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Rita Sanchez-Torres

*The Graduate Center, City University of New York*

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REFLECTIONS ON THE IMPLEMENTATION OF IMPROVED OUTCOMES  
FOR CHILDREN AND ITS IMPACT ON THE CAPACITY OF CHILD WELFARE  
WORKERS TO DELIVER SERVICES

by

Rita Sanchez-Torres

A dissertation submitted to the Graduate Faculty in Social Welfare in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

2017

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This manuscript has been read and accepted for the Graduate Faculty in Social Welfare in  
satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

August 22, 2017

Date

\_\_\_\_\_  
Mimi Abramovitz

Chair of Examining Committee

August 22, 2017

Date

\_\_\_\_\_  
Harriet Goodman

Executive Officer

Supervisory Committee:

Professor Paul A. Kurzman

Professor Colleen Henry

THE CITY UNIVERSITY OF NEW YORK

## ABSTRACT

Reflections on the Implementation of Improved Outcomes for Children and its Impact on the Capacity of Child Welfare Workers to Deliver Services

by

Rita Sanchez-Torres

Advisor: Mimi Abramovitz

The emergence of the New Public Management with its emphasis on performance measurements and managerial strategies such as accountability, efficiency, and cost effectiveness have encouraged nonprofit child welfare agencies in New York City to pursue the practice of the private sector. In the current environment, service delivery has become more entrepreneurial, strategic and outcome minded on the assumption that the market-oriented approach is more effective (Watson-Bishop, 2007). This study examines the relationship between policy and service delivery. Specifically, it investigates the impact of the initiative known as Improved Outcomes for Children on child welfare supervisors in a managerial environment.

The framework for this study uses Street Level Bureaucracy and phenomenological inquiry. The findings of this study suggest that supervisors' ability to be present for their work with children and families is hampered by the vigilance needed to reach performance goals. These findings provide insight into supervisors' perception that Improved Outcomes for Children has transformed the organization and delivery of services in child welfare agencies in a permanent way. Practice implications include an in-depth examination of what is and what is not working to support children and families, as well as the need to invest in a skilled and stable workforce.

## Acknowledgements

When I think back on the many years I have worked in child welfare, I am struck by the fact that the dynamics of child maltreatment is not the most taxing part of my job. Instead, the most difficult aspect has been trying to provide meaningful services to children and families while constantly struggling with the restraints of a system where workers are rarely valued. Child welfare supervisors never have enough time to do everything that is required of them, train, motivate, and support workers, write supervisory notes, coordinate placements, meet deadlines and benchmarks, facilitate family team conferences, prepare adoptions, and of course deal with the never-ending crises with children and families. I am immensely grateful to the supervisors who took the time from their extremely busy schedules to participate in this study.

I am truly thankful to the members of my dissertation committee who provided guidance and support throughout this process. I am especially grateful to Prof. Mimi Abramovitz for giving me the opportunity to work and learn from such an exceptional scholar. Her patience and guidance over the past several years have been invaluable. Many thanks to Prof. Paul Kurtzman, for mentoring me throughout my doctoral journey. I also want to express my greatest appreciation to Prof. Colleen Henry who jumped in the last minute to provide valuable insight from her own experience in child welfare.

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cheers me up everyday as well as my grandson, Paul who has the gift of putting a smile on my face when I think of him, and to my granddaughter Valeria, who graciously understood our trip to the Himalayas couldn't happen this year.

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## **CHAPTER I: INTRODUCTION**

This study seeks to explore the Administration for Children's Services in New York City performance measurement initiative known as Improved Outcomes for Children and its impact on the delivery of services to children and families in the child welfare system. It was anticipated that the knowledge generated from this study would provide new insights and inform future policy implementation. This research employed a qualitative inquiry to illustrate the phenomenon under examination. Participants in this study included child welfare supervisors who had been working in nonprofit agencies and had experienced the implementation of Improved Outcomes for Children (IOC). IOC uses performance indicators directly related to the experience of children and families who are served by a child welfare agency to target the length of time to achieve desired outcomes, parent engagement, and repeat maltreatment (Administration for Children Services, 2009). This chapter begins with an overview of the background and context that frames this study. Next it presents the statement of the problem and reviews the purpose and accompanying research questions. Also included in this chapter is a brief history of child welfare services in New York City, as well as the evolution of child welfare services in the country, major policy trends and administrative reforms.

### **Background and Context**

In social service delivery, two of the most common public management strategies are traditional public administration and the new public management. In traditional public administration, public service is considered an exclusive task performed by the government, and it is a centralized and hierarchic model (Drechsler, 2005). The New Public Management (NPM) is the transfer of business and market principles to the public and nonprofit sectors (Abramovitz & Zelnick, 2015; Drechsler, 2005), it is a label used to define a general trend towards changing

the style of governance and administration in the public sector (Gruening, 2001; Sahlin-Andersson, 2000). The role and institutional character of the state and the public sector have been under pressure to be more market-oriented and private sector-oriented (Larbi, 1999). The belief that large and monopolistic bureaucracies are inherently inefficient was a critical force driving the emergence of the new public management (Sahlin-Anderson, 2000). NPM shifts the emphasis of traditional public administration to public management (Larbi, 1999) claiming that it delivers improved public services (Heffernan, 2006). NPM transforms the public sector through organizational reforms that focus on results in terms of efficiency, effectiveness and quality of services (Ewalt, 2001).

These traditions of management embody contrasting philosophies about how to focus the actions of the workforce (Sandfort, 2000). The traditional public administration was designed to increase efficiency in large public bureaucracies by minimizing variation and centralizing control (Weber, 1947, cited by Sandfort, 2000). According to Lipsky (2010), in the traditional public administration model, workers or street-level bureaucrats have wide discretion over the dispensation of benefits or the allocation of public sanctions. However, bureaucratic discretion has been blamed for either being too wide and too narrow, too lax or too rigid (Brodkin, 2006). Sandfort (2000) points out that the ability to use discretion and make responsible decisions could be a threat to democratic accountability because it subjects citizens to the caprices of individual bureaucrats and increases the probability that workers will breach the public trust and introduce personal biases into the delivery of services.

Child welfare systems across the country have endured persistent failures in protecting vulnerable children, lawsuits and, sadly, the deaths of children as a result of cruelty, abuse, and neglect (Golden, 2009; Goodman, 2016; Noonan, Sabel, & Simon, 2009; Secret, 2011). In an

effort to improve the child welfare system and protect children and ensure their well-being, federal reforms such as the Adoption and Safe Families Act of 1997 and the Multiethnic Placement Act of 1994 and Interethnic Adoption Provisions of 1996 refocus the child protection system on the child's fundamental right to a safe and permanent home (Mitchell, Barth, Green, Wall, Biemer, Duerr-Berrick, Webb, 2005).

By 2015, state and county child welfare systems in the United States investigated or assessed reports of alleged abuse or neglect involving more than three million children. Three quarters of the children for whom maltreatment was substantiated had experienced neglect (e.g. lack of supervision, inadequate food or clothing or emotional neglect), 17% experienced physical abuse, and 8.4% had been sexually abused (U.S. Department of Health and Human Services, 2017b). Most maltreated children remained with their families and local officials recommended preventive services (to prevent them being placed in foster care). At the end of Fiscal-Year 2015 there were 427,910 children in foster care. In FY15, 243,060 children exited foster care. Of these, 51% were reunified with their parents, 9% were emancipated, 22% were adopted, and 18% had other outcomes including institutionalization, running away, and death. During that same year, 269,509 children entered the system. Despite the new policies and improvements in services to parents and children, FY15 saw an increase of 3.25% of children in foster care compared with FY14 (U.S. Department of Health and Human Services, 2016).

Brodkin (2006) points out that while policymakers and analysts focus on the policy itself, the challenge lies in its implementation. On the other hand, Lipsky (2010) explains that street-level bureaucrats are the ones who directly interact with the public and ultimately are responsible for implementing policies.

This study seeks to examine how Improved Outcomes for Children altered the delivery of services to children and families in New York City's child welfare system. The purpose is to explore how this new policy changed the experience of child welfare supervisors and delve into how it changed the landscape for workers.

### **Statement of the Problem**

The purpose of this research is to examine the relationship between policy and its impact on the delivery of services in the context of new public management. It considers the challenges and opportunities contracted agencies encountered during the implementation of IOC and its impact on the capacity of child welfare workers to deliver services to children and families in New York City's child welfare system. This topic is an important one because performance management is now the standard operating policy for most social services (Alexander, 1999; Fawcett & Hanlon, 2009; Heffernan, 2006), including in New York City. Performance management is characterized by distinctive themes, styles, and patterns of public service management that include the cost-effective, accountable, and market-friendly provision of services (Heffernan, 2006) and it stems in part from the duty to explain decisions in different review processes (Noonan et al., 2009). The governmental accountability movement shifted from a narrow financial accountability to a broader notion of management accountability through the increased use of audits, evaluations, and performance appraisals (Tilbury, 2004).

Examining IOC allowed me to see how ACS has evolved in its attempt to implement a performance management model to ensure the safety and well-being of children and families in the child welfare system. In order for ACS to evaluate contractor performance, a series of administrative and electronic systems have been implemented to document measures of programmatic accountability and agencies have to demonstrate their efficiency and effectiveness

through outcome measures. In order to prepare for audits and performance evaluations, the level of tracking, documentation, record keeping and electronic data entry has significantly increased, and the time and resources devoted to administrative tasks have been diverted from direct client care and service delivery (Alexander, 1999; Baines, 2006; Cardy, 2010; White, Hall, & Peckover, 2009).

It is well established that child welfare workers' commitment to social services and their perception of and attitudes towards new policies influence the quality of services they provide (Baines, 2006; Lipsky, 2010; Watson, 2003). Therefore, implementing performance management models requires buy-in and full participation from workers (Baines, 2006), an understanding of workers' attitudes and behaviors (Yang & Pandey, 2008), as well as organizational stability (Connolly & Smith, 2010). In other words, the human factor plays a key role in the success or failure of performance management models such as Improved Outcomes for Children (IOC).

The purpose of this phenomenological inquiry was to explore the perceptions and experiences of child welfare supervisors while implementing Improved Outcomes for Children. It is anticipated that through a better understanding of their experience, the organizational changes they faced, the impact the policy had on the workforce and the delivery of services, more informed decisions can be made by both ACS and child welfare agencies. In an effort to shed light on the problem, the following three research questions were addressed:

1. What organizational changes have child welfare agencies made in order to implement IOC?
2. How has this implementation affected the child welfare workforce and the delivery of services? and,
3. How have workers responded to the changes?

This phenomenological inquiry offers a retrospective reflection of the participants' observations after five years of experiencing the growing introduction of business practices and principles into their social service agencies including productivity, accountability, and performance measurement (Gruening, 2001; Larbi, 1999; Yang & Pandey, 2008). Performance measurement is one of an array of managerial changes introduced by NPM in the name of improved efficiency, effectiveness, and accountability (Halpern, 1999; Sandfort, 2000; Tilbury, 2004). This study is also informed by Lipsky's theory of Street Level Bureaucracy that is centered on what happens in real world agency practice. Lipsky (2010) argues that the decisions of workers, the routines they establish, and the devices they use to cope with uncertainties and work pressures become the public policies that street-level bureaucrats carry out.

### **Historical Evolution of Child Welfare Services**

In 1912 the federal government established the U.S. Children's Bureau to represent children's interests. It was mandated to investigate and report all matters pertaining to the welfare of children including infant mortality, the condition of orphanages, accidents and diseases of children, occupations of children, and legislation affecting children (U.S. Department of Health and Human Services, 2017b). The Children's Bureau represented the first congressional recognition that the federal government had a responsibility for the welfare of children, and it also introduced the concept of public responsibility for children. Julia Lathrop was appointed the first chief of the Children's Bureau. She was the first woman ever to head an agency of the U.S. government and under her leadership the office gained widespread public support and multiplied its annual budget enabling its staff to undertake a wide range of investigatory, reporting and educational activities (McGowan, 2005). Today, the Children's Bureau is a division of the Administration for Children and Families, a sub-division of the U.S.

Department of Health and Human Services (U.S. Department of Health and Human Services, 2012a). The Children's Bureau guides federal programs that were designed to support state child welfare programs such as Federal Aid to Families, which began with the passage of the Social Security Act (SSA) in 1935 (U.S. Department of Health and Human Services, 2012a). The child welfare policy of the SSA layered federal funds over existing state-supervised and administered programs that were already in place (U.S. Department of Health and Human Services, 2012a).

Many issues appear repeatedly in the major historical documents on the child welfare system, like tensions between parents' rights and children's needs; federal versus state versus local responsibility; individualized versus standardized treatment; in-home versus foster care versus institutionalized care; removal versus family services (Hagedorn, 1995; McGowan, 2005; Schorr, 2000). Some of these issues are a reflection of the unresolved tensions of the past including the multiple challenges of child welfare agencies; not enough trained workers, poverty, public anger, and underfinancing (Schorr, 2000). The following section provides a brief history of the Administration for Children's Services in New York City.

### **Child Welfare Services in New York City**

The Administration for Children's Services in New York City (ACS), was created by Executive Order of Mayor Rudolph Giuliani on January 10, 1996 after the tragic death of Elisa Izquierdo at the hands of her mother in November 1995. The beating death of the 6-year-old girl brought national public attention to the crisis in New York City's child welfare system (Firestone, 1996). The creation of ACS was the first time that all child protective, foster care, adoption, child support, and child care services were established as an independent agency, with its own budget, management structure and vision for the future (Administration for Children's Services, 1996). For the first time in the city's history, a free-standing city agency was devoted

solely to the delivery of services for children and families with a commissioner, who reported directly to the Mayor. Nicholas Scoppetta, the first commissioner of ACS separated child welfare from its parent agency, the Human Resources Administration, in a re-organization emblematic of a larger shift in ideology (Bernstein, 2001). Mayor Giuliani established ACS with the goal of stopping the killing, abuse, and neglect of children in New York City and making certain that the lives of victimized children were measurably improved (Administration for Children's Services, 1996). The mission of ACS was to ensure the safety and well-being of New York City children under one agency (Administration for Children's Services, 2012a; Bernstein, 2001).

Since its establishment ACS has been responsible for protecting the City's children from abuse and neglect, strengthening families, providing child care and Head Start programs and providing Youth and Family Justice Services. The Child Care and Head Start division provides child development services for children from birth to school age for low-income working families and for children whose parents are entering the workforce from public assistance. These services are purchased from private, nonprofit agencies or informal private providers. The Youth and Family Justice division is charged with protecting public safety by detaining and providing short-term assistance to delinquent youth and their families while their cases are being processed by the courts developing alternatives to incarceration for youth 15-years and under who have been found delinquent, and for helping families whose youth are out of control by using evidence-based programs involving the whole family. ACS's new initiative "Close to Home" builds on the city juvenile justice reform which includes reducing the use of detention and placement, and increasing community-based alternatives, and lowering recidivism rates (Administration for Children's Services, 2012a). The Child Welfare division is charged with protecting the City's children from abuse or neglect within their families. The direct services for

children and families are provided through contracts with private providers of preventive, foster care, and adoption services (Administration for Children's Services, 2012a).

