

"an interactive process through which people experience personal and social change,

enabling them to take action to achieve influence over the organizations and institutions

which affect their lives and communities in which they live" (p. 3). The most commonly

cited definition, however, refers to empowerment as "an intentional, ongoing

process…through which people lacking an equal share of valued resources gain greater

access to and control over those resources" (Nachshen, 2005, p. 68).

Lord and Hutchison (1993) acknowledge that the empowerment process promotes

participation toward the goals of increased individual and community control, in addition

to political efficacy and improved quality of community life and social justice.

Dimensions of empowerment therefore include increased knowledge, competence, self-

efficacy and the ability to engage in systems advocacy (Curtis & Singh, 1996), which

parallels Zimmerman's individual (or psychological) level of empowerment (Nachshen,

2005).   His conceptualization of empowerment, however, is expanded to include two additional levels: community empowerment and organizational empowerment. At the organizational level, processes may include collective decision making and shared leadership, while the community level includes collective action to access government and other community resources (Perkins & Zimmerman, 1995).

Empowerment as used in this study is a combination of the definitions outlined above. It is an intentional process by child welfare professionals where families are engaged through relationships and the use of evidence-based interventions aimed at promoting active participation in services and in decision making, so that families experience increased competence and control over their lives and are also able to use their expanded knowledge and skills to influence community and institutional change. In the study, I therefore facilitate discussion of empowerment as both a process and an outcome with workers, supervisors and family members.

Empowerment has always been thought of as an important concept within helping professions, though it is not always explicitly and overtly named as such. Related terms like engagement and self-determination have perhaps been more frequently used, partly because they are less politicized and are easier to define. Nachshen (2005) agrees that empowerment is difficult to assess and also states that empowerment has largely remained more of a theoretical rather than practical construct. The author further asserts that a universal measure of empowerment may not in fact exist, because empowerment may be context and population specific.

Despite the lack of consensus on empowerment, the concept is becoming increasingly relevant within child and family settings (Altman, 2008; Romanelli et al., 2009) as the family support and preservation movements unfold and as contemporary child welfare practice embraces internationally developed Family Group Decision Making (FGDM) and Wraparound Intervention approaches. These approaches emphasize families' right to participate in decision making about matters that concern them and are structured to maximize family voice and choice, based on the premise that families are equal partners in the intervention process (Doolan, 2007; Merkel-Holguin, Nixon & Burford, 2003; Vander Stoep, Williams, Jones, Green & Trupin, 1999). Empowerment research with families therefore focuses on perceiving families as active agents interacting with the larger community (Nachshen, 2005).

Empowerment work is thus aimed at enhancing the possibilities for people to control their own lives, based on the assumptions that people understand their own needs better than anyone else and that all people possess strengths upon which they can build. Empowerment work should also be centered on identifying capabilities and exploring environmental influences on problems, instead of simply cataloguing risk factors and blaming individuals (Perkins & Zimmerman, 1995).

The evidence base for family empowerment intervention models

Empowerment strategies, engagement, participation and other bottom-up approaches have become prominent paradigms in many fields of practice, including public health, disabilities, addiction, juvenile justice and mental health. Federal

legislation, as well as state and foundation efforts to reform mental health services for children and youth, for example, have challenged child and family serving organizations to become more family-centered in their approach. The need for improved outcomes, as well as issues such as unmet needs, disparities, poverty, social exclusion, and delinquency has therefore led to the adoption of empowering interventions and overall approaches. These changes were guided by the principles of the System of Care (SOC) philosophy, which emphasize collaboration and partnership, both among child serving organizations and between these agencies and families. Reform efforts were also in accordance with the 1995 policy statement of the Federation of Families for Children's Mental Health, a leading national family advocacy organization, which stated that "families should be empowered to make decisions about their own lives" (Cunningham, Henggeler, Brondino & Pickrel, 1999, p. 438).

As a result, research studies have been focused on the effectiveness of empowerment and have either examined the process by which it is generated or its effects on improving outcomes for target populations (Wallerstein, 2006). As a process, empowerment studies explore the actions, activities or structures that may be empowering (Perkins & Zimmerman, 1995). Research studies on the process of empowerment have been fewer, since empowerment is difficult to assess. It is also generally agreed that there is no final state of empowerment due to its dynamic nature, and so research has tended to be designed to identify predictors and correlates of family empowerment. In addition, existing literature identifies empowerment as a long-term end

result, with engagement and involvement, for example, as intermediate processes leading to empowerment (Curtis & Singh, 1996). Empowerment studies have also tended to be qualitative.

One such study within community mental health of a Family Empowerment Program with multi-stressed urban families reported findings of an interdisciplinary approach to supporting families in achieving their goals (Cleek, et al., 2012). These families tend to be impacted by problems related to housing, domestic violence, child care, entitlements, racism, substance abuse, foster care and chronic medical and psychiatric illnesses. The Family Empowerment program was comprised of three core components (family advocacy, entitlements counseling and family therapy), which were positively associated with the process of empowerment for families. The program used a multidisciplinary team approach to ensure coordinated care and helped families better address their mental health and concrete concerns.

This was similar to the findings of the Curtis and Singh study (1996), which investigated socio-demographic correlates of family involvement and the relationship between involvement and family empowerment. They found that the process of empowerment is multi-dimensional and is achieved through many layers of intervention. When service providers genuinely encourage families to be involved in all aspects of services, educate families regarding the nature of services and how the service system works, and when families are involved in decision making and are kept informed on the treatment process and progress of their child, the end result is real partnership and

collaboration between families and service providers. This means that power and responsibility are shared between both parties. Such collaborative relationships have been shown to facilitate positive clinical outcomes for children with disabilities (Curtis & Singh, 1996).

In addition to studies describing interventions and approaches used to facilitate the process of empowerment, research has highlighted well validated family-based treatment explicitly aimed to empower caregivers. A randomized trial of multi-systemic therapy and usual community services involving 118 substance abusing and dependent juvenile offenders demonstrated how the intervention led to stabilized gains in empowerment as opposed to loss in gains for the treatment as usual cohort (Cunningham et al., 1999). The study also found that increased empowerment was significantly associated with decreased caregiver symptomatology, improved family cohesion, increased caregiver supervision and positive changes in caregiver and family functioning.

In other studies, effective engagement strategies and family empowering interventions were also found to contribute to positive case outcomes such as treatment compliance, improved parenting and increased problem-solving capacities for parents (Dawson & Berry, 2002; Kemp, Marcenko, Hoagwood & Vesneski, 2009; Merkel-Holguin, 2003).

Family empowerment and child welfare reform in international settings

Britain and other European nations have a longer history of family-centered approaches than does the United States. The implementation of family empowering approaches in Britain began in the 1940s with the Children Act (1948), and later developed as a result of a permanency planning act (1975) and a subsequent Children Act (1989) (Aldgate & Hill, 1995). The acts were aimed at promoting the welfare of children at risk, but also emphasized partnerships with parents. Like the System of Care (SOC) in the U.S., Britain intended to unify inconsistent and fragmented care, and collaboration across departments was built into the legislation.

Successful reform of public child welfare in the United Kingdom was supported by the adoption of underlying values that initially underscored the importance of prevention, as well as partnerships and integration. Britain's Children and Young Persons Act (1993) employed strategies to reach out to families of origin in order to forestall and prevent family disruptions (Packman, 1993). Prevention was firmly linked to avoidance of children coming into public care. In addition, Australia maintained a special focus on children between birth and age eight and sought to address the social and economic determinants of children's health and well-being by helping parents and care givers. The country's Families First policy implemented in 1998 was therefore based on the premise that the way in which parents cared for their children was influenced by structural characteristics and interactions between families, social networks, neighborhoods, communities and cultures. Intervention efforts were then not centered on the individual child or on parents, but on the family, the broader community and a service

system designed to support them. Scotland, based on the 1968 Social Work Act, also
integrated services to replace separate children's, welfare and probation departments.

These efforts demonstrated the countries' prioritization of the health and well-
being of the very young and vulnerable and their desire to promote continuity of care
while reducing duplication of services and resolving service gaps (Aldgate & Hill, 1995;
Valentine, Fisher & Thomson, 2006). In subsequent years, Britain chose to make a
commitment to eliminate child poverty as a way to support families in need. Family
support and empowerment in the U.K. also took deeper root through efforts to de-
stigmatize child welfare services (Valentine et al, 2006).

As a result of these efforts, studies on the implementation of family empowerment
models in these countries revealed success in reducing family disruptions and an overall
shift in child welfare's focus from child protection to the 'big picture' goal of child and
family well-being (Aldgate & Hill, 1995; Packman, 1993).

Transforming the U.S. public child welfare system

A number of attempts have been made over the years to create change in the
public child welfare system. Legislation and class action law suits against local agencies
have been the most common means to achieving actual change. In the mid-1980s, for
example, the number of children in foster care began to rise dramatically. In fact, there
was a 76 percent increase in foster care placements between 1986 and 1995, attributed to

economic slowdown, the crack cocaine epidemic, AIDS and higher incarceration rates among women offenders (O'Neill Murray & Gesiriech, 2010).

As a result, Congress, as part of the Omnibus Budget Reconciliation Act, stepped in out of concern that states focused inadequate attention on attempts to prevent foster care placements and reunify children with families (O'Neill Murray & Gesiriech, 2010). This led to the provision of grants to the highest court in each state to test new approaches to improving juvenile and family court performance. In addition, Congress authorized a waiver program as part of the Social Security Amendments of 1994 so that states could also test innovative approaches to both delivering and financing child welfare services. It is through these waivers that many state child welfare agencies have implemented empowering interventions and approaches, such as Family Team Meeting (FTM), part of the Family Group Conferencing (FGC) model, Alternative Response (AR), and like the child mental health system, the Wraparound Intervention philosophy.

Yet, while these approaches have a common emphasis on strength-based family leadership and the use of strategies aimed at achieving and increasing family power, the U.S. child welfare system appeared to have only skirted with paradigm shifts and may have simply implemented promising or evidence-based practices without concomitant significant systemic change.

Despite programmatic change, child welfare systems therefore continue to be largely risk-oriented, residual and characterized by bureaucratic and adversarial processes (Doolan, 2007); not ingredients for successfully implementing empowering approaches

and several reasons have been suggested for the limited success at reforming child welfare.

Cohen (2005) points out that efforts at reforming the American child welfare system have been hampered due to competing paradigms of change. There is little agreement concerning how change should be approached. In addition, Brady (2006) suggests that there are systemic elements related to bureaucratic organizations like child welfare that limit readiness for change. He highlights the fact that child welfare is a bureaucratic organization and raises questions as to whether the principles of empowerment can be realized within a bureaucratic child welfare environment. Hegar and Hunzeker (1988) also assert that the child welfare system as an organization has the potential to impinge on empowerment-based practice and the system's structure and functioning may be another influencing factor for lack of reform. Hur (2006) supports this view and states that organizational culture can in fact act as barrier to empowerment.

Organizational culture is impacted by worker characteristics, their feelings about themselves and their views of the job. A study of child welfare case workers in New York and Chicago illustrated how worker perspectives impact overall culture and provided some insight into how their views influence the implementation of certain policies. The study examined worker characteristics and their views of the clients, the system, the agency of their employment and child welfare policies and found that case workers' views were often decidedly negative on many issues (Zell, 2006). The author

surmised that case workers' negative views, particularly of their clients may interfere with their ability and propensity to engage families meaningfully.

Glisson and Green (2006) contrast this to what they call a constructive organization culture where child welfare workers are mutually supportive, develop their individual abilities, maintain positive interpersonal relationships and are motivated to succeed. In fact, in their own study of the effects of organizational culture and climate on access to services in juvenile justice and child welfare, they concluded that the characteristics of a negative work environment create role conflict, emotional exhaustion and depersonalization, in turn impacting service quality and outcomes. The authors also found that the quality of care provided by the workers was tied to the culture of the bureaucracy that provided the services. In addition, they suggested that there are even occasions where the organization itself develops defensive cultures that erect barriers to service, create apathy among service providers and staff and resist opportunities for improvements in outcomes. Extensive documentation requirements, micro-management and rigid structures contribute to this defensive culture.

Zell (2006) has suggested that further research is needed to understand the relationship between case worker views and the delivery of high quality services. In addition, case workers are not the only persons whose views are important for understanding how the system can be improved or transformed. Supervisors, administrators and parents should also be targeted in future studies.

Filling existing research gaps

Hegar and Hunzeker (1988) used organizational theory to identify barriers to family empowerment within the child welfare system. However, their work is dated and limited in focus to issues such as characteristics of the client group, the predominance of "women (employees) without professional education who have stressful jobs for comparatively low pay" (p. 500) and workers' lack of organizational connections outside of the agency. These organizational factors are seen as contributing to the lack of family empowerment. They also briefly mention public child welfare's internal structure and its top-down decision making processes as a bureaucratic practice. The authors' suggested strategies for moving beyond powerlessness are therefore limited to changes in worker knowledge and feelings about themselves, worker self-awareness that would lead to teaching clients about power and using interventions based on an understanding adult learning theory.

Given what we already know about the need for family empowerment to be infused in public child welfare, this research study updates and extends earlier work, applying organizational culture theory, as well as institutional field theory to explain current practices and interventions in public child welfare. Literature on bureaucracy and empowerment theory also helps to contextualize the relationship between public child welfare's internal structure and the implementation of empowering interventions. Furthermore, this research study's inclusion of the concept of organizational readiness for change is a novel and innovative addition to the public child welfare organizational culture literature, increasing our understanding of the process of change within

bureaucratic cultures. Following Zell's (2006) suggestion for future research, the study includes not only case worker perspectives, but also those of supervisors and parents or caregivers, whose families have been involved with public child welfare.

The study therefore collects data from case workers, supervisors and caregivers in select public child welfare county offices within a large mid-Western state.

Research questions

(1) What are public child welfare workers and supervisors' perspectives on family empowerment?

(2) What are workers and supervisors' perspectives on the system's readiness for change toward adopting a family empowerment approach within public child welfare?

(3) What do caregivers report to be their experience with family empowering interventions within their public child welfare county office?

Chapter 3 – Conceptual and Theoretical Framework

The public child welfare system includes state or county organizations that serve children and families experiencing a wide range of personal and familial issues that include addiction, behavioral and mental health problems and/or allegations of abuse or neglect. It is more formally defined as "a group of services designed to promote the well-being of children, by ensuring safety, achieving permanency, and strengthening families to care for their children successfully" (Child Welfare Information Gateway, 2011 p.1). Services offered include in-home family preservation support, foster care, and referrals for substance abuse treatment, mental health care, housing, employment and financial assistance, and domestic violence and parenting skills training. Interestingly, discrete interventions are rarely offered (Barth, 2008) and the system has traditionally been more focused on its child protection role than on providing direct assistance to families to strengthen themselves.

While agency names may differ across states, the primary state agency responsible for investigation, assessment and decision making regarding child protection and family services is typically Child Protective Services (CPS) or Children's Services Department (CSD)[2]. Following investigation of abuse or neglect allegations and requests for voluntary services, the responsible state or county child welfare agency decides whether or not a child should be separated from his/her family and what level of care is appropriate to meet the child's needs. The separated child may be placed for example, in

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[2] Also known as the Department of Social Services, the Department of Children and Families, the Office of Child Protective Services, or Children's Services Bureau (informally called Children's Services)

agency-based foster care, or referred externally for therapeutic or treatment foster care, residential or congregate care or in a psychiatric hospital setting based on the intensity of his/her presenting symptoms.

Public child welfare organizations are a unique breed. Their current functioning, including problems identified with the system are perhaps attributable to three major factors: (1) child welfare's history, (2) its client base, and (3) its organizational culture and the institutional field within which its organizations operate. These three major factors accounting for the problems themselves are multi-faceted and illustrate not only how complex the issues facing the child welfare system are, but also why there is no simple solution to the identified problems. Figure 1 is a hypothesized graphic representation of some of the salient issues facing the public child welfare system that also include key concepts for this study.

Figure 1 - Graphic representation of the major factors impacting public child welfare
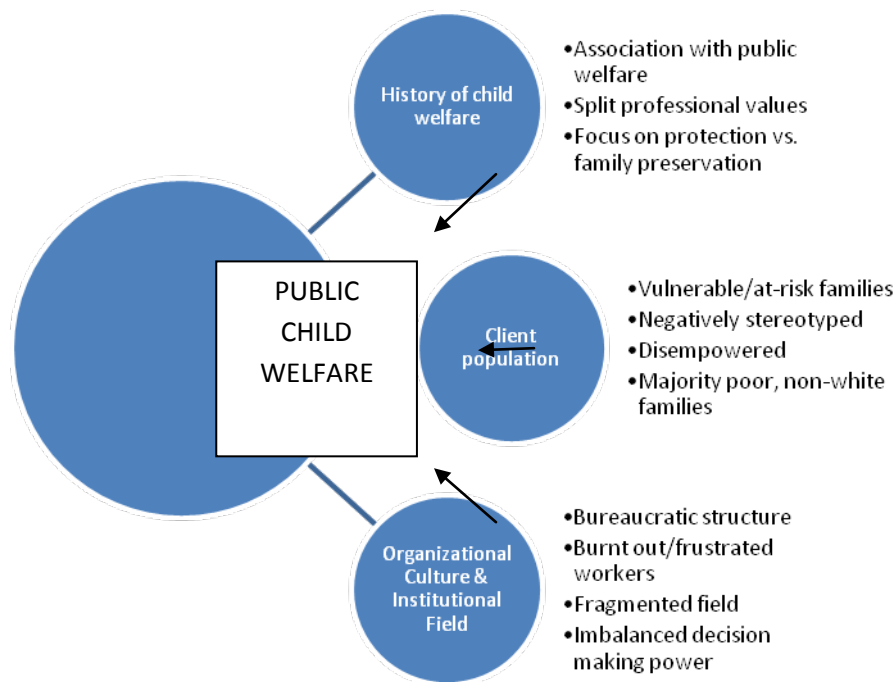
The extent to which empowering interventions are offered is hypothesized to be partially impacted by worker beliefs and values, part and parcel of overall organizational culture. How child welfare staff feels about themselves, their work and their clients, for example, is part of the informal organization (Scott & Davis, 2007) or organizational culture of child welfare that mutually influences the system's structure, processes and goals.

Not unlike many organizations, public child welfare's organizational culture and discrete operations, including services and interventions are impacted as well by the nature of the larger institutional field (Pfeffer & Salancik, 1978). A lack of general

public support and an austere welfare policy environment tend to restrict child welfare's growth and negatively influence efforts to ensure improvements. Fragmented and uncoordinated services, provided to the same vulnerable population by different child and family agencies within the child welfare and child mental health fields, also limit the system's ability to function effectively as part of a collaborative system of care (Scheer & Gavazzi, 2009).

In fact, in many ways, these features of the institutional field, combined with child welfare's organizational culture, seem to place the system in a highly institutionalized but fragmented field (Battilana, Leca & Bozenbaum, 2009) and function to keep public child welfare from radical and revolutionary change (Greenwood & Hinings, 1996) that would result in an improved system. In other words, I assert that a bureaucratic organizational culture has an impact on an organization's readiness for change, when change is either needed or is being attempted.

Staff perceptions and attitudes, as well as pressures, resources and overall organizational climate are among the variables that influence the process of innovation adoption and implementation when organizational change is required (Simpson & Flynn, 2007). It is therefore important to consider internal as well as environmental factors that impact organizational functioning and why public child welfare has failed to fully adopt a family empowerment approach, despite more recent efforts to move away from 'practice as usual' and toward evidence based interventions.

This research is guided by a number of theories from the field of sociology, contextualizing some of the issues that have contributed to the current state of the public child welfare system. To analyze child welfare as an organization, I therefore use organizational and institutional theories to serve as lenses through which we can gain an understanding of the internal culture of child welfare, as well as its immediate external environment.

The Public Child Welfare System: An Organizational Theory Analysis

While classic organization theory evolved during the first half of the 20th Century, it quickly came to be seen as rigid and mechanistic (Walonick, 1993). Its shortcomings were easily evident as far as its ability to explain people's motivations and behaviors and in connecting the organization with its wider environment. Whereas early organization theory focused on scientific management, bureaucratic theory and administrative theory, later revisions included the behavioral movement, the human relations school and contemporary management thought, including the systems and contingency theoretical paradigms, all of which offer some relevance to an increased understanding of the child welfare system as an organization. This examination of child welfare from an organization theory perspective covers group culture in the organizational context, that is, human and social features of child welfare, the organization itself and its institutional field or environment.

Organizational Culture

An organization's culture is generally described as the organization's 'way of life' or the organization's personality. It is also broadly seen as a set of common understandings and meanings or a system of knowledge and standards of perceiving, believing, evaluating and acting that are tacitly shared by a group of people (Allaire & Firsirotu, 1984; Becker & Geer, 1960; Louis, 1980).

Perhaps the most widely used organizational culture framework is that of Edgar Schein, professor at the MIT Sloan School of Management. His functionalist view of organizational culture is more specifically defined as a pattern of basic assumptions, invented, discovered or developed by a given group to deal with both external adaptation and internal integration (Schein, 1988). While many definitions of culture give primacy to the cognitive components including assumptions, beliefs and values (Baker, 2002), Schein's model of organizational culture is expanded and distills an additional important element or level: behavior and artifacts (Schein, 1988).

Behavior and artifacts are considered the most visible level or element as they are observable outward manifestations of culture. They are important in that they demonstrate what organizational members do, though on their own they may not tell why these behaviors and artifacts are part of the culture. On the other hand, neither values nor assumptions and beliefs are directly observable. However, they underlie behavior and largely determine practices. Assumptions tend to grow out of values and are seen as the deepest level of culture (Schein, 1988).

Proponents of organization theory therefore agree that the internal traits of an organization (Hunsicker, 2001) or the informal organization (Scott & Davis, 2007) are important features. The organization's structure, processes, behaviors, culture, norms, values, social networks and power and politics cannot be seen as less important than formal structure and discrete operations. In fact, the organization's pattern of beliefs, expectations and underlying assumptions about its relationship to its environment in part determine formalized policies and actions.

The principles of organizational culture theory emphasize that organizational life is complex and that researchers who hope to understand culture must take into consideration many different aspects of the organization, inclusive of the organization's structure, its members, their behaviors, activities and their stories (West & Turner, 2003). Equally important are their backgrounds, training, knowledge and skills, in addition to their collective interpretations of information and events.

Scott and Davis (2007) point out that the informal life of an organization is itself structured and orderly. This is because individual workers tend to generate communication networks, sociometric structures, patterns of attraction and conflict, status and power systems and general working relations that stem from their own individually shaped ideas, expectations and agendas. They also remind us that these individuals are driven as much by feelings and sentiments as they are by facts and interests and that they do not behave as isolated actors, but as members of social groups with specific commitments and loyalties. Individual workers therefore create a unifying psychological

environment for themselves that provides them with information to make decisions (Simon, 1997).

Needless to say, decision making processes within public child welfare are complex and influenced by subjective judgments, research evidence, history, ideologies of workers, collaterals and courts, in addition to ideas and agendas from the external environment. Collins, Amodeo and Clay (2008) point out, for example, that child welfare case workers, acting as street-level bureaucrats, operate with extensive discretion, using their own personal biases and explicit or implicit rewards existing in the workplace to interpret and implement policy for clients. Worker discretion is, of course, managed within the confines of organizational structure and, given child welfare's categorization as a bureaucratic organization, an examination of the theory of bureaucracy and how it applies to public child welfare is salient to understanding its internal culture.

Bureaucracy

Organizational culture is in part shaped by organizational form. An organization's form is determined by its differentiation and structural flexibility with one basic form being a bureaucracy, characterized by highly routinized tasks, high levels of formalization, and centralized authority (Scott & Davis, 2007). A bureaucratic organization also tends to have fixed division of labor and clear role differentiation among employees, a hierarchy of offices, a set of general and abstract rules that govern performance, actions and decisions, and a separation of personal from official property and rights (Scott & Davis, 2007).

Of particular interest for this study, are the assertions that bureaucratic organizational cultures tend to be rigid, inflexible and resistant to change and adaptation (Bauer & Erdogan, 2010) and that bureaucratic work practices often negatively impact workers and result in negative employee commitment (Lok & Crawford, 1999). Together, these characteristics may render public child welfare's internal culture regimented and locked into 'practice as usual', contributing to worker inefficiency and limiting the system's likelihood to readily adopt new and innovative interventions.

Public child welfare may also be impacted internally by an external bureaucratic or institutionalized environment. The immediate external environment is therefore also a salient factor in that organization's functioning. The public child welfare system has varying degrees of responsiveness to its environment; sometimes seen as reactive, yet at other times seen as attempting to make positive changes in response to external demands. The environment is in fact an important feature of the child welfare organization and will be examined next.

The external environment: Organizational field and Institutional theory

Organizations are not closed systems (Scott & Davis, 2007) and they cannot be isolated from the wider society of which they are a part (Hunsicker, 2001). Pfeffer and Salancik (1978) further state that organizations are inescapably tied with the conditions of their environment and agree that the ecology of the organization must be considered in any attempt to understand the organization.