In the first phase of his Reform Plan, Commissioner Scoppetta instituted the Accountability Review Panel to investigate casework practice in selected cases of child fatalities and severe child abuse. Commissioner Scoppetta's Reform Plan guaranteed child protection with immediate child removal. By the end of 1997, there were approximately 41,198 children in foster care (Administration for Children's Services, 2005). These investigations resulted in sanctions against caseworkers, supervisors, and managers who failed to follow proper casework practices. His reform plan outlined a series of 33 outcome and performance indicators to track compliance with federal requirements. In June 1998, he issued a Request for Proposal for service providers for neighborhood-based system of service delivery. Finally, Commissioner Scoppetta started the implementation of the computerized management information system known as Connections in order to track children in care (Administration for Children's Services, 2001).

Implementation of the second phase of the reform plan began in 2002, led by Mayor Michael Bloomberg and a newly appointed commissioner, William Bell. Commissioner Bell stated that ACS would enforce its commitment to expand preventive services and child care initiatives so that families could get the support they needed and children could remain safely at home when appropriate (Administration for Children's Services, 2005). With the emphasis of ACS on prevention programs, by the end of the year 2003 there were 33,100 children and their families receiving preventive services designed to ensure that the children remained safe in their homes. That year, the number of children and families receiving preventive services surpassed the foster care population by over 10,000 families (Administration for Children's Services, 2002b, 2005).

The other big change in child welfare was the implementation of the performance-based payment system for contract agencies. In 2000, ACS launched the performance of its contract agencies and direct care programs providing foster care and family support services through the Evaluation and Quality Improvement Protocol (EQUIP). EQUIP rated agencies based on their performance in three categories: Process, Outcomes, and Quality. ACS developed this system to reward contracted agencies that were offering the highest quality of services and encouraged them to improve those services consistently. The focus was on regular foster boarding home services, and ACS correlated each agency's payment rate to its EQUIP score. The implementation of this payment system increased the pressure for excellence in the performance of agencies (Scaglione, 2010). In the fall of 2004, the unexpected resignation of Commissioner Bell and the appointment of John Mattingly brought major changes.

In a press conference held at ACS on February 3, 2005, the third phase of child welfare reform began. Commissioner Mattingly unveiled a major initiative aimed at restructuring New York City's child welfare system. He indicated that this reorganization would strengthen Children's Services' core mission to protect children by providing higher quality services and oversight, limiting the use of institutional care, and continuing the City's historic reduction of the number of children in foster care (Kaufman, 2005). In 2006 after several tragic deaths of children in the welfare system and the review of the open cases, ACS revealed serious concerns in specific performance areas. ACS announced its new action plan, a series of initiatives to strengthen child safety in New York City. *Safeguarding our Children* was built on extensive performance data management systems with new indicators that enhanced accountability and more precisely to measure key child safety outcomes and related trends (Administration for Children's Services, 2006). In 2007, Commissioner Mattingly replaced the EQUIP evaluation

system with PAMS –Provider Agency Assessment Measurement System- an extensive review that consisted of electronic case record reviews, observations of foster homes, and interviews with foster parents and caseworkers. The PAMS review is an annual, comprehensive performance measurement system designed to evaluate the quality of casework practice and services provided by the child welfare agency (Administration for Children’s Services, 2012b). In addition, in 2010, Commissioner Mattingly introduced the Scorecard for child welfare agencies with the objective of guiding agencies in their own efforts to improve practice and outcomes (Scaglione, 2010). Scorecard measurements are a combination of case specific and aggregate performance data, such as outcomes, training, and findings of abuse and neglect.

Commissioner Mattingly stepped down in September 2011 after serving seven years following criticism of how the agency handled the death of Nixmary Brown in 2006, and Marchella Pierce in 2011, which resulted in the criminal charges of negligent homicide against the ACS worker and his supervisor. The Brooklyn District Attorney announced that he would convene a special grand jury to look at “evidence of alleged systemic failures at ACS” (Buckley & Secret, 2011; Secret, 2011).

The newly appointed Commissioner Ronald Richter stated that he would continue the agency’s use of performance data to monitor provider agencies. In June 2012, ACS released the FY13 44-page Scorecard Methodology describing substantive revisions to increase the use of performance data to identify areas of strength and areas in need of improvement with each provider agency (Administration for Children’s Services, 2012b). In his strategic plan for the next two years, Commissioner Richter defined a set of six priorities to strengthen quality of services for the children and families in the system. He stated that these priorities were

measurable and consistent with the Mayor's philosophy of accountability of achieving results (Administration for Children's Services, 2011).

In January 2014, Mayor de Blasio appointed Gladys Carrion as his child welfare commissioner. Commissioner Carrion said she would focus on preventive services to protect vulnerable children, she stated: "We need to focus on tightening the system so that no child falls through the cracks" (Baker, 2013). The pressure to ensure the safety of the children mounted quickly in the early days of her tenure when a 4-year-old boy, Myls Dobson, died in the care of his father's girlfriend. The child's father had had full custody for over a year, and ACS had been monitoring his case because the boy had previously lived with his abusive mother. But after his father gained custody, he was incarcerated and left the boy in the care of his girlfriend, who turned out to be abusive as well. During the investigation, police discovered that ACS workers had been unaware that the father was incarcerated and the child had a new caretaker in a different location (McKinley, 2014). After Myls death, a series of reforms were announced including reduced caseloads, extensive training, comprehensive trauma screening for children in foster care, and evidence-based models for both programs, foster care and prevention.

In September 2016, the beating-death of Zymere Perkins, a 6-year-old boy in Harlem who had been monitored by ACS workers resulted in five workers - two front line workers and three supervisors - being put in administrative duty pending an investigation while Mayor de Blasio promised "serious consequences" for anyone found responsible (Goodman, 2016). After a succession of deaths that renewed the long-running concerns about the city's supervision of vulnerable children, on December 12, 2016, Commissioner Carrion stepped down and in February 2017, David Hansell was appointed the new ACS commissioner.

The following section describes the ideological and practice changes that occurred in child welfare in the United States over the twentieth and twenty-first centuries. It further details how the need for innovative practice has increased following the passage of the Adoption and Safe Families Act (ASFA) in 1997 as states found that standard practice efforts were not keeping with the new stringent timeframes.

### **Major Policy Trends**

As late as the mid-1960s, the child welfare field was a relatively small, self-contained service system with few resources and minimal federal oversight, public scrutiny, and media coverage (Mallon & McCartt Hess, 2005; McGowan & Walsh, 2000). For children in foster care, the radical shift occurred following the 1959 publication of a study by Maas and Englers that detailed the negative consequences of “children adrift in foster care” referring to the instability, uncertainty, and length of the child’s experience in foster care (Mallon & McCartt Hess, 2005; Maluccio & Pecora, 2006; McGowan & Walsh, 2000). This study, combined with pressure from groups of adoptive and foster parent activists and litigation by children rights’ attorneys (McGowan & Walsh, 2000), led the federal government to introduce major changes in child welfare policy. However over time the definition of the problems and the policy solutions changed; for example, one of the key pieces of legislation to guide child protection was the passage of the Child Abuse Prevention and Treatment Act.

### **Child Abuse Prevention and Treatment Act**

The Child Abuse Prevention and Treatment Act (CAPTA, P.L. 93-247) was enacted in 1974 and amended by the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (P.L. 95-266) (U.S. Department of Health and Human Services, 2011b). According to McGowan (2005), the original law provided small amounts of funding to states for research and

projects dealing with child maltreatment. To be eligible, states had to pass child abuse and neglect laws requiring mandated reporting of suspected and known cases of maltreatment. CAPTA did not specify how child abuse or neglect was defined which created innumerable problems for clients, social services agencies, and courts. McGowan (2005) indicates that this law has served to focus public attention on problems of child abuse and led every state to pass a mandatory child abuse reporting law focusing more on abuse reporting than on child abuse prevention or treatment. Child welfare agencies started to be attacked by the public for their failure to keep children out of placement and for minimizing expenses for children who had to be temporarily placed in foster care, and moved back children into their own families or into permanent adoptive homes as quickly as possible (McGowan, 2005). Beginning in the 1970s, the U.S. Children's Bureau called for ensuring permanency for children in foster care which entailed reunification with the biological family, establishment of kinship care, or adoption (Courtney, 2000; McGowan, 2005; Schorr, 2000).

### **Adoption Assistance and Child Welfare Act**

In the 1980s, the Adoption Assistance and Child Welfare Act (AACWA) introduced the idea of permanency planning as the primary objective of federal child welfare policy (McGowan, 2005) backed by federal programs. It required states to establish programs and make procedural reforms to serve children in their own homes, prevent foster care placement, and facilitate family reunification following placement (McGowan, 2005). The specific components of this law were aimed at redirecting funds from foster care to preventive and adoption services, providing due process for all individuals involved, decreasing the time children spent in foster care, ensuring placement for children in the least detrimental alternative setting, and ensuring state planning and accountability (McGowan, 2005). Although the number of children in foster care leveled off

after the passage of AACWA, by the end of the 1980s, reports of child abuse and neglect increased considerably as did foster care placements (McGowan, 2005).

### **Family Preservation and Support System Program**

By the end of 1980s, the number of children in foster care increased by 76% (O'Neil-Murray & Gesiriech, 2003). Some researchers indicated that the increase of foster care was the result of increased poverty, the crack cocaine epidemic, the AIDS epidemic, and a higher incarceration rate among women (Epstein, 2003; O'Neil-Murray & Gesiriech, 2003). Others blamed the dramatic increase on the growth of kinship foster care, which grew exponentially following the 1979 U.S. Supreme Court decision in *Miller v. Youakim*, which mandated that children living in relatives' homes be provided the same level of foster care payments as children living with non-kin foster parents (McGowan, 2005).

The increase in the number of children in foster care led to the introduction of family preservation service programs designed to prevent removal of children from their homes. The Edna McConnell Clark Foundation became very invested in the model called "intensive family preservation services" and formed a loose coalition of national organizations to work on developing materials that would assist in policy implementation at the state level (Hagedorn, 1995; McGowan, 2005). In the late 1980s, the foundation funded a group of states to engage in a strategic implementation of this model called Family Preservation and Support System Program (FPSSP), which was adopted by most child welfare professionals and state administrators nationally (McGowan, 2005). To keep families together, the FPSS program emphasized a community-based approach where families received intensive services and interventions within their communities (McGowan, 2005; Zell, 2006). However, researchers at the time raised questions about the limitations and inadequacies of FPSSP, which did not limit burgeoning foster

care caseloads, improve workers' ability to respond to families with significantly a higher level of needs, or, most alarmingly, curb the spate of child fatalities. The researchers also noted the lack of community services available to families (The Annie E. Casey Foundation, 2001; Schorr, 2000; Zell, 2006).

In response to these concerns, in 1993 Congress passed the Family Preservation and Support Services Program (FPSSP; P.L.103-66) that earmarked federal funds for family support services and increased the funds for family preservation (McGowan, 2005). This law was intended to help communities build a system of family support services to assist vulnerable families in crises that might lead their children to foster care placement (McGowan, 2005; O'Neil-Murray & Gesiriech, 2003; Schorr, 2000). It sought to integrate preventive services into a treatment-oriented child welfare system, to improve service coordination, and to engage segments of the community in program planning at the state and local levels. It was stipulated that this planning process should include parents and consumers of services, community-based providers, advocates, and the staff of the child welfare agency.

In the end, the FPSSP programs also failed. The main reasons included, (a) the continued rise of child abuse and maltreatment (McGowan, 2005); (b) the under-funding and retrenchment of social programs especially during economic downturns, although large variations existed among the states regarding both funding levels and types of available services (Pecora et al., 2010); and, (c) the need for workers to spend time on finding, advocating and coordinating services which reduced the time needed to engage parents and counsel families and otherwise carry out their primary functions (Hagedorn, 1995). In addition, the resurgence of the conservative political forces blamed poverty on poor families who had difficulty caring for their children and legitimized attacks on public sector services (McGowan, 2005; Schorr, 2000). The

programs suffered a further setback in the mid-1990s due to the continued rise of child maltreatment and the media reports of children harmed by their parents despite the system's intense service interventions. Policy makers concluded that family preservation policies had failed to protect children and keep them out of foster care (McGowan, 2005; Schorr, 2000; Zell, 2006). The legislation that followed FPSSP in 1994 essentially reflected the shift from the concept of preserving families towards protecting children.

### **Administrative Reforms**

#### **Multiethnic Placement Act and Interethnic Placement Act**

The Multiethnic Placement Act (MEPA) of 1994 was signed into law by President Bill Clinton with the express goal of prohibiting delays in placement or denying it to any child on the basis of color, race, or national origin (McGowan, 2005). In 1994, minority children made up over 60% of those in foster care nationwide waiting to be adopted (Pecora et al., 2010). One commonly accepted reason for this imbalance was that there were not enough families of color being recruited as adoptive parents (Pecora et al., 2010). MEPA mandated agencies to recruit more families of color in order to shorten the amount of time it took for children to be adopted and prevent discrimination during placement (McGowan, 2005; Pecora et al., 2010). In 1996, MEPA was amended by the Interethnic Adoption Provision Act to strengthen the provisions of MEPA and ensure that adoption and foster placements happened in a non-discriminatory way (McGowan, 2005). While MEPA required states to make diligent efforts to recruit families that reflected the ethnicity and racial diversity of children needing homes for placement or adoption, the Interethnic Adoption Provision Act prohibited states and agencies from denying anyone the opportunity to adopt on the basis of race (Pecora et al., 2010). This amendment shifted the goal of MEPA, sidelining the multiethnic focus of the 1994 program to recruit families of color and

streamlining the process for any family to adopt children regardless the adoptive family's ethnic or racial background.

### **The Adoption of Safe Families Act**

The Adoption and Safe Families Act of 1997 (P.L. 105-89; ASFA) signed into federal law by President Clinton on November 19, represented a major paradigm shift from the existing emphasis on permanency that focused on family reunification to an emphasis on safety which led to speed up the placement process (D'Andrade & Duerr Berrick, 2006; McGowan, 2005; O'Neil-Murray, 2003). President Clinton stated that this bill that "Makes clear that children's health and safety are the paramount concerns" (Seelye, 1997). To promote a speedy termination of parental rights in an unsafe situation, ASFA mandated a permanency hearing 12 months after a child has been placed and required states to file a termination of parental rights petition in cases where a child has been in care for 15 of the past 22 months (D'Andrade & Duerr Berrick, 2006) and included incentives for adoption (Courtney, 2000). These provisions were designed to signal child safety as the overriding concern in all child welfare decision making, to shorten the timeframes for making permanency planning decisions, and to promote the adoption of children who could not safely return to their parents. In support of this legislation and reflecting the underlying paradigm shift from permanency to safety, Republican Senator John H. Chafee of Rhode Island stated: "It's time to recognize that some families simply cannot and should not be kept together" (Seelye, 1997).

As with the earlier permanency approach, the goal was to reduce the number of children in foster care (Courtney, 2000). As part of ASFA, Congress re-authorized the Family Preservation and Family Support Services but renamed it the Promoting Safe and Stable Families

Act (PSSF) and expanded its focus to include time-limited family reunification services, adoption promotion and support activities (O'Neil-Murray, 2003).