The organization itself can be described as a natural, rational or open system and can also be a hybrid combination of those types of systems (Scott & Davis, 2007; Thompson, 1967). As a rational system, an organization is goal-oriented and its goals dictate structure, activities, resource allocation and decision making. The natural system emphasizes the organization as a collectivity: social groups responding and adapting to their circumstances, each with varying needs, motivations, values, biases and so on. Natural systems advocates therefore believe it is important to differentiate between stated and 'real' goals (Scott & Davis, 2007) and this will perhaps be particularly salient where internal and external conflicts exist and where there may be either periods of change or consistent stability.

The open system concept acknowledges both rational and natural perspectives but zeroes in on the inter-relation and exchange between the system and its environment, suggesting that this has tremendous impact on the survival and resulting status of the system. Students of open systems map the interchange among system elements and between the system and external entities. This interchange is reciprocal in that system elements may mutually impact each other. In addition, the system has influence on its environment and the environment influences the system as well.

Smith and Hitt (2004) suggest that since the 1960s, there has been increasing interest in, and growing recognition of the importance of an organization's environment. Recent developments within the sub-field of institutional theory have focused, for example on an analysis of organizations that moves away from individuals and groups

and the organization itself to organizational sets and the organizational field. This level of analysis permits studies of systems of actor agencies that are linked by the exchange of commodities and services and the interdependent collection of similar and dissimilar organizations in the same domain. Institutional theory therefore attends to the deeper and more resilient aspects of social structure and processes by which these structures become established as guides for social behavior (Smith & Hitt, 2004), including schemas, rules and norms and other cultural and political processes. Institutional theory also attributes the behavior of organizations to these contextual factors (Schneiberg & Clemens, 2006).

Of significance to the study of an organization's environment are the institutional pressures (Lounsbury, 2001) that affect the organization's internal dynamics as well as institutional logics, "the socially constructed, historical pattern of material practices, assumptions, values, beliefs, and rules…[that] provide meaning to their social reality (Thorton & O'Casio, 1999, p. 804). Institutional logics provide rules for action and decision making, shape relational and positional power and impact the cognition of social actors and stakeholders in organizations and the larger field. In other words, institutional forces, both material and symbolic processes, shape organizational systems based on interests, power and politics in the wider environment. Put simply, an organization's environment is known to shape and support its goals and activities.

Neo-institutional theory offers insight into how an organization's goals and activities are influenced by the institutional sector within which the organization exists. The organization's response to the environment will therefore depend on its place within

the field and the degree to which the organization is insulated from ideas in the

sociopolitical environment (Battilana, Leca & Boxenbaum, 2009). Battilana et al., (2009)

theorize that field characteristics, namely the fragmentation and institutionalization of an

organization's environment will in part determine the internal functioning of the

organization. They further suggest that the convergence of these characteristics results in

four ideal-types of fields: highly institutionalized fragmented (HIF); highly

institutionalized unified (HIU); less institutionalized fragmented (LIF) and less

institutionalized unified (LIU) fields. An organization in a highly institutionalized but

fragmented field is less likely to change rapidly in comparison to one in a field that has

low levels of institutionalization and is unified. This will no doubt impact the likelihood

and pace at which new interventions will be adopted and implemented, including more

contemporary interventions designed to empower client populations.

Applying organizational field theory to the public child welfare environment

The public child welfare system is perhaps primarily an open system, though its

functioning can also be analyzed from rational and natural systems perspectives. From

an open systems perspective, child welfare's external environment is of extreme

significance. This would include other bureaucratic human service agencies within the

larger organizational field and the socio-political ideology that influences the system

through public opinion, policy agenda and the dictates of state and federal

administrations, which often provide funding. The environment also consists of

intellectual thought, including epistemological ideas and perspectives on empiricism.

The systems within the immediate environment of public child welfare agencies have varying degrees of influence on how public child welfare functions and on the propensity for internal change. Social policy, for instance, and the ideological conflicts that tend to shape these policies have strong influence on the funding provided for services within child welfare. Child welfare services and broader welfare policy are generally provided for the same population, which has traditionally been subjected to negative social constructions (Weaver, 2000), leading to limited funding. Schneider and Ingram (1993) highlight the fact that these negative constructions shape the policy agenda and the selection of policy tools, that is, the provisions that are made available to the target population. In fact, both the target population and the welfare system have not been recipients of popular support and the system itself has been widely seen by the American public as a failure since the early 1990s (Weaver, 2000).

Public opinion and the policy agenda form a partial feedback loop that mutually influences each other. Understandably, public support for policies and programs tends to have a positive impact on the maintenance of those policies and programs (Campbell, 2003). The American public is historically more likely to back provisions ideologically committed to middle-class individualistic and libertarian values (Lipset, 1996). Traditional American values of work and self-sufficiency are high priorities. Child welfare programs and policies are not typically based on a subscription to these values. In addition, the American public often places strong pressures on public officials to provide beneficial policies to powerful, positively constructed target populations and

punitive, behavioral policies for negatively constructed groups (Schneider & Ingram, 1993). Since policies are purposeful in imposing particular norms and conveying meanings to citizens (Mettler, 2002), target populations receive different messages from the programs with which they are involved. Recipients of child welfare services and those involved with child protective systems frequently seen as lazy, incompetent or uncaring parents therefore often have these messages reinforced through interactions and processes within child welfare.

It is also interesting that welfare policy and child welfare supports are usually formed on the basis of behaviorist and residualist ideology (Marmor, Mashaw & Harvey, 1990) and the 'politics of austerity' (Myles & Quadagno, 2002). In a liberal welfare state like the U.S., there is therefore a preference for individuals and families to rely on the market and to provide for their needs through work and investment. As a result, provisions by the state will likely be means-tested and modest to both ensure a safety net in order to prevent destitution and to encourage adults to be engaged as part of the labor force.

Finally, the environment of child welfare includes the research and academic community, typically involved in the development and implementation of evidence-based practice (EBP) models and interventions. With dissatisfaction about outcomes for children and families and an increasing emphasis on accountability for services and intervention, society has begun asking child welfare workers to demonstrate the worth of their work and to provide evidence of its effectiveness (Kessler, Gira & Poertner, 2005).

While there may be growing agreement that use of best practices in public child welfare

is necessary for various reasons, there is little consensus on how to 'fit' EBP into current

practices. The research and academic community has consequently had limited positive

influence on child welfare.

First, the academic community has been criticized as being confused about the

greater focus of social work as well as for being out of touch with the realities of actual

practice (Frumkin & O'Connor, 1985; Haynes, 1998). This perspective often leads to

some resistance toward new practice models that have been developed. Simpson and

Flynn (2007) point out that interventions nurtured in research environments may not

transfer easily to the practice environment. Second, Aarons and Palinkas (2007)

highlight how child welfare systems present unique challenges to EBP implementation.

Poor service worker attitudes toward adopting EBP remain an issue. Inadequate buy-in, a

lack of knowledge and understanding of EBP, as well as blind implementation have been

cited as problem areas. Any effort to incorporate EBP in child welfare must involve a

degree of organizational change (Cunningham & Duffee, 2009). Therefore, while EBP

has been influential in creating some change in public child welfare, it is unlikely to be

the direct route to significant reform of the system (Barth, 2008). Evidence-based

empowering approaches and interventions may continue to have limited appeal and

impact based on public child welfare's internal and external environment.

Given the current issues that have been outlined with the public child welfare

system, this research applies organizational culture theory and organizational field theory

to an exploration of the implementation of family empowerment approaches. We know that despite its significance for the vulnerable populations served by public child welfare, it is still unclear how much value is placed on empowerment within organizations, how its basic assumptions inform practice and what the path to empowerment would look like for public child welfare-involved families.

Questions therefore remain unanswered about how public child welfare workers and supervisors feel about family empowerment and how their feelings and perspectives on empowerment and the families with whom they work may impact adoption of an empowerment-based approach. In addition, despite general agreement by child welfare staff that empowerment-based approaches are appealing and useful, the concept of empowerment is "open to variable definitions and interpretations" (Brady, 2006, p. 15). This study therefore clarifies perspectives on empowerment, from the viewpoint of both public child welfare staff and family members and examines how the use of empowerment approaches may be impacted by organizational and field factors.

Chapter 4 – Methodology

Design of the study

This research study used a qualitative design to explore perspectives of public child welfare organizational culture. Specifically, the study was focused on the perspectives of public child welfare workers and supervisors on family empowerment and the system's readiness for change toward adopting a family empowerment approach. The study also includes qualitative data from caregivers involved with child welfare on their experiences with empowering interventions.

The study was both deductive and inductive in its approach. Whereas I began the research process with constructs from the literature to develop a list of questions for research participants, I maintained openness throughout the process and was able to make adjustments throughout data collection and analysis. I also used the study data to generate a theory of family empowerment within public child welfare settings. The study was therefore initially theoretically driven, but also incorporated some grounded theory techniques (Glaser & Strauss, 1967). These processes will be described in detail later in this chapter.

Units of analysis and sampling strategy

Data were collected from a total of four public child welfare counties in a large mid-Western state. Public child welfare workers and supervisors who participated in the study were drawn from three counties, named county A, B and C, based on the sequence

in which participants were enrolled. Caregivers, who had to be biological family members (parents or kin) of children served by the child welfare system, were drawn from two counties, county C, and a fourth county, county D.

Participating counties were selected through convenience sampling. Given the inherent difficulty in gaining entrée into child welfare agencies for research studies, there were no special conditions that organizations needed to fulfill in order to be included in the study. I therefore relied on the assistance of a few top-level managers from county A, who facilitated access to that county, one of whom also suggested other counties that may have been likely to be open to participating in a research study. Though five other counties were solicited, only one additional county (county C) facilitated access to their staff and caregivers. The sole case worker from county B participated of her own accord, and despite attempts on my part to include at least one supervisor from that county, no one else agreed to be interviewed for the study.

A total of 30 child welfare workers, including seven supervisors participated in the study. Though I wanted to maximize the sample size, and included any worker who wished to be interviewed, I also attempted to include participants who represented a wide range of years of experience in the field. Years of experience for case workers ranged from six months to 13 years, while supervisors' years of experience were between seven and 26 years. Overall, workers and supervisors were categorized into the following cohorts: (a) four with less than two years' experience (b) eight with two to five years'

experience (c) nine with six to nine years' experience, and (d) nine workers with 10 and more years' experience.

A smaller convenience sample of 10 child welfare-involved caregivers also provided their perspectives on their family's experiences with interventions administered by the county office. Thirteen caregivers were enrolled in the study, but three were disqualified from participating because they had been involved with the child welfare system for less than six months, or did not currently have a kinship placement. All the families had therefore been involved with public child welfare for between six months and 14 years. Only two of the families had child welfare involvement for less than a year, and so most of the families had longstanding involvement with the system. In fact, the 10 families had been involved with public child welfare for an average of five years.

The sample group of participating caregivers comprised two biological mothers, one of whom still had custody of her children, and eight grandparents who had physical or legal custody of their grandchildren who were receiving services from the public child welfare county. All but one caregiver was from county C. It is important to note that the over-representation of grandparents in this sample is an atypical composition of child-welfare involved caregivers. While kinship care giving is on the rise, the child welfare system traditionally works with biological parents whose children have allegedly been abused or neglected. The interpretation of the caregiver findings reported in this study must therefore take the difference between kinship and biological caregivers into consideration.

Table 1 presents a distribution of workers, supervisors and caregivers who participated in the study.

Distribution of participants

Participants	County A	County B	County C	County D	Total
Case Workers	6	1	16	-	23
Supervisors	3	-	4	-	7
Caregivers	-	-	9	1	10
Total	9	1	29	1	40

Accessing these caregivers was even more difficult than gaining entrée into the public child welfare system to interview case workers. I received permission to post flyers advertising for research participants in only one county office, county C. Flyers were also posted in local social service agencies, such as visitation centers, substance abuse treatment facilities and homeless shelters. Supervisors and child welfare workers were also asked to facilitate contact with involved caregivers who may be willing to participate in the study as long as they had involvement with the organization for no less than six months. It was important that child welfare-involved caregivers be included in

the study so that their experiences of empowering interventions and system involvement in general could be compared with worker and supervisor perspectives of the interventions they implement on behalf of families.

Interview Protocol

This study focuses on a number of related concepts, including perspectives of organizational culture, readiness for change and family empowerment. There is currently no existing qualitative tool that assesses all of these concepts. A researcher-developed semi-structured interview schedule (see Appendix D) was therefore used to conduct the interviews with the child welfare workers and supervisors. Questions were derived from the Denison Organizational Culture Survey (DOCS) and Texas Christian University's Organizational Readiness for Change survey (ORC)[3] The DOCS is a 60-item scale that quantitatively measures employees' opinions and perceptions about their organization's underlying beliefs, values and assumptions and the practices and behaviors that exemplify and reinforce them.

The ORC is a 115 item Likert-type scale designed to identify organizational traits that predict the potential for change and adaptation. It includes 18 domains related to motivation for change, program resources, staff attributes, organizational climate and

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[3] The DOCs and FES have both demonstrated validity and reliability to diagnose and measure organizational ideology and culture and to determine whether interventions have influenced caregiver empowerment respectively (Dension, Janovics, Young & Cho, 2006; Koren, DeChillo, & Friesen, 1992). The DOCS has coefficient alphas ranging from 0.70 to 0.85, indicating good internal consistency for all of its 12 indexes and between-index correlations ranging from 0.45 to 0.74, demonstrating moderate to strong relationships between the various aspects of culture (Denison et al., 2006).

training (Simpson, 2002). The ORC has primarily been used to assess program change in counseling and substance abuse treatment organizations.

The DOCS and ORC are designed to collect quantitative data. However, it was important for this study to collect rich, thick descriptions of perspectives on family empowerment and readiness for change. As previously noted in chapter two of this study, empowerment has primarily been more of a theoretical, rather than practical construct and has been difficult to measure. Ascertaining workers and supervisors' detailed descriptions of their empowerment work should therefore be helpful in clarifying this murky concept. In addition, it has been previously discussed in this study that worker perspectives of families and their work are key for understanding their approaches to families and families' subsequent success.

As a result, the items from the DOCS and ORC surveys simply informed my formulation of the open-ended qualitative questions included in the interview schedule used for this study. Firstly, given that both survey instruments contain significantly more items than questions on my schedule, I selected only the most relevant items in light of study constructs. For example, I was less concerned about the availability of private office space for counseling, as well as access to equipment and the internet, and so did not include questions on these items.

Secondly, since the study is focused on perspectives of organizational culture, I sampled heavily from items related to this, and therefore included questions on mission, cohesion, communication, stress and change, to name a few categories. However, instead

of existing statements, I reframed them as open-ended questions. For example, for one item related to mission that would have asked staff to respond to the statement "Some staff get confused about the main goals for this program", I designed this question: "In your own words, how would you describe the organization's mission and major goals?" In addition, the item, "It is easy to change procedures here to meet new conditions" was reframed, "Is it generally easy to make changes here? Share an example."

I added other questions to the interview schedule that were related to client focus and family empowerment. The study is also focused on workers' perspectives of families and the use of empowering interventions, and these are not covered by the DOCS and ORC. A couple of these questions are "Who are viewed as important customers by this organization?" and "How are client comments and recommendations typically handled by your organization?"

Caseworker and supervisor interviews included 27 questions, though since the interviews were semi-structured, the list was not necessarily used in its entirety for all interviews. Instead, the questions served as a guide, and I was careful to allow the interviewee to lead the interview and discuss what they thought was most relevant in relation to their experiences on the job and with their families. This was in keeping with a grounded theory approach to data collection (Ward, 2005).

A second researcher-developed interview schedule was used with child welfare-involved caregivers. The 14 questions on this schedule are comparable to statements on

the Family Empowerment Scale (FES)[4], a 34-item self-report quantitative measure for

levels of empowerment, as well as the way empowerment is expressed.   The statements

were converted into qualitative questions for this study, and were therefore open-ended

and meant to elicit caregivers' detailed expression of thoughts and feelings about their

experience with empowering interventions. For example, instead of items such as "I feel

that my knowledge and experience as a parent can be used to improve services for

children and families" and "I make sure that professionals understand my opinions about

my child's needs", I asked the following questions: "Does your involvement with

children's services help you to feel like you have a part in improving services for your

child or children in your community? If so, how?" and "Do you think that a good

balance is usually maintained between the opinions of professionals within children's

services and your opinions regarding your family's issues?"

While is it unusual for qualitative questions to be guided by quantitative scales, as

was done with both interview schedules in this study, I found that literature on mixed

methods research studies offer a framework for this precedence. Curry, Nembhard and

Bradley (2009) discuss how a preliminary quantitative component may generate findings

that may be examined in greater depth with a qualitative component. In addition,

Weinreich (1996) suggests that during the formative research stage, a host of research

methods may provide different data 'viewpoints', and that quantitative findings may be

used to help interpret qualitative results. Similarly, in this study, quantitative instruments

[4]Internal consistency coefficients for the FES ranged from 0.87 to 0.88 with test-retest procedures resulting
in Pearson correlations from 0.77 to 0.85, indicating good stability of the instrument (Koren et al., 1992).

and findings on empowerment, readiness for change and organizational culture were a starting point that helped to guide the development of open-ended questions so that greater depth and range are achieved in the data gathered from case workers, supervisors and caregivers.

The study's credibility is also enhanced by using reliable and valid measures of perspectives of organizational culture and family empowerment, even if these measures are quantitative. This particular strategy of developing interview schedules therefore allowed me to ensure that important aspects of the study concepts were included and measured.

Procedures for data collection

In order to present the study and obtain written consent for organizational participation, I gained access to the organizational sites by first contacting each county office's assistant or executive director via email and telephone. Once the relevant administrator provided consent, they connected me with a liaison who then facilitated contact with the case work and supervisory staff. The liaison also emailed a summary of the study proposal to the staff. County A's liaison asked for volunteers who wanted to be interviewed and I was scheduled for a specific date and provided a conference room to conduct these interviews. Three of the nine interviews conducted within this county were scheduled with staff individually at a different location and date. County C followed a different procedure and provided me with a staff directory, leaving the arrangements for each interview to me.

Interviews were conducted in one of three ways: face-to-face in the child welfare

county office or at a mutually agreed upon location, or over the phone. All interviews

were conducted by the researcher. During my initial face-to-face visit to county C to

meet the liaison, I was able to conduct three interviews. The other 17 of the 20

interviews from this county were done over the phone, as this county office was

approximately 100 miles away from my location. These interviews lasted an average 40

minutes, though a few interviews were over 60 minutes. Interviews with caregivers were

face-to-face at a mutually agreeable site or over the phone. Interviews lasted for an

average 20 minutes. Caregivers were compensated with a $20 Wal-mart gift card. I

received permission to tape record all interviews in order to facilitate easier analysis.

Each worker, supervisor and caregiver was asked to sign an informed consent

document, and each person also received a copy of the signed document. For phone

interviews, informed consents were received in person during previous contact, or later,

via email, regular mail or facsimile. The subsequent interview followed a semi-

structured qualitative format (Patton, 2002) with questions to the child welfare workers

and supervisors focused on collecting data on their perspectives on family empowerment,

in terms of its current and future use in child welfare settings, as well as its significance.

These participants were also asked to share their thoughts on the system's readiness for

change toward adopting an empowering approach. Interviews generally allowed for a

focus on workers' shared values and belief systems that make up organizational culture.

The interviews with child welfare-involved caregivers were focused on their experience

with their local child welfare county office regarding their efforts at empowering

families.

During data collection, I used specific strategies to ensure that trustworthy and

honest responses were elicited from interviewees. As I reviewed the informed consent

with each participant, I highlighted the fact that I was in interested in personal opinions

and individual perspectives, even if these appeared to go against expected norms. I also

took steps to build rapport with interviewees, and engaged in disclosure that was

appropriate and helpful to the situation. For example, to child welfare workers and

supervisors, I disclosed my social work training and my experience in private non-profit

child welfare. To caregivers, I disclosed this same background, but emphasized that I did

not work for public child welfare, particularly for their county. This strategy

demonstrated that I was sufficiently familiar, but still somewhat removed from the

culture of the participants and public child welfare organizations. Finally, I also reflected

content and meaning back to interviewees and so checked to ensure that would accurately

report their experiences and intended meaning.

Data Analysis

All interviews were analyzed using a multi-step approach, involving a number of

analytic techniques from various approaches to qualitative data analysis. The same

process was followed for both social worker/supervisor and caregiver interviews. At the

core of the analytic process were simultaneous data collection and analysis, and this

culminated in the discovery of grounded theory or the development of theory from the

data (Glaser & Strauss, 1967). Each stage of the data analysis process and the specific steps followed are described below.

Data Preparation and Data Familiarization

Qualitative data analysis began with the researcher transcribing audio-recorded interviews and reviewing them for accuracy. This initial review process involved multiple reviews of the transcripts to identify and differentiate between speakers, verify content against recordings, as well as give attention to the overall 'story' being shared about perspectives and experiences with family empowerment. Through this process, I was able to write narrative summaries of each individual interview, and initial memos, which detailed my observations of consistencies, contradictions and nuances in perspectives and the practice of each worker and supervisor. This was also the first step in the data reduction process (Miles & Huberman, 1994), since the summaries and memos assisted in sorting, simplifying, abstracting and organizing the data. During this step, having read and re-read each interview a total of three times, I noted questions that arose from the interviews, areas for further follow–up or development in subsequent interviews, and began recognizing differences and similarities between participant responses and perspectives. Data preparation and familiarization were done as I simultaneously collected and analyzed data.

Coding the data and Identification of themes

Next, all transcripts were uploaded into the NVivo software program for thematic

qualitative analysis. Transcripts were read a fourth time, after which I added a list of

initial codes to the NVivo research file that were derived from the survey instruments on

which I based my interview protocols. For example, initial codes associated with

organizational culture and family empowerment from the worker/supervisor interviews

included organizational mission, goals, core values, decision making power, authority

patterns, and client choice and voice. Those associated with organizational readiness for

change included motivation for change, systemic resources, staff attributes,

organizational climate, and training exposure and utilization. I also added codes for

caregiver data in light of three constructs from the FES: family empowerment, service

system engagement and community or political empowerment. Again, the FES was used

to guide development of the interview schedule for caregivers and so these initial codes

were derived from the caregiver interview protocol.

A fifth review of the transcripts allowed for the generation of new themes not yet

captured through the initial coding process. I conducted paragraph by paragraph coding

as many of the transcripts contained lengthy and in-depth responses from participants that

negated the use of line by line labeling. Coding was not simply limited to perspectives of

workers, supervisors and caregivers, but content was also coded based on activities,

processes, events, strategies and settings as identified by research participants as being

relevant to their experiences with family empowerment (Bogdan & Biklen, 1992, as cited

in Miles & Huberman, 1994). Codes were developed during the data collection process

and throughout the initial stage of analysis. By the end of this stage of the analysis

process, I had generated a total of 125 codes.

The second part of this three-stage coding process was then to conduct axial

coding (Strauss & Corbin, 1990). The initial set of codes was subsequently analyzed for

patterns. Related codes were next placed into thematic categories. For example,

worker/supervisor perspectives of self, families and the agency, as well as assumptions

about people, all initial codes, became contained under one category called Perspectives

and Attitudes. Also, given that organizational direction, values, shared beliefs and unique

culture were similar and closely tied to each other, these codes were then categorized

under Organizational values. I then began the process of exploring relationships between

these and other categories to develop a tentative model that would explain family

empowerment within public child welfare settings.

The third stage of this part of the analysis process involved selective coding

(Strauss & Corbin, 1990). Here, I examined all the categories to determine which

seemed to be most influential in its relationship to the implementation of family

empowerment in public child welfare. This was then identified as the core category of

interest. These final two stages of the analytic process did not begin until data collection

had ended. They are further developed and explained in the Discussion chapter as it is

here that I describe the processes of extraction of meaning and interpretation of the

findings.

The Constant Comparative method

Data analysis ensued in an iterative process that involved memoing, theoretical sampling and the application of the constant comparative method. As I collected and simultaneously reviewed data, I recorded my impressions, ideas, questions and concerns and also slightly adjusted the data collection plan. For example, I recognized throughout the data collection and initial review process that I needed to interview more supervisors than I originally planned, as their interview data were richer and went beyond perspectives of families and family empowerment to include public child welfare history and programmatic shifts within the county and state. This provided context for understanding change within public child welfare, including how changes were introduced and managed. In addition, after a few interviews, it became clear that the differing definitions of, and priority placed on child safety was a key phenomenon that needed to be explored. As a result, in subsequent interviews, I facilitated some workers' discussion of what safety meant to them individually and within their county in general, though this was not a part of my plan for the study.