### **Devolution: The Move Toward Outcome Measures**

The decade of the 1990s saw an unprecedented increase of federal legislation aimed at improving child welfare including the Multiethnic Placement Act of 1994, the Interethnic Adoption Provisions of 1996, and the Adoption and Safe Families Act of 1997 (Mitchell et al., 2005). The federal government shifted child welfare funds and program responsibility from the federal government to the states (e.g. devolution), (Halpern, 1999) leading the new administrative reform toward the use of outcome measures (Courtney, 2000). Driven by external pressures such as the financial crisis, rising child poverty rate, and the increased pressure to identify and investigate child abuse (Halpern, 1999; McGowan, 2005), the New York City child welfare system sought to enhance the integration of city and state services provided to children in the juvenile system, mental health, and human services system (Schorr, 2000). The hope was that the integration of top-level administrators and efforts to sustain community and neighborhood-based services would provide child welfare agencies with more control over state agencies to purchase services (Schorr, 2000).

The attention to safety was also accompanied by new interest in the federal oversight manifested in the development of outcome measures in child welfare in order to improve service and more effectively target them (Courtney, 2000). To achieve safety and permanency, ASFA focused on the state's capacity to achieve positive outcomes for children and families (Poertner, Moore, & McDonald, 2008; U.S. Department of Health and Human Services, 2011a). In the modern era, the Children's Bureau assesses and monitors states through the Child and Family Services Review (CFSR) (Courtney et al., 2004; U.S. Government Accountability Office, 2003).

The goals are to rate states' performance, to hold them accountable, and to examine the reasons for high and low performance (Courtney et al., 2004; Orlebeke, Wulczyn, & Mitchell-Herzfeld, 2004). CFPSR moved federal oversight from a "compliance" orientation, in which success was assessed by conformity to rule, toward "performance" orientation, in which the focus is on the achievement of established goals (Noonan et al., 2009).

These changes led to more paperwork, larger caseloads, and less supervision for child welfare workers (Halpern, 1999; Poertner et al., 2008; Schorr, 2000). Studies conducted during this period indicated that these changes confused and demoralized child welfare workers (Hagedorn, 1995; Schorr, 2000). In addition to the already exhaustive documentation, Congress made a law laying out the fine details of how child welfare agencies should document interactions with families within 24 hours of meeting for the first time and again six months later (Schorr, 2000). The resulting law created the Uniform Case Review, a lengthy and detailed document which requires a worker to make note of all members of the family and summarize progress and plans for the family. The Uniform Case Review was subsequently revised and is now known as the Family Assessment Service Plan, which is submitted to ACS at 30, and 90 days after intake and every six months thereafter.

The longstanding concern over efficiency and effectiveness, the need for accountability, more preventive services, and better coordination among providers that underpinned these administrative changes led to increased interest from federal and state government and policy makers in performance management of what scholars refer to as New Public Management (Halpern, 1999).

### **New Public Management and the Child Welfare System**

New Public Management (NPM) originated in the 1980s, a neo-liberal inspired policy (Abramovitz, 2004; Fawcett & Hanlon, 2009; Larbi, 1999) especially during Prime Minister Margaret Thatcher and President Ronald Reagan's years in office (Gruening, 2001) and the perceived crises of the welfare state (Baines, 2004a; Tilbury, 2007). Neo-liberalism represents the project of economic and social transformation under the sign of the free market (Baines, 2004b; Connell, Fawcett, & Meagher, 2009) designed to restore profitability by reducing government's role in order to promote market dynamics (Abramovitz, 2004). Neo-liberalism emphasizes individual performance, the operation of market forces, the transition from production to consumption, and it has had a profound impact on the way social services are delivered (Abramovitz, 2004; Fawcett & Hanlon, 2009).

According to NPM, it is only through market competition that economic efficiency will be achieved and the public offered free market choice (Larbi, 1999). NPM is characterized by performance results, contracting out, and the attainment of accountability (Baines, 2004a). The central feature of NPM is the attempt to introduce or simulate within public services that are not privatized, the performance incentives and the disciplines that exist in a market environment (Larbi, 1999). Performance management (PM) is a strategy of NPM in which public and nonprofit social service organizations are encouraged to think of themselves as "business units" and to meet quantitative measures that take the form of performance goals, benchmarks, and ongoing evaluations (Baines, 2006). Social services have become increasingly pro-market and have adopted values, practices and supremacy of the private market, while remaining in the non-market because they do not generate any profits (Baines, 2006).

Countries like England, Australia, New Zealand, and Canada have adopted the NPM model (Larbi, 1999). These countries have developed and implemented strategies that emphasize efficiency, economy, and effectiveness in order to improve the ways in which government is managed and social services delivered (Baines, 2004a; Larbi, 1999). England was one of the first countries to begin a fast and indiscriminate restructuring and downsizing of social programs and services (Tilbury, 2007). In the early 1990s, Canada began slowly adopting the new performance-result oriented management systems characterized by an emphasis on new forms of work organizations, cuts in funding, and standardization of social services (Baines, 2004a, 2004b). The argument in the United States was that NPM would result in more efficient public operations, increase transparency, and make managers accountable (Sahlin-Andersson, 2000).

### **Development of the Concept of Accountability**

The policy and regulatory changes introduced in the public sector during the early 1990s were influenced by the concept of accountability (Martin & Frahm, 2010). Being accountable meant to be able to answer to the expectations from funders, taxpayers, and concerned citizens (Martin & Frahm, 2010). Initially, accountability was related to the financial aspect; today, accountability is conceptualized as a combination of effectiveness, quality, and efficiency in social services (Martin & Frahm, 2010).

During the 1960s, it was assumed *a priori* that social services were beneficial to the people receiving them, and that administrators and civil servants were good and professional (Martin & Frahm, 2010). Traditionally, accountability depended on state agencies' compliance with procedural requirements as evidenced by case file documentation (U.S. Department of Health and Human Services, 2010). Government agencies were accountable to public administrators and elected officials, while private agencies were accountable to their own boards

of directors (Martin & Frahm, 2010). During the 1960s, three major policy changes led to increased contracting between government and private agencies:

1. Starting in the 1930s, U.S. Congress did not limit the amount of federal funding states could receive for providing social services under titles of the Social Security Act. This policy oversight meant that the federal government funded as much as necessary to cover all approved human services provided by the states (Martin & Frahm, 2010).
2. In 1962, the Amendment of the Social Security Act authorized the states to utilize donated funds to satisfy federal matching funds requirements. These funds were provided by other government agencies or nonprofit agencies. The federal funding for nonprofit agencies is 75% in real dollars. The remaining 25% comes from donated matching funds for current, former, and potential welfare recipients (Martin & Frahm, 2010; McGowan, 2005).
3. For the first time in 1967, under titles IV-A and V of the Social Security Act, states were authorized to contract child welfare services from voluntary agencies. Therefore, financial accountability was a primary concern as state and local governments and came together to generate federal funding (Martin & Frahm, 2010).

By the end of the 1970s, there was a sense that accountability meant more than financial accountability (Schorr, 2000). However, no attempt was made to connect the concept of accountability to efficiency, quality, or outcomes of services provided to clients (Martin & Frahm, 2010). The predominant mode of social service delivery from direct government delivery to private sector delivery set the framework to programmatic accountability (McGowan, 2005).

By the beginning of the 1980s, the Reagan Administration replaced the Title XX funding with a Social Services block grant, which meant an overall reduction in funding from the federal

government (Martin & Frahm, 2010). The majority of states had reached their ceilings for federal funding under Title XX of the Social Security Act and local and state governments began recognizing the importance of accountability and began formulating performance standards and looking for outputs and quality outcomes as part of programmatic accountability (Martin & Frahm, 2010).

Early in the 1990s, the federal government identified waste and inefficiency in federal programs that undermined the confidence of the people in the federal government (U.S. Office of Management and Budget, 1993). As a result, President Clinton established the Government Performance and Results Act of 1993 (GPRA), P.L. 103-62. The Clinton-Gore Administration required all federal agencies to develop specific goals and outcomes to assess their performance and publicly report on their progress (U.S. Department of Health and Human Services, 1999; U.S. Office of Management and Budget, 1993). Under GPRA, states are required to include project management tasks goal-setting performance measurement systems, and outcomes reports. Within the DHHS, the Children's Bureau identified several outcomes regarding safety and permanency to monitor child welfare performance (U.S. Department of Health and Human Services, 1999). All regulations, performance expectations, standards, and indicators were established by all levels of federal, state, and local government (Larbi, 1999; Martin & Frahm, 2010). Performance measurement was predominantly associated with the need to determine programmatic accountability in government (Martin & Frahm, 2010; Tilbury 2004).

The performance management model accelerated at the same time of significant public concerns in the child welfare field (Tilbury, 2007), arguing that human services programs were too difficult to measure (Martin & Frahm, 2010) and that everything relevant can be quantified (Drechsler, 2005). The objectivity of performance measurement has been glorified by the public

criticism of the inefficiency of the public sector (Tilbury, 2007). With the mission for efficiency and effectiveness, it was necessary to implement performance measurement techniques and practices from the private sector to minimize government role and expenses (Fawcett & Hanlon, 2009) and the market-based concept of exchange (Drechsler, 2005). Indeed, performance measurement can be viewed as a tool for top-down management control in the service of the New Public Management agenda that valorizes efficiency over effectiveness, accountability, and performance outcomes without mentioning ideals such as equality, common good or social justice (Abramovitz & Zelnick, 2015; Tilbury, 2007).

### **Accountability of Child Welfare in the United States**

Federal laws, including the Child Welfare Reform Act of 1980 and the Adoption and Safe Families Act of 1997, significantly increased the role of the federal government in monitoring outcome measurements and child welfare data collection. (Courtney et al., 2004; O'Neil-Murray & Gesiriech, 2003). The Adoption and Safe Families Act of 1997 (ASFA) helped to promote accountability in the child welfare system (O'Neil-Murray, 2003). Since the adoption of ASFA, the federal government's new focus has been on the development of outcome measures in child welfare (U.S. Department of Health and Human Services, 2011; U.S. Government Accountability Office, 2003). In 2000, the Administration for Children and Families, a division of the U.S. Department of Health and Human Services, introduced the Child and Family Service Review (CFSR) (Courtney et al., 2004). Through the CFSR, the Children's Bureau, a division of the Administration for Children and families, conducts the periodic reviews of state child welfare system. The CFSR is a results-oriented, comprehensive monitoring system for all public child welfare agencies and assesses state outcomes in three primary domains:

### 1. Safety

- Children are first and foremost protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

### 2. Permanency

- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.

### 3. Family and child well-being

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.

The CFSR is a tool that enables the Department of Health and Human Services to: (a) ensure conformity with federal child welfare requirements; (b) determine what is actually happening to children and families receiving child welfare services; and (c) assist states in enhancing their capacity to help children and families achieve positive outcomes (Uher, 2011). Specifically, the CFSRs measure seven outcomes and seven systemic factors. The outcomes measured include whether children under the care of the state are protected from abuse and neglect; whether children have permanency and stability in their living conditions; whether the continuity of family relationships and connections is preserved for children; whether families have enhanced capacity to provide for their children's needs; and whether children receive adequate services to meet their physical and mental health needs (Uher, 2011).

The systemic factors measure the extent to which a state has implemented the requirements to build the capacity to deliver services leading to improved outcomes. These systemic factors include (1) statewide information systems; (2) case review system; (3) quality

assurance system; (4) staff and provider training; (5) service array; (6) agency responsiveness to the community; and (7) foster and adoptive licensing, recruitment, and retention (U.S. Department of Health and Human Services, 2000b).

ASFA requires that the outcome measures should be developed from CFSSR and mandates DHHS to submit an Annual Report to Congress regarding state-specific performance on each outcome measure (Courtney et al., 2004; U.S. Department of Health and Human Services, 1999). In order to produce such report, DHHS developed a set of outcome measures that include the length of stay in foster care, number of placements, and number of adoptions that can be used to assess the performance of states' child welfare programs (Courtney et al., 2004). State governments have historically set their own legal parameters for their respective child welfare systems. Although each state has a permissible margin for variation in policies, it is the federal legislation that sets the key parameters and creates financial funding (Golden, 2009).

### **Accountability of Child Welfare in the State of New York**

In New York State, the Office of Children and Family Services (OCFS) was created on January 8, 1998, by merging programs of the former State Division for Youth and the former State Department of Social Services. OCFS provides a system of family support, juvenile justice, and child welfare services with a funding level of approximately \$3.7 billion for programs that support the safety, permanency, and well-being of children and adults (New York State Office of Children and Family Services, 2008). OCFS is responsible for programs and services involving foster care; adoption and adoption assistance; child protective services, including operating the Statewide Central Register for Child Abuse and Maltreatment (SCR); preventive services for children and families; services for pregnant adolescents; child care and referral programs; and protective programs for vulnerable adults (New York State Office of Children and Family

Services, 2008). OCFS is also responsible for the state's juvenile justice programs, administering and managing 30 residential facilities, six community-based group homes, 8-day-placement centers, and two reception center programs for juvenile delinquents and juvenile offenders placed in the custody of OCFS by family and criminal courts. OCFS also coordinates, in part, the state government response to the needs of Native Americans and their children on reservations and in communities (New York State Office of Children and Family Services, 2008).

OCFS funds and monitors all New York State child welfare systems (New York State Office of Children and Family Services, 2008). Within OCFS, the Division of Child Welfare and Community Services is the statewide oversight entity for the locally administered child welfare system. Child welfare programs are locally administered through 58 local county social service districts (LDSS or local districts), the St. Regis Mohawk Tribe, and the New York City Administration for Children's Services (ACS), which serves the five boroughs (New York State Office of Children and Family Services, 2008; U.S. Department of Health and Human Services, 2009). In March 2016, New York City made up 56% of the children in foster care in the state (New York State Office of Children and Family Services, 2016).

ASFA forced states to conform to its mandates by amending the statute that authorizes federal reimbursement for state child welfare expenses. States that did not pass their own version of ASFA faced severe fiscal sanctions (Genty, Krupat, Raimon, & Vogelstein, 2006). States that failed to meet the federal standards were required to develop and implement a comprehensive Program Improvement Plan (PIP) (National Conference State of Legislature, 2004).

In February 1999, New York State enacted a law based on the federal Adoption and Safe Families Act--cited in court documents as Chapter 7 of the Laws of 1999-- in order to comply with the ASFA mandated outcomes (Adoptive and Foster Family Coalition, 2017). The focus of

Chapter 7 was to accelerate the petition to terminate parental rights within the timeframes mandated by ASFA (Genty et al., 2006). However, for more than a decade New York was not in compliance with these mandates. In the final report for the federal Children and Family Services Review for 2016, New York State was found to have conformed with only one of the mandated outcomes: Safety Outcome One, which stated that children are, first and foremost, protected from abuse and neglect. However, the state had not adhered to the requirements for any of the other six outcomes it was expected to have measured, and the state did not meet the national standards for safety, permanency and well-being (New York State Office of Children and Family Services, 2016).

In summary, in reaction to the Adoption and Safe Families Act and performance-focused state laws, child welfare agencies in New York City have been experiencing performance-based funding, competing for grants, and making progress implementing managerial strategies to improve outcomes for children. In addition, child welfare agencies have been relying on evidence-based interventions that claim to produce desired outcomes (Abramovitz & Zelnick, 2015). While administrators are committed to the implementation of Improved Outcomes for Children, the street level bureaucrats, or child welfare workers, may be in a position to interpret policy for the children and families since the families may be unaware of the rules and parameters of IOC (Lipsky, 2010). The work of Lipsky has been particularly useful in this study for understanding the implementation of Improved Outcomes for Children.