Recording my impressions and observations through the use of memos was also a strategy used to be reflective about my own biases. Openly acknowledging these biases was the first step in managing any potentially negative influence I could have on reporting and interpreting data. I therefore kept an open mind, included opposing opinions and stayed close to the reported perspectives, without making huge interpretive leaps.

In this part of the analytic process, I also looked for patterns and regularities within and across interviews and grouped the data according to common themes. Across interviews comparisons were made between workers in different counties, between workers and supervisors and between public child welfare employees and caregivers. The tentative model mapping relationships between categories described above was also revisited and combined with concepts from the study's conceptual framework in order to suggest explanations about family empowerment and change within public child welfare.

Delimitations and Limitations

This research was delimited in its scope of inquiry to a few public child welfare county offices in the mid-West. The study was also only focused on employees' self-reported perspectives on family empowerment, organizational readiness for change and descriptions of organizational culture within these child welfare offices, as well as caregivers' self-reported experiences with empowering interventions. The researcher acknowledges that self-report data may be affected by a desire on the part of participants to provide socially acceptable answers or by interviewer bias which may impact the validity of the findings. On the other hand, in a study of this nature, this is likely balanced by my awareness that some caregivers would use the interview as an opportunity to vent as very often, involved families have negative perceptions of public child welfare, particularly when they are separated from their children.

Data were gathered through qualitative interviews. The researcher is aware that there are a variety of ways to measure organizational culture and that culture is not a

fixed, unchanging element. However, this was a cross-sectional research study, collecting data at one point in time from a small sample in order to maximize the depth of information gathered. Organizational culture was also only presented through the lens of worker and supervisor perspectives.

The study's results and interpretation of data are limited in their generalizability due to choices made in the design of the study. A qualitative design and heavy reliance on in-depth interviews tends to limit studies to small sample sizes as is the case in this study. Finally, the research study was also constrained by limited access to child welfare organizations and individuals within the system and findings may not be representative of all child welfare systems and child welfare clients.

Chapter 5 – Family empowerment and organizational readiness for change

This study was focused on family empowerment within the public child welfare system in a select mid-Western state. Case workers and supervisors were interviewed about their perspectives on family empowerment and on the public child welfare system's readiness for change toward adopting an overall approach guided by the principles of family empowerment. The study sought to explore public child welfare's organizational culture through the lens of workers and supervisors, with a view to determining their understanding of how it may act as a barrier to adopting a family empowerment approach. Caregivers whose families have been involved with public child welfare were also interviewed with regards to their experiences with empowering interventions.

The following three chapters present the findings from this dissertation study. This chapter presents the data that most directly answer the first two of the study's research question. Chapter six presents additional data as shared by the child welfare workers and supervisors related to their perspectives on public child welfare organizational culture. These data detail the internal and external factors that are important to an understanding of public child welfare culture and serve to contextualize the current functioning of the child welfare organizations in the study. Chapter seven presents the data from the child welfare-involved caregivers and therefore relates directly to answering the study's third research question.

Research Question 1: What are public child welfare workers and supervisors'
perspectives on family empowerment?

Perspectives of families and family empowerment

Worker and supervisor views of empowerment were in part dependent on how they saw their families. In answering questions regarding their thoughts and feelings about empowerment, workers and supervisors therefore talked about their approaches to families and how they went about their work with them. The major themes that arose from these discussions were: (a) relationship, rapport and respect (b) definition of, and approaches to empowerment (c) profiling the empowered, and (d) barriers to empowerment

Relationship, rapport and respect

In general, workers and supervisors reported and subscribed to positive views of the families with whom they work. They recognized each family's uniqueness in terms of strengths and resources. Workers acknowledged that though their families had certain issues that brought them to child welfare, they have potential for growth. They believed that families must be treated with respect and should not be treated in a condescending manner.

While these views were shared by most workers, there were some unique differences among the group. One worker in county C, for example, pointed out that for her and others at her agency, they were very involved and 'hands-on' with their families. They knew the clients well, enjoyed regular interactions, and took pride in their

professional, but close relationships. The worker stated that their value for these types of connections with families came from leadership.

> But…I think that the workers who were here when our last director was here…he was very passionate about it and it was almost addicting. Like his passion for families and that relationship and that support and all of that stuff, it was very…like his excitement about it, was addicting. It was contagious and I kind of caught it (CWW4)[5].

Another worker from county C had a similar outlook and emphasized that this should be the case even when families do have "hiccups" (CWW6). When issues arise, it should not be about punishment, but about possibilities. In fact, there was a shared belief that if workers held negative perspectives of families, they should not be working with them. Still, worker perspectives of families were sometimes nuanced. Some level of frustration was acceptable and appeared understandable in specific situations. A third worker from county C outlined why workers tended to become frustrated.

> I think…I'll be honest…I think there's an ebb and flow. I think there is always…we always believe that families can be better and we can help them achieve their goals if they want it but I won't deny that sometimes we're like, 'We've worked with this family three times now', so we may not have as positive an outlook, you know what I mean? Not that we don't work them and still help

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[5] CWW refers to Child Welfare Worker. CWS mentioned later in this chapter will reference Child Welfare Supervisor

them the best we can but I think generally we all feel like we wouldn't be doing this job if we felt they couldn't change or their kids…we could make their family better. But I will say there are some times…there are times working with the family you might be a little frustrated. Sometimes there's a little bit of that frustration but overall I think there's the positive of…or you know that they can get better and you can try to get them to a point where they can be healthy, happy family. I think when people felt that way is when families are involved quite a number of times and you feel like, 'Oh, we did everything for them' and just get that frustration. So, I think when that happens, when people feel like…have a negative view of a family…not so much negative, just frustrated, 'Oh, we're involved again'. I don't think it's because…I think it's just because of the frustration of…you know…'I thought we helped them already'. I guess it is a negative view, but it's out of frustration and just, 'Ugh, again I have to see the kids go through this or that' and have to help them again and it's not that we don't want to help them, it's just like, 'Oh, man. Really? We have to…'. It's just going through the same thing again. I think it's just frustration more than anything (CWW28).

It was apparent, therefore, that workers reportedly had generally positive feelings about their families, but would sometimes become frustrated by their lack of success if families were helped in some way, and later had to become re-involved with the child welfare system.

One other way in which perspectives of families was nuanced was related to a worker's assessment of family members' motivation to change. Some workers came down hard on a family member who appeared to drag their feet when change was required. Comments like, "Parents are adults" (CWW22) and "…it has to be their choice and they have to be ready…they have to work. We're not here to work harder than…than they are" (CWW8) tended to demonstrate worker frustration. Also, if parents seemed motivated by financial gain or the receipt of benefits, they were not necessarily looked at kindly.

While no one worker interviewed stated that they themselves had negative views of families, they admitted that other workers did. In most cases, the latter workers were seen as the 'odd ones out'. In other words, if you didn't see your families in a positive light and didn't work to protect their dignity and worth, you would stand out as a worker not to be emulated or exemplified. One worker from county A described another worker as 'crazy' because of her approach to families. This worker also recounted an incident she observed as a new worker shadowing a more seasoned one. The seasoned worker conducted a visit to a family member's job site since they could not get off work for a meeting and proceeded to drug test the family member in public view. The new worker was appalled by this and later questioned the other worker's actions. The response, she stated, was indicative of how the worker viewed families.

> And when we got in the car I was like, you know, 'Why did you drug-test them there?' I was like, 'What about confidentiality?' And she said, 'I don't think about

that. I just thought, let me get this now. Because if they…if they high I'm gonna get them.' And I was like, 'We're gonna get them? We're gonna help them. Not get them (CWW1).

The sole worker from county B also shared how workers' perspectives of families in her county were distinctly negative. Workers label, engage in name calling and assign blame to parents for their circumstances, except in a few cases where it's clear to them that parents haven't been neglectful. The worker reported that it was difficult for a good worker to remain positive and maintain a good attitude toward families when the environment and agency culture was negative.

I'm learning and I'm starting to see an overarching theme that 'Yeah, these people aren't gonna change.' They don't…they're...they're ungrateful. They don't care; like they're just gonna abuse the system. It's kind of like that oh…oh, it doesn't matter who…we could have never had history with this family. They're never gonna change. They're never gonna, you know what I mean? They're lazy and all that stuff…with all of…most of the families that we talk to. Like dirty house kids is what we call them like. But I am resisting grouping them. I'm resisting saying, 'Nope, they're all the same. None of them are gonna change.' But you hear it so often throughout the day (CWW2).

Perspectives of families therefore fell along the spectrum from positive, to nuanced, to negative, and as intimated by workers, negative views tended to lead to negative attitudes and actions that did not uphold client dignity. On the other hand,

positive views helped workers to engage in actions that led to the establishment of respectful relationships. Workers then shared about actions they engaged in or witnessed in others that were empowering and also discussed their perspectives on family empowerment.

Definitions of, and approaches to empowerment

Empowerment was seen as important and was a core value that most workers subscribed to. Workers also believed that everyone had a hand in empowerment. They believed that through their regular tasks, they were engaged in empowerment work daily. Workers and supervisors did not define empowerment in strict terms, but some used the words 'progress' and 'success' as synonymous with empowerment as an outcome. They also used the word 'strengthened' to describe empowered families. The process of empowerment was pursued through participatory involvement, partnering with families and interactions that were not adversarial or authoritative. One worker described her efforts at empowering families as "building tool boxes a little fuller" (CWW24).

Involvement in decision making was a key ingredient to empowerment. Workers identified the service plan as a major tool used within child welfare to summarize concerns, highlight interventions and services and perhaps most important, outline goals. Families were encouraged to make their own plans as far as workers could allow. In this way, workers facilitated client choice and voice by including goals chosen and agreed on by families, and also by using individualized interventions. As one worker shared,

…I'm the person to kind of make sure that we're meeting with those families and talking with those families and helping them as they help us to make the best plan they can come up with…I guess on a county level, one of the big things that we kind of value is the idea that everybody should have a voice in the process (CWW9).

Another worker added, "I think working with families and saying, 'So what do you think your family needs?' To allow them to kind of develop their own family's plan, because they know their family better than I do a lot of the times" (CWW12). Workers and supervisors therefore emphasized that in their work with families, they ensured that the family was working on "their plan…instead of our plan" (CWS2).

Workers and supervisors also emphasized that empowerment was largely achieved through engagement, where workers establish relationships with families, become a presence in the family's life, and sometimes act as extended family. This becomes easier with a non-blaming, non-accusatory approach. From an agency standpoint, engagement and empowerment were achieved through child and family friendly policies, and for county C in particular, workers and supervisors believed that they must help children and the entire family system; not just the children.

Some very poignant pauses were noted as many workers attempted to articulate what strategies they employ to facilitate family empowerment. This was perhaps due to the typically loose definitions of empowerment and empowering interventions, or may have been related to a lack of overt focus on the process of empowerment within public

child welfare. Again, the primary tool used by most workers to facilitate empowerment was the establishment of a trusting and honest relationship with families. Workers also identified services, resources, training and referrals as empowering interventions. As a result they often referred families for parenting classes, and drug and alcohol, domestic violence, anger management and mental health assessments. Identifying family strengths and focusing on positives were also seen as empowering as "there's been considerable research that says we will get so much farther with families if we tell them what they're doing right while we're telling them what they're doing wrong" (CWW2). Workers will also have families identify their own strengths in an effort to help them achieve empowerment.

Other strategies that workers cited as empowering included being collaborative (sideways approach vs. top down), focusing on what families value and on what motivates them, and soliciting their opinions and feelings. In addition, utilizing kin or family supports, providing information, imparting knowledge and skills, encouraging families to make their own plans, facilitating parents' contact and visitation with their children, and open communication with families (which emphasized honest dialogue and being clear on expectations) were also typical empowering strategies.

Workers also believed that the new approach some agencies had taken with victims of domestic violence was indicative of an empowering stance. The new approach is non-blaming, recognizing and validating non-traditional and creative safety plans that victim parents set up for themselves and their children. This approach also emphasized

believing in the abilities of the parent. Equally important was what workers didn't do. One worker remarked, "I'm not going to be the one with the clipboard and writing everything you say, everything you do right and everything you do wrong. I'm just here to help you" (CWW26).

The reunification process itself was also identified as empowering. As one worker stated,

There is nothing more empowering for a family who has you know, gone…bottomed-out so to say and then to be able to reunify the kids in the home and work through all those services. I would say that the reunification process and working that would be empowerment too…(CWW21).

It became readily apparent that workers relied on interpersonal skills, as well as agency services to facilitate family empowerment. It was interesting to note that only five workers and supervisors mentioned specific practice models that were used to work with families toward empowerment. One worker, for example, stated that he implements the Solution Focused approach. The Family Team Meeting (FTM) approach was the most popularly mentioned approach among the five workers and supervisors, and the third approach, Alternative Response (AR)[6] was talked about as the model that was at various stages of implementation in public child welfare around the state. AR was

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[6] AR is also called differential response, multi-track response or dual-track response. The term is used in two ways and can be seen as either a particular system reform or the use of one of the alternative approaches to families that is put in place when system reform has been introduced. It allows child protective services to differentiate its responses to accepted reports of abuse and neglect, instead of a one size fits all approach.

identified as an empowering intervention in comparison to the traditional investigative response (TR) and is seen as a way of reforming the child welfare system to focus on collaboration, create partnerships and involve families (American Humane Association, 2005). More will be said on AR in chapter six, and also in the Discussion chapter.

Profiling the empowered

As workers and supervisors reflected on families they believed had become empowered, they outlined a number of characteristics they thought described an empowered family. Essentially this was another way for workers to define empowerment as an outcome, since they discussed the 'end product' of their successful intervention efforts with families. They highlighted a family's ability to supervise and protect children, keep their best interest at heart and make good decisions, as well as practice good parenting. Workers also thought that empowered families took ownership and responsibility for issues that brought them to child protective services. They desired change, were able to become stable and therefore remained clean and sober, and had developed healthy ways of managing the challenges their life presented. They were resourceful and had the ability to navigate and access community resources. Empowered families have also been able to acquire new skills and implement these in their daily lives. They were independent, yet asked for help when needed and had a good support system.

Given that many families lose custody of the children temporarily or permanently as a result of child welfare intervention, responses regarding empowerment and child

custody were varied. Some workers thought that an empowered family will become reunified if children were previously removed from the home. Others did not think that reunification was a key characteristic, as a family could have made some progress toward empowerment, but still had some work to do before their children could be returned to their care. In addition, parents in particular could be doing well, but may have come to a decision that their child would be better parented by someone else. Regardless, workers characterized empowered parents as being able to develop a strong bond with their child, valuing their child, and being involved in their child's life.

It was evident that a number of workers listed characteristics that were closely related to protective issues and parents' ability to be compliant and cooperative with the agency's expectations that these issues be addressed. The underlying theme behind the most frequently mentioned characteristic of an empowered family, however, was self-sufficiency. Workers and supervisors talked about encouraging families to develop self-sufficiency and often asked families how they would manage their lives on their own. One worker, for example, saw her role as a mentor to families, with the goal of getting them to the point where "they're able to carry their own weight" (CWW13). Other workers talked about 'getting in', assisting families and 'getting out', with a view to having time-limited interventions, so as not to unnecessarily superimpose the agency's involvement in a family's life. But workers acknowledged limits on their ability to empower, and also discussed barriers to the process.

Barriers to family empowerment

Three major barriers to family empowerment were identified by workers and supervisors: (1) traditional practice and its associated values (2) public child welfare regulations and time constraints, and (3) family and environmental risk factors, and poor motivation.

Whereas workers highlighted the inclusion of the family's perspective and goals as an important part of writing service plans, one supervisor challenged this and stated that the usual way of writing plans did not allow for family input. "We will say that we do. But, in fact, we do not" (CWS2). The supervisor went on to describe the "boiler plate case plans […] [that] have the same…four, five objectives: go to parenting classes, drug and alcohol treatment, mental health treatment, find a job, [and] stabilize your housing" (CWS2). Traditional practice also involved prescribed ways of providing services and did not necessarily take into consideration the family's own culture, values and learning style.

> And who you gonna send them to a parenting class with? You gonna send them to a parenting class with…if it's an Appalachian person, are you going to send them to parenting classes that are done by middle class people? Two hugely different cultures… let's say you don't read or write. Let's say you're functionally illiterate and you're going to send me to parenting classes where they're going to give me this book and little multiple choice questions and I don't even read. Maybe the best way that they would learn would be 'Who in your family do you really know that you like the way they parent?' Maybe they would

learn better from somebody…one-on-one from somebody they respected within their environment (CWS2).

It then appeared that workers realized that writing case plans in the traditional way was less time consuming and a more efficient way to spend their time, even if it meant that services chosen didn't quite fit the family's goals and culture. It was also simply easier to write a service plan and have the family sign it afterwards because supervisors needed to compare how it was written with agency expectations, and approve it before the family even looked at it. This was really not empowering for families since they were given very little or no input into decision making. In addition, multiple workers stated that empowerment was difficult to achieve since regulations prevent them from keeping a case open if a family's safety issues have been addressed. A case might not remain open long enough to adequately work on empowerment.

Other regulations or mandates regarding deadlines, the number of face-to-face encounters workers must have with families, and so on therefore negatively impact workers' abilities to empower families.

A mandate is seen as an authoritative instruction or a requirement under law. The public child welfare system has numerous mandates that each agency is required to fulfill in order to remain compliant, continue to secure funding and be seen as effective and efficient. More popular mandates were related to timelines and deadlines for assessments, documentation and the achievement of goals. Other mandates were related to the nature and frequency of worker contact with families. It is not uncommon for the

state authority to provide additional funding when a new mandate is introduced, but it is also entirely possible that a new mandate is handed down and agency administration has to use their discretion and be creative in how they distribute or redistribute resources in order to be compliant with the mandate.

One worker observed a cycle of agencies not meeting mandates, supervisors yelling at workers and the agency losing funding because funding had now become tied to standards. In some situations, lost funding meant there would be staff and/or programmatic cuts. When funding is lost and staff is reduced, case loads increase. There was therefore even more pressure on remaining workers to get the job done and meet the mandates. One mandate that was discussed involved a rule change around the amount of face-to-face contact workers should have with clients. The mandate resulted in doubling the workload, with no adjustment in caseloads or in the workforce.

Empowerment is impacted, too, by the amount of time workers have for each case and each family. In a smaller county and with smaller case loads, workers may have more time to focus on one client, while in larger counties and with higher caseloads, workers may have less time and so work with families essentially becomes "touch and go" (CWW22). In situations such as these, bureaucratic structures in the form of rules, deadlines, time limits and role restrictions negatively impact family empowerment.

Empowerment was also impacted by risk factors and the environment. Workers shared that empowerment was difficult or impossible if certain risk factors were present. As one worker put it,

I think sometimes the risk and the risk factors and the environment itself is not

going to change and sometimes you can try but honestly some people are who

they are and their habits are not going to change or their environment is not going

to change and at that point, it's very difficult to empower families (CWW22).

One major risk factor was addiction. The inevitability of relapse and the

addiction cycle therefore acted as a barrier to empowerment. Addiction was also seen as

impacting motivation. Four of the ten workers who discussed barriers to empowerment

believed that family empowerment was dependent on a family's level of motivation to

change. It had less to do with case worker approach, and was more so an issue of

"individual choice" on the family's part (CW24). According to workers, addicted and

court-involved families tended to be poorly motivated to change as court-involved

families seemed defeated and powerless to fight against the court and many addicted

parents just were not ready to be clean and sober. In these circumstances, empowerment

was unlikely to occur.

Given the value workers appeared to place on empowerment and the difficulties

they cited with achieving it, they also discussed the possibility of changing traditional

practice so that the public child welfare system was more empowerment-oriented.

Research Question 2: What are workers and supervisors' perspectives on the system's

readiness for change toward adopting a family empowerment approach within public

child welfare?

Organizational mission and readiness for change

The discussion of the public child welfare's readiness for change toward adopting a family empowerment approach was contextualized by the workers and supervisors' discussion of (a) the current public child welfare mission, their thoughts on (b) a single, versus dually focused mission on child protection and family empowerment, and (c) how responsive to change the child welfare system was. The workers and supervisors not only share their perspectives on the system changing its orientation toward a family empowering approach, but also outline their perspective on change in general and provide examples of important changes that were recently implemented, aimed at improving the system.

Organizational mission

Workers and supervisors were very clear about the mission of public child welfare. The organization's mission is the same across all counties: protecting children, promoting families. Nonetheless, workers offered their own words to describe the mission. One worker stated that from her perspective, the agency's mission was to rebuild and empower families, keeping in mind that reunification was the main goal. Another worker from a different county emphasized what one supervisor called the agency's 'protective authority'. From her perspective, the mission was to "ensure the minimum standard of care is provided, without any overarching safety concerns" for children (CWW2). In addition, the mission included 'spurring' parents on in a direction so that they could continue to maintain that minimum standard for their family. The

underlying theme from this worker, and in fact, almost 70 percent of all workers and supervisors was that children must be kept safe.

Workers and supervisors' language made it abundantly clear that child safety was paramount. Terms like 'main goal', an 'important part of the mission', 'the number one responsibility', 'first and foremost', 'number one mission', 'main purpose', 'our obvious first priority', 'above all', and 'our mandate' were used to emphasize the priority placed on safety. In fact, one supervisor suggested that not only was child protection the central focus for the agency, but also that the agency's function had historically been tied to this role. The supervisor explained that "…the bottom line for any child protection agency is the safety of the children. That's where we came from; is to protect children" (CWS3).

While there was general agreement on the basic mission of child welfare and the importance of safety, one supervisor pointed out that the approach to ensuring safety was not always the same. "And that's our first and foremost concern; is saving children. But how one goes about it is very different than the other" (CWS1). A few workers and supervisors did call into question the notion of safety and the varying definitions of what is meant by keeping a child safe. One worker suggested that child welfare "has to look really closely at what child safety means because…as workers, as agencies, we all have our own ideas as to what is 'safe'" (CWW14). The worker further stated, for example, that it wouldn't be uncommon in one county for an agency to say they could not use a kinship home for a child separated from his/her biological parents, because there was no

bed for that child. This home would not therefore be considered a safe option for the child.

Differences in the definition of safety therefore impacted decision making about opening cases, as well as decisions about removal, reunification, permanency and closing cases. The worker opined that these differing views on what safety means impacted empowerment and she suggested, "if we want to look at empowering families, we need to re-look at what truly needs to happen for a child to be safe" (CWW14).

Interestingly, one worker also shared that in her county, the mission was never openly talked about, as "it's far more understood than it is talked about" (CWW2). Furthermore, given the busy nature of the job and the many obligations that workers must fulfill, she felt like "a lot of times (the) mission turns from 'Are kids safe?' to 'Get your paperwork done'" and in essence, this was meant to "Keep the state off our back" (CWW2).

One supervisor shared a similar opinion. She suggested that with all the numerous mandates and the fact that the agency had expanded and had so many areas of focus, the mission had become diluted. She stated,

> And…I…just my personal belief is that as the agency grew and there were more
> things to pay attention to and more things that the assistant directors got hauled
> into, the less that they were able to focus on the mission of their own
> division…and basically what it did was suck an awful lot of time away from

people that didn't have time anyway, to produce something that looks really great

on paper and means nothing in reality (CWS2).

The supervisor suggested that the agency should narrow its focus and "choose five things

that we want to accomplish and focus only on those five things" (CWS2).

Single or Dual Focused Mission: Family Empowerment and/or Child Protection

Given child welfare's emphasis on child safety and protection, but also in light of

the suggested gap in an empowerment focus, workers and supervisors were asked to

consider whether it was possible, and even necessary for the system to simultaneously

facilitate family empowerment and child protection. Workers and supervisors generally

agreed that a dual focus was possible and a few insisted that one cannot truly exist

without the other. Workers suggested that child protection should not be viewed in

isolation. If a family was not strengthened, they would not be able to remain as an intact

family or children would not be reunified, as they would always be at risk. One

supervisor added that child protection was best achieved by working with the entire

family system. She shared that the former director (county C) had trained staff to

understand that they were public servants and the "public service is not just about the

children we serve, it's about the family system too" (CWS5). In essence, child protection

should not be separated from family empowerment.

While all agreed that their first priority was always child protection, as was

mentioned in the previous section, a few workers and supervisors thought that a dual

focus was possible when the agency was large enough. Having a larger agency, with specialized staff and multiple layers of services made it easier to add models and interventions that would also facilitate a focus on empowerment. The switch to AR, for example, should more easily facilitate a dual focus.

Of the 16 workers and supervisors who were involved in a discussion regarding dual pursuit of child protection and family empowerment, only six suggested a caveat of some type about how both would work together. One worker mentioned experiencing an internal struggle around focusing on both. She questioned how one could empower families while at the same time ask them to change their practices and move away from the way they had always done things. Changing families was seen as an inherent goal as families came to public child welfare due to concerns about unhealthy and/or inappropriate practices. Other workers suggested that both family empowerment and child protection goals were in conflict with each other and shared that this caused stress for workers. A dual focus was certainly possible, but it was also difficult to focus on both, particularly when parents were addicted to substances and were not as engaged in services.