## CHAPTER II: LITERATURE REVIEW

The purpose of this study was to examine the relationship between policy and its impact on the delivery of services to children and families in the child welfare system. Specifically, it investigated the impact of what increasingly has been referred to as New Public Management (NPM) or Managerialism on child welfare supervisors employed in nonprofit child welfare agencies contracted with the Administration for Children's Services (ACS) in New York City. NPM and Managerialism refer to the growing introduction of business practices and principles into social service agencies including productivity, accountability and performance measures (Gruening, 2001; Larbi, 1999; Yang & Pandey, 2008). This study explored the range of events that child welfare supervisors experienced while implementing an initiative known as Improved Outcomes for Children (IOC) introduced in the spring of 2009. IOC is an outcome-oriented policy that uses accountability measures, family-centered decision-making and flexible funding to improve productivity for children and families in the child welfare system. ACS contracted with private nonprofit providers to assume responsibility for coordinating and providing services for the children and families in the child welfare system of New York City. This begs the questions of how have child welfare workers responded to the new policy, what do they view as its strengths and weakness and how does it affect the delivery of services provided to children and families in the child welfare system.

Improved Outcomes for Children (IOC) is conceptualized as a continuous quality improvement system to enhance child welfare practice. IOC is an on-going process for agencies to make decisions and evaluate their own progress and relies on an organizational culture that is pro-active and supports continuous learning. The process includes identifying, describing and analyzing a program's strengths and weaknesses, then testing and implementing solutions, and

learning from and revising the solutions. It requires intensive leadership to set clear expectations for outcomes and goals and top-level managers commitment to empower supervisors and staff to advocate, test and implement changes in policy, practice and programs based on priorities of strengths and best practices. Under IOC, training for staff is meaningful and extensive, focused on preparation and support on continuous quality improvement methods, including the use of data and information to inform practice and policies and provide feedback to consumers. Most importantly, IOC depends on the active inclusion and participation of staff at all levels of the agency and all stakeholders throughout the process (The Annie E. Casey Foundation, 2005). The following section examines how performance management was introduced in child welfare and provides examples of how performance management has been implemented in the United States.

### **Conceptual Framework**

Performance management was introduced in the child welfare system in the U.S. as a result of the mandates accompanying the Adoption and Safe Families Act in 1997 (McBeath & Meezan, 2006) along with other NPM market-based approaches including privatization, contracting out, regulate service delivery through standardization, labeling clients “consumers”, use of strategic planning, outcomes-based budgeting and performance appraisal systems (Baines, 2004a; Heffernan, 2006; Meezan & McBeath, 2008; Tilbury, 2007). Interests of the New Public Management reflect the belief that social programs run by the government (federal, state or local) have been ineffective and excessively expensive (Alexander, 1999). In a national study on child welfare privatization, the U.S. Government Accountability Office (1997) reported that privatization in social services had been encouraged by political leaders and top managers in response to an increasing demand for public services and a belief that contractors could provide higher quality services than public agencies. Contracting out in child welfare refers to the out-

sourcing or buying in of goods and services from voluntary agencies instead of providing such services in-house (Larbi, 1999).

The privatization of public child welfare services is not a new concept in the United States (Embry, Budenhagen, & Bolles, 2000; Zullo, 2008). In some parts of the country states and local governments have relied on child welfare services in the private, voluntary sector since the early 1800s (Flaherty, Collins-Camargo, & Lee, 2008). During the 1830s the dramatic increase of public and private orphanages were designed to care for children whose parents were unable to provide for them, and by 1900, there were over 250 private agencies established around the country to provide services for children. By the end of the nineteenth century, leaders of the child welfare field recognized the state's responsibility for dependent children, the potential conflict among agencies for funding and support, and the importance of strong regulatory systems including licensing, service monitoring and case accountability to protect the interests of all children in care (Mallon & McCartt, 2005). Today, the majority of federal child welfare funding is directed to foster care, including kinship and treatment foster care. Such out-of-home placement has become the leader in contracting-out services to nonprofit agencies (Flaherty et al., 2008; Yampolskaya, Paulson, Armstrong, & Vargo, 2004).

In child welfare services performance management has become part of the dominant discourse in government by those interested in the utilization of performance incentives and disciplines in a pro-market environment (Larbi, 1999). At the same time the services remain “non-market” given that they do not generate profits and the funding comes from the government and private charities (Baines, 2006). Research in child welfare practice has recognized the following contextual factors as important in the implementation of performance management: (a) impact of managerialism on organizational changes (Alexander, 1999; Hasenfeld, 1996;

McBeath & Meezan, 2006; Meezan & McBeath, 2011; Poertner, Moore, & McDonald, 2008), (b) impact on the child welfare workforce (Baines, 2006; Claiborne et al., 2011; Connell, Fawcett, & Meagher, 2009; Regehr, Chau, Bruce, & Howe, 2002; Zell, 2006), impact on the delivery of services (Baines, 2006; McBeath & Meezan, 2008; Meezan & McBeath, 2008; Regehr et al., 2002), and (c) the response of workers (Alexander, 2000; Maynard, 2009; McBeath & Meezan, 2010). These contextual factors provide the conceptual framework for this study.

### **Impact of Managerialism on Organizational Changes**

The new emphasis for business-oriented practices has forced nonprofits and some government offices to professionalize management practices and reconfigure their rules in order to survive and continue their programs (Alexander, 2000; Courtney, 2000). Child welfare agencies in New York City depend heavily on local and state funding to operate. Therefore, in order to adapt to the demands of the business-oriented environment, nonprofits have incorporated management procedures to demonstrate measurable outcomes (Alexander, 2000). Funding at the federal, state, and local levels have pushed public and private child welfare agencies to move to a performance-based evaluation of service delivery by importing managed-care principles and practices from the health and medical sectors, with the idea of not only reporting on outcomes, but targeting effective and efficient ways of intervention (Courtney, 2000; Meezan & McBeath, 2008) and, last but not least, lowering expenditures (Alexander, 2000; Baines 2004b; Courtney, 2000; Tilbury, 2007). Managed-care is expected to help contain cost, increase access to services, increase quality of care, integrate and coordinate services among providers (Embry et al., 2000).

Under NPM, nonprofits are encouraged to think of themselves more as business-oriented units (Alexander, 2000; Baines, 2006; Sandfort, 2000) in which managers are given wide-ranging power to meet or exceed program and individual goals (Baines, 2004a). As a result of contracting-out, ACS retains the administrative responsibility and does not provide child welfare individual case management, rather ACS focuses on the outcome measures, data analysis and monitors the contracted child welfare agencies' performance (Administration of Children's Services, 2009; Robinson Lowry & Farber, 2007). This decentralization has set the stage for pro-market, business-like solutions (Baines, 2004a, 2004b; Sandfort, 2000) with routinized and rigid methods of organizing work and the workforce (Baines 2004b). Embry et al., (2000) explain that the private sector has developed benchmarks for categories that are measured in terms of penetration and utilization, indicating whether appropriate utilization has occurred for a specific population. Both organizations and individuals are required to make themselves accountable in terms of competition (Connell, Fawcett, Meagher, 2011). NPM and managed-care models emphasize service integration and collaboration among providers (Embry, et al., 2000). As a response, child welfare agencies have introduced new organizational and administrative rules; expanded their documentation and statistics-keeping functions; modernized their structures and information systems in order to perform satisfactorily, achieve greater accountability, and generate the numbers on which funding allocations are based (Baines, 2006). Under managed-care and performance-based contracts, agencies are reimbursed for services in a way that they are expected to contain costs (Embry et al., 2000; Meezan & McBeath, 2008). Agencies receive a pre-set amount per client, case rate-based managed care, for a predetermined amount of time, usually for 12 months. Ultimately, child welfare agencies either turn a profit or break even if

they provide services for an amount less than a preset amount. Otherwise, the child welfare agency will absorb the difference (Embry et al., 2000; Meezan & McBeath, 2008).

Contracting-out represents more explicit efforts to compete with the market in the management and delivery of services. The rationale of contracting out is to encourage competition between child welfare agencies in the belief that competition will promote cost-saving, efficiency, flexibility and responsiveness in the delivery of services (Cardy, 2010; Flaharty et al., 2008; Larbi, 1999; Meezan, & McBeath, 2008). The development and use of outcome measures is then meant to ensure quality of services that are accessible, efficiently delivered and cost-effective (Embry et al., 2000). In this market-oriented model where child welfare financing is strongly linked to child and family outcomes, performance-based models are generally thought to improve outcomes by rewarding service providers that limit unnecessary, duplicative and untimely service provision and, conversely by penalizing agencies that fail to reach performance goals (Meezan & McBeath, 2008).

For example, under IOC funding is capitated and paid up front, rather than retroactively; in this way, agencies can utilize their funding to develop new strategies aimed at increasing performance in outcomes (Robinson Lowry & Farber, 2007). The goal with this new funding process is to provide agencies with more flexibility to invest money in services to reduce the length of services for children and families. At the same time, agencies will assume some financial risk if they are unable to move the families out of services in a timely manner (Robinson Lowry & Farber, 2007). With capitation, agencies assume the highest financial risk and ACS the lowest (Embry et al., 2000). Agencies could increase their profits if they serve clients in the most efficient and least costly manner (Meezan & McBeath, 2008).

With the parameters set by ACS, agencies are granted considerable freedom as to how they operate and in the type of services they decide to deliver. Each of the agencies is unique in its size and area of service, leadership and board of directors, staff and volunteers, functions and services (Watson-Bishop, 2007). This model enables competition among the child welfare agencies bidding for grants and contracts (Alexander, 2000). In New York City child welfare agencies have the autonomy to develop strategies and types of services rendered that could help the agency improve its score in the annual review.

In order to meet program targets, management control over the labor process necessarily increases resulting in major changes in work organizations (Flaherty, et al., 2008; Baines 2004a). Zullo (2008) suggests that the number of supervisors to social work staff will increase because the state will have to establish a team of supervisors to shadow the work of the private contractors. This is the case in New York City where as part of the IOC initiative, ACS established the new office of Agency Program Assistance (APA). APA works in partnership with provider agencies to improve the quality of services for children and families by evaluating performance. APA hired teams of three people, plus their supervisors to monitor the performance and quality improvement efforts for each of the agencies contracted by ACS (Administration for Children's Services, 2012b).

Child welfare agencies are experiencing pressures from the state and local governments to replicate the private sector in structure and practice (Alexander, 1999); however, the implementation of a performance measurement model in child welfare requires thoughtful considerations of the agency's ability to manage new responsibilities (Embry et al., 2000; McBeath & Meezan, 2006; Watson-Bishop, 2007) without risking the primary goal of the child welfare system – safety, permanency and well-being (Alexander, 1999; Baines, 2006; Embry et

al., 2000; Smith & Donovan, 2003). The administration of child and family services is a theme that has been subject to continuous restructure and managerial reforms (Aronson & Smith, 2010).

### **Impact of Managerialism on the Child Welfare Workforce**

Even before managerialism child welfare was a stressful and difficult area of social work practice (The Annie E. Casey Foundation, 2003; Turcotte, Lamonde, & Beaudoin, 2009). Child welfare workers' success is hard to measure and their failures are usually aired in the media (The Annie E. Casey Foundation, 2003). There is a vast literature regarding the stressors encountered by the child welfare workforce. The many sources of stress documented by researchers include huge caseloads (U.S. Department of Health and Human Services, 2010; Robinson-Lowry et al., 2007; Scannapieco et al., 2007; Strolin-Goltzman, 2008; Yamatani et al., 2009), excessive workloads (Cardy, 2010; Mor Barak, Levin, Nissly, & Lane, 2006), and low salaries (The Annie E. Casey Foundation, 2003; Hopkins et al., 2010; Robinson-Lawry et al., 2007; Zell, 2006), that result in high turnover and burnout (Cardy, 2010; Hopkins, Cohen-Callow, Kim, & Hwang, 2010; Kim, 2011; Mor Barak et al., 2006; Strolin-Goltzman, 2010; Weaver, Chang, Clark, & Rhee, 2007).

One of the key principles of IOC is the commitment of the workforce to improving outcomes for children and families through the implementation of a performance management model (Administration for Children's Services, 2009). Critics argue that this model is inevitably biased to management and economic interests over the concerns of other stakeholders such as child welfare workers and families (Baines, 2006; Poertner et al., 2008; Tilbury 2007). They also point to the dangers of increasing reliance on prescribed procedures, evidence-based protocols, practice models, and performance targets that routinize social work practice to make it

quantifiable (Baines, 2009). This, they add undermines professional autonomy, attends to organizational rather than client goals, and downplays the non-measurable aspects of performance (Baines, 2004a, 2004b; Tilbury 2000). Under the NPM model, individual workers are expected to follow a profit-making logic and are held accountable to the organization (Connell et al., 2009).

The federal government has identified staff training as one key factor related to outcomes (Antle, Barbee, Sullivan, & Christensen, 2009). According to the 1998 Government Accountability Office report, private agencies implementing a performance management model, are responsible for hiring, training and retaining qualified case management staff; and to comply with federal and state administrative requirements, including paperwork, data entry and managing a network of service providers (Ortega & Levy, 2002a).

In the NPM model, training has been conceptualized as an element of the policy implementation process (Collins, Amodeo, & Clay, 2007). However, training continues to be a challenge due to the high turnover and the timing of training relative to new employment (Antle et al., 2009; Ortega & Levy, 2002b). While all agencies encourage training participation and sometimes mandate training, most of the times, training is delivered based on needs and staff availability (Ortega & Levy, 2002).

Frontline workers are perhaps the most important contributors in terms of child welfare outcomes (Collins-Camargo, Sullivan, & Murphy, 2011; Robinson Lowry & Farber, 2007), and are ultimately responsible for implementing the policies and laws designed to protect vulnerable children (Lipsky, 2010; Zell, 2006). However, training remains a challenge because research shows that training is not a priority for workers (Liu & Smith, 2011). Furthermore, studies

indicate that only 10 to 15% of the training content is transferred back to the workplace and that new training modes need to be introduced (Antle et al., 2009; Liu & Smith, 2011).

It is argued that the current focus on performance management and accountability has both pros and cons. On the one hand, PM requires highly trained outcome-oriented workers able to meet the multiple needs of children and families in child welfare (Williamson & Gray, 2011). Workers need to contribute to enhance child safety, fewer lawsuits and active family engagement through motivational interviewing (Golden, 2009; Pennell, Edwards, & Burford, 2010; Rauktis, McCarthy, Krackhardt, & Cahalane, 2010). In addition, workers are trained in the IOC practice of Family Team Conferences that have been associated with positive outcomes for children and families (The Annie E. Casey Foundation, 2005). Workers' active participation in the decisions about the outcomes for their own families (Rauktis et al., 2010) facilitates more clarity in an open and reflective approach as to how problems are understood and therefore where to look for solutions (Tilbury, 2005). Of key importance has been the relationship between senior management and workers. Performance management requires clear organizational goals and expectations for workers, information about their roles and tasks, constant supervision and performance evaluations (Connolly & Smith, 2010).

On the other hand, performance management has brought some unintended consequences for the workforce, including constant change, excessive documentation and technical work and management hierarchy that demoralize staff (Aronson & Smith, 2010; Regehr et al., 2002; Smith & Donovan, 2003). Child welfare workers have reported feeling de-motivated and overwhelmed by bureaucracy (LeGrand 2007, cited by Cardy, 2010). The workforce literature suggest that workers have left their jobs due to several factors including job dissatisfaction (Mor Barak et al., 2005; Ortega & Levy, 2002), supervisory inadequacies (Scannapieco & Connell, 2007; Strolin-

Goltzman, 2010), and unmanageable workloads (U.S. Department of Health and Human Services, 2010; Yamatani et al., 2009; Weaver et al., 2007). Caseworkers expressed feeling captured in an audit regime involving accountabilities that limit their opportunities for professional development due to increased managerial control (Aronson & Smith, 2010; Cardy, 2010; Tilbury, 2007).

### **Impact of Managerialism on the Delivery of Services**

Under the Children's Bureau initiative *Improving Child Welfare Outcomes Through Systems of Care*, family members, youth, parents, caretakers and agency staff work in partnership to effectively meet the needs of the children and families (Williamson & Gray, 2011). Child welfare agencies have been implementing programs and activities meant to integrate family involvement across their delivery systems (Crea, Crampton, Abramson-Madden, & Usher, 2008; Unrau & Wells, 2005; Williamson & Gray, 2011). The first managerial utilization strategy to reform the child welfare system was to reduce the use of congregate care placement for children and youth (The Annie E. Casey Foundation, 2010b). The philosophy behind this initiative was that teenagers fare better in family settings than in congregate facilities (The Annie E. Casey Foundation, 2010b). Furthermore, congregate care is three to five times more expensive than family-based foster care. Rightsizing of congregate care was regarded as an important first step to a successful and larger reform strategy (The Annie E. Casey Foundation, 2010b). Utilization management consists of a close examination of the appropriateness of level of care provided to clients with the objective to ensure that children are well cared in the least restrictive and expensive setting (Embry et al., 2000). In New York City, the two initial levers of change were, a performance management model to evaluate permanency and well-being

outcomes, and front-line practice to engage adolescents in congregate care and family members in their planning services (Administration for Children's Services, 2005).

Tilbury (2007) explains that programs might be successful in meeting agency or program's goals, but unsuccessful in meeting the needs of the clients, as there is potential to save money at the expense of client services (Embry et al., 2000). For example, in 2005 ACS launched an initiative in order to move approximately 1,000 adolescents from group homes and residential settings to regular foster homes (Administration for Children's Services, 2005). By December 2008, ACS reduced the number of congregate care beds by 47% with a cost saving of more than \$41 million (The Annie E. Casey Foundation, 2010b).

Child welfare experts were worried about their ability to recruit enough qualified foster parents able to provide specialized services due to the children's severe mental health and behavioral problems. In an article in *The New York Times*, James Purcell, Executive Director of the Council of Family and Child Caring Agencies stated, "We need to pay constant attention to that – that we don't let a policy direction that says 'less residential' become the reality if, in fact, that's not what the kid needs" (Foderaro, 2008). Indeed, it has been reported the challenges of placing teenagers have grown more complicated since there are a number of children that have not been able to move to a less-restrictive placement due to physical, behavioral, emotional or learning problems (Collado & Levine, 2007). There are concerns that some youth could be further traumatized by bouncing from foster home to foster home due to the additional challenges teenagers represent (U.S. Department of Health and Human Services, 2012; Foderado, 2008).

The impact of performance management models in child welfare service delivery system continues to be debated. There is also the concern that the standardization of service delivery

with paper and computer-based assessments, record keeping and excessive documentation interferes with the traditional face-to-face interaction, thus eliminating the opportunity to build a relationship with the client (Baines, 2004a; Poertner et al., 2008; Watson, 2003). Additionally, Zullo (2008) states that privatizing services has increased the level of bureaucratic management tasks needed to monitor contractor performance. According to Baines (2006), the combined added amount of tracking and documentation required by provider agencies, and the resources devoted to additional paperwork divert time and resources from direct client care.

In order to protect vulnerable clients and to prevent private contractors from responding to the contract incentives in ways that override the interests of children, state agencies that privatize must invest heavily in contractor monitoring (Courtney, 2000). The cost of monitoring contractor activities is particularly high with managed-care arrangements which through a combination of performance-based contracting prospective payments and capitation, are designed to force private agencies to reduce costs (Embry et al., 2000; U.S. Government Accountability Office, 1997; Zullo, 2008). Tilbury (2007) suggests that it could be possible to conceptualize performance management as a hard tool that measures quantitatively, and as a soft tool communicating ideas as well as facts. She argues that performance measurement may work at a more discursive level by communicating policy intent, shaping the way we think and talk about child welfare, and defining notion of outcomes, effectiveness and quality.

In summary, the changes in the political and ideological context were key factors in the public services reform towards a more market-oriented policy (Abramovitz, 2004). Managed care and privatization in child welfare are the result of the increased attention the federal and state policymakers are paying to the system (Meezan & McBeath, 2008). The funding for child welfare agencies is based on performance and outcomes. The role of NPM is to communicate

policy intent by shaping the way we think and talk about child welfare and outlines ideas of outcomes, effectiveness and quality of services (Tilbury, 2005). NPM has also had an impact on the child welfare workforce. Under NPM, workers attend multiple trainings, and rely on practice models, and evidence-based protocols that undermine their professional autonomy (Abramovitz & Zelnick, 2015). The NPM trend to improve the quality of service delivery is through a collaborative practice to involve families in the decision-making process (Rauktis et al., 2010). Workers using Improved Outcomes for Children are expected to use the Family Team Conference model to bring together different perspectives, including family, extended family and community supports, will increase the quality in decision-making (Pennell et al., 2010). The assumption of this model is that children will do better when connected to their families and families will be empowered to work in partnership with the child welfare agency (Rauktis et al., 2010). From the very beginning, child welfare professionals and scholars have been examining the effectiveness of systems of care that have used a performance measurement model, and its impact on the needs of children and families for whom they are responsible (DeCarolis, Southern, & Blake, 2008; Watson, 2003). The empirical evidence in the following section illustrates the contextual framework.

### **Empirical Evidence**

In response to the mandates of the Adoption and Safe Family Act of 1997, state and local governments have been implementing one or more initiatives that include privatization of certain management functions or the use of managed-care approaches to the management, financing and contracting or delivery of some or all child welfare services (Meezan & McBeath, 2011; U.S. Department of Health and Human Services, 2011a). Given the wide diversity among states no single, universally accepted managed-care or privatization model exists (Wells & Johnson,

2001). Rather there is a great variability in the scope of initiatives and timetables for implementation of managed care or other initiatives. For example, Kansas was one of the first states that in 1996 implemented a managed-care model and privatized all child welfare services delivery, except for protective services (Courtney, 2000; Flaherty et al., 2008; Ortega & Levy, 2002; Zullo, 2008). In 1997, the Michigan public child welfare system contracted with 19 nonprofit agencies to provide foster care services and piloted a performance-based managed care initiative in three of the agencies with the plan of extending the pilot to six in 2000 and gradually implemented the model in Wayne County (McBeath & Meezan, 2006). In 2000, Florida incorporated the use of a lead agency that was given a fixed amount of money and became responsible for providing all services needed to all children who enter the child welfare system in a designated county (Yampolskaya et al., 2004). The Division of Youth and Family Services in New Jersey implemented a strategic plan by engaging DYFS staff and community representatives in a collaborative effort to improve and guide New Jersey's child welfare system. DYFS established six goals to reform foster care, including improvement of safety and expedite permanency for children, improve the quality and accountability of the DYFS direct service and administrative staff, and enhance professionalism of the child welfare workforce (Wells & Johnson, 2001). At the same time, the state of Tennessee implemented an ambitious managed-care child welfare program within a plan that encompassed consolidation of children and youth services at the state level and included revision of the role of the judiciary in children and youth issues (Embry et al., 2000).

In New York City, ACS has historically partnered with nonprofit providers to deliver child welfare services to children in the city. ACS has been a leader in accountability nationally in child welfare, both in terms of the division of child protection and in the practice quality of

provider agencies (Administration for Children's Services, 2012b). ACS' performance standards of safety, permanency and well-being, and support are part of the annual performance evaluations for providers.

According to the 2007-2010 Report to Congress on Child Welfare Outcomes, between FY2002 and FY2010, the number of children in foster care decreased by 22%. Unfortunately, DHHS was unable to determine the cause of this decrease. However, DHHS stated that several states have made deliberate efforts to safely reduce the number of children in foster care. DHHS reports that the most significant change in the 48 states' performance between 2007 and 2010 was in the percentage of children in foster care for 24 months or longer who attained permanency by the end of the year. The results in permanency showed that 33 states (69%) improved; six states (13%) showed a decline in performance and, nine states (18%) did not show any change (U.S. Department of Health and Human Services, 2012). It was also reported that 75% of the states demonstrated improved performance in timely adoptions for children who had been in foster care for a period of over 24 months; yet achieving adoption for children who have been in foster care under 24 months continue to be a challenge for all states (U.S. Department of Health and Human Services, 2012). The Social Security Amendments of 1994 authorized the DHHS to promulgate regulations for reviews of state child and family services programs under Titles IV-B and IV-E of the Social Security Act (New York State Office of Children and Family Services, 2009). States that do not meet the federal standards are required to develop a program improvement plan and could face significant withholding of federal funding (U.S. Government Accountability Office, 2003). The North Carolina Division of Social Services paid in a penalty of approximately \$1 million to the Federal Administration for Children and Families for not meeting the performance benchmarks of 2008 (Cusido, 2012).

Although contracting out has been used in the United States for over two decades, the statewide privatization of child welfare services is a relatively new development and information about its effectiveness is very limited (McBeath & Meezan, 2008; Yampolskaya et al., 2004). Due to the limited empirical evidence regarding any advantages of privatization (Courtney, 2000; Embry et al., 2000; Meezan & McBeath, 2008; Sandfort, 2000; Yampolskaya et al., 2004; Zullo 2008), it is critical to document findings that might contribute to the improvement of child and family functioning (Yampolskaya et al., 2004).

Studies examining the issue of performance management in child welfare generally focus on identifying the factors associated with the challenges nonprofit agencies face during implementation. Three themes emerged from the literature: (a) studies that examined needed organizational changes; (b) studies that examine factors related to worker's attitudes and behaviors towards new policies, and (c) studies that seek to understand how new policies impact the delivery of services. The following section reviews each of the themes.

### **Impact of Managerialism on Organizational Changes**

Under NPM, performance management is focused on overseeing organizations through the assessment of outcomes and other tangible indicators of performance (Sandfort, 2000). The growing emphasis on efficiency and effectiveness through outcomes measures, combined with the mandated use of computer information and communication technologies for fiscal and programmatic accountability, have been critical to program management and funding sources (Courtney, Needell, & Wulczyn, 2004; Meezan & McBeath, 2011; White, Wastell, Broadhurst, & Hall, 2010). Larger nonprofits often have endowments and other resources that enable them to expand quickly, while smaller agencies might require start-up funding to make infrastructure changes necessary for service provision (Alexander, 1999; Flaherty et al., 2008). In her study,

Alexander (1999) found that some smaller, faith-based agencies had not been able to adopt the business-oriented approach to meet the government expectations because of their limited financial and human resources and due to the conflict between the market orientation and their mission. She also found that in community and faith-based agencies, the transfer to market-oriented management was resulting in an internal shift in organization resources from service delivery to administration and management.

Under performance management, managers have struggled to offer clear direction and to inspire staff motivation (Sandfort, 2000). Advocates of NPM assert that such direction and motivation can be gained by focusing on organizational outcomes (Flaherty, et al., 2008). Alexander (2000) found that nonprofits implementing NPM were negatively affected by staff turnover and the competition for licensed and trained staff, which placed more pressure on managers to be inclusive in their management style and to be able to sustain a high degree of organizational cohesion and morale. For example, during the implementation of performance management in the state of Kansas, agencies suffered from an influx of inexperienced new workers due to the high turnover and problems with the management of multiple partnerships (Ortega & Levy, 2002).

Another organizational issue with the introduction of NPM is that managers and administrators focus on outcome measures versus processes (Flaherty et al., 2000; Sandfort, 2000). As a result, managers tend to separate themselves from the actual process that exists at the front line of social services organizations and risk overlooking the collective beliefs of staff regarding the purpose of their work (Sandfort, 2000). Other studies also indicate that the focus on outcomes becomes disconnected from the actual process that exists at the front line of social service organizations (McBeath & Meezan, 2006). The use of forms, risk assessments, and

structured documentation provide an example of this issue. Forms that have become the preferred organizational tool used to standardize professional activity are intended to ensure that everyone does the same thing at the same time, under the same set of circumstances (White et al., 2009). For example, as part of a lawsuit settlement regarding psychiatric hospitalizations for children in foster care, ACS agreed to establish the Mental Health Coordination Unit (MHCU) in an effort to improve efficiency and processes. In order to monitor and track the number of children hospitalized, MHCU developed two forms, one for admission and follow-up, and one for discharge. Child welfare workers complete and electronically submit these forms to MHCU within a 24-hour timeframe. In addition to the data entry in the centralized data system, copies of the completed forms should be included in the child's paper medical record for reference and ACS' audit purposes. The completion and submission of these forms represents an addition to the already exhaustive documentation caseworkers are responsible for submitting.

In summary, child welfare agencies are responding to NPM demands by emphasizing efficiency and effectiveness through the use of computerized systems for fiscal and programmatic accountability. The increasing demands for higher standards of accountability may be potentially affecting workers' performance and retention and ultimately the well-being of children and families in the child welfare system. Understanding organizational factors impacting child welfare agencies will help to maintain a more competent and stable workforce.

### **Impact of Managerialism on the Child Welfare Workforce**

The impact of NPM on the child welfare workforce is also an important issue. The increased interest in the child welfare workforce has arisen because NPM emphasizes individual performance (Fawcett & Hanlon, 2009), and caseworkers play a critical role complying with the federal mandates and organizational goals, such as the achievement of timely length of services

for children and families (McBeath & Meezan, 2006; Ortega & Levy, 2002). Child welfare agencies will not be able to adhere to the national performance and caseload standards, maintain a climate that supports the delivery of high quality services, or adopt new policies without an adequate and committed workforce (Child Welfare League of America, 2002; Zlotnik, Strand, & Anderson, 2009). The empirical research regarding general workforce issues has primarily focused on the identification of factors that could be related to either employee performance (Child Welfare League of America, 2002; Scannapieco et al., 2012; Zell, 2006) or turnover and retention (Child Welfare League of America, 2002; Shim, 2010; Strolin-Goltzman, 2010; Williams et al., 2011; Zlotnik et al., 2009). These studies have identified low wages and high caseloads (Child Welfare League of America, 2002; Robinson Lowry & Farber, 2007) inadequate training (Collins et al., 2007; Liu & Smith 2011; Turcotte et al., 2009) and poor supervision (Kim, 2011; Mor Barack et al., 2006) as key contributors to job burnout and high turnover (U.S. Government Accountability Office, 2003; Lizano & Mor Barak, 2012). Literature on the workforce also suggests that lack of organizational leadership, insufficient supervision, failure to recognize and reward staff, lack of opportunities for advancement and unmanageable workloads also contribute to high rates of turnover, low morale and detachment from the agency for staff that stay (Child Welfare League of America, 2002; Kim 2011; Strolin-Goltzman, 2010; Williams et al., 2011; Zlotnik et al., 2009). In addition, the emphasis on accountability appears to lead to additional documentation activities. Meezan & McBeath (2011) reported that foster care workers in a performance-based program in Kansas, took time from their clients to complete case reports.