Change and responsiveness in public child welfare

Even though workers and supervisors did not think it was likely that the public child welfare system would change its orientation toward empowerment as a guiding principle, they talked about change within the organization and shared their feelings and

attitudes toward change. These data were useful in an understanding of efforts to improve the system as well as an insight into approaches to change.

The most significant change in recent times was the implementation of Alternative Response. In fact, county A was in the process of program implementation as data were being collected for this study. While in general, this particular change had been hard on case workers throughout the state, it appeared to have differing impact in all three agencies where case work staff and supervisors were interviewed. In county B, the worker mentioned the possibility that the agency simply implemented the approach "to make the state shut up" (CWW2). In this situation, it would appear that case workers and perhaps supervisors did not entirely buy into, and therefore believe in the philosophy of AR and did not readily accept the change that had been mandated or handed down to them.

In county A, there were mixed feelings about the implementation of AR. One worker suggested that there was some frustration and maybe a little animosity directed at the newly appointed AR workers, due to disproportionate case distribution. There was also some skepticism and hesitation regarding the approach and its associated paradigm shift, but this appeared to be somewhat typical for programmatic change in general. Workers seemed to think that the agency tended to undergo shifts in its practice models every few years, and so begrudgingly attended the required training to learn the new method. One worker also suggested that other workers may have some fear of the

unknown and would prefer not to have to move away from what they had become accustomed to and comfortable with over the past few years.

But there were also those workers and supervisors who had a sense of excitement and acceptance regarding the changes they were experiencing. Newer workers especially seemed more open to AR, either having learned about it throughout their education, or not having spent years in the field becoming tied to particular practices. In general, workers also saw AR as inherently empowering, given how it contrasted with public child welfare's traditional response, which was neither empowering nor family-focused.

A couple of supervisors in county C brought some perspective to how their workers tended to feel about change, and about the implementation of AR in particular. One supervisor explained that change was not always initially well received, and that there was typically an adjustment period for staff. The other supervisor agreed, and added that workers typically came around and were later able to see the benefits of the changes. The first supervisor, however, described how she herself conducted some research on organizational change management as a way to help prepare and support the staff through shifts. Workers in this agency did not spend much time talking about their frustration over changes, perhaps because of this, and also perhaps because AR was not a recent addition to programming. This county was among the first ten to pilot AR some years ago. They did address, however, how their agency had changed as a result of continuous evaluation and always wanting to be better. This common understanding of the rationale for change seemed to help ease the process of change.

The most significant recent changes for county C then, involved new leadership and the adoption of new technology. Adding tablets, smart phones and plans for the use of iPads, as well as a new electronic file management system were mentioned by a number of workers as ways the agency had sought to improve the ease of getting paperwork done, and improve efficiency. Workers reported quicker and easier access to information and being able to reduce wait time by conducting searches for resources on the spot, such as during a home visit. They were also able to dictate notes to their devices for faster reporting. Workers stated that they were appreciative of these additions, but were also sometimes frustrated if there was some type of system or equipment failure, leading to workers having to repeat steps or re-do documentation, for example.

Supervisors referred to these changes as part of an effort to make the lives of case workers easier, but one supervisor, in particular, also mentioned that despite the benefits and the generally positive attitudes toward the recent changes, there were also inherent challenges and problems. She cautioned that workers and supervisors therefore had to be careful that they were appropriately managing technology, and were not lured into interpreting the ease of access as always needing to be available.

Workers and supervisors also spoke about larger systemic change, particularly as they discussed differences in practice over the last 10 to 20 years, either based on their own observations or information that they have garnered from a variety of sources. Perhaps most significant was the acuity of cases and issues that families faced and presented with. With addiction to heroin now being a major issue statewide, agencies

tended to see marijuana use, so-called 'dirty homes', lice infestation and so on as 'the good old days', and this was the case more so for larger counties. As one worker explained,

> I think the intensity of the family situation has significantly increased, because I remember when I started here there being such a [inaudible] dirty homes. And now we…those dirty homes now we don't necessarily care about that unless it's horribly dirty and they're doing drugs or there is other stuff going on. So it just seems the intensity of the situations with families has increased to the point that there are families in a lot of chaos; not just one issue that they are addressing, it's multiple issues (CWW18).

Interestingly, abuse and neglect were mentioned a total of two times by workers as an issue of significance for families. On the other hand, addiction was mentioned in more half of the interviews and was certainly the issue for all but two of the families whose caregivers participated in the study. In addition, a number of workers stated that substance use is now the primary reason for children coming to care and for families needing to be involved with child protective services, with one worker stating that approximately 90 percent of families in her agency face addiction issues, as opposed to 10 percent when she started the job a few years ago. Statewide, the situation was being described as a heroin epidemic.

Other workers and supervisors mentioned changes related to increased trauma and behavioral health challenges for younger children, and the increased use of anti-psychotic

medication in the really young to manage these issues. It was also felt that families, especially those facing addiction, were harder to engage, and this stretched agency resources even further, as personnel tried to reach out to family members.

Not only had the issues become more acute, but numbers had also risen. A supervisor from county C reported that in 1995, the average number of children in custody was around 75. At the end of 2013, there were just under 200 children. Despite this number more than doubling, the supervisor stated that the agency still had the same resources allocated by the local prosecutor's office to address cases: a part-time attorney and two days each week in court.

Counties have responded in creative ways in an effort to stem the addiction and other problems families faced. One agency collaborated with major crime detectives and hospital social workers to provide additional training and updated information to case workers on designer drugs, and substance exposed babies, among other topics. Agencies and rehabilitation facilities have worked together to allow for children to live with their parents as they accessed residential drug treatment. In fact, in county C, a local recovery program was building a treatment facility in a particular town and when there was community outcry about the location, the agency was able to assist with engaging the community in dialogue about the implications.

In addition, a special family court had been designed for addicted parents with the expectation that they would appear weekly before the judge, attend substance abuse counseling and be subjected to ongoing monitoring. But one supervisor pointed out that

the model for this special family court had been written with cocaine and alcohol use in mind, and did not account for "how powerfully addictive heroin is…" (CWS4). While it was a good program, she suggested that the model now needed to be tweaked in light of the inevitability of multiple relapses on heroin. She thought the overall approach to rehabilitation as well as the rules and time frames associated with reunification also needed to be reviewed and revised, as it was unrealistic to think that parents would rid themselves of addiction and be ready to parent within the expected timeframes, according to state mandates. The supervisor wrestled with the issues and implications,

> …how does child welfare…the rules about reunification, and the timeframes for reunification…how does that fit with folks who are working…who are addicted and need rehabilitation? And what does relapse have to do with it all…at what point does the child's best interest for permanency tilt the scale away from the fact that we know that folks who are addicts are going to have multiple relapses which may compromise the ongoing safety and well being of a child? We need to deal with the whole unhappy trend of addiction…opiates and heroin and stuff and the impact to the family. And we have to figure out our child welfare system, our legal system, the law, the statute, the administrative code, the [state] Revised Code. How are we going to handle this? What does it mean for kids and families? (CWS4).

The supervisor suggested that child welfare needed to more appropriately respond to family struggles. Her concern echoed the sentiments of a few case workers who

questioned how long was too long for parents to be given the opportunity to 'get their act together' so that children were not left in limbo or languishing in care. In fact, it is for reasons such as these that child welfare had become more concerned about permanency, generally defined as adoption, guardianship or reunification. Its response was in part the implementation of an initiative called Permanency Round Tables (PRT), in which all parties working on a case came together to discuss and resolve issues impacting lengthy involvement with child welfare and preventing a child's permanency. Both county A and county C reported that they were at different parts of the process of implementing PRT.

Workers and supervisors in county C also described how their agency and child welfare in general had made changes in its overarching approach to working with families in order to be more engaging and to work more effectively with family. One worker differentiated between current approaches and how public child welfare had functioned in the past as "the old school way of doing children's services work…telling mom and dad what they are supposed to be doing and kind of standing back and saying 'I told you. So go do it'" (CW9).

A supervisor from county C agreed and stated that up until the mid-90s, it was all about "I am going to make the case plan and you're going to do what I say and if you do what I say then maybe you get your kid back" (CWS5). From her agency's perspective, it was no longer about trying to catch the parent in the wrong. Instead, "there is a lot more work at trying to understand, engage, build rapport and finding meaning in the relationship between the worker and the biological parent" (CWS5). The agency now

sought to work with families to prevent re-occurrence of problematic issues. It meant open communication and collaboration, recognizing that parents were not the enemy. The supervisor also stated that workers must acknowledge that there was a power differential between themselves and parents, particularly if there was a court order on a case, but simultaneously understand that the court order did not have to be a "battering ram to get people to do what they need to do" (CWS5).

The supervisor cited that one concrete example of changes made in relation to engagement efforts was the visitation policy. Previously, public child welfare staff sat in a room with a one-way mirror watching visits between parents and children in another room to see if there were concerns or issues to be noted and fixed. Today, the same agency was exploring space in a near-by town that would be used for a playground and area for parents visiting with their child. The supervisor remarked, "Years ago we never ever would have thought that a parent could actually take a walk with their child" (CWS5).

Other examples cited were a shift from conducting investigations to assessments and the agency's switch from using the term 'client' to 'customer'. The agency had chosen to respond with these changes and train staff accordingly, under the premise that "It's not about them without them" which essentially meant "kids need to be at the table, the family needs to be at the table…and people have the right to be the decision makers of their own life" (CWS5).

Workers and supervisors suggested that their agencies' past and current responses and implementation of new approaches were indicative of their readiness for change. Workers stated that supervisors were generally open and listened to feedback. They often encouraged workers to access new training as training facilitated new ideas. In county C, the agency utilized a suggestion box to provide staff the opportunity to provide feedback and suggestions. The agency's administration was seen as supportive when changes were needed.

But workers acknowledged that change was a process, particularly if major change was being sought. While smaller changes were easier to make, large scale change was pursued incrementally. This was attributed to the fact that bureaucracies or government agencies had more rules and requirements. Despite how limiting this was, it was also acknowledged that being in a position of leadership and having the right relationships were helpful in overcoming this barrier. One supervisor in county A pointed out that he had been able to design and implement new programs and access funding to do so because over the past 22 years, he had gained the respect of managers and directors. He shared that "because of those relationships, and I think, you know, in any job, relationship building, and getting the respect of your peers who become the supervisors, directors, the managers, really cuts through a lot of the bureaucratic stuff" (CWS3). Bureaucratic structures and processes were therefore not static and did not necessarily prevent needed change in public child welfare.

The desire to be creative and innovative and be continuously aware of best practice models, their use of pilots to test new ways of engaging and assisting families and their acknowledgment of how the system may have harmed families were all part of counties' efforts at improvement and reform. Changes were pursued either because agency leadership identified gaps, or because there were pressures from the state, federal government or the local community. While each county had varying levels of responsiveness to these pressures and used their individual discretion in how they approached change, all workers and supervisors were decidedly sure about how far changes within public child welfare would go. They all agreed that public child welfare would never fully adopt a family empowering approach to guide its practice as child protective needs would never go away.

Summary

This chapter presented findings from public child welfare workers and supervisors related to their perspectives on family empowerment and on the public child welfare system's readiness for change in adopting an overall approach guided by the principles of family empowerment. Workers and supervisors reported generally positive views of families and agreed that empowering families was an important goal. Family empowerment was most often pursued through workers' relationships with family members, and not necessarily through the implementation of practice models and evidence-based interventions, though a few workers identified past and current use of FTM, the Solution-focused approach and AR as efforts toward family empowerment.

Workers and supervisors could readily identify the characteristics of an empowered

family or parent, but appeared to struggle in articulating the strategies used to get families

to that state. They also cited some barriers to family empowerment, including poor

motivation on the part of family members and traditional ways of practice. Finally,

workers and supervisors discussed change within the child welfare system. Whereas

change was possible, and was often encouraged in order to improve worker effectiveness

and family outcomes, workers and supervisors were clear on the system's mission to keep

children safe. A family empowerment agenda would therefore always be secondary and

according to workers and supervisors, the public child welfare system would therefore

never fully adopt an empowering approach to guide its functioning.

Chapter 6 – An emic view of public child welfare organizational culture

This chapter presents the major findings from the case worker/supervisor interviews related to perspectives of organizational culture within public child welfare. The data are important and relevant because workers and supervisors share an insider view of the agency's culture and this helps to contextualize perspectives of, and approaches to empowerment. In addition, discussion of organizational culture is pertinent to the agencies' current functioning and present important considerations for creating future systemic change. West and Turner (2003) remind us that organizational culture is complex and so we must explore organizational members' behaviors, activities, stories and their interpretations of information and events in order to extend our understanding of organizations. The following table summarizes the major themes and sub-themes that emerged from the data.

Table 2 – Summary of major themes related to perspectives of organizational culture

Themes	Sub-themes
Perspectives of the job and the organization	Feelings about the job
	Feelings about the organization
Internal relations: organizational climate and agency functioning	Organizational values
	Staff morale
	Leadership

Feelings about the job

Workers' feelings about the job had direct bearing on their feelings of self-efficacy, their feelings about their clients and how much they valued empowerment. One worker described her peers as bitter and not feeling like they had a permanent positive impact on their families. As a result of how they felt about their jobs, workers regularly described the clients as stupid people. She mentioned that on several occasions, she had been asked to stop smiling and was asked how it was that she was still having a good day. This worker had been in the job for less than a year and her colleagues had reportedly given her a year before she too would get bitter.

In describing their feelings about the job overall, many workers reported that they found it simultaneously rewarding and stressful or frustrating. It could become frustrating as workers often judged their own success by the families' success and when families failed at their goals, some workers took ownership of this or took it personally. Workers were also frustrated when families repeatedly failed or returned to protective services.

> I go in attempting to assist them to make the changes that they need. Sometimes successful…sometimes not; and when it's not successful it's really hard not to own why, to put the responsibility back to the parents because it's 'What could I have done differently to make the change right?' But ultimately, it's got to be theirs (CWW24).

Workers often want to do more for families, but also recognize that they cannot "hide behind the ideal of 'Well, toot-to-do-do…we're here to save the day'…kind of thing" (CWS5). They recognized that they were not saviors and that families did have a role to play in their success and failure. They had to balance doing their jobs well and wanting to be of service with allowing families to take the lead in changes they wanted to make.

In other instances where workers and supervisors described their feelings about the job, many from county C used similar language to describe the simultaneous positive and negative feelings they tended to have. They referred to "ebbs and flows" and suggested that this was part of the natural rhythm of the job. Over any given time period, workers experienced challenges on their cases or encountered serious abuse and neglect situations that left them feeling overwhelmed. As one worker explained,

> There's time where I honestly get so frustrated and so stressful that I feel, 'Gosh, I can't do this anymore'. And then…but that…there's ebbs and flows and there's times like now where I know why I do this. So I would say that overall I'm satisfied because if I weren't, I wouldn't be here. But I think it goes through periods of time. If you asked me maybe 2 months ago, I would probably have said, 'Gosh, I'm so stressed I don't…I am not as satisfied'. But I think kind of in this profession, because so much happens and there's stress, when your families that you work with something happens to them you feel that same…actually not the same, but you feel that stress, that same frustration, so I think ebbs and flows.

But right now I'd say I am satisfied, but then again I think you have to catch every one of us on a certain day (CWW28).

Another worker explained it differently. "Well, there is a lot of ups and down and the in betweens. I do love my job. I love what I do but I don't love every minute of every day and I think that most people could say that about their jobs…" (CWW22).

Finally, workers identified specific aspects of their job that they found rewarding and exciting. Being able to connect with others and possibly leave them with a different perspective of the agency "than [the] traditional public opinion" (CWW3) was a positive opportunity for one worker. Other workers simply enjoyed the families with whom they worked and were particularly satisfied when they saw families doing well, when children were safe and when families were able to reunify. In general, workers appeared to find stability in families rewarding, and in particular, they placed a high value on permanence and found this satisfying.

Supervisors in particular talked about feelings of satisfaction regarding their role, based on their ability to design programs to meet observed needs and fill gaps in service, not just for the benefit of families, but also for colleagues and case workers. Longstanding supervisors had gained sufficient leverage to be creative and enjoyed being able to diversify their role. In addition, this kept a number of supervisors at the agency, as being able to see the long range, broad impact of the changes they created, tended to keep them hopeful.

Workers and supervisors generally took pride in their work performance and image. They worked hard, cared about their families and believed that you must essentially like people, and have respect and positive regard for humanity. Commitment was a key requirement and as one supervisor put it,

> If you're not committed to the mission of the agency and you can't find some way to integrate it with who you are, (a), you don't belong here, and (b), the stress of it will force you to leave. You can't do something this hard if you don't care about doing it (CWS3).

The supervisor went on to say that those workers who hated their job every minute of the day didn't last long, as either their body or their mental health would make them leave.

Workers and supervisors described persons who did not do well within child welfare as having "missed Social Work 101 somewhere" (CWW3). This would become evident in their relationships with families in the noticeable distance between them, as well as in their relationships with co-workers and supervisors, in which they tended to be adversarial. As one worker stated,

> Everybody seems to notice that sort of thing. But they're always the persons, I think, that you kind of notice that isn't involved in…occasionally when case workers are in the office, they'll huddle around one cubicle and that's where they kind of like socialize a little bit when they have opportunities, and that worker typically isn't involved and isn't around 'cause they're pretty negative (CWW4).

While on the surface, this may seem like a fairly trivial concern, workers in the study were very clear on the importance of relationships among co-workers, as this was where they received the most significant level of support from others and were able to reciprocate support for peers.

Workers and supervisors' perspectives of the job were therefore salient to understanding why they stayed on the job, especially since burn-out rates tended to be high, and were helpful in contextualizing how they typically approached families. Their perspectives on the organization as a whole were also useful in understanding their feelings and approach to empowerment and are covered next.

Perspectives of the organization

Workers and supervisors felt generally positively about the organization. While not a great deal of time was spent discussing positive attributes of the organization itself, workers and supervisors did discuss their recognition that the system was flawed. Despite the fact that workers placed a high value on child safety, and that it was sometimes in a child's best interest to be removed from their homes, many found removals to have a negative impact on children. One worker explained,

> Nobody wants to remove kids. We don't want those kids. We do not; because kids in foster care get screwed up. We're not doing them a favor by putting them in foster care. Sometimes we have great families that love their foster children

and then sometimes we know it's just a parking…a parking area for kids (CWW26).

Workers and supervisors also highlighted ways in which they thought the organization could be improved. Table 3 below presents this information. The list of areas for improvement was organized according to three sub-themes, with an overwhelming amount of attention directed to client services. Frequencies are included in parenthesis if the item was mentioned by multiple individuals.

Table 3 – Areas for improvement

Worker Focused	Client Focused	Agency/Organization Focused
Accountability	Community resources: visitation centers etc.	Increased budget/funding [4]
Staff recognition	Addiction treatment/in-patient services [6]	Relaxed mandates
Reduced case loads/increased workforce/staffing [4]	Mental health/psychiatric services	Extended timeframes [2] Reduced timeframes [1]
Training [7] (client trauma, IPV/DV, Vicarious Trauma)	Permanency/connecting children with kin	Improved communication [2]
Documentation (reduced and easier to complete)	Increased services [12] (transportation, employment, housing, in-home parent education)	Consensus on the meaning of safety
Support from supervisors/administration [3]	Health insurance/medical coverage [2]	Improved organizational reputation
Improved worker safety	Emergency funds	Coordination with courts [2]
	Outreach & Prevention	Systemic change regarding approach to addiction
		Reintroduction of family group conferencing/better engagement [2]

Firstly, workers and supervisors appeared to be more concerned about what improvements could be made for clients, and were less ready to suggest improvements for themselves. It was only after some were prompted about improvements for staff that they mentioned their existing needs. Workers and supervisors overwhelmingly felt that clients should have more access to more services, and though addiction treatment was subsumed within this category, they were careful to emphasize the importance of these, in relation to all the others also mentioned.

Secondly, of those who suggested an increased budget for the organization, several pointed to the need to use these additional funds to provide more supportive services for clients. Funding was also tied to increasing the workforce so that case loads could be subsequently reduced and workers would have ample time to build relationships, spend quality time with families and be more effective. One worker shared his perspective,

> It probably resounds to be true for most county welfare agencies is that there's too many families and not enough workers and you know, we're frequently firefighters instead of social workers. We go, we put out fires instead of actually having the time and to sit down and really spend the quality time with the families to understand fully how they best can be supported by our office, and receive our services and what their needs truly are; what their underlining needs are (CWW3).

Finally, worker perspectives of the organization also took into consideration the typically negative perception the public has of the child welfare system, and these

negative views certainly had an impact on the workers themselves. About ten workers

and supervisors intimated that child welfare had a generally negative image, though no

one thought it was currently warranted. Workers did concede, nevertheless, that they

were seen as "enemies" (CWW25), "a threat, as somebody imposing, who's gonna come

in and take away their children" (CWW1) or as "Baby Snatchers R-Us" (CWW3) and

that "there's still a stigma from the Barney Fife days[7]" (CWW2). One supervisor

acknowledged, however, that in the past, and as late as the 90s, many child welfare

practices were "abrupt and harsh…and [not] family friendly" (CWS5). Many workers

and supervisors in particular thought that these practices had certainly changed over the

years and continue to evolve as counties implement more engaging and empowering

approaches.

Workers and supervisors did think they had a responsibility, collectively and as

individuals to change the face of child welfare and believed that they were slowly shifting

the community's perception of the organization in line with their own. In fact, in county

C, a former director had reportedly made a concerted effort to change families'

perceptions of child welfare and the county was proud of the positive reviews they had

received from customer satisfaction surveys, and the many pictures of children workers

received from biological parents and kinship caregivers. Staff here felt compelled to

"behave in a way that helps families see that [they care]. That's really, truly what we're

here for. There's got to be a better way" (CWS1).

[7] Barney Fife was a fictional TV character. The child welfare reference was made based on perceptions of the system's reactionary, suspicious and overzealous nature around child safety and a tendency to be described as inept

Internal Relations: organizational climate and agency functioning

The second theme indicated by the worker/supervisor data was centered on the past, current and predicted future functioning of the public child welfare system. Workers and supervisors described the organization's values, staff morale, and how current practices are impacted those aspects of the organization. Workers and supervisors also spent considerable time discussing leadership and its influence on organizational direction and overall functioning.

Organizational values

The public child welfare internal climate can be understood through commonly held and espoused values. Workers and supervisors in the study were in general agreement about a few things: their role was to help families, keeping families intact and reunifying families when they had been separated was highly valued, and child sexual abuse was taken extremely seriously. Everything else appeared to be up for debate, depending on individual approaches or differences between agencies and counties. There did not seem to be consensus across counties, for example, on what issues apart from sexual abuse were considered serious and what safety meant, as there were varying standards around basic needs, and what constituted physical abuse.

It was therefore clear that despite the fact that all the counties functioned under the same state regulations and mission, not all counties subscribed to, or emphasized the same organizational values. While the worker from county B mentioned on three

different occasions that they work to ensure that minimum standards are met by parents, both workers and supervisors from county C shared that they pushed past minimum standards, both for themselves and for their families. As one worker from county C stated, "There's definitely minimum standards, and then there's what we call best practice" (CWW4). She went further to say that based on her exposure to other agencies, her county tended to be a lot more involved with their families than others, because they were by nature extremely family-driven. This also led to kinship families being held in high regard within this county, which was not the case in all counties.

In fact, a few workers and supervisors from county C proudly discussed a seemingly very influential former director who set the pace in terms of their organizational values. He was described as "very passionate about [serving] families" and the worker added that "it was almost addictive…his passion for families and that relationship and that support and all of that stuff…his excitement about it was addicting. It was contagious and I kind of caught it" (CWW4). Workers and supervisors wanted to have good working relationships with families and did not want to be seen as "that big bad agency who's gonna take (your) kids" (CWS1). Having the families involved and feeling positive about their experience was important for the agency.

Best practice and family engagement were therefore highly valued within this county. Another worker from county C also mentioned family engagement as esteemed by the agency. She shared, "Family engagement is kind of an area that I would say our managers and administration feel strongly about…engaging and empowering families"

(CWW19). Yet another worker from that county provided a concrete example of how passion for families was translated into a principle that guides practice. She stated, "On a county level, one of the big things that we kind of value is the idea that everybody should have a voice in the process" (CWW9). This county has maintained a family team meeting coordinator position and provides opportunities on a regular basis for families to share their wishes and goals, when other counties have eliminated this position due to lack of funding or simply different priorities.

Not all organizational values were centered strictly around clients and the importance of families. Workers across counties also placed a high value on their own effectiveness and on worker success. A number of more seasoned workers talked about the importance that they and the agency's administration place on training and socializing new workers. One worker from county A shared an example of a peer mentoring program that he helped to establish, on the premise that the agency wants all workers to be successful and to have a good experience working with children and families.