NPM promotes accountability through the use of performance evaluation and measurement. However, it is also important to consider performance management and standards

in the context of worker's perceptions, attitudes and influence in the implementation of new policies (Baines, 2004a, 2006; Watson, 2003). The following section examines the most common identified child welfare workforce issues: (a) Workload; (b) Deskilling/Standardization; (c) Resistance; (d) Turnover and, (e) Use of Technology.

### **Workload**

The Child Welfare League of America recommends a caseload of 12-15 families per worker (Child Welfare League of America, 2002). In 2003 the Government Accountability Office reported that child welfare workers were overwhelmed with high workloads and caseloads that were negatively impacting performance and turnover (U.S. Government Accountability Office, 2003). In a recent study conducted in Pennsylvania, researchers found that some child welfare workers had been assigned twice as many cases as the 16 to 17 suggested as reasonable (Yamatani et al., 2009). In 2011, an ACS prevention unit in Brooklyn was in charge of the Marchella Pierce case. The worker and his supervisor were criminally charged with involuntary manslaughter for the death of the child at the hands of her mother. The worker stated he did not have enough time to do all the home visits and phone calls required in his caseload. Mayor Bloomberg and Commissioner Mattingly reported that the average number of families in a caseworker's caseload was regularly 10; however, when interviewed, the worker stated that his caseload totaled about 40 families. At the same time his supervisor, who was also charged with negligent manslaughter, reported that she had been requesting another supervisor to help her with the 100 – 150 families, 300-400 children in her caseload (Gonnerman, 2011).

Child welfare workers have multiple daily responsibilities including home and school visits, engagement with parents and other family members, referrals for services, preparation for court (McBeath & Meezan, 2008; Smith & Donovan, 2003). Under NPM, child welfare workers'

time spent on documentation and data entry has significantly increased due to the external reviews imposed by legislative changes, as well as an increased number of rules, regulations, and protocols (Child Welfare League of America, 2002; Zell, 2006). The impact of constant changes in policy systems, procedures and approaches have come on top of complicated workload with multiple tasks (Hanna & Potter, 2012). In order to generate the numbers on which funding allocations are based, the performance measurement model has expanded documentation and record keeping functions (Collins-Camargo et al., 2011; Watson-Bishop, 2007). While performance management is intended to facilitate an open and reflective approach, and to bring role clarity (Tilbury, 2005), research also shows that increased efficiency and performance do not result in cost saving. Rather, higher benchmarks mean higher caseloads, less staff, shorter turnaround times and often, funding cuts resulting in fewer services for children (Alexander 2000; Baines, 2006).

### **Deskilling and Standardization**

The proponents of performance management proclaim that the most reliable way to track accountability and efficiency is through control and quantification of practices (Baines, 2009; White et al., 2009). According to Golden (2009), the heart of PM is gathering and analyzing information, setting measurable targets, tracking progress and giving individuals and units feedback on their performance by reviewing cases in detail.

Various studies have found that the public call for accountability and ongoing media pressure for transparency and efficiency had a negative impact child welfare workers' sense that their work had any social value and respect (Baines, 2004a; 2006; Rauktis et al., 2010; Smith & Donovan, 2003; White et al., 2009). Frontline workers, supervisors and administrators have also revealed that demands stemming from new technology, new recording requirements, intensive

trainings, and mandatory referrals have been accompanied by shorter timelines to complete complex and important tasks (Regehr et al., 2002). The workers reported that routinization has trumped role of social service (Baines, 2006) and transformed social workers into form-completers answering reflexively to institutional purposes (White et al., 2009). All these concerns and pressures have placed an increased responsibility on managers who reported that they were losing bright, energetic and motivated people who wanted to do child welfare as they had understood when they were trained (Regehr et al., 2002). Indeed, it has been reported that managed-care environments lead to greater turnover and de-professionalization (Schorr, 2000).

Similar performance and target forms of management have been adopted in other countries. For example, in Wales, the growing performance measurement and standardization have stimulated the fragmentation of social work with the proliferation of forms and tasks split between different workers leading to demoralization, routine and bureaucracy (Cardy, 2010). In England as well as in Australia and New Zealand, the practices of prioritization of protocols and managerial accountability and control have resulted in social workers' marginalization and devaluation (Fawcett & Hanlon 2009; White et al., 2009). In Canada, the implementation of a new risk-assessment tool, a new information system, and a new funding formula, have increased training and accountability initiatives in order to standardize services (Regehr et al., 2002). Baines (2006) reported that a group of frontline workers stated that at some point of the process, they were keeping four sets of statistics on every interaction with clients.

The focus on the rationing of services via assessment procedures and direct work with clients is now left to less-qualified, less-well-paid, and far easier to control workers such as case aids, home recruiters, relative home finders and other paraprofessionals (McBeath & Meezan,

2006; Meezan & McBeath, 2011). This action can result in extremely high turnover causing a lack of stability for families and especially for children in foster care (Schorr, 2000).

### **Resistance**

Implementing and sustaining new initiatives in child welfare can be a challenging process especially since the adoption of a performance management approach does not happen without full effort and organizational focus (Collins-Camargo et al., 2010). However, social workers often resist the elements of NPM that they believe interfere with effective service delivery. Research suggests that new policies may be adopted and then marginally used because of challenges in the organization such as culture and administrative practices (Baines, 2009; Rauktis et al., 2010). Personal factors have also been found to be a barrier to implementation, for example, thresholds for risk interventions and past experiences over new practices. In a study with foster care workers in New York City and Chicago, Zell (2006) found that when caseworkers view the system as ineffective in meeting children's needs and not fulfilling its mission, their work might have a negative impact on their practice decisions, on their ability to provide services effectively and, on their willingness to comply with certain policies. Other studies, report that one of the biggest obstacles administrators have reported was that caseworkers did not believe in the new process (McBeath & Meezan, 2006). For example in Michigan, during the transition to a performance measurement model, caseworkers were found to have such a negative association with managed care that their mindset was considered an obstacle to implementation in two-thirds of the 19 agencies in the study (McBeath & Meezan, 2006); while another study in Pennsylvania identified that 44% of experienced workers strongly resisted the adoption of the Family Group Decision model compared to 18% in new workers.

Experienced workers considered the model a high-risk intervention in which the power is shifted to the families for whom caseworkers are still responsible for outcomes (Rauktis et al., 2010).

Perhaps an important factor to be considered in caseworkers' attitudes is the need for autonomy. Autonomy refers to workers having control over decision-making related to determining what their job should be and its accomplishments (Claiborne et al., 2011). Some studies suggest that as child welfare practice becomes more structured and regulated, it no longer has the flexibility and autonomy that characterizes social work (Child Welfare League of America, 2002; Claiborne et al., 2011; Meezan & McBeath, 2011).

Baines (2006) interviewed 105 social services workers and found that the overlap between caring and professional discretionary power is the motive of workers' discontent and resistance in Canada. For example, workers used whatever discretionary power they still had to produce the outcome numbers they felt were most advantageous for their clients. Participants reported faking statistics and time studies "forgetting" to complete forms that limited the services, and completing forms in ways that ensured the outcomes desired by the workers, not the performance targets. Likewise, in England social workers reacted when an electronic assessment was implemented to evaluate the needs and strengths of children and families creating a common vocabulary for child welfare workers (White et al., 2009). The structure of the form forced the writer to present information within a certain structure and format and it did not provide additional space for extra information workers had about a child and his family. The workers became frustrated when the new protocol prevented them from providing a chronological perspective on the case, telling a story or characterizing the child or the parent. In response, the workers either wrote too much, left the boxes blank, or provided limited information.

Similarly, in a study conducted in the UK with frontline workers regarding the use of a packet that established the quality care standards in residential care for children. Workers were reluctant to adopt the use of standards and measurements, instead they relied on their own knowledge of quality and their daily care experience. All participants had a clear understanding of what quality meant for the residents. However, supervisors and workers regarded the packet as an administrative chore, covering a complicated range of issues and containing much material that did not match into their daily experience of quality. The workers resisted the implementation of the packet. The author concluded that in order to support the government-standards approach, workers should be able to assess the needs and influence how it applies and impacts their job (Watson, 2003). Apparently child welfare workers tend to rely on their own framework to sustain their practice and they define parameters that in turn shape their actions and interpretations (Sandfort, 2000).

### **Turnover**

Perhaps one of the most disturbing facts in the child welfare system is the high rate of staff turnover (Regehr et al., 2002; Strolin-Goltzman, 2010). According to national studies, annual turnover rates are estimated to be between 20 and 40 % (The Annie E. Casey Foundation, 2003; U.S. Government Accountability Office, 2003). In 2006, the top two challenges reported by 90% of the states were providing adequate services for children and families and recruiting and retaining caseworkers to do the job (U.S. Government Accountability Office, 2003; Yamatani et al., 2009). High turnover has been related to excessive amount of work, the need for exhaustive documentation, frequent court appearances and insufficient time to engage families and meet their needs (Scannapieco & Connell-Carrick, 2007). Research suggests that high rates of turnover have grave implications for the quality, consistency and stability of services provided

to children and families in child welfare (Robinson Lowry, 2004; Scannapieco & Connell-Carrick, 2007; Mor Barak et al., 2006). According to Mor Barak et al. (2006), job satisfaction and organizational commitment play key roles in both burnout and staff turnover and subsequently in the quality of services provided to client, and even the intention to leave has a negative impact on service quality since workers who are contemplating turnover are less likely to invest the efforts needed to provide good quality services.

Children and families suffer when turnover results in staff shortage and high caseloads that impede workers' abilities to perform critical case management duties compromising child safety and positive outcomes for families (Hopkins et al., 2010). A clear example of the above happened on September 19, 2011 in a foster care agency in Queens, N.Y. Eight foster care children were abducted by their parents during a supervised visit. The caseworker who was supposed to supervise the visit had been asked to do something else and, in a matter of minutes, the family was gone putting the safety of the children at risk. The children are back in care and the parents are facing multiple criminal charges. The legal consequences for this case are still unclear and a positive outcome very unlikely to happen. Had the worker been there to supervise the visit, reunification would still be the permanency goal for the children; unfortunately, now it is questionable.

Some of the NPM pressures have contributed to overload a stress that is associated with high turnover rates in child welfare programs. Research indicates that the high rates of turnover in child welfare workers are mainly due to stress, burnout and a non-supportive organizational environment (Kim, 2011; Mor Barak, et al., 2006; U.S. Government Accountability Office, 2003, 2006; Weaver, Chang, Clark & Rhee, 2007; Zell, 2006). Regehr et al. (2002) found 50%

of the participants identified organizational change (50%) and quantity of work (78.7%) as stressful in their jobs.

### **Use of Technology**

The development of information systems is essential to the principle of management decentralization in order to achieve greater accountability (Larbi, 1999). A good information system is indispensable when the funding depends on performance (Meezan & McBeath, 2011). Performance outcome measurement is defined as the “regular collection and reporting of information on the efficiency, quality, and effectiveness” of services (Embry et al., 2000, p. 99).

Child welfare worker’s unofficial mantra is: “if it is not documented, it didn’t happen.” In New York City ACS, everybody knows that all that matters are the actions that are recorded in the Connections and PROMIS central computer systems, and not the actions that workers might have taken (Gonnerman, 2011). This practice emphasizes results rather than process since workers are checking yes/no boxes (Baines 2004b). This formalization has been facilitated by a range of information and communication technologies which means that workers’ time is more devoted to paperwork and data entry in the office than time spent in the field (Sandfort, 2000; White et al., 2009; White et al., 2010). In addition, it has been suggested that when using a computerized and categorized system promotes uniformity and the use of a common language among child welfare workers (Hafferman, 2006; White et al., 2009). Baines (2006) stated that the use of computerized work is so routinized that the work can be completed faster making it more likely that target goals can be achieved or exceeded. Target goals that may satisfy the program requirements but not families’ needs. Baines (2009) also reported that one of the strongest findings in her study with Canadian workers was the prevalent sense of regret or even mourning workers were experiencing over the ability to build caring relationships with their

clients, and blamed the standardization and technologies involved in this new routine. Baines reported that with the new system, child welfare workers were able to handle up to 60 service agreements with subcontracted providers at one time, leaving little or no time to engage families (Baines, 2004a).

Agencies may replace expensive, individualized service programming with more routinized programs where credentialed staff is no longer needed (Meezan & McBeath, 2011). In reality, the job of the child welfare agencies in New York City has become all about the implementation of a new initiative that requires extensive gathering, tracking and measuring outcomes to promote the safety, permanency and well-being of the children in child welfare. Child welfare agencies are facing increasing demands for higher standards of accountability and unreasonable amounts of responsibility despite extremely difficult circumstances, limited resources (Kim, 2011), and long histories of failure, intense public scrutiny, and media attention (Golden, 2009).

### **Impact of Managerialism on the Delivery of Services**

The emphasis on results rather than process has not been widely explored within the social services (Baines, 2004b). The new managerial policies and practices have placed child welfare professionals in a predominantly reactive position due to heightened financial risks created by the funding in this model (Baines, 2004b; McBeath & Meezan, 2008). The task of service provision becomes overwhelming due to limited resources and strict timeframes (Meezan & McBeath, 2006; Smith & Donovan, 2003).

Best practice guidelines indicate that an important part of the casework role includes helping parents by working collaboratively with them to assess needs, arrange services and encourage participation. One of the key principles of this model is to involve parents, foster

parents and children to work in partnership to effectively meet the needs of the family and provide services (Smith & Donovan 2003; Williamson & Gray, 2011). However, research shows that workers do not see such activities as part of their job, instead the tendency is to work with those parents most likely to succeed. Otherwise it would be very time consuming and the organizational and institutional pressures to meet the goals would go against best practices (Smith & Donovan, 2003; Williamson & Gray, 2011).

The loss of professional sense means that the ability of child welfare workers to deliver the service they desire professionally, in the interest of their clients, has been compromised by the new regulations to which they are obliged to conform (White et al., 2009). Despite the spread of performance measurement models in child welfare, there have been few scientific studies to test their impact and effectiveness (Meezan & McBeath, 2008). In a study conducted with 243 children in foster care on the effects of a performance-based model on permanency outcomes, it was found that children in the performance-based model were significantly less likely to be reunified with their biological parents and more likely to be placed in a kinship foster home or adopted, than children in a non-performance-based model (Meezan & McBeath, 2008). The authors suggest that although child welfare agencies are financially rewarded for expediting the achievement of any permanent placement, federal and state policymakers should ensure that child welfare agencies preserve their commitment to parent-child reunification. If agencies are allowed to choose which permanent placement is to be achieved, high-risk parents may not receive all the opportunities they need. Some other options to reunification may be less costly for the agency, but may not be the best choice for the children.

In the same way Tilbury (2007) reports that in England, service delivery is marginalized in the process of performance measurement indicators because it does not reflect good social

work with families; therefore, there is no funding for it, and it gives the impression that England is working against family support. She also explains that the indicators only focus on the process of investigations and foster care stability, while the indicators essential to child welfare - family engagement and support - have to be justified. She indicates that good performance means achieving safety and placement stability for children in foster care. Consequently, it is very unlikely that engagement and family support will compete for funding in a policy dominated by management, measurement and accountability where performance measurement and funds allocation go hand in hand.

A number of writers have commented how child welfare and performance-incentive mechanisms are not aligned with best practices (Baines 2006; McBeath & Meezan, 2008; Smith & Donovan, 2003; Tilbury, 2010; Williamson & Gray, 2011). Since child welfare agencies are mainly funded from the state and federal governments, they have to operate within very restricted and detailed government mandates and standards. According to the National Association of Social Workers, best practice entails exploring safety, risk concerns and solutions through the family's lens. Assessments are not about checklists with yes/no questions, effective assessments depend on the ability of the worker to evaluate through observation, discussions, pictorial tools, and collateral resources whether there are "red flags" in a family that make it challenging for them to keep children and other family members from being hurt (National Association of Social Workers, 2013).

The following study provides an example of the difference in services. McBeath and Meezan (2008) compared two groups of children and families in the Michigan foster care system. One group was in a performance-based program and other one, in a non-performance-based program. There were two main findings. First, there was no evidence that children and

families were receiving evidence-based services. Service provision was not according to differences in clients' conditions on entry into care, including race, gender, needs and strengths. Furthermore, an understanding of the various forms of child maltreatment did not shape services, nor the differential treatment needs of perpetrators, nor different types of child abuse and neglect. Second, they found that children in the performance-based model received 43% fewer non-therapeutic interventions; 83% fewer therapeutic interventions and 20% fewer completed referrals for out-of-agency services. The findings in this study suggest that performance-based models are associated with reduced service provision. The researchers imply that agencies seek to maximize revenue by limiting service expenditures and reducing services, regardless of potential efficiency gains.

The data in the 2007-2010 Child Welfare Outcomes Report indicate that while national performance is improving, many states experience challenges in ensuring that children who are reunified do not re-enter foster care within the year. DHHS reported that a consistent finding of the data analyses is that many states that have a high percentage of reunifications in less than 12 months can also have a high percentage of children re-entering foster care in less than 12 months from the time of reunification (U.S. Department of Health and Human Services, 2012). In the state of New York, 15% of the children discharged in 2010 re-entered foster care within a year of being discharged, and 14% in New York City (New York State Office of Children and Family Services, 2012). This is an important finding because according to the DHHS, these data indicate the possibility that not all of the problems that resulted in the child's admission into foster care were resolved adequately at the time of reunification or that maybe there were new problems not addressed by the child welfare agency (U.S. Department of Health and Human Services, 2012).

In conclusion, NPM has transformed child welfare into an entrepreneur-like business able to achieve quantitative standards of measurement in the form of performance goals, benchmarks and constant evaluations (Baines, 2006; Embry et al., 2000). The process of implementing a performance measurement, managed-care system can be a challenging and a complex one, often struggling with the dilemmas and opportunities it presents (Tilbury, 2007). In addition, performance measurement, managed-care models have been found to be associated with reduced service provision to children and their families in child welfare (McBeath & Meezan, 2010; Unrau & Wells, 2005). The studies reviewed indicate that the cost associated with this model is high, time consuming and cumbersome, leaving workers vulnerable to burn out and stress (Baines, 2009; Wells & Johnson, 2001) and nonprofits feeling threatened while addressing the new fiscal responsibilities and political trends (Alexander, 1999; Schmid, 2004).

As ACS continues to implement initiatives aimed at reducing the number of children in foster care and shorten the length of preventive services to families, there is a need to identify the significant changes in policies and practices of the contracted child welfare agencies in New York City with the phenomenon known as Improved Outcomes for Children and its impact in the delivery of services for children and families in the child welfare system.

### CHAPTER III: METHODOLOGY

The emergence of the New Public Management (NPM), with its emphasis on performance management or Managerialism strategies such as accountability, greater efficiency and cost effectiveness, has encouraged nonprofit agencies to pursue the practices of the private sector (Stern & Gibelman, 1990; Watson-Bishop, 2007). The purpose of this qualitative study was to examine the relationship between policy and service delivery. This study investigated the impact of managerialism strategies on supervisors employed in child welfare agencies contracted with the Administration for Children's Services (ACS) in New York City. Specifically, this study investigated the impact of the initiative known as Improved Outcomes for Children (IOC) introduced by ACS in the spring of 2009. In the current environment, service delivery has become more entrepreneurial, strategic and outcome minded on the assumption that the market-oriented approach is more effective (Watson-Bishop, 2007). The change to managerialism has had a massive impact on agencies, supervisors, workers and on the delivery of services to children and families in the child welfare system.

In seeking to understand this phenomenon, the study addressed three research questions:

- (a) What organizational changes have child welfare agencies made in order to implement IOC?
- (b) How has this implementation affected the social work workforce and the delivery of services? and,
- (c) How have workers responded to the changes? This study offers a retrospective reflection of the participants' lived experiences after five years of IOC implementation.

This chapter describes the study's research methodology and includes discussion around the following areas: (a) rationale for research approach, (b) theoretical approach, (c) research design, (d) data collection and analysis, (e) issues of trustworthiness, and (f) limitations of the study. The chapter finishes with a brief concluding summary.

### **Rationale for Research Approach**

This study adopted a qualitative approach. Qualitative research is bounded by complex, interconnected group of terms, concepts and assumptions, it allows for vivid, rich and thick description of the data (Denzin & Lincoln, 2003). Its capacity to reveal the complexity of the phenomenon being studied (Miles & Huberman, 1994), allows us to study selected issues in depth and detail (Patton, 2002). A qualitative study implies an emphasis on discovery and description, and the objectives are generally focused on extracting and interpreting people's lived experiences (Bogdan & Biklen, 1983; Denzin & Lincoln, 2003).

Qualitative methods are best suited to elicit the rich data needed to fully understand the experiences of child welfare supervisors implementing NPM strategies. Acquiring rich data on these issues help us learn about the reform strategies that agencies have put in place regarding staff attitudes, use of technology, partnerships and much more. Approaching the fieldwork without being constrained by predetermined categories of analysis contributes to the depth, openness and detail of the qualitative inquiry (Patton, 2002). Deep understanding of this phenomenon can shed light on certain decisions made by child welfare supervisors regarding the delivery of services at different points during the life of a case to better understand both what they do and do not do in order to conform with ACS standards.

As such, this study lends itself to the inductive approach of a qualitative inquiry because it drew on the perceptions of supervisors who were well positioned to understand the experiences of their caseworkers in delivering services. Child welfare supervisors also understood the policy directives from funders and their upper management and were able to recognize how these policies required substantial human resources and could have had an impact on the time devoted to the delivery of services such as family engagement (Williamson & Gray, 2011). By

emphasizing the lived experiences of supervisors, this study learned the meanings that they put on the events, processes and essence of their work (Miles & Huberman, 1994; Thorne, 2000). Instead of listing the barriers and challenges in implementing IOC, this qualitative inquiry was concerned with understanding and reconstructing supervisors' paradigms based on their most current interpretations of their lived experience with new policies and represent this nature in such a manner that a person who has not realized the impact of managerialism, might begin to appreciate this phenomenon.

### **Theoretical Approach**

This dissertation examined the impact of NPM or Managerialism strategies on the experience of child welfare supervisors. Two theoretical approaches inform this study: Street Level Bureaucracy and the phenomenological inquiry to research. These theoretical frameworks were considered in the context of daily practice and served to inform the theoretical debate surrounding NPM as well as the implementation experience in child welfare agencies. First, in Street Level Bureaucracy (SLB), Lipsky (2010) argues that front-line workers become the policy makers whose work is shaped by the policy directives of their organizations. Second, phenomenological research investigates the meaning of the lived experience of people to identify the core essence of human experience (Patton, 2002).

#### **Street-Level Bureaucracy**

Lipsky introduced the concept of street-level bureaucracy in 1980 and made two initial distinct claims. First, the use of discretion is a critical dimension of the work of social workers, teachers, police officers and other public workers who regularly interact with citizens in the course of their jobs. Second, although the work of street-level bureaucrats is not related to each

other, it is structurally similar and the work settings can be compared with each other (Lipsky, 2010).

Lipsky's theory of Street Level Bureaucracy (SLB) is centered on what happens in the real world agency practice. His premise rests on the assumption that workers, or as he describes them, street-level bureaucrats, seek out positions in public service agencies because they want to give back to the community, help the less fortunate, and make the world a better place. However, these altruistic efforts are hampered because their noble intentions are competing with "corrupted worlds of service" (Lipsky, 2010, p. xv). As a result, workers seek out covert ways to meet the needs of their clients, often in environments where adequate resources are not available, at times circumventing policies that they perceive to be counter to their desires to provide the best possible services to clients. The cover nature of having to go underground to practice real life casework creates conditions in which the work product is difficult to measure while allowing workers a certain amount of freedom in terms of the real work that is practiced.

Under SLB, bureaucracy implies the sets of rules and structures of ACS and street-level suggests a distance from the center where this authority presumably resides. As such, the efforts of IOC to improve performance and accountability in a street-level service, may be understood as an attempt to manage this paradoxical reality: how to treat all children and families alike in the claims of ACS, and how at the same time be responsive to the individual case when appropriate (Lipsky, 2010, p. xii). For the purposes of this study, Lipsky's theory helped provide some explanation about the behaviors and attitudes of supervisors, as it assumes that workers do the best they can, given the limits of policy and constraints of upper management and ACS, which is the foundation of this dissertation.

## **Phenomenological Inquiry**

This study was guided from a phenomenological framework. The phenomenological approach focuses on exploring how human beings make sense of experience and transforms experience into consciousness, both individually and as a shared meaning (Bogdan & Biklen, 1983; Patton, 2002). Through this approach, I explored child welfare supervisors' perspectives on NPM and the overall managerialism experience. I tried to understand the experiences of events and interactions (performance, benchmarks, targets, goals) of ordinary people (workers and supervisors) in particular situations (IOC implementation) (Bogdan & Biklen, 1983).

The intention of utilizing a phenomenological framework was to gain a better understanding in the interpretation of experiences, and dynamics in the child welfare agencies. According to Bogdan and Biklen (1983), interpretation is not an autonomous act. People interpret with the help of other people, from their past, family members, politicians, and colleagues and supervisors, and meaning is constructed through their interaction with their supervisors, staff and clients. What was important to know in this phenomenological inquiry was the following: what experiences (the process of adopting a new policy) did supervisors have and how did they interpret these experiences, as just another ACS mandate? Were they beneficial or detrimental for children and families? How did it affect the front-line workers? Supervisors used common definitions they developed through regular interactions and experiences or problems; however, while some people take definitions to indicate truth, meaning is always subject to negotiation and can be influenced by other people who see things differently (Bogdan & Biklen, 1983). When a supervisor acts on the basis of a particular definition and the result is not what was expected, it can lead to the development of a new definition (overlook new policy, quit one's job), or to change (accept new policy) (Bodgen & Biklen, 1983). The emphasis on lived

experiences helped me understand how new definitions were developed and the meanings that were given (Bogdan & Biklen, 1983; Miles & Huberman, 1994) together with their perceptions, assumptions and pre-judgements and pre-suppositions (Van Manen, 1977 cited by Miles & Huberman, 1994).

### **Research Design**

The purpose of this phenomenological research was to investigate the lived experiences of child welfare supervisors in order to identify the core essence of human experience as described by research participants. Phenomenologists focus on describing what participants have in common as they experience a phenomenon (Creswell, 2013) and, in this case, the implementation of IOC. Qualitative researchers are concerned primarily with process, rather than outcomes and are interested in how people make sense of their experiences (Creswell, 1994). In phenomenological inquiry, the researcher suspends past knowledge of the experience to understand the phenomenon at a deeper level and “brackets” his/her own experience as much as possible to understand the participant’s experience within the phenomenon (Creswell, 2013). Bracketing means temporarily setting aside the researcher’s personal experience, knowledge and assumptions that could influence how one views the study data (Creswell, 2013). At the same time, Patton (2002) states the only way to really know what another person experiences is to experience the phenomenon as directly as possible. Therefore, in order to be able to take a fresh perspective in this study, this researcher needed to know how and in what way my personal understanding was introduced into the study (Creswell, 2013). As suggested by Creswell (2013) this researcher described her own experience implementing IOC by bracketing out her views before proceeding with the experience of others.

## Sampling

Phenomenological sampling strategies ensure that informants are those who are living or have lived the experiences in question. A purposeful and snowball sampling procedure was used in this study. According to Patton (2002), a purposeful sample is the selection of cases that are rich in information and can provide a profound insight into the study phenomenon. Purposeful samples usually work with smaller numbers of people, nested in their context and studied in-depth as opposed to the generalization of an issue to a broader world (Miles & Huberman, 1994). The criteria for selection of participants were: first, the participant had to possess at least 18 months of supervisory experience in child welfare; second, held a current child welfare supervisory position, and third, the supervisor was full-time employed. These criteria ensured that participants had been familiarized within ACS, as well as within a specific child welfare agency in New York City. As such, the likelihood that they have experienced the implementation of NPM strategies was increased. Purposeful sampling allowed for sampling from the agencies in the five boroughs within New York City. The research sample included 14 individuals.

Snowball sampling was initiated through contacts I had in some child welfare agencies and who had contact with other supervisors who met the criteria. A purposeful sample of 14 women in child welfare supervisory positions was recruited. Participants ranged in age from mid-thirties to early sixties, with a mean of 45 years old. Ten participants held a graduate degree in social work, two in education, one in public administration, and one medical doctor. Participants encompassed some diversity with respect to race (See Table 1). At the time of the interview, all participants were fully employed in a child welfare agency in New York City and had been in their positions at least 18 months and a maximum of 15 years, with a mean of 5 years. Most participants' positions were as supervisors with the exception of a program director

and a medical director whose positions are supervisory too. When selecting participants, I believed that the knowledge of the program director would be very valuable especially when talking about performance-based funding and program utilization. At the time of the interview, she was also supervising two front-line workers, which added an enormous amount of work to her already busy schedule. Including the medical director of one of the largest child welfare agencies in the city was remarkable. One of her top responsibilities was the signing of all adoption papers for the children in her agency. She was able to provide a meaningful awareness to the adoption process. The majority of the interviews took place in 2014 and early 2015. The number of respondents was small enough to be feasible, yet large enough to achieve data saturation.

### **Data Collection**

Participation in this study was completely voluntary. I sent individual emails to prospective participants describing the purpose of the study, inviting them to participate and requesting a convenient date and time for a telephone screening. I sent confirmation emails to the people who agreed to participate. By the time I started doing the interviews, three supervisors had resigned from their positions and declined to participate. Others did not answer my email or phone calls. In order to do outreach, I also attended a meeting at Hunter College where child welfare supervisors were having group supervision. Three people agreed to meet me for an interview. One of them, later declined.

I conducted semi-structured in-depth, face-to-face interviews lasting between 90-120 minutes. These interviews were conducted at the time and place convenient for the participant. Ten participants chose to be interviewed at their workplaces and some made arrangements for calls to be held. The remaining were held in the community. With the permission of the

participants, all interviews were audiotaped and transcribed verbatim. Participants also signed an informed consent form, and were guaranteed full confidentiality. The tapes and transcriptions were coded alphanumerically and were given a pseudonym. Participants in this study felt safe and comfortable during the interview and shared their experiences in an open manner.