Agencies also valued hard working and committed workers. A supervisor from county A shared that workers who "donated" time above their regular 40 hours were often the ones who were promoted. In addition, from one worker's perspective, the office culture in county C was one where,

> You're expected to be here early, leave late and work through lunch…[and if
> workers don't] "I don't think they're here very long. They're not here very long.

I guess you either fit or you don't and if you don't fit, then most people will

realize that pretty quickly and look elsewhere (CWW11).

Workers were therefore expected to go above and beyond their role and were

recognized and awarded for doing so. One worker shared a story about an employee who

drove three states away to pick up a client and "didn't even bat an eye…still came to

work the next (day)" (CWW21). She received a citation and a 'Caught in the Act' award.

In addition, the agency's reputation and agency responsiveness were highly

valued. In county C, administration used community feedback on workers' lack of

responsiveness to train staff about expectations regarding returning calls within 24 hours.

As one supervisor shared,

It's so drilled into staff's head, and I think I even heard staff training new staff

and they're like, 'You better call people back right away because they're really

serious about that. They'll like fire you if don't call them' (CWS1).

In keeping with the value placed on relationships, the organization emphasized worker

accessibility and timely communication and wanted that engrained in workers' practices.

Finally, in county C, several workers and supervisors emphasized the value

placed on creativity, innovation, improvement and staying on top of new initiatives. One

worker stated,

But I think for projects like what you're doing…I think our administration is on

board with wanting our county to be on the deciding edge of every…of things…I

think that's something that our agency historically has been really good at. What

are we…what are we not doing so well? And what do we need to work on? And

what is the plan to improve that? I think they are very supportive in that

regard…wanting to continue to do well and work on what we need to do better

(CWW12).

Another worker added that there was a "strong appreciation for innovation and change

and looking at new ideas in child welfare" (CWW14). This, she shared was driven from

the top down. As a result, the county tended to participate in a lot of pilot projects as this

provided an opportunity to test new models and find better ways of serving families. In

addition, county C has married valuing innovation and improvement with staff

empowerment. They want their staff to be proud about working for the county and be

empowered by the reputation they have gained for their work. One worker agreed.

…that's kind of been our calling card as long as I've been here and even before

that…we would much rather be the ones trying things out and seeing if they work,

instead of having someone tell us that. I guess it's kind of like us empowering the

families; we kind of feel like we're empowering ourselves (CWW9).

The idea is that when organizations value innovation and allow workers to participate in

structuring their experience, workers are empowered. Empowered workers feel good

about themselves, their job and their agency and will in turn empower families.

The expectation is that organizational values will be congruent with workers' personal values, but that when they are not, organizational values will take precedence over personal values as this can negatively impact decision making for families. A couple of supervisors provided examples of how personal values have 'gotten in the way' of practice.

One supervisor from county C shared an example of a caseworker who returned from a home visit shocked by her experience and as a result, was eager to advocate for the child to be removed from the home. The supervisor recalled that the worker looked at her 'straight faced', very seriously and explained that the family did not have dressers. All the clothes were folded in baskets and boxes and they were lying on the floor in stacks. The worker wanted to immediately file an emergency order. The supervisor pointed out to the worker that this was about her values, and not about the family. She went on to explain that this was six years ago and since then, supervisors have ensured that staff are provided adequate education and training, including working on value statements, so that workers can get to the "level of competency and confidence to do their work, that matches agency philosophy" (CWS5).

A second supervisor, this one from county A also shared a similar story of a worker who wanted to remove a child because the parents could not afford to send that child to ballet lessons. This supervisor suggested that in cases such as this, workers allow their middle and upper class values to guide their practice, and do not understand the clients' struggles.

In both examples above, supervisors stated that when they observe a 'disconnect' between workers and their values and organizational values, they identify that early on in their 90 days or their 180 days' probationary period and help them select a different alternative for their career.

Staff morale

Another important aspect of the public child welfare organizational climate is morale. Here, workers and supervisors described what influences both positive and negative feelings about their roles. In the study, workers and supervisors' morale appeared to be impacted by three major factors: the influence of the courts, leadership, as well as peer and supervisory relationships. Leadership was seen as distinct from supervisory relationships because the workers themselves looked at them differently. In discussing supervisory relationships, they referred to their direct supervisor, but were also impacted in significant ways by how the overall administration (director level staff) made decisions.

The court was a major area of discontent for staff. In fact, working with the courts was a decidedly negative experience for most workers. The courts have considerable influence and decision making power within public child welfare. Decisions about custody, reunification and so on are finalized within the court system, but are not always in accordance with case workers' recommendations. Having a court order also makes a difference in a case. As one worker stated, "The court drives the way a case should go" (CWW14). Another worker explained,

…there are so many other systems that we are confined by, like our court system; that there is only so much that we can do. Even though we may feel like this might be a better way, we really can't do it that way because the court won't let us (CWW23).

This opinion was echoed by yet another worker who stated that "it seems like it's the courts that are the ones that are tying our hands" (CWW26).

Workers, supervisors and even caregivers therefore described working with the court as a challenge. Workers and supervisors expressed concern about the tremendous backlog of cases on the docket, which had a serious impact on their ability to conduct dispositional hearings and have cases adjudicated within the expected timeframes according to mandates. As a result, the court had a tendency to ask that the agencies dismiss the complaint on a family or individual and re-file at a later time. Not only did this create additional paperwork for case workers, but more importantly, it delayed permanency for children and families,

because the fact of the matter is, the kid didn't go home from foster care to mom because we re-filed the paperwork. The kid's still been out of the home for three months, but we just started the process all over again (CWS1).

Courts not only negatively impacted staff morale due to problematic processes, but also due to problematic personnel. National Adoption Day was always an important day for child welfare as they celebrate permanence for children. One supervisor referred

to a former judge's approach to the day as a challenge due to the fact in the past, it had

fallen on the weekend and the judge had never made accommodations to make the court

available to participate in the celebrations. The agency felt restricted since all they did

was make verbal announcements and hang posters about the day. Once a new judge sat

on the bench, not only was the backlog of cases cleared, but the judge rented a hall for the

subsequent National Adoption Day and finalized 14 adoptions on the day.

Another problem workers had with court personnel was the unpredictability of

rulings that were handed out. As one worker shared,

> …when it comes to court, we have three magistrates. All three rule
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> differently…well, we have one that is very family driven that will rule against the
>
> agency at every turn, if possible. We have one that is anti-parent. So if…you
>
> have a drug history, you're done. And then, we have one that is in the middle that
>
> is pretty much to the law… I don't want these kids; I need this one. I really need
>
> these kids out of that house, or I'm not sure if I have enough…yeah, we need this
>
> one (CWW24).

Workers therefore feared the random assignment that may lead them to a judge

who did not rule in their favor, but then also gambled and hoped for the 'right' judge.

One worker thought that this whole situation was kind of stressful to the workers of the

agency. He shared that team work was an integral part of how the agency functioned, but

did not think that this extended to the court. It was unfortunate that after the agency team

bounced things off each other, gathered information and came to a decision that they

ended up "going through one person for the final decision" (CWW25). This worker

seemed to think that workers' expertise was undervalued and they were not given as

much credit as they should be for all the work they put in with families. Another worker

agreed and stated that magistrates did not appear to respect the professionalism of the

case worker.

In addition to this, magistrates often ruled in line with their own personal views,

and not according to the facts of the case. In fact, personal values seemed to be a huge

problem in how they impacted decision making, not only with the personnel that sit on

the bench but also the defense bar and the guardians at litem. One supervisor discussed

her annoyance as she described their lack of insight about what was going on with a child

or family and their tendency to be led by their own values or personal preferences. She

stated,

> I mean you know I've had attorneys say, 'Well, I don't like the way mom looks'
>
> or 'I don't…', 'The house is dirty', 'She doesn't even dress well'. You know, we
>
> have to really call him out and be a good advocate in that role (CWS5).

Workers provided further examples of issues with legal personnel that extended

beyond the magistrates. There was a high turnover in county A for Assistant Prosecuting

(AP) attorneys. They seemed to move on every six months, for unspecified reasons, so

by the time they were trained to know the agency's business, they moved on to a different

court. Equally an issue was the fact that many APs had developed a poor reputation.

"We have horrible prosecutors that forget…don't show up to court, don't send out the notices…" (CWW26). The APs had often come to be seen as unreliable.

Despite workers and supervisors' feelings about the courts, they could not do away with this relationship because of existing laws and the agency's structure. One worker referred to the fact that internal policies tended to lead to the agency being more apt to get the court involved in cases. Since workers had to discuss substantiated abuse allegations with the prosecutor, they were often advised to have the court oversee the case due to legal liability. Workers often thought that this was unnecessary, particularly if the family was already cooperative and engaged in services. Additionally, workers also saw court involvement as a detriment to family engagement. One worker shared, "If they're not court-involved families, a lot of success. Court-involved families, not so much…I think families lose motivation and there's just no way to get it back" (CWW24). Workers and families seemed to feel defeated by having the court's decision making power in their lives.

Finally, morale was impacted by peer and supervisory relationships. Overall, workers and supervisors reported that they got along well with each other and that this was an extremely important aspect of their work lives. A few workers explained that their jobs were stressful enough that adding difficult relationships to the experience would potentially cause them to leave.

Needless to say, when relationships with co-workers are not positive, the overall office climate is tainted. One worker in county C talked about how a few dissatisfied

workers had previously "poisoned the pot" (CWW4). There ended up being a mass out-migration of the majority of this group of workers, which, in her estimation, led to a degree of homeostasis in the office climate. One other worker acknowledged that poor relations do exist, but that she made an effort to "not to get in the middle of things like that…" (CWW14).

In County A, a few workers identified issues with peer and supervisory relationships. One worker shared that there were both divisions and unity within the agency. He had previously shared that the office was physically divided into two different sides and that this physical line tended to mimic relational lines as well. Staff on one side got along better with each other, than with staff on the other side. Despite this, however, he thought all the case workers acted like "a tight knit family" and even the different sides supported each other in their own ways (CWW3).

Workers also talked about their relationship with their direct supervisor and how overall support from managers or administration contributed to staff morale. On the one hand, workers reported that they appreciated when they received recognition for their good work, when supervisors offered to stay late with them and when supervisors were pleasant and generally accessible. In addition, when staff felt trusted and that their opinions were respected, case worker-supervisor relationships tended to go well and overall relations were positive. Not one worker reported having a negative relationship with their own direct supervisor and mainly spoke well of the administration and the agency at large.

Notwithstanding, a few workers did highlight issues with supervisors in general and with leadership, overall. In the case of one worker in particular from county A, it was evident that she was hesitant to say anything negative as she tended to pause frequently amidst very vague statements about relationships and what it was like to work with a lot of women. Shortly after, she opened up and expressed her feelings about the disconnect she thought that existed between staff and upper management.

> …just seems they are not responsive…like the communication level is horrible between upper management and case worker level. There is such a level of secrecy and need to know that…[PAUSE] in a social worker agency it just does not seem…if we're supposed to be honest with our families and present all the information and give them a chance…give them the benefit of some native intelligence that they know how to…they know their children best so…but at the management level, somehow something gets turned off. I don't know what (CWW26).

The worker was describing communication issues within the agency and how little information was made available to case workers about an important transition that the agency was currently undergoing in implementing AR.

Some workers in this county also felt that supervisors tended to be busy and did not always fully understand or remember what the day-to-day job tasks were like and how difficult the job could be. One worker suggested that supervisors could sometimes

use a refresher as many were case workers 20 years ago when things were completely different.

> I think it would be beneficial for some of our administrative staff to go out with case workers sometimes and remember how that feels because it is easy to look at it on a piece of paper or in the system and read notes but when you don't see those faces and you don't see those situations you don't really get it (CWW22).

Workers reported they felt especially discouraged when supervisors yelled at them or gave the impression that they are not fully available. One worker's comments were indicative of what a small number of workers had to say,

> …really listening to staff and when we go into supervision, be really available and not being focused on everything else…that we really need to know that we're heard and know that when we come in to them that whatsoever email isn't more important than talking to us. Um, and that's for all management…and I think also management managing their own emotions and responses because we get our head bitten off then that just makes us frustrated and not like our job. And it's a tough job and then we have high turnover because people are not happy (CWW18).

Workers also described the significance they attached to peer relationships, whether they worked closely with each other, due to the physical proximity of their work stations, due to serving in the same unit, or simply due to having the shared identity of

being a public child welfare case worker. This was understandable and workers offered

different explanations. One worker shared, "I think we have a really great group of

people. Personalities, I think, mesh well with each other. I think with this group of

people that work hard at what they do and care about their job" (CWW15). A second

worker stated, "…we know what we're going into…day in and day out. We all have

mutual understanding of the nature of what we do" (CWW3). Another worker offered

this explanation, "…all of us case workers are pretty close to each other. We kind of

know what we go through on a daily basis. So if I need somebody to go out with me, I

can ask another case worker…" (CWW20). A fourth worker also had this to say,

> You get support from your co-workers. You can talk with your co-workers.
> Pretty much everybody knows what you've been through because they've been
> through it too, either at some point or another and sometimes those co-workers
> will kind of help you to recognize the good part of the day or make you laugh
> about something silly (CWW22).

In fact, a few workers so valued their co-workers' relational support that they

shared they perhaps would not have remained in their position and with the agency had it

not been for this. One worker put it this way,

> If I didn't have co-workers that are there and say, 'I'll help you do this' or even
> just there to listen and support and able to talk with or whatever…if I didn't have
> good co-workers, I don't think honestly I would stay here. Just because you need
> that...you need people who are going to be there and work with you and when you

need help, they help you and you help them when they need it. If you don't have

that then it will definitely be hard to keep working in a job that is as stressful as

this. You know, something's always happening. So it definitely helps all of us

stay more sane and be more satisfied (CWW28).

Leadership

Case worker and supervisor data indicated that agency leadership was an

extremely significant factor in determining the overall organizational climate within

public child welfare. References to leadership meant the child protective services agency

director and assistant directors, and sometimes extended to directors of the adult

protective services and workforce and family services divisions, two other divisions

considered part of the county's combined child welfare agency[8]. While leadership did

not determine mission, it single-handedly influenced how the mission and goals were

interpreted and pursued, and also influenced staff morale and current practices.

In county C, workers and supervisors thought that leadership within their county

determined the overall direction of the agency. There were multiple references to agency

leadership, partly because they had recently experienced leadership change, but also

because leadership had been as influential as it was. One supervisor had this to say,

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[8] The combined agency within the state included Child Protective Services (called public child welfare in
this study), Adult Protective Services (APS) and Public Assistance (providing unemployment services,
Medicaid, child support and food and cash assistance).

I think that the direction for the agency comes from our director, which our

director just started in April. Prior to that, we had a very active director also.

They have a little bit different perspectives on the kind of processes that we go

through, so there's been some changes, but not a lot. You know, the focus is still

the same. Just maybe, some of the process maybe has changed a little bit. But it's

not been drastic changes. But really, it does come from our director (CWS1).

One of the workers within the county echoed this observation. She, too, stated that

direction was determined by the director, and spoke extensively about the former

director's addictive excitement and passion for families, which swept through the entire

agency and was eventually commonly shared among the staff.

Workers and supervisors within county C were also able to share distinctions

between their former and current director in terms of their differing management styles,

illustrating how the influence of leadership extended beyond organizational direction to

decision making processes and protocols.

The supervisor mentioned above provided a lengthy example of how the former

director was driven by values and morality, while the current director's decision making

was more so guided by the rules.

So, just a good example…Finally the state developed what we call a CAPMIS

screening guideline for referrals for abuse or neglect. It's not a manual that's

black and white that any call I get I know I can look in there. It's a guideline, and

they're somewhat broad or vague…it'll say things like, 'If a parent or caregiver physically striking a child caused significant injury, then it's physical abuse'. Well, what I might consider significant injury might be very different than the other 87 counties. So, you know, our former director, I think was very entrenched in 'Yep, this book's great. I love this book and this book is gonna be what we use ad what we train staff with and how we make decisions. But I also have a responsibility to these folks out here in the community who have said, 'Hey, Child Protective Services, and Adult Protective Services, here's our money. Here's our levy money. We want to give it to you because we want you to save children and the elderly. And if there's something in that book that doesn't sit right with me…that says, according to this, you should screen this out, or you should not be involved with that family, but we inherently felt like, you know, was the right thing to do or that family was asking for help and because they didn't fit into this round peg or round hole with this square peg, we would still do the right thing' […] but our current director is very rule driven. If the rule says…so one example is, if we get a report of abuse and neglect…and it's about you and your children…we don't call and tell the family […] if it is a report of abuse and neglect and I could just have a little bit more information to know what to do about it, I'm not allowed to call anybody about that report unless I screen it in [...] The guidelines say you can't contact a family as CPS and ask them about this report unless you're screening it in for investigation. But sometimes…if I just knew if…'Mom, was the kid really there when dad beat you or was he at

Uncle Johnny's for the weekend?'[…] And if I knew he was at Uncle Johnny's, we would be screening this report out. Sometimes, it would just make sense to him [the former director] and say you pick up the phone and make that phone call to find out that snippet of information […] we're not gonna insert the government into a family's life where it doesn't need to be if that information is available to go get it. Whereas from 'K' [current director]…cease and desist. It says no. You may not (CWS1).

Leaders therefore differentially interpreted regulations. The supervisor also shared that the driving message for the former director was always 'Do the right thing', regardless of rules, and for the current director, it was "Show me the data'. The mission remained centered on 'saving children', but "how one goes about it is very different than the other" (CWS1).

In situations like these, the director's style of managing the agency, expectations of staff and the differing weight placed on guidelines led to variations in how many reports were screened in. This then had a spiral effect on the number of families involved with the child welfare system and rising levels of confusion for screening staff who had become used to one standard and were now frustrated by the fact that their work had unexpectedly increased.

Agency leadership also partly determined organizational values. Again in county C, a high value had been placed on keeping families together and engaged in collaborative services. One worker explained that both the former and current directors,

as well as the combined agency's director saw value in kinship placements, "not only in the cost savings, but more in protecting our children and ensuring that longevity is with kinship" (CWW6). In addition, in relation to the implementation of the family team meeting (FTM) approach, which was identified as a promising practice for engaging and empowering families[9], leadership had made a commitment that "even if funding went away, we would do everything that we could to ensure that we could continue this process, because we do believe it adds value" (CWW9).

In county A, there was agreement that leadership was an influential factor in staff morale and the degree to which staff shared in the mission and vision for the agency. In response to a question related to leadership support for case work staff to subscribe to organizational values, one supervisor with over 20 years of experience shared, "I've had multiple administrators here…multiple supervisors over the years, and it all depends on that person's personality. I don't even know if you could call it culture of the agency" (CWS3). In other words, the leader's personality was most influential in determining whether workers shared the organizational vision.

The supervisor went on to differentiate between a leader who "crushes" staff by not providing recognition for their great work and their input in making changes within the system, and a leader who supports his or her staff and nurtures their skills. He explained that leadership could potentially be harmful or damaging and offered an old

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[9] See American Humane Association (2010) and Brady (2006) for additional information on the evidence base for FTM and Family Group Decision Making models

Italian phrase, "The fish rot from the head down", as a way to express the impact of negative leadership (CWS3).

It was noticeable that workers from county A did not offer glowing comments about their director and general leadership, as did workers and supervisors from county C, for example. In fact, a number of case workers reported that some peers were disgruntled about the implementation of AR, but were less concerned about the model itself and more concerned about unanswered questions and poor communication about the roll-out schedule. One worker had the following to say,

> Yes, like the whole plan to switch to AR. It's like…who decided, and why this model? Why this model…we are the only one in the whole state doing it this way and probably in the whole country…it's a top-down decision making process. There's no round table discussions about where, why…why the changes, in which direction are we going. When are we going? It's like trying to get timelines pinned down. "Oh, we don't know…I don't know…they didn't give me that information yet. It's not been decided,' even though I have an 'in' with "J" (a supervisor), my partner. So, she gets a lot of gossip that most people don't get, but of course, half of what she says, 'Don't tell anybody!' Because she's not supposed to know half of what she knows. So I'm certainly not supposed to know. So, I know more than most people but I can't tell anybody and there's all this, 'Don't tell…we're going to start May 1, but don't tell anybody' (CWW26).

The worker thought that what should have been open communication about the nature of impending changes was unnecessarily shrouded in an air of secrecy, leading to gossip and speculation, as well as frustration and anger.

A second supervisor from county A weighed in on leadership and revealed her assessment of the little autonomy agency leaders had in relation to decision making. She shared that managers had no power and even assistant directors did not have the opportunity to make major decisions. "The decisions are made at the Administrative Council level, where all of the different assistant directors come" (CWS2). From her perspective, on their own, agency leaders were unable to make changes, and this was especially the case with state regulation. As the supervisor stated, leaders could decide to ignore a particular policy or requirement, but they then needed to be prepared to "take a hit when they come up for the next CPOE audit, and that may mean money, depending on what the audit thing is" (CWS2). This supervisor thought that agency leaders were somewhat boxed in by bureaucratic processes and regulations.

Summary

This second chapter on findings was focused on worker and supervisor perspectives of public child welfare organizational culture. The data on how workers feel about their job and the agency are helpful in understanding worker motivation and the approaches they take to working with families. Worker approaches were also determined by the values that were important for organizations, staff morale and agency leadership. For example, workers who believe they are involved in important work, that they have

the ability to be effective, and feel supported in their role, will tend to be empowered and

have positive regard for their families. This may then lead to attempts at positively

intervening in the lives of families.

Chapter 7 - Caregiver Data

One of the study's three research questions was specifically related to caregivers. I was interested in determining caregivers' experiences with empowering interventions as a result of their family's involvement with public child welfare.

Research Question 3: What do caregivers report to be their experience with family empowering interventions within their public child welfare county office?

Caregivers were therefore asked questions related to the services and benefits they received, what their unfulfilled needs were, what characteristics of workers were helpful or harmful, what their overall experiences with the system were and whether they felt empowered due to their involvement.

It is important to note that the group of caregivers who participated in this study was not typical of child welfare-involved parents in a number of ways. Most parents or biological family members become involved with child welfare due to protective concerns regarding their children. Traditional child welfare practice has tended to identify these parents as perpetrators of abuse or neglect. Some parents lose temporary or permanent custody of their children, while others are able to have their family remain intact while services are provided. Anecdotally, biological family members, and parents in particular are not usually happy about child welfare involvement and many are resistant to services, uncooperative and often angry and oppositional.

Given this, I expected that it would be difficult to enlist child welfare-involved family members in the study, but was open to hearing both positive and negative experiences from those who agreed to participate. This expectation was realized and I found it more difficult to engage the participation of biological parents, than other family members. The composition of the caregiver sample is indicative of the difficulties outlined above. While the perspectives they shared are honest and valid, they may be skewed by the role these caregivers play and their atypical status.

The ten family members who were interviewed for this study included eight grandparents who currently had custody of their grandchildren, and two biological mothers, one of whom had lost custody of a daughter and had been actively working to regain custody. The other biological mother had an intact family but had involvement with the system and was receiving services as a result of a report from a family member who was concerned about her children's safety while in mother's care. The biological mom who was working to regain custody of her daughter was the sole participant from county D. All other nine family members were from county C.

This chapter includes the three themes emerging from the caregiver data: (1) overall experience with the system, (2) feelings of empowerment, and (3) areas for improvement.

Overall experience with the system

Caregivers reported an overall assessment of their experience working with the system, and with case work staff in particular. Seven of the ten caregivers stated that they had a positive experience with the public child welfare system. One caregiver, a grandmother with multiple grandchildren, described her experience as "wonderful", stating that she loved the kinship program specifically. Other caregivers shared that they had "nothing but help along the way", that "it's been good from the beginning" and that "overall, it's been pretty good".

In terms of interactions with staff, most caregivers reported being pleased with the support they received and that they felt comfortable calling and talking with staff, or asking questions as needed. Some enjoyed close relationships with staff, particularly the kinship staff, with one caregiver noting that she called the kinship case worker when she needed help. She stated, "Even if she can't help, she'll listen, and sometimes that's all I need".

Caregivers also thought that the workers and supervisors they had encountered were well suited for their role. "It doesn't appear to me that it is a job to them", was one caregiver's assessment, while another shared, "I'm just really lucky I had the group of people to work with that I did".

They highlighted a number of case worker characteristics and personality traits that contributed to their positive experience. Listening, being understanding and caring, having a positive attitude, and being open to learning, even from the caregivers themselves were qualities that caregivers appreciated. In addition, caregivers thought

that being 'down to earth' and relatable, not being bothered by the seemingly trivial things that were important to kids, as well as liking children were good characteristics. Finally, when a worker demonstrated that the family's case was important, despite being overworked, this did not go unnoticed by the caregivers.

A few of these caregivers acknowledged that everyone did not share their views, and may themselves have had negative experiences with the system and with child welfare staff. One of the biological mothers mentioned that prior to her family's involvement, she had not heard good things about Child Protective Services as they tended to come in and get your children "riled up". Another caregiver stated, "I've heard stories, but thank God, I didn't have any problems". A third, who served as a kinship caregiver, but who had also been formally trained as a foster and adoptive parent suggested that for some, the experience may not be as positive as his family's because they didn't understand system dynamics. He shared, "From the foster parent side of it, if you don't understand that [the system has good parts and bad parts] and work with that, it's going to make the process that much more miserable for you" (CG5)[10].

One caregiver who reported an overall positive experience was extremely hesitant to share an early bad experience she had with staff. She eventually shared that one of her granddaughters had been removed from her mother's care and that staff had initially refused to consider her as a kinship provider for the child, alleging that children had sexual contact with each other while in her care. She denied that this had happened and

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[10] CG is a reference to Caregiver

shared, "When that was done, I was kind of made the enemy…I can't say it was done deliberately, but I can't say some of it wasn't" (CG1).

Fortunately for her, it appeared this was cleared up, since she was later given custody of another grandchild. However, this situation was similar to anecdotal reports from parents who believe that once they are accused of abuse or neglect, they are poorly regarded and treated, despite being innocent. In fact, one caseworker who was interviewed shared that in some counties, accused parents could never "dig themselves out of their mistakes" and would never be given a chance to redeem themselves.

Two caregivers reported that their experience had been mixed: both positive and negative or "in between".   The first of two had positive experiences up until the last year. She described that over the last year, due to a change in the family's circumstances, she made multiple attempts to access financial assistance and felt like she had to "beg for that money…" This caregiver had been denied assistance, but was told she could appeal, which seemed to increase her frustration, since she didn't think any appeal would be successful in a bureaucratic agency laden with systemic roadblocks. She vented, "Well, they send you the papers and say you can make an appeal but the rules are the rules. What am I going to appeal? That's how I feel". She felt alone, with no support and no one to talk to and went on to say, "You can't talk to anyone at [the agency]. There's no one to talk to. Who do you talk to? There's no one you can just call and just share what's going on. There just isn't".

This caregiver was also fearful of pushing for further assistance because she did not want to risk anyone wondering if she could indeed care for her grandchild and then consider removing her. "I don't want to make such a big stink that they come knocking on my door and like, you know, 'Oh, you can't take care of her then. Well, maybe somebody else will'…so…" (CG3).

The second caregiver with mixed reviews related that things had improved after she got custody of her granddaughter and developed a relationship with kinship staff. Prior to that, she fought in court for custody of her granddaughter, without any agency support. The caregiver shared that her granddaughter's other grandmother also wanted custody and that she had been advised by the agency to hire an attorney.

> I ended up taking out loans, taking out my pension, even my savings. It cost me in the end, close to $40,000, but I felt I had to do that to save her. I had to pay for my own attorney to get custody of her and my attorney knew I knew nothing about this process and she literally milked me dry. I'm resentful about that because that's money I'll never ever get back again (CG4).

The caregiver expressed frustration and anger because of what she went through, but also acknowledged that other grandparents who gained custody of their grandchildren did not have her experience and were "backed the whole way" by the agency.

The only caregiver to report a distinctively negative experience consistently used the word incompetent in describing child welfare workers and supervisors. She stated

that they "did nothing" and 'refused to act" to protect her child, who was allegedly sexually and physically abused by her ex-husband. The mom had been a victim of domestic violence and felt let down by the courts and by the agency, as they either favored her ex-husband or failed to appropriately investigate the allegations of abuse. She shared,

> The second Children's Services heard my ex-husband hired an attorney that charges $350 an hour, they became worthless. They were afraid. They told me…even the supervisors told me…if we proceed with this case, your ex-husband is gonna sue us (CG13).

She eventually lost custody of her daughter to her ex-husband and she too "ran out of money", after a long and expensive court battle. This caregiver thought that workers were threatening and unhelpful and that the system was failing women in general, especially financially poor victims of domestic violence. The worker who investigated her child's sexual abuse was also dismissive, acting like "it wasn't a big deal". This caregiver felt like the worker blamed her when she was the victim parent. Her final assessment, "totally not only not empowering, but devastating working with them…" (CG13).

As intimated before in this study, the fact that all but two of the caregivers in the study were grandparents who only became involved with child welfare services as a result of their adult children's acts of abuse or neglect likely impacted the mostly positive rating of their experience with the system. Case workers themselves discussed the

general public perception of the agency and its staff, as well as the negative perceptions held by families with whom they work. One grandmother confirmed this as she shared her own daughter's feelings about the public child welfare agency that removed her children. "Oh, she hates them. She does not like Children Services at all. She doesn't understand why she got them taken away from her. We've tried and tried to tell her that…the drugs she's on…she just don't…nothing sinks in" (CG10).

Another grandparent stated that her daughter was mad at the system and at her, while a third mentioned that workers tried to help her daughter so her children could remain with her, but "she just makes really poor decisions". Nevertheless, one biological mom who was interviewed did not display the typically expected negative attitudes, despite not being a voluntary client.

> They ended up coming to me. A family member had to call them out of concern for myself and my children. I'm not mad at them. I'm glad they did. I just needed help and now I'm getting the help that I needed and I'm glad…doesn't bother me one bit (CG12).

Caregiver experience of empowerment and empowering interventions

The term empowerment did not resonate with most of the caregivers who were interviewed, though it was not required that caregivers be able to define the term or identify empowering interventions by name. They simply needed to be able to describe their experience with public child welfare and say how they felt about it. It became clear

from their responses that empowerment was not something that was openly discussed, nor was it a goal that was overtly pursued. Nevertheless, one caregiver, the biological mother from county D did emphatically state that she was not empowered by her involvement with public child welfare. Still, other caregivers provided responses that indicated that they were positively impacted by being involved with the system, and also felt that were able to have varying levels of influence on changing it in return. Being positively impacted by system involvement and having the skills and confidence to cause impact on the organization are certainly aspects of empowerment as it is formally defined. Caregivers therefore experienced increased knowledge and competence, developed the ability to engage in systems advocacy and had some measure of organizational empowerment as well.

On the surface, it would appear that caregivers were most impacted by having access to services and tangible benefits. Some caregivers had to think for a bit to come up with responses to the question related to services they received, as this did not appear to be familiar language. However, they were able to identify that through their family's involvement with the child welfare system, the children had received clothing, diapers, furniture and gifts. The children also had medical insurance coverage, which granted access to counseling services and psychotropic medication. This was particularly important as several of the children had medical issues, such as birth defects related to parental substance use during pregnancy. A number of caregivers also mentioned parties and other events hosted for the kinship families. Several were grateful for the

opportunity to have their children play with others facing similar circumstances, so that they could see they were not alone in not being raised by birth parents. Caregivers also mentioned the stipend provided to them to assist with child care expenses.

Apart from these services and benefits, kinship caregivers in particular were also positively impacted by the support group meetings that were organized by the agency, though these were not always well attended. This forum provided some information and training on topics, such as substance use, safety and couponing. Even more important, however, was the mutual support that caregivers were able to provide for each other at these group meetings. It was a good place to get and share information, vent about their experiences and share resources. Caregivers seemed to feel comfortable to openly question their decision to raise the children under their care, as others around them could relate.

> We can go in there…and blow off about why did I take him. Maybe I should…maybe I shouldn't have done this, you know. What's going to happen to them when something happens to me? And questions like that. Everybody's got a different answer, but it just makes you feel better to be able to go in there and, I don't know, just blow off (CG10).

One caregiver stated that when school resumes, and her child is away during the daytime, she will begin attending as this may be her 'counseling'.

Finally, caregivers were also positively impacted by workers sharing information about resources available to them, in addition to learning how to navigate the system to access these resources. One biological mother mentioned receiving a pamphlet on different programs and a grandmother was pleased to learn about an autism camp her 18 year old could attend. "I didn't know anything about MRDD. I didn't know about the autism camp. They're just full of information" (CG10).

The advocacy that workers did on behalf of these caregivers was also noted as important and impactful, particularly when workers taught caregivers how to use the system to fill gaps in service. When the biological mother mentioned above received assistance in setting up a psychiatry appointment for her son, she remarked, "It may sound like small stuff to somebody else, but that's big stuff for me. I need to see a doctor" (CG12).

Caregivers also spoke about their ability to create change in the system. One caregiver thought that he and his wife could impact the system, even if this was only in a small way.

> I don't know if since it's a state run system sometimes you feel like it's kind of out of your hands. But at the local level then…one of the examples that we use in that regard…we were getting vouchers for somewhere; I think Wal-mart, to buy…when they place the child, you go to Wal-mart and you buy the things you need. Well, she (his wife) told the case worker, 'If you just reimburse me the same amount of money, I can get more stuff at better bargain deals going to

different places'. And I don't know if that was a formal change or not, but when

we get a child, that's what we do (CG5).

Through their feedback, a slight rule change was consequently made. The caregiver also

explained that his wife was the family member who typically attended meetings with

child welfare staff and there were times when she felt that her opinions were not

welcome. Despite this, she was not afraid to provide feedback. "She's kind of got the

attitude that if they're telling us we're part of the team, then they're going to hear our side

of the story. The team thing…so…" (CG5). These were caregivers who not only were

kinship providers, but also non-relative foster parents.

Other caregivers thought that it was their responsibility to provide feedback on

what had worked and what they were dissatisfied about. A number of them attended a

recent meeting to do just that.

Oh yes. Yes. We had a meeting I think last month or the month before last with

someone else from…I don't know where they were from, but we had a meeting

with them a lot of the kinship parents…grandparents were there. And yes, we

voiced our opinion (CG10).

This grandparent thought their feedback was well received.

Only one caregiver openly stated that she did not think it made sense to share

feedback in an attempt to influence system change. She reported that she had tried

multiple times in the past and would no longer do so. "It doesn't go anywhere. I mean…it just…it is what it is" (CG3).

Caregiver empowerment also seemed to be a factor of their decision making power, which was correlated to their child's custody status. Caregivers who had full legal custody of their children had the ability to make independent decisions about their child's life. They certainly valued this degree of power and explained the stark contrast in their ability to independently make decisions in situations when they did not have custody of all the siblings under their care. One caregiver was happily able to avoid going through the agency to get custody, in fear of the possibility of losing the child and their right to decision making power.

> If we went through [the agency] that would have been…you know, they could have at any point decided we weren't what they thought…we just didn't want that. We have religious beliefs and all that. We just did not want anyone else telling us how we could or couldn't raise her (CG3).

One biological mother was also clear about the value she placed on her decision making power. "I'm their mother. They're not my kids' mother and they don't act like that. I would be totally offended if they would try to. You know what I mean?" (CG12). Even though she was reported to the agency based on safety concerns for her children, this mother felt she was entitled to certain rights as a parent.

Areas for Improvement

While a couple of the caregivers could not think of any suggestions for improvement of the public child welfare system, others were able to identify deficiencies based on their own needs and those of the children under their care. Some of their suggestions were directly related to public child welfare, and others were more generally related to the welfare system, such as wishing for a better child support payment system, increased food stamps or more TANF benefits.

In terms of public child welfare, and kinship support, caregivers thought that having access to respite care would be useful and may be particularly so for grandparents. One caregiver had been hospitalized twice in the recent past and had suffered from a stroke and needed respite support.

A couple of grandparents thought that they were at a disadvantage in comparison to non-relative foster parents and that there needed to be more services and supports provided to grandparents and the children they were raising. According to one grandparent,

> It's nobody's problem but our own but I think that the system is not as such…it's not fair to other people that are raising their grandkids. I really believe that. I hear it from a lot of grandparents that are raising their kids (CG3).

A second grandparent described it as favoritism.

> I also get a sense that the kinship children are treated different than the foster care children in the system and I don't really think that should be. We do everything

we can for our own child. We just think that the system is not as equally balanced as it possibly could be. And I don't believe that kinship parents, aunts, grandparents, whatever, are treated with the same advantages that the foster system has. It's very slanted…very frustrating…just seems like the system is a little off balance…off kilter. And the difference is amazing (CG4).

These perceptions were made even worse by rumors of how grandparents are viewed by workers. The grandparent above added, "From what I understand, the joke around Children Services is we grandparents are considered free labor or cheap labor because if the children were in foster care, they would really have to pile it on and stuff" (CG4).

The grandparent also added that the system seemed to penalize working parents. She described what she thought was a double standard.

It's almost like you got a job, so you're penalized. But someone who doesn't bother to go to work…I feel like there should be more services like that available for parents…grandparents that are raising their kids. It shouldn't matter that I am working. You know, free daycare…oh my God…like I said, during the summer I pay $80 to $125 a week. Why can't I get that daycare offered to me? The only reason I get a discount is through United Way who helps me out. It just seems like if you work you're going to get penalized as opposed to someone who doesn't. I don't know. I don't know. I would like to see more stuff like that

towards the grandparents that are sacrificing to take care of their grandkid. You

know what I mean? (CG4).

Grandparents and at least one worker acknowledged that they had special needs.

It had been a long time since they had parented. They were "tired physically", according

to one grandparent (CG3), and often took on the care of their grandchildren without

having adequate information or knowing what to expect. "I'm just saying that you go

from no responsibilities to all of a sudden, you're raising a child…" (CG4). One

grandparent couple described raising their grandson as a daily "challenge", especially due

to him being severely traumatized by his early experiences (CG6a/6b).

A few grandparents mentioned that they needed counseling for themselves and

also needed insurance that would grant access to counseling services. One suggested that

it would be helpful to have someone available to advise and guide them. "You know,

they got a guardian for the kid, but they need somebody there to help guide the

grandparents so you don't get sucked in to the same thing I got sucked in" (CG4). While

they valued the parties and events hosted for kinship families, they needed additional

support.

> …we have these little parties three or four times a year. That's wonderful for the
>
> rest…for us all to get together and do something together, but that's it. There's
>
> really no more than that. There's not a social worker available you can call and
>
> say, 'Man, I'm having a really lousy day', you know (CG3).

Grandparents and parents thought that they especially needed advice, guidance and support in matters related to dealing with the court system. A grandparent vented, "I mean, there's really absolutely no excuse that I did not have the support I needed and that my attorney was able to just take me for everything she could" (CG4). The biological mother who lost custody of her daughter also thought that the agency created the situation where she had to deal with the court system and a "corrupt" judge, who stated in court that he did not want any negative attention during his election year. She stated that Children Services did not help her in any way and after years of fighting the courts on her own, her attorney reportedly advised her,

> …the first thing I'm gonna have you do when you go to testify in the court this time is apologize to the judge and tell him that you appreciate that he is fair, because if you don't just talk to the judge, you'll never get your daughter back (CG13).

Caregivers were also concerned about the children's experiences that led them to system involvement, and equally concerned about experiences they had after child welfare services came into their lives. They admitted that being removed from their parents was not ideal for children and thought that those who had no connection to families did not "have those roots that allow them to expand their horizons…" More investment was therefore needed for the kinship program. Caregivers acknowledged that an increasing number of parents were becoming addicted, without the kinship program keeping pace with this growth. One grandmother thought that perhaps due to the number

of children coming into care, the longer she had her child and "the older [she] gets, the more she gets lost in the shuffle" (CG3).

In addition, their children had long wait periods for counseling and psychiatric services, which was disturbing given their degree of trauma. The children in question very often had behavioral and emotional issues, having suffered losses and at times had been exposed to substances in utero, leading to medical issues. The agency could divert some attention away from the addicts, for example, to the children, instead of worrying about their rehabilitation needs.

> I just think the children get the short end of the stick. It's like we always worry about the addicts and all they need rehab and all we need to make sure that they recover and everything. Well, that's all fine, but these children are really badly neglected and that's my concern (CG4).

The agency needed to better provide for these children and their caregivers, especially those who did not have an extensive support system.

By sharing this information, caregivers described positive experiences they had as a result of their families' involvement with public child welfare and how they experienced empowerment, though this was not necessarily how they overtly defined it. They also shared negative experiences and needs and how the system could be improved to more effective serve them.

Summary

This chapter presented the perspectives of caregivers whose families were involved with public child welfare. The findings must be contextualized by the fact that eight of the small sample of 10 caregivers were grandparents, who were not themselves identified as perpetrators of abuse or neglect against children. Caregivers reported mainly positive experiences with the child welfare system and with staff. They received tangible benefits and felt supported. The few who reported mixed or negative experiences had asked for help and were denied, experienced a lack of support, and also reported poor decision making and management of the family's case.

It did not appear that terms like services, intervention and empowerment were regularly used as part of caregivers' vocabulary. Still, they identified ways in which they benefited or were positively impacted as a result of child welfare involvement. Their children received useful services and they experienced supportive relationships. A few caregivers thought they could impact the system in limited ways and agreed they could use their voice to influence change, which were indicative of empowerment. The custody status of the children made a difference in caregiver decision making power, which was also important in feelings of empowerment.

Chapter 8 – Discussion

The overall aim of this dissertation was to explore family empowerment within public child welfare by ascertaining the perspectives of case workers and supervisors on organizational culture. Family empowerment was identified as a significant issue for public child welfare systems because of research, already highlighted earlier in this study that suggested its salience in helping vulnerable and at-risk families achieve positive and sustainable outcomes. But the research also questioned the feasibility of implementing family empowering approaches within child welfare systems due to the very structure and culture of the organizations and how they have historically functioned.

The dissertation was therefore also aimed at determining case worker and supervisor perspectives on the public child welfare system's readiness for change toward adopting an overarching approach guided by empowering principles. While child welfare-involved family members are not surveyed regarding their perspectives on child welfare culture or the system's readiness for change, their input is solicited as it relates to their experience of empowering interventions as administered by child welfare workers. Their data are important to an understanding of how case workers' efforts and approaches are perceived and received in terms of actual feelings of empowerment. It must be reiterated, however, that the caregivers in this study are not necessarily typical, as there were more grandparents than biological parents. This has relevance to interpreting the findings from caregivers.

In this chapter, I highlight the major revelations from the data collected and analyzed, both in relation to the study's specific research questions, but also in relation to the study's conceptual framework. I also discuss the implications of the findings and suggest recommendations for future work that can broaden our understanding of public child welfare services, and how change takes place, as well as extend the possibilities for micro and macro efforts of helping families in chaos.

Perspectives of empowerment

Findings from this study confirm existing literature, which suggests that the term empowerment tends to be widely used as a buzzword, but largely remains more of a theoretical than practical construct (Nachshen, 2005). Empowerment is not part of deliberate conversations with families and is not typically a goal that is written into families' case or service plans. Unlike the definition of empowerment used in this study[11], it does not appear that caseworkers and supervisors were intentional in their efforts to empower. As one worker implied, empowerment is far more assumed as an outcome of intervention, than it is talked about and openly pursued.

This was evident in workers' poignant pauses as they attempted to describe the empowering interventions they used, and other empowering strategies they would suggest that they were aware of, but had not yet implemented. It was also evident in caregiver's struggles to identify interventions they had experienced that were empowering. Both situations suggested that these were difficult questions for workers

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[11] See page 9 for the definition of empowerment used in this study

and caregivers. It was clear that in most cases, empowerment was not thought of in terms of discrete interventions, though a few participants identified specific practice models that had empowerment as an underlying premise which had been used in the past, or were being currently used.

Nevertheless, empowerment was seen as an important part of the work done with families and families themselves were generally held in positive regard. Indeed, the public child welfare mission identified 'strengthening' and 'promoting' families as a core function. With or without discrete empowering interventions, workers believed that a basic respectful and trusting relationship with families was at the heart of this process and therefore heavily relied on relational support as an empowering tool. Against the background of historical mistrust, fear and resistance to child welfare's authoritative role, engagement of families therefore became an important strategy and seemingly functioned as an intermediate outcome for workers. Once relationships were built, they were then able to provide referrals and linkages to services as the next main way to facilitate empowerment. But while relational strategies are certainly an important part of the empowerment process, workers do need to be familiar with additional tools that will also facilitate the process.

It was a significant finding that child welfare case workers could envision empowered families. In profiling the empowered, workers saw families as empowered if they made adequate use of the services provided, to the point where they no longer presented with parenting concerns, were able to protect their child physically and

emotionally, and were self-sufficient. Self-sufficiency was a key concept in workers'
description of empowered families. They needed to be knowledgeable of community
resources, be able to navigate the child and family serving systems and appropriately
manage the issues that led to child welfare involvement. For example, families with
substance abuse issues should be able to remain clean and sober, but also must have
realistic plans, in the event of a relapse, that provides for their child's care and protection.

Workers did not include the family's ability to impact or influence the child
welfare system as a characteristic of empowerment as the literature suggests. This, in
itself was a useful finding. Workers' profiling of empowered families was limited to
individual or psychological empowerment (Nachshen, 2005), but did not extend to
organizational empowerment (Perkins & Zimmerman, 1995), where families would be
involved in collective decision making and shared leadership. There was therefore more
emphasis on empowered families being able to better manage family life, but they were
not necessarily seen as being able to engage in system advocacy and change efforts.

Readiness for change: Adopting a family empowerment approach

Workers and supervisors were decidedly certain that the public child welfare
system will never fully adopt an approach that is guided by the principles of
empowerment. From their perspective, this would essentially mean that the system
would need to abandon the traditional response in favor of an alternative response
approach for all families, essentially changing its primary mission. Workers and
supervisors were clear that the major mission of child welfare was centered on their child

protection role and so child safety was always the priority over every other goal. While strengthening and promoting families was important, and was often seen as closely tied to protecting children, it would never be seen as more important than ensuring child safety and so principles underlying empowerment would not be used to guide practice.

First, workers believed that there would always be families who would harm or fail to protect their children. Second, the child welfare system originated from a protective-authoritative role. Specific legislative codes and close ties to the judiciary system provide for this function. Despite expansion of the functions of the child welfare system and internal changes that may have 'softened' or diversified its approaches, public child welfare would always be primarily focused on the protection of children. For workers, the traditional response would therefore remain relevant, necessary and prioritized. Whereas change will take place within public child welfare, it will not be the overarching change that is suggested as being needed to reform the system. In fact, the public child welfare system has undergone many changes. However, for it to fully adopt the values of an empowerment approach, workers believe there would need to be a radical shift away from its core function and purpose, and this, workers and supervisors unanimously agreed is not a foreseeable change that the system is ready for.

I believe that these views are indicative of workers and supervisors' misunderstanding of empowerment. While many workers acknowledged that protecting children was best achieved through family strengthening or empowerment, they still appeared to believe that their focus needed be on either the child or the parents. Instead,

an orientation toward empowering families allows for the focus to be on the whole family, as was done in some European child welfare systems. Workers need not choose between child and parents or safety versus empowerment.

Taking a broader look at family life and structural influences on parenting, for example, may be helpful in changing workers' orientation. Perkins and Zimmerman (1995) remind us that addressing empowerment should include exploration of environmental influences on the problems presented. It is not as simple as one worker suggested that there would always be parents who harm their children, and so the need for a child protective authority would always be paramount. This implies that when parents make bad choices, especially serious ones, child protection must be chosen over family empowerment.

However, family lives tend to be very complicated and poor parental decisions may not necessarily mean poor parenting overall, but may be related to other struggles in parents' lives. For instance, most families involved with the public child welfare system in this study were impacted by parental substance abuse. Given the extent of the addiction problem around the state, and the sheer number of children who are negatively impacted by this issue, simply focusing on protecting children may involve only 'band-aid interventions' and would not help families in the long term. Adopting an empowering approach could therefore mean engaging in more prevention work and building stronger communities and social networks to simultaneously protect children

and empower parents. This is discussed in further detail in the Implications for Practice section.

Organizational culture and family empowerment

Through this research study, I also found that the pursuit of empowerment was sometimes hindered by structures within public child welfare. Workers and supervisors identified regulations and mandates as barriers to empowerment. Having to meet obligations to complete assessments quickly, fulfill a specified amount of face-to-face contact with families and achieve resolution on cases within given timeframes left workers with little time and opportunity to sit with families, leisurely "have tea" as one worker referenced, and essentially get to know families and build influential or mentoring relationships.

In addition, the organization's in-built relationship to the court system often acted as a barrier to family empowerment as magistrates monitored family life and handled decision making, so that case workers were often stripped of decision making power in the process. While many case workers would want to opt out of the marriage between the child welfare system and the court, and welcomed the alternative response approach as potentially severing or at least loosening the ties, it remains to be seen whether the court's influence is truly diminishable.

Still, workers did not identify their organizational culture as bureaucratic and as a barrier to change. While bureaucratic structures and processes do impact efforts at

empowerment, it is not organizational culture that is believed to a preventive factor. Instead, workers focused their discussion on individual and environmental barriers to empowerment. Workers' personal values and individual performance and clients' levels of motivation were highlighted as determinants of empowerment. These were impacted in part by how well leadership socialized workers into organizational values, and the severity of issues faced by families, respectively. For example, strong, positive leadership could encourage workers to become aligned with organizational values that emphasized innovative, family-focused approaches. In addition, families facing addiction, particularly to heroin, were seen as harder to engage and therefore less likely to become empowered.

Furthermore, agencies were able to employ specific strategies to help them deal with the confines of bureaucracy. Expanding the repertoire of programs and accessing additional funding through the use of pilot projects and demonstration grants, partnering with the community, and restructuring roles and units were ways that agencies used to get desired outcomes, especially in situations where they faced limitations. As one worker shared, her agency had gotten used to, and perfected the ability to do more with less. Agency leaders therefore used what leeway they had to interpret the mission into goals they deemed important. As a result, agency efforts fell along a spectrum of empowerment-focused activities, with one agency putting more emphasis on not just family, but worker empowerment, despite the insistence that this was a secondary part of the mission.

Caregiver experiences of empowerment

Similar to the findings from case workers and supervisors, caregivers did not readily identify discrete empowering interventions that they had experienced as part of their involvement with the public child welfare system. They were much more likely to highlight perceived and tangible benefits of system involvement, such as access to medical insurance, and personal items for the children, such as clothing and toys. In addition, caregivers identified that they had knowledge gains and felt increasingly competent as parents. While they had been able to learn about community resources and had access to beneficial training from case work staff, it was not apparent that increasing competence was as a result of direct system involvement.

Most of the caregivers in the study were in fact grandparents with substantial experience in raising children. This was both a strength and challenge for them. While they had raised their own children years prior, they had to unlearn previously used techniques, given new ideas about parenting, and the trauma their grandchildren had experienced. Grandparents were open about their initial lack of confidence and doubts, but seemed to benefit most in this area from peer support.

Caregivers also acknowledged varying levels of confidence in their ability to influence change within the public child welfare system. This was interesting, given that case workers and supervisors did not include caregiver organizational empowerment in their definition of family empowerment. Still, caregivers were also cognizant of not only their limitations in this area, but also the workers'. The system was after all, run beyond

the county level and caregivers were aware that state and federal policy change was not within their reach and perhaps was also out of the workers' scope of influence. They therefore thought they were able to provide feedback and make suggestions for change within their county's child welfare office.

Overall, caregivers had positive experiences with the system. This was likely largely because these were not involuntary clients who had their own children removed and parental rights terminated. Again, these were, for the most part, grandparents who were grateful that their grandchildren did not have to be raised in the foster care system. This may have skewed the results. Had more biological parents been involved in this study, the findings may have been different.

In fact, the one caregiver who had a negative experience with public child welfare and who adamantly stated that she was disempowered and devastated by her experience had lost custody of her child. She leveled equal blame at both public child welfare and the court system, specifically identifying a corrupt and biased judge for the experience. This caregiver also shared that many mothers like her, who had been in abusive marriages and had gone through domestic violence court were in similar situations. Many will not speak out due to fear and feelings of powerlessness. Interestingly, the caregiver added that she had gained her voice through her education as she was in the process of completing a social work degree.
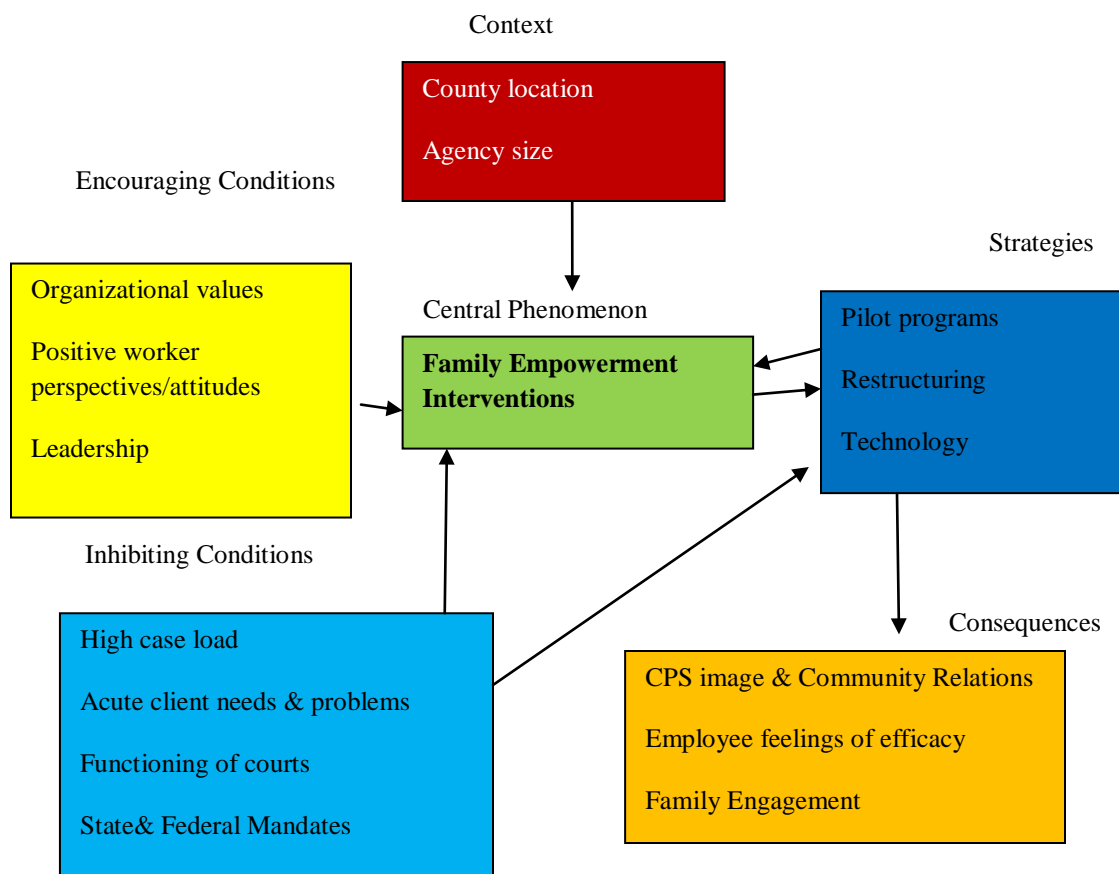
Theoretical model of family empowerment in public child welfare

The use of grounded theory in this study led me to develop a theoretical model that explains the use and implementation of empowering interventions within public child welfare systems. My proposed theory maps relationships among the events and situations identified by case workers and supervisors as salient to family empowerment. These events and situations are derived from the axial coding (Strauss & Corbin, 1990) process I conducted in the study, where the relationships between major concepts and categories were explored.

The framework for the model itself is adapted from Morrow and Smith's (1995) work, but has been modified for the purposes of this study, which will be explained following the concept map that graphically depicts the theoretical model. In essence, the model is an explanation of how specific conditions either encourage or inhibit the use of family empowerment interventions in public child welfare and the strategies employed by workers and supervisors to mitigate conditions that discourage family empowerment. The model also includes contextual conditions that influence use of empowering interventions, as well as some of the resulting consequences for public child welfare when strategies are employed to implement empowering interventions.

It is important to note that the concept map which follows is not a depiction of causation or causal relationships, but is a process map (Maxwell, 2013). Instead, I have used the data analyzed in this study to distill the story of how recent events and situations within the child welfare counties are connected and how they relate to the implementation of family empowering interventions.

Figure 2 - Theoretical model of family empowerment in public child welfare

Context

County location

Agency size

Encouraging Conditions

Strategies

Organizational values

Positive worker perspectives/attitudes

Leadership

Central Phenomenon

Family Empowerment Interventions

Pilot programs

Restructuring

Technology

Inhibiting Conditions

Consequences

High case load

Acute client needs & problems

Functioning of courts

State& Federal Mandates

CPS image & Community Relations

Employee feelings of efficacy

Family Engagement

The central phenomenon in this study is the adoption of a family empowerment orientation within public child welfare. It has been previously discussed in this study that workers and supervisors report that this is never expected to be the sole approach used within the system. Nevertheless, family empowering models and interventions such as Family Team Meeting, the Solution Focused Approach, and Alternative Response have been employed by individual case workers or agencies at the county level because of their focus and emphasis on empowerment.

Encouraging conditions are those situations that are helpful for the successful implementation of family empowerment interventions. In this study, these included organizational values that place high esteem on families and emphasize family strengthening, positive worker perspectives and attitudes regarding families, and agency leadership that promotes an environment that is conducive to empowerment.

The data from this study indicate that whereas all public child welfare agencies have the same mission, they differentially emphasize specific values and areas of focus that will be pursued as part of programming. In agencies where organizational values are based on a passion for serving and positively impacting families, such as county C, family empowering interventions are likely to be implemented and encouraged. In addition, these agencies will make concerted efforts to structure their environment and programming to match those values. Actively seeking ways to support and promote intact families will be one such way of translating values into program initiatives. Agencies will also support staff so that they can in turn support families. These situations will be in contrast to agencies that simply seek to maintain at least the minimum standards, as the worker from county B indicated, and there may not be an emphasis on staff empowerment or on building relationships and engaging with families.

The use of empowering approaches and interventions is also influenced by case workers themselves, as they must operationalize the agency's mission and values. In deciding on whether or not to pursue family empowerment, workers take into consideration their own personal values, their assumptions about people and the

perspectives they have of the families with whom they work as well as their feelings about their job and the agency they work for. Case workers who negatively stereotype families and do not believe that change is possible for them are unlikely to buy into empowering approaches. In the study, the 'odd worker out' or those who are seen as unlike the majority of good workers avoid or do not return calls from families, are judgmental, engage in labeling or name calling and do not make efforts to establish a helping relationship with families. Such examples were shared by workers from counties A and C. Furthermore, if workers do not have positive feelings about the public child welfare system itself and their own ability to make a difference in families' lives, they may be unlikely to value family empowerment and choose interventions that will target this as an end result.

Agency leadership also influences family empowerment in child welfare. Leaders tend to set the precedence for values and overall direction, as well as staff relations and morale. In this study, a change in leadership within county C illustrated how rules and protocols are differentially interpreted and followed, even when values are similar. In addition, leaders' preferred management styles and approaches to communication and decision making determine workers' access to information and the amount of input they have in structuring their experience. These in turn impact worker empowerment and feelings of self-efficacy and their tendency to be aligned with organizational values.

As one supervisor from county A explained, "When people have a lot of respect for somebody that is leading them, then it's easier to get them to follow" (CSW2). A

worker from county C also intimated that an agency director who "knows each case worker by name [and] a lot of cases by name" (CWW4) demonstrates that they care about workers and families and inspires case workers to work well with their peers and with the families so that they are similarly driven to serve families well.

In this study, contextual factors include agency size and location. Numerous workers and supervisors contextualized their comments about theirs and other agencies' use of family empowering interventions in light of the agency's size and location, that is, whether it was situated in a rural or metropolitan area and whether the agency was large or small. Smaller and more rural agencies tend not have a great deal of diversity in both staffing and in client populations, and tend to subscribe to more conservative values. This would then lead these agencies to be less likely to implement family empowering interventions, both due to limited resources and being more insulated from change.

One worker from county A shared an example of a case that transferred from a smaller and more rural county. The worker thought that it was as a result of the setting that mom was sent the message that she was "bad" and "horrible" and that no matter what improvements she made, she would never be given the chance to redeem herself and get her children back. The worker explained, "It was like the one or two or 10 things that she had previously done to get herself into this situation, she was never going to be able to dig her way out (CWW22). Another worker contrasted more rural and conservative counties with larger and more inclusive ones like hers that not only valued children's kinship ties, but also empowered kinship families. On the other hand, a larger sized

metropolitan county does not necessarily mean that family empowerment interventions are readily used.

Workers and supervisors also pointed out that there were several inhibiting conditions that discouraged family empowerment and the implementation of family empowerment interventions. Case load was presented as one such condition. When workers have larger case loads, there is less time available to spend with each family, and this means less time to build relationships, recognize unique strengths, and subsequently empower families. In addition, larger case loads were often compounded by more acute family issues. This tended to stretch workers and agency resources. The fact that client needs and problems had become more severe in recent years meant workers had more difficulty with engaging families and had more work to do to address complex issues. These situations were more common in larger counties.

The functioning of the court and mandates also tended to constrain the implementation of family empowering interventions. One worker from county C related her experience in another county with a judge who rejected a kinship caregiver because of an ill-timed joke that was reported by a foster parent. As a result, the family's choice regarding a caregiver for the child was ignored. Other examples of arbitrary rulings, personal biases and the backlog of cases in the court that impact worker morale and options made available to families have been previously documented in this study. How mandates both limit time frames for work with families and also limit their decision making power was also previously reviewed.

Inhibiting conditions also shape strategies. In response to difficulties associated with high case loads, an increase in the acuity of the family issues presented, and limitations placed on the agency by mandates and the court, agencies may engage in purposeful, goal-oriented activities in order to implement family empowering interventions and to effectively serve families. County C, as previously covered, implements numerous pilot projects to test new interventions and approaches. This also allows them to access additional funding for creative and innovative programming. In this sense, they are less constrained by difficult conditions, but embrace them. A worker shared this,

> You know, I…this sounds boastful, but we try to be as cutting edge as we can. And when stuff comes down the road, we're usually one of the first ones to jump on it. I'm going to see if this can help our results and let's go see if this can help the families we work with. So, you know the alternative response…differential response program in the state, we were one of the first counties involved with that. And you know, we…counties now come to us for that. Counties now come to see how we do things in terms of that. We tried to be as involved and engaged in all the new policies and ideas coming from the state as possible […] So yeah, I don't want to sound like I'm bragging, but…we try all the new stuff…(CWW9).

In addition to pilot programs, agencies may attempt restructuring as a strategy to respond to inhibiting conditions. Agencies were challenged to be more efficient and in county C, they engaged in re-organizing and re-assigning of staff at different times to add

a second alternative response unit, and also to improve the supervisor/case worker ratio.

A supervisor from county C also explained that another example of restructuring

involved using feedback from a poor federal performance review to "bury [oversight and

evaluation] into all our processes" (CWS1). They had also sought to educate staff on

why the agency does what it does so that "case workers understood their jobs

and…understood how to approach families" (CWS6).

In this study, there is a bi-directional relationship between strategies employed by

workers and supervisors and family empowerment interventions. The agency that places

high value on family empowerment interventions tends to attempt strategies that will

further enhance their ability for effective, family-driven work, especially in light of the

negative impact of some inhibiting conditions. Furthermore, the use of strategies then

helps counties to be in a better position to pursue empowering approaches. For example,

through restructuring programs or changing staffing patterns, they may have increased or

flexible funding to implement new programs. The opposite is also true. If family

empowerment is not highly valued and actively pursued, agencies may not seek to

address inhibiting conditions or will make limited efforts to employ strategies that will

improve their ability to empower families.

But strategies also lead to intended and unintended consequences for agencies. In

this study, the result of agency action related to approaches taken and strategies used will

be the agency's reputation and image, a positive or negative relationship with the

community, and engagement with, or disengagement from families.

Core category of influence

Once the major categories were identified and the relationships among them explored, the process of selective coding (Strauss & Corbin, 1990) was completed. This is the process of selecting one category to be the core or central category and relating all others to it. Through this process, it became clear that one category seemed most striking and stood out as being most influential in agencies' implementation of family empowerment approaches. In fact, this core category, agency leadership, appeared to be able to explain the others.

There were obvious differences between agencies in a number of areas, particularly in relation to reports of experiences and perspectives of workers and supervisors from county C in comparison to those of workers and supervisors from counties A and B. County C seemed most focused and deliberate about not just family empowerment, but also staff empowerment. The workers and supervisors in this county used similar language to describe their work and their clients. Many talked about the natural "ebbs and flows" of positive and negative experiences on the job, with recognition that the work was both frustrating and rewarding. The use of common language here was not arbitrary or by chance. It was evident that workers had been socialized into this shared understanding. One supervisor attributed the ability to overcome periods of 'ebbs and flows' to leadership as the former director taught workers and supervisors how to take the chaos and stress out of the job.

Responses therefore indicated that there were commonly held beliefs and values and the process of socializing workers into shared culture went beyond formal orientation and training. Workers and supervisors talked about daily training that focused on being flexible in their approach to families and behaving in a way that helps their families see that they care. These attitudes are "engrained in how [they] view [their] work" and leadership emphasizes "infusing" these attitudes into everything that they do (CWW17). A supervisor pointed to the director specifically as taking that approach toward staff as well. In this county, there also seemed to be a common understanding and acceptance of the leader's belief that they were public servants, and that they needed to do the "right thing" by families, treating them with dignity, respect and empathy. These workers got along well, and respected and relied on each other. They generally felt good about themselves, their peers, supervisors and administrators and the work they do. As one worker shared,

>...we have really good staff here. We have excellent leadership, from our management...from our director. And we just work at it every day and we try to do what's best for the kids we work with and for the families we work with that are...I like to think that more days than not we come out doing what we need to be doing on the plus side (CWW8).

The end result for county C appeared to be an overall climate of positivity, engagement, empowerment and excellence. There was obvious pride in the agency's reputation and

image. "You know it creates an atmosphere where lots of other agencies call us and ask for our procedures" (CWS1).

Worker and supervisor attitudes toward clients were therefore decidedly positive in county C. County A's workers were not necessarily negative, but they were more ready to qualify family empowerment by client characteristics and motivation. While there was only one worker from county B in the study, what she shared about worker views and the overall office culture indicated that they were the most negative in their views of families and their own abilities to positively impact families. Some doubt was expressed that families could change, and it was suggested that workers often pay lip service to families. In this county, workers appeared to manage stress by "minimizing most of the things [they] see down to sense to humor that most people might not share" (CWW2). This, the worker shared was part of the agency's unique culture. This worker never mentioned the agency's director or leadership in general, but talked about a stand-out memory for her as her supervisor pointing out that in her role, she would be "learning on the backs of children" (CWW2). This was certainly not the most positive frame of reference for the case worker role.

Shared and common values were not as evident in counties A and B as was the case in county C. In fact, morale seemed to be somewhat low in county A and workers talked about imbedded resentment and animosity amongst them, due to how change was being handled. Some workers did not think they had a voice in the process. As one

worker shared, "But, what do I know? I'm just…I'm on the lowest rung up the ladders.

So nobody is listening to me" (CWW26).

Leadership was similarly influential in these counties, but not necessarily in a

positive way. The clear direction that was provided by leaders in county C did not seem

to extend to counties A and B. One longstanding supervisor criticized county A's

leadership and the divide that existed between what they proposed as the major mission

and expectations versus daily practices. She stated, "…the culture as mouthed by our

talking heads…and our leaders doesn't look anything like what we culture really is on the

ground (CWS2). This supervisor also shared that the agency director had very little

power and autonomy to steer the agency where it needed to go. It was unclear, however,

if this was a case of limited power or simply different values and priorities. Another

supervisor from this county shared that he had piloted an innovative program to address

childhood trauma through sensory integration therapy, presented evidence of its

effectiveness and found a way to include it in his unit's next budget, but this item was

removed from the budget and the program discontinued. This could only have been done

at the leadership level.

It was certainly not the case that workers and supervisors' experiences and

perspectives in counties A and B were all negative. There were able to highlight the

importance of family empowerment and recognition of the need to build positive

relationships and do meaningful work with families. However, there were no expressions

or examples of 'contagious passion' handed down from the leadership. In addition, staff

got along well and socialized together, but no concrete examples of this happening outside of the work environment were presented, whereas in county C, supervisors talked about not only taking workers out for birthdays, etcetera, but also acknowledged the importance of workers' families and made a point to follow up with workers regarding their progress with self-care plans. In essence, whatever was positive in counties A and B were never attributed to leadership, but when things were seen as not being appropriately handled, it was certainly laid at their feet.

In all counties, leadership therefore had the most potential to influence organizational values, and overall staff perspectives and attitudes. Leaders have a direct hand in establishing the agency climate. They can empower staff to empower families. Leaders are confined by the agency's mission and general purpose, but they can make choices about how to interpret and respond to rules and mandates. They can employ and implement strategies designed to increase efficiency and effectiveness. Leadership ultimately sets the standards that lead to the agency's potential to empower families.

Applying the conceptual framework to findings

The study was primarily guided by organizational field and institutional theories which emphasize the salience of organizational culture and the make-up of the institutional field within the organization is embedded. Findings from the study are congruent with the literature which suggests that shared assumptions, beliefs and values are key aspects of organizational culture (Baker, 2002) which guide action and decisions. Shared culture leads to a unifying psychological environment (Simon, 1997) for workers

so that they do not act as isolated individuals, though in the study, some workers give primacy to their own personal values when these are different from or in conflict with organizational values. Supervisors typically address value conflicts as they become aware of them and will 'counsel' workers out of their current position if they cannot bridge the difference or workers cannot commit to organizational values.

There were differences between the study's findings related to the importance of workers' training and background (West & Turner, 2003), the negative impact of bureaucracy on employee commitment (Lok & Crawford, 1997) and the role of contextual factors in the organizational field on behavior within the organization (Schneiberg & Clemens, 2006). Perspectives on worker training and background were mixed. Some workers and supervisors thought that individuals with social work training were the best fit for the case worker role. They highlighted the values system, the code of ethics and the general outlook as unique and valuable. However, as one worker put it, most workers are not aware of others' training and background and do not necessarily observe differences in practice related to this. It's not usually "part of the conversation" (CWW4) and when it does come up, workers later forget.

Scott and Davis (2007) highlight bureaucracy and centralized authority as a key feature of organizations like public child welfare agencies. Though workers and supervisors did express frustration due to rigid rules, and uncompromising time frames and deadlines, assertions by Bauer and Erdogan (2010) and Lok and Crawford (1999) concerning the resistance to change and negative employee commitment as a result of a

bureaucratic culture and work practices only held true to a certain extent in this study. Workers felt limited by mandates, for example, but generally were able to find ways to remain committed to families and maintain a positive outlook. They recognized that there was ebb and flow in their role, and focused on what was rewarding about the job to get them through the stressful periods. Agency leaders in some cases were also helpful by supporting workers in different ways. In fact, it appeared that workers were most positive and change was most likely when leadership took deliberate steps to find innovative ways of meeting the needs of both workers and families, such as use of supportive technology and creating new programs for clients.

On the other hand, in county B where the description of workers appeared to be most negative regarding their approach to families, it was not evident that this was a result of a bureaucratic culture. In fact, the worker from this county identified burn-out for worker attitudes.

By the same token, organizational behavior was not necessarily determined by organizational field factors (Schneiberg & Clemens, 2006) and institutional pressures (Lounsbury, 2001). It was true that action and decision making took place within the confines of state and federal legislation and that systems, such as the courts limited worker autonomy. Again, agency leaders had some discretionary power to interpret legislation in light of their own specific organizational values and could strategize in order to insulate themselves from some institutional forces. Action was still not a choice among unlimited possibilities, but even when embedded within highly institutionalized

fields (Battilana et al., 2009), leaders found ways to make change possible. Change

appeared to be easiest when the child welfare agency's internal environment and

institutional field were unified, as opposed to being fragmented. In addition, perhaps not

all public child welfare organizations exist within highly institutionalized fragmented

environments as previously thought.

Implications for theory

DiMaggio and Powell's (1983) work on early institutional field theory

emphasized that organizations in the same field were homogenous in structure, culture

and output. The organizational field was conceived as predominantly static in

configuration and unitary in its make-up. Hirsch (1997) pointed out that it was not until

the 90s that some disagreement began to surface concerning the emphasis on similarity

(Wooten & Hoffman, 2008). Rather than action within agencies being seen as atomistic

and a response to external pressures, the idea that action and decision making could be a

reflection of the staff and leadership perspective has become more acceptable. Field-

level analyses also now account for diversity in action based on primacy in institutional

adoption (Wooten & Hoffman, 2008). Agencies that tend to be first in adopting new

ideas within a community of organizations have tended to take action out of concerns for

efficiency.

Wooten and Hoffman (2008) also suggest that organizations consider why change

is being sought (the cause), who desires change (the constituents), what the nature of the

changes will be (content), how and by what means change will occur (control) and where

change will take place (context). I would add that organizations must attempt to anticipate the intended and unintended effects of the change being sought (the consequences), both to keep them focused on the goal, and also to help them plan for adjustments they may need to make along the way.

The finding that change is possible even in highly institutionalized contexts is significant. This is supported by new developments in organizational field theory, which critique the over-socialized view that depicts organizational behavior as scripted by the social environment (Wooten & Hoffman, 2008). Instead, there is increasing acceptance of the view that some organizations can respond strategically to institutional pressures, giving credence to DiMaggio and Powell's (1991) view that organizations are now seen more as "products of human design and outcomes of purposive action by instrumentally oriented individuals" (Wooten & Hoffman, 2008, pp. 135).

The agency-structure debate therefore has relevance for public child welfare organizations, particularly as it relates to agency leadership and the confines of bureaucratic structures and processes resulting from state and federal regulations. Study findings indicated that agency leaders did have capacity to make some free choices that would not only inspire staff, but also provide the means to offer programming that could empower families. The system's role as a protective authority will perhaps remain an enduring structure that limits the full adoption and implementation of family empowerment as an overarching approach. However, depending on leadership commitment, small and slow, but incremental change has been possible toward the

addition of empowering practice models, interventions and strategies. Theory that seeks

to explain or predict change within public child welfare must therefore differentiate

between the likelihood for evolutionary versus revolutionary change, and must also

highlight agency leadership as a core factor in determining the approach to change.

Finally, theory must account for features of the organization that make it unique, as there

is heterogeneity, even among organizations within the same field.

Implications for practice within public child welfare

Public child welfare agencies that seek to be efficient and effective and those that

desire change, in some degree or at whatever level, must have at their core a high value

placed on innovation, creativity, openness and flexibility. Public child welfare leaders

and staff must determine how to bend and shape prevailing organizational practice so that

it will hold meaning for their own organization (Wooten & Hoffman, 2008). The field

may or may not readily facilitate this translation process. Child welfare leaders must be

strategic in designing solutions that help them overcome field- or institutional-level

barriers, as well as 'train' or socialize their staff so that they understand and accept the

organizational vision.

We know that change is both possible and desired within the pubic child welfare

system, though clear differences exist in the nature of change being sought. We know as

well that these differences and so-called competing paradigms of change have prevented

system reform (Cohen, 2005). The public child welfare system at large would perhaps

benefit from learning from individual agencies that have established constructive

organizational cultures (Glisson & Green, 2006) that have facilitated change and have provided effective services to families. The U.S. public child welfare system could also learn from successful European efforts that have shifted focus away from child protection to child and family wellbeing, and away from being centered on children and families, to the broader community. It may also be useful for public child welfare workers and supervisors to examine their understanding of family empowerment, given some insistence that child protection has to be prioritized and their misunderstanding that if empowerment is emphasized, child protection is minimized.

In fact, given this misunderstanding, as well as the study's findings concerning the nuanced perspectives on empowerment and a lack of specificity about the process of empowering families, training for child welfare employees that is focused on clarifying these aspects of empowerment will be crucial. While it is great that case workers and supervisors can envision empowered families and can describe the 'end product', it is apparent that they are also somewhat unclear about how they can be more intentional in their pursuit of empowerment.

Training on, and exposure to evidence-based empowerment models would therefore be useful. This appears to have already begun with the child welfare system's adoption of Alternative Response, but even this approach tends to be implemented in a multitude of ways. If administrators can agree to adopt a select number of evidence-based empowering models and train case workers on specific strategies to be used in their work with families, they will be able to combine these concrete interventions with their

focus on relational strategies so that they can be even more effective in their empowerment work.

Empowerment-focused training should also address workers' inclination to see family empowerment and child safety or protection as competing rights, as opposed to accordant goals. Developing a more expansive view of empowerment should facilitate a focus on the health and wellbeing of the entire family system and the strength of the community that supports the family system. This will then take attention away from the debate concerning the primacy of parental versus children's rights and whether the child welfare system can be dually focused. This more progressive view of empowerment also shies away from 'bad parenting' ideologies or blaming or labeling parents who have presented with child safety concerns, acknowledging that there are structural and environmental risk factors that lead to child welfare involvement. Multigenerational incidents of abuse and neglect (Noll, Trickett, Harris & Putnam, 2009; Baker, 2001), poverty (Duva & Metzger, 2010; Martin, 1985) and the powerful grip of addiction are therefore factors that cannot be ignored as empowerment is pursued.

Consequently, pragmatic programmatic considerations could include extending Independent Living training for pre-teens and teens involved with child welfare so that they are specifically aimed at encouraging higher education and delaying parenting, as well as implementing substance abuse prevention interventions for children, both in schools and in communities. Child welfare agencies could also seek cost-effective ways of supporting family relationships and family decision making. Culturally appropriate

parent training, access to addiction treatment and increased supports to kinship families are highly recommended.

Kinship support was highlighted by both workers and kinship families as important and necessary. Grandparents raising grandchildren are currently the most common form of kinship families and this is congruent with the findings in this study. In fact, the practice of grandparents raising grandchildren has been steadily rising (Sampson & Hertlein, 2015), often due to negative life events. 'Grandfamilies', in particular, face special challenges. Their needs may be different from other kinship families, particularly as is relates to empowerment. Grandparents themselves must recognize their strengths, especially their previous child rearing experience, but must be open to simultaneously admitting when they need help. They need to let child welfare staff know where they experience gaps in service and knowledge so that assistance to them can be appropriate and relevant.

For example, grandparents especially may need respite services. They may need to have regular breaks from child care. This could be as simple as having support groups for these caregivers, at which time child care is provided. The grandparents' needs are met and the children also socialize with other children not being raised by their biological parents. If overnight respite is possible, this would also be a huge benefit for caregivers.

All of the grandparents in this study had custody of grandchildren due to parental substance abuse. This, in itself is an area in which grandparents and kinship families in general need additional support. Substance abuse is often complicated by other issues

that lead to medical problems and trauma for children. As one supervisor in the study shared, the children being seen for serious trauma are younger than ever. These families therefore need access to resources and information related to addressing childhood trauma and the effects of parental addiction.

Implications for policy

Effective practice and sustainable change in child welfare are most likely to occur if they are embedded in, and supported by policy. Child welfare agencies that have been successful, in that, they serve as models for others have tended to access special financing to experiment with or test new program models in order to find innovative and efficient ways to offer services. Child welfare policy that provides for demonstration waivers or exemptions from certain federal rules regarding allocation of funds or program design is therefore essential. Policies like these should be extended so that more child welfare agencies can access funding for pilot projects. Perhaps equally important is access to training and consultation for those agencies that need assistance with continuing programs beyond the pilot stage, particularly when they are no longer funded. Some agencies apparently struggle with a cycle of implementing a pilot program and subsequently abandoning it due to a cessation of funding or lack of direction.

Aside from financing and consultation for new programs, child welfare policy should seek to address the differing definitions and varying perspectives on issues such as child safety and permanency. These continue to be debatable topics. A clear definition and common understanding of the major concerns and solutions within the child welfare

system help guide action in keeping with organizational values, as opposed to workers relying on their own personal values and belief systems. Policy should therefore provide the framework for more standardized decision making on the removal of children, termination of parental rights and promoting parent-child access and relationships, the use of kinship families and general supports provided to families to either keep them intact or to become reunified. Such policy should also clarify approaches to empowerment and how it is pursued in relation to the child welfare system's mission.

When all employees share a common understanding of these issues and this is engrained in organizational culture, workers are essentially given the 'tools' they need for appropriate action. But since it has been highlighted that child welfare leaders use discretionary power to differentially interpret rules, child welfare policy should also address leadership training and development. Focusing specifically on training on change management and the development of constructive organizational cultures would be germane to leaders' ability to empower workers to empower families.

Conclusion and suggestions for future research

This research study provided important information on public child welfare workers, supervisors and family members' perspectives on family empowerment. The dissertation also produced data on workers and supervisors' perspectives on the system's readiness for change toward the adoption of a family empowerment approach, including whether organizational culture was a barrier to this process. Findings are particularly useful for administrators and policy makers who want to understand organizational

change and reform in public child welfare agencies and similar settings and those who are specifically interested in implementing empowering approaches or an empowerment agenda.

Study results are not meant to be generalizable. The study was conducted in a single state, with only four agencies represented. In the case of one agency, only one case worker participated, and in another agency, only one family member was interviewed. Ideally, the study could have included multiple caseworkers, supervisors and family members from each agency. It would have also been interesting to have additional biological parents participate as this may have produced different results.

Future research should further develop the perspectives of biological parents who have involvement with public child welfare. A comparative analysis of their views against those of kinship caregivers should deepen the understanding of how families experience involvement with the system and how workers can more effectively engage and empower them. This is key, as kinship caregivers and biological parents may not be 'equal' groups of people in how they experience child welfare involvement.

Given the discovery of the salience of leadership to the structure and functioning of public child welfare organizations, this concept should be more closely examined. Existing literature on leadership in public child welfare highlights the role of leadership in improving outcomes and bringing about systems change, types of leadership, (U.S. Department of Health and Human Services, 2010), environmental factors that affect the nature, timing and pace of leadership work and suggested strategies for leadership, as

well as leadership competencies and how leaders can support, retain and improve the child welfare workforce (National Child Welfare Workforce Institute, 2010).

Future research on public child welfare leadership should seek to apply this literature to the field and determine the proportion of current leaders who possess the suggested leadership competencies. Future work should also uncover who the leaders essentially are, what their values are and from where they are derived. At first glance, the disparities that exist among agencies in this study seem to be somewhat tied to who the leader is and such research could be helpful in understanding what Wooten and Hoffman (2008) call institutional entrepreneurs. Research can also focus on more fully describing how these leaders strategically address institutional and field-level barriers to create and sustain change, as well as how leaders shape organizational identity and translate organizational values into action. Existing literature simply informs us that they do.

Finally, in this study, the court was identified as a somewhat controversial institution in how it impacted worker morale and families' level of motivation and satisfaction. In fact one caregiver suggested that the court system was corrupt and that many mothers who had been impacted by domestic violence were disenfranchised by the courts as magistrates bent over backwards to protect the rights of fathers. She was also reportedly told by her attorney that she should apologize to the judge at the next hearing if she hoped to get her child back. Power relationships between the courts and families and the courts and child welfare agencies could be further explored to assess the extent of their impact on staff and family empowerment. The idea that the court and the public

child welfare system are failing female victims of domestic violence is also certainly worth exploring.

Additional empirical data on these suggested areas related to the public child welfare system's internal and external environment should be helpful in not only improving system performance, but ultimately improving family outcomes in a sustainable way.

APPENDICES

Appendix A: Informed Consent – Public Child Welfare Supervisors and Workers

Informed Consent

Informed Consent for Public <u>Child Welfare Supervisors and Workers</u>

Investigator: Natallie Gentles, MSW LCSW

Organization: Boston University School of Social Work

Research Supervisor: Ruth Paris, Ph.D.

Name of Project: <u>Family Empowerment in Public Child Welfare Services</u>

This Informed Consent Form has two parts:

- **Information sheet (to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

You will be given a copy of the full Informed Consent Form.

Part I: Information Sheet

Introduction

I am a student at Boston University School of Social Work. I am conducting this research as part of the requirements for my doctoral degree. The research study is on children's services and work done with families to increase empowerment. I am asking for your voluntary participation in the project. Please read the following information and if you would like to participate, please sign in the appropriate box below. I am also available to answer any questions you may have at any time.

Purpose of the research project

This project is aimed at gathering the views and perceptions of children's services staff and those of families involved with children's services regarding activities that may result in family empowerment. I want to learn about how people feel about empowerment, even if it has not been openly discussed or is not an identified goal for families. It is important that this research gets a wide variety of opinions if those are the views of the people we interview. There is therefore no right or wrong answer to any question and your honesty is appreciated. No responses will be held against you nor will your name be attached to your responses.

The project will collect this information from one public child welfare county office within your state. Gathering information will be helpful in understanding what

approaches to empowerment are already used in children's services and will be useful in putting together a list of activities and services that result in empowered families.

Types of Research Intervention

The research will involve your participation in an interview that may take about 1½ to 2 hours. With your permission, the interview will be audio-recorded to make later review and analysis easier.

Participant Selection

You are being invited to take part in this research project because we feel that your experience as a children's services employee can contribute to our understanding of the use of family empowering interventions. A total of 40 workers, including four to six supervisors will participate in an interview. Any worker who wishes to participate may do so, but we hope workers with a wide range of years of experience will participate.

Voluntary Participation

Your participation in this research project is entirely voluntary. It is your choice whether to participate or not. Your decision will have no bearing on your job or any work-related evaluations or reports. You may also change your mind later and stop participating even if you agreed earlier.

Procedure

As the sole investigator, you will be interviewed by me. During the interview, you will sit with me in a quiet, private space and answer questions. A few examples of questions that will be asked are listed here:

- What do you think is the general feeling of employees like you about their ability to have a positive impact on clients?
- How do biological/adoptive families fit into the organization's operations?

If you do not wish to answer any of the questions, you may say so and I will move on. No one else will be present for the interview unless you would like someone else to be there. The information recorded is confidential and no one else except me will have access to the information documented during the interview, including your supervisor/employer. The entire interview will be tape-recorded, but no one will be identified by name on the tape. The interview transcript will be kept in a password protected file when the study is complete, accessible only by the researcher.

Risks

Although this study focuses on personal views and perceptions, and not personal and confidential information, there is a risk that you may share some of this by chance, or that you may feel uncomfortable talking about some of the topics brought up. However, we do not wish for this to happen. You do not have to answer any question or take part in the interview if you feel the question(s) are too personal or if talking about them makes you feel uncomfortable.

Benefits

There will be no direct benefits to you, but your participation is likely to help us find out more about the use of family empowering activities in children's services.

Reimbursements

You will not be provided any incentive to take part in the research.

Confidentiality

The research being done in your place of employment may draw attention from others around you and you may be asked questions by others in your agency. **We will not share information about you or your responses to anyone outside of the research team, including your supervisor.** The information collected will be kept private through the use of password protected files, accessible only by the researcher. Any information about you will have a number on it instead of your name. Only the researcher will know what your number is. The information will not be shared with or given to anyone except members of my dissertation committee. Limits to confidentiality exist, however, if during the interview you report plans to harm yourself or others or if there is evidence of child or elder abuse or neglect. Such information must be reported to the appropriate authorities.

Sharing the Results

Nothing that you tell me today will be shared with anyone outside the research team and nothing will be attributed to you by name. The aggregate results that we get from this research will be shared with you and your agency before it is made available to the public. Because this is a doctoral dissertation research study, it is possible that the results could be published so that other interested people may learn from the research.

Right to Refuse or Withdraw

You do not have to take part in this research project if you do not wish to do so and choosing to participate will not affect your job or job-related evaluations in any way. You may stop participating in the interview at any time. I will give you an opportunity at the end of the interview to review your remarks and you can ask to modify or remove portions of those if you so wish.

Who to Contact

If you have questions, you can ask me now or later. If you wish to ask questions later, you may contact the following:

Natallie Gentles (ngentles@bu.edu) or Ruth Paris (rparis@bu.edu), School of Social Work, Boston University, Boston, MA 02215

This proposal has been reviewed and approved by the Boston University IRB, which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find out more about the IRB, contact Cynthia Monahan at cynthiam@bu.edu or at 617-358-6345.

Part II: Certificate of Consent

I have been invited to participate in research about the use of family empowering activities in children's services. I have read the foregoing, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print name of participant _____

Signature of participant _____

Date_____

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant. I confirm that the participant was given an opportunity to ask questions about the study, and all questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of the ICF has been provided to the participant.

Print name of researcher/person taking the consent _____

Signature of researcher/person taking consent _____

Date _____

Appendix B: Informed Consent – Child Welfare-involved caregivers

Informed Consent

Informed Consent for <u>Child Welfare Family Member</u>

Investigator: Natallie Gentles, MSW LCSW

Organization: Boston University School of Social Work

Research Supervisor: Ruth Paris, Ph.D.

Name of Project: <u>Family Empowerment in Public Child Welfare Services</u>

This Informed Consent Form has two parts:

- **Information sheet (to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

You will be given a copy of the full Informed Consent Form.

Part I: Information Sheet

Introduction

I am a student at Boston University School of Social Work. I am conducting this research as part of the requirements for my doctoral degree. The research study is on children's services and work done with families to increase empowerment. I am asking for your voluntary participation in the project. Please read the following information and if you would like to participate, please sign in the appropriate box below. I am also available to answer any questions you may have at any time.

Purpose of the research project

This project is aimed at gathering the views and perceptions of children's services staff and those of families involved with children's services regarding activities that may result in family empowerment. I want to learn about how people feel about empowerment, even if it has not been openly discussed or is not an identified goal for families. It is important that this research reflects a wide variety of opinions if those are the views of the people we interview. There is therefore no right or wrong answer and no responses will be held against you nor will your name be attached to your responses.

The project will collect this information from one children's services office within your state. Gathering information will be helpful in understanding what approaches to empowerment are already used in child welfare and will be useful in putting together a list of empowering activities that are used within children's services.

Types of Research Intervention

The research will involve your participation in an interview that will take about 45 to 60 minutes. With your permission, the interview will be audio-recorded to make later review and analysis easier.

Participant Selection

You are being invited to take part in this research because we feel that your experience as a family member can contribute to our understanding of the use of family empowering activities. A total of twenty persons from different families are being asked to participate. You must have been involved with children's services for at least 6 months.

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate all services you receive at this agency will continue and nothing will change. You may also change your mind later and stop participating even if you agreed earlier.

Procedure

As the sole investigator, you will be interviewed by me. During the interview, you will sit with me in a quiet, private space of your choosing and answer questions. A few examples of questions that will be asked are listed here:

- Describe how decisions regarding services and your family's needs are typically made

- How much do you feel like your voice is heard regarding your child's/family's case? Share an example or two.

If you do not wish to answer any of the questions, you may say so and I will move on. No one else will be present for the interview unless you would like someone else to be there. The information recorded is confidential and no one else except me will have access to the information documented during the interview, including your worker. The entire interview will be tape-recorded, but no one will be identified by name on the tape. The interview transcript will be kept in a password protected file when the study is complete, accessible only by the researcher.

Risks

Although this study focuses on personal views and perceptions, and not personal and confidential information, there is a risk that you may share some of this by chance, or that you may feel uncomfortable talking about some of the topics brought up. However, we do not wish for this to happen. You do not have to answer any question or take part in the interview if you feel the question(s) are too personal or if talking about them makes you feel uncomfortable.

Benefits

There will be no direct benefits to you, but your participation is likely to help us find out more about the use of family empowering activities in children's services.

Reimbursements

You will be provided a gift card in the amount of $20 as an incentive for taking part in the research.

Confidentiality

The research being done in the community may draw attention and if you participate you may be asked questions by other people in the community. We will not share information about you or your responses to anyone outside of the research team. The information collected will be kept private in a password protected file that only the researcher can access. Any information about you will have a number on it instead of your name. Only the researcher will know what your number is. **The information will not be shared with or given to anyone except members of my dissertation committee and no identifiable information will be shared.** Limits to confidentiality exist, however, if during the interview you report plans to harm yourself or others or if there is evidence of child or elder abuse or neglect. Such information must be reported to the appropriate authorities.

Sharing the Results

Nothing that you tell me today will be shared with anyone outside the research team and no name will be attached to individual responses. The aggregate knowledge that we get from this research will be shared with you before it is made widely available to the public. Because this is a doctoral dissertation study, it is possible that the results could be published so that other interested people may learn from the research.

Right to Refuse or Withdraw

You do not have to take part in this research project if you do not wish to do so and choosing to participate will not affect your services in any way. You may stop participating in the interview at any time. I will give you an opportunity at the end of the

interview to review your remarks and you can ask to modify or remove portions of those if you so wish.

Who to Contact

If you have questions, you can ask me now or later. If you wish to ask questions later, you may contact the following:

Natallie Gentles (ngentles@bu.edu) or Ruth Paris (rparis@bu.edu), School of Social Work, Boston University, Boston, MA 02215

This proposal has been reviewed and approved by the Boston University IRB, which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find out more about the IRB, contact Cynthia Monahan at cynthiam@bu.edu or at 617-358-6345.

Part II: Certificate of Consent

I have been invited to participate in research about the use of family empowering activities in children's services. I have read this form, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print name of participant _____

Signature of participant _____

Date_____

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant. I confirm that the participant was given an opportunity to ask questions about the study, and all questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of the ICF has been provided to the participant.

Print name of researcher/person taking the consent _____

Signature of researcher/person taking consent _____

Date _____

Appendix C: Child Welfare Caregiver Consent to Contact Form

This form is asking for your consent for a researcher, Natallie Gentles-Gibbs to contact you to arrange an interview.

Purpose of the research study:

This project is aimed at gathering the views and perceptions of children's services staff and those of families involved with children's services regarding activities that may result in family empowerment.

By my signature below:
I hereby give my consent for Natallie Gentles-Gibbs to contact me at the phone number(s) listed below for the purpose of scheduling an interview. A message may be left for me at the designated number(s) listed below.
I also indicate that I have read and understood the above information, and that I have had the opportunity to ask questions about it.

Phone Number	Type (Cell, Home)	Leave Voicemail at this Number (Yes/No)
		Yes □ No □
		Yes □ No □

_____
Print Name

_____ _____   _____
Signature of Participant   Date

Appendix D: Semi-structured Interview Schedule – Child Welfare Workers and Supervisors

1. What is it like to work for an organization like this?

2. In your own words, how would you describe the organization's mission and major goals?

3. Do you think there is a good fit between the mission and goals and everyday activities?

4. Where does your organization's direction come from?

   Prompt: From federal or state policies? From the county? From the community?

5. How would you describe the culture of this organization?

   Prompt: What is a typical day/week like? Are there commonly shared assumptions, beliefs and values?

6. What values are important for this organization?

7. Do you as an employee subscribe to/share these values?

8. What is the glue that holds this organization together?

   Prompt: What kind of employee is highly valued or well respected? What contributes to smooth operations?

9. How are differences between your organization's values and personal employee opinions reconciled?

   Prompt: Example: Organizational policy dictates a particular course of action, but an employee follows a different path

10. What do you think is the general feeling of employees like you about their ability to have a positive impact on clients?

    Prompt: Do you think you do a good job? Does what you do strengthen families or help the community?

11. What does this organization do to show its investment in employee skill and knowledge development?

    Prompt: Do you get the feeling your supervisors are interested in your development and advancement? Why do you think so? Why do/don't they invest in employees?

12. Are there any specific training needs you would identify for the organization's case workers? Why or why not?

13. How are new knowledge and skills typically incorporated/implemented here?

    Prompt: Do you (frequently) attend training sessions/workshops/conferences? If you learn something useful, how do you implement it?

14. Who are viewed as important customers by this organization?

15. How do biological/adoptive families fit into the organization's operations?

16. How are client comments and recommendations typically handled by your organization?

17. How are decisions typically made regarding the interventions and services provided for families?

    Prompt: Led by worker and/or supervisor? By family team?

18. To what extent do you think it is important to empower families? Do you think these views are shared by others in the organization, including administration?

19. What interventions are currently used in this organization to empower families?

20. Are there ways that your organization could empower families that are not already in use? Why are these interventions not currently being used?

21. What do you think of current research that suggests that the best approach to helping families should include engagement and empowerment?

22. How likely do you think it is that child welfare will shift focus from protection to family preservation and empowerment?

23. What do you think needs to be done to improve this organization?

24. Is the organization under pressure to change? If so, in what ways and by whom?

25. Is it generally easy to make changes here? Share an example.

26. What advice would you give to a friend who is interested in working here?

27. Is there anything else you would like to share that we have not covered?

Appendix E: Semi-structured Interview Schedule – Child Welfare-involved caregivers

1. Tell me about your overall experience with child welfare/children's services.

   Prompt: Have your experiences been mostly positive or negative? Can you give some examples?

2. What services are provided to your family by children's services? Describe how your worker (or other CWS employee) informed you about available services and any options your family had.

   Prompt: How have you been provided with information regarding services for your family?

3. Describe how decisions regarding services and your family's needs are typically made.

   Prompt: Are you usually involved in decision making regarding the services/interventions your family receives or does your worker typically make the decision?

4. When problems arise with your child, how are they handled by your worker?

   Prompt: Who takes charge? Are you consulted?

5. Does your involvement with children's services help you to feel like you have a part in improving services for your child or children in your community? If so, how?

6. Do you think that children's services teach people about their rights as parents? Have you learned about your rights?

7. How does your worker address your concerns when you think your child is receiving poor services?

   Prompt: Do you think you have a say in what services are provided for your child? Have you shared your opinions with your worker?

8. How much do you feel like your voice is heard regarding your child's/family's case? Share an example or two.

9. Do you think that your knowledge and perspectives are taken into consideration when important decisions need to be made?

   Prompt: Do you think you have useful information to share? Does your worker seem to think you know what may work well for your child?

10. To what extent does your worker assist you to make good decisions about the services your child needs? Can you give an example or two?

    Prompt: Are options explained to you? Are you connected with others who work with your child who may useful suggestions? Do you have time to think/talk through options?

11. Do you think that a good balance is usually maintained between the opinions of professionals within children's services and your opinions regarding your family's issues?

12. How would you evaluate the communication between individuals within children's services and your family?

    Prompt: Are you able to reach your worker when needed? Do you relate well with your worker? Is information readily shared with you as needed?

13. To what extent are you able to reach out to people within children's services for help if you need it?

    Prompt: Do you feel like you can call if you need help (even if your case is closed)? Can you talk to anyone else apart from your worker (like a supervisor)?

14. Do you think children's services as an organization help parents like you to influence service provision for children?

    Prompt: Do you feel you have power to help make positive changes? Who can you complain to if you have an issue? Is something done to address your concerns?

15. Does child welfare (children's services) as an organization help you to feel more competent as a parent?

    Prompt: Are your good parenting skills acknowledged? Do you feel validated for your efforts or what you have done well? Do you feel more or less empowered as a result of your involvement with children's services?

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