The data collection instruments for this study included a quantitative survey, field notes, memos, a reflective journal, and an in-depth qualitative interview guide. The survey consisted of a one-pager to obtain participants' and agencies' demographic data (see Appendix A) and was conducted right before the qualitative interview began and right after the participant signed the informed consent form. With the guidance of my advisor, I used the three research questions as the framework to develop the interview guide (see Appendix B). Supervisors were invited to reflect on the changes they have witnessed since the implementation of IOC, and participants were able to express their experiences with IOC, its effects on the services provided to children and families, and its impact on social workers.

Triangulation in a qualitative study can be achieved by combining different data sources for the analysis (Creswell, 1994; Patton, 2002). Together with the quantitative survey, and the qualitative interview guide, I also used field notes to record observations and hunches during the data-collection process (Creswell, 1994, 2013; Patton, 2002). After the interview, I took the time to write and review field notes and used them to corroborate and enhance the data collection. All field notes were maintained separately from the interviews in order to preserve their purity for analysis. I made a continued effort to maintain thoughtful consideration of the relationship between the research questions under review and the data collected. In order to ensure a complete examination and analysis of the research questions, I classified and cross reference all data collected over the full course of the study (Creswell, 1994, 2013).

## Data Analysis

The challenge throughout data collection and analysis was to make sense of the large amounts of data, reduce the volume of information and identify significant patterns. I began the formal process of data analysis by assigning codes according to the categories and descriptions of the study's conceptual framework.

The data analysis was conducted in five cycles. Creswell (2013) suggests a template of five cycles for coding a phenomenological study. In the first cycle, I bracketed my own experience with the phenomenon. In the second cycle, I read each transcript and identified central ideas and statements that provided the initial framework for the analysis. I also used statements from the interviews and field notes to develop a list of significant statements about how participants were experiencing IOC. In phenomenological research, this process is known as the horizontalization of the data. In the third cycle, I used the most significant statements and grouped them to generate themes. Theming the data was especially important in this phenomenological study because the themes were linked together either in similar or divergent ways and collectively analyzed or described the research arena. At this level, theming the data helped me to gain deeper understanding of the commonalities of everyday supervisors' experience. In the fourth cycle, I wrote a textural description. This description included verbatim examples and was about the experience of supervisors during the implementation of IOC. In the fifth cycle, I started writing structural descriptions. These descriptions were a reflection on the setting and context in which the phenomenon was experienced. For example, situations that prompted the implementation of a practice model, or additional documentation after an audit, or a highly publicized fatality.

These cycles were not separate, but were interlocked and constant throughout the data analysis. The process was fluid and there was a constant revisiting of the information as new material emerged from each interview. I needed to be mindful of the fact that I also have a career in child welfare and not to allow my biases, experiences and preconceptions to overly shape what I heard during the interviews. The qualitative strategies of memoing, reflective journaling and bracketing were employed to keep those perspectives in forefront and separate from the analysis. In addition, I had the opportunity to discuss samples of coded interviews with two colleagues that were not part of the study. Both colleagues were able to confirm my designations. All interviews were transcribed and coded. Full analysis and interpretation of the data did not occur until the completion of the last interview. This was important to allow meaning to emerge without attempting to interpret the answers.

### **Feasibility**

This study posed minimal limitations in implementation. Financial expenditures were minimal and covered transcribing services and a thank you gift. At all times, I was able to adjust my own working schedule and made myself available to the participants' available times.

### **Human Subjects**

Human subjects' approval was received before the study began from the Graduate Center Human Protection Research Program Office. This study did not pose harm to the subjects. All participants were informed of the purpose of the study and of how the findings would be used. Before the interview began, a signed Informed Consent Form was obtained from each participant. Most importantly, all participants were guaranteed anonymity from the removal of all identifying information from the final document. Transcribed data were password protected and removed from the transcriber's files once they were submitted.

## **Issues of Trustworthiness**

In qualitative research, trustworthiness features consist of any efforts by the researcher to address the more traditional quantitative issues of validity (the degree to which something measures what it purports to measure) (Dale Bloomberg & Volpe, 2008). In seeking to establish the trustworthiness of a qualitative study, Denzin and Lincoln (2003) use the terms credibility, dependability, confirmability, and transferability arguing that the trustworthiness of qualitative research should be assessed differently from quantitative research.

### **Credibility**

The criterion of credibility or validity, suggests whether the findings are accurate and credible from the standpoint of the researcher, the participants, and the reader. According to Creswell (2003) this criterion becomes the key component of the research design. Credibility does not seek to verify conclusions but rather to test the validity of the conclusions reached. To enhance the methodological validity of this study, I triangulated data sources and data collection methods. Gathering data from multiple child welfare agencies and by multiple methods, such as the interviews, memoing, and using a reflective journal produced a fuller and richer picture of the phenomenon. In addition, to enhance the interpretative validity of this study, I reviewed and discussed findings with two professional colleagues to ensure that the reality of the participants was properly reflected in the findings.

### **Dependability**

In quantitative research reliability is the concept used to reflect consistency in findings. The findings are considered reliable if the same results emerge each time the information is tested. Within qualitative research, the emphasis is on multiple truths and realities, the expectation is that there should be some variance in the findings. Dependability refers to the

ability to explain or track the variance (Denzin & Lincoln, 2003). This was done through factoring in new and emerging data; discovering new ideas through memos, field notes, reflective journaling, and bracketing; examining changing contexts and, being attentive to errors in coding. Triangulation also increased dependability in this inquiry.

### **Confirmability**

The concept of confirmability corresponds to the notion of objectivity in quantitative research (Patton, 2002). The implication is that the findings are indeed the result of the research, rather than an outcome of the biases and subjectivity of the researcher. According to Patton (2002) the researcher needs to establish an audit trail to verify the rigor of the fieldwork and confirmability of the data collected. The audit trail used to demonstrate dependability served to minimize bias and maximize accuracy and report impartially because inaccuracy and bias are unacceptable in any study.

### **Transferability**

Transferability refers to whether or not the phenomenon fit with a similar population situated within a similar context (Patton, 2002). Context is critical in qualitative inquiry and generalization is not the intended goal of this study. Lincoln and Guba (1985), (cited by Dale Bloomberg & Volpe, 2008), address transferability in the ways in which the reader determines whether and to what extent this particular phenomenon in this particular context can transfer to another particular context. Patton (2002) uses the term ‘extrapolation’ which he defines as “speculations on the likely applicability of findings to other situations under similar, but not identical, conditions” (p. 584).

### **Limitations of the Study**

This study contains several limitations. Qualitative research in general, is limited by the researcher's subjectivity, because the analysis ultimately rests with the thinking and choices of the researcher. Therefore, a prevailing concern was that of my own bias, assumptions, interests and perceptions due to my own employment in a child welfare program. To address this limitation, I adopted several strategies recommended by Patton (2002) to ensure the confirmability of the study's findings, including an audit trail. Using this technique, I was able to keep detailed records of all procedures during the data analysis. In addition, it was very helpful to discuss the findings with my two colleagues. A related limitation was that participants may have had difficulty adjusting to my role of interviewer, a phenomenon known as *participant reactivity*. However, I made a conscious attempt to create an environment conducive to honest and open dialogue. Because a few of the participants knew me, their responses may have been influenced. Dale Bloomberg and Volpe (2008) explain that in this case, participants' responses can be influenced or affected by trying hard to cooperate offering responses they perceived the researcher was looking for or because of their familiarity. As a result, participants might be guarded and less candid in their responses. Recognizing these limitations, I was able to acknowledge my agenda and stated my assumptions up front. In order to reduce bias during the data analysis, I removed all participant names and coded all interview transcripts as not to associate any material or data with any particular individual. Another major limitation in this study was that the small sample. A critique of this research might be the limiting possibility of generalizing the results to another study. However, the goal of this study was not generalization and this issue was addressed in the transferability section.

## **Conclusion**

In summary, this chapter provided a detailed description of the methodology used in this dissertation. A qualitative inquiry was used to examine the impact of managerialism in child welfare. Two theoretical approaches informed this study: Street-Level Bureaucracy and the phenomenological inquiry to research. A purposeful sample was made up of 14 child welfare supervisors. The data collection included a quantitative survey, an in-depth qualitative interview, memos, and field notes. The intent of this study was to make a contribution to the understanding of the implementation of NPM strategies in social services. One of the tasks of child welfare social work is to carefully examine these strategies and their potential impact on the delivery of services to such a high vulnerable population. Thus, exploring the challenges and barriers during the IOC implementation and its impact on child welfare social workers was a timely topic of study. In the end, the only justified administrative strategies are those to further enhance the well-being of children and families in the child welfare system.

Table 1  
*Participants' Demographics*

Pseudonym	Age	Program/ Position	Years Experience		Education	Ethnicity
			CW	Supervisor		
Nancy	46	Foster Care Supervisor	18	7	LCSW	Latino
Lupe	44	Prevention Supervisor	15	13	LCSW	Italian American
Marcy	47	Prevention Supervisor	25	14	LCSW	Caucasian
Nelly	47	Prevention Supervisor	27	15	LCSW	Caucasian
Margie	33	Foster Care Supervisor	15	2	LMSW	African- American
Toby	47	Foster Care Supervisor	15	2	MSW	African- American
Sol	42	Foster Care Supervisor	13	3	MSW	African- American
Lisa	50	Foster Care Supervisor	20	2	MSW	African- American
Maddy	45	Foster Care Supervisor	15	3	MSW	African- American
Selma	51	Prevention Supervisor	14	7	MSW	Latino
Lola	40	Foster Care Med. Director	12	12	MD/MPH	Latino
Sandy	60	Foster Care Supervisor	18	2	MEd	African- American
Lulu	36	Foster Care Supervisor	7	1.5	MEd	Latino
Ginny	38	Prevention Program Dir.	18	2	MPA	African- American

## CHAPTER IV: FINDINGS IN ORGANIZATIONAL CHANGES

Through a qualitative form of inquiry this study examined the relationship between policy and service delivery. Specifically, it investigated the impact of what increasingly has been referred to as policies related to New Public Management (NPM) or Managerialism on child welfare supervisors employed in nonprofit child welfare agencies contracted with the Administration for Children's Services (ACS) in New York City. NPM and Managerialism refer to the gradual introduction of business practices and principles into social service agencies, including productivity, accountability, efficiency, and performance measures. More specifically, the study explored the range of experiences faced by child welfare supervisors as they implemented an NPM-type initiative known as Improved Outcomes for Children (IOC) introduced in the spring of 2009. These initiatives have changed organizational practices, affected the social work workforce and service delivery and, in turn, altered workers response.

IOC is a result-oriented policy that relies on accountability measures, family-centered decision-making, and flexible funding to improve outcomes through greater accountability, productivity, and efficiency in the work with children and families in the child welfare system. For foster care programs, these outcomes include (a) shortening lengths of stay in foster care by reunifying families; (b) helping children to achieve permanency through adoption or kinship guardianship and, (c) helping young adults in foster care improve education and employment skills through an independent living path. For preventive programs, better outcomes include enhanced work to prevent family disruption and avoid foster care placement. The effectiveness of outcomes is understood as an intervention to protect children from harm and efficiency in the use of funding. An effective outcome is an intervention that protects children from harm while making efficient use of available funding.

Child welfare agencies maintain accountability of their workers by implementing a set of activities under the NPM construct to produce better outcomes for children and families. These activities include organizational reforms, an advanced information technology system, and evidence-based models interventions among other strategies. New organizational practices have increased the need for workers to document activities, weekly or monthly meetings, internal and external audits, and time spent on the computer. This chapter focuses on the impact of managerialism on the organizational practices.

### **Impact of Managerialism on Organizational Changes**

Child welfare agencies across the City have implemented NPM reforms to increase managerial control and accountability and direct focus toward results. When asked about these organizational changes, participants reported transformation in six areas: (a) a rise in audits and monitoring of staff, (b) nascent micro-management, (c) ongoing accountability, (d) increased use of technology, (e) performance-based funding, and (f) the adoption of a practice model.

#### **Rise in Audits and Monitoring of Staff**

An essential element of managerialism is the accountability phenomenon. In order to be held accountable, ACS has stipulated a series of audits and developed indicators and evaluative data to measure progress toward results. ACS audits child welfare agencies in New York City twice a year using Provider Agency Assessment Measurement System (PAMS). PAMS uses an electronic case record review of each program in the agency. The PAMS team selects and reviews a number of cases from each program and evaluates and measures casework practice toward outcomes. ACS sends results to the agencies and determines whether the quality of service is on par with standards or if an agency has dropped below mandatory performance levels and must make improvements.

An unsatisfactory score in PAMS can be detrimental to an agency. If the agency's score is below satisfactory, ACS has the right to either terminate the contract or put the agency on a corrective action plan. Agencies under corrective action plans must comply with a multitude of new tasks to remedy areas where PAMS found deficits. ACS will monitor the agency closely for at least one year or until performance is deemed satisfactory. Such was the experience of Sandy, age 60. She has over 18 years of experience in child welfare and joined an agency that was under a corrective action plan and on the verge of closing. At the time of the interview, she had been there for two years as a foster care supervisor. She reported that when the agency was put under the corrective plan, everyone from frontline workers to senior management worked together to fulfill the numerous tasks. She recalled,

This agency just came out of correction plan. This was one of the agencies that was sort of [closing] and they were able to bring the agency into place, so ... with all the people reviewing the reports and the data reports that are coming out, they are able to see what needs to be done, what needs to be checked, follow-up, etc.

The effort by her agency to aid in the transition helped maintain stability for foster children during what could have been another upheaval in their lives.

As a preventive measure to avoid negative assessments, some child welfare agencies created a Quality Assurance/Improvement Department (QA/QI) to help improve performance. The main responsibility of QA/QI is to ensure that social workers and supervisors submit their documentation in a timely manner. Since child welfare agencies do not receive financial support for this service, the agency must self-finance it, either by dipping into its endowment or raising additional financial resources. However, if an agency doesn't have the funds in its endowment and can't raise them, it can't afford a support program like QA/QI. Maddy, age 45 and a foster

care supervisor, explained that her agency had recently hired people to do the audits. She reported: “You have someone who does audits. I would say it’s probably a team of maybe five or six?” Supervisors regarded this increase of administrative staff as a compliance safety measure and welcomed the addition. They report that the QA/QI staff does a very thorough job of reviewing documents and reports such as progress notes, the Family Assessment Service Plan (FASP), and FASP Plan Amendments (PA), which are submitted whenever there is a change in the FASP. There are also Permanency Hearings (PH) for children who are freed for adoption. All these reports have very specific deadlines. Agencies are penalized when deadlines or requirements are not met. QA/QI also reviews the number of contacts that caseworkers have with client families. For example, foster care workers are supposed to meet at least twice a month with children in foster care, foster parents and birth parents. Prevention workers also are responsible for meeting twice a month with every member of the family. This can include all the children under 18 years of age and other people who live in the same house such as grandparents, tenants, or roommates, etc.

Supervisors agreed, QA/QI feedback was very important and helped them oversee their responsibilities and perform satisfactorily in the bi-annual audits. Lisa, age 50 and a foster care supervisor, stated that her agency established a talent management department to help with their audits. She found it valuable to the agency:

It is very helpful to the work. In regards to supervisors making sure that progress notes are done and the amount of contacts are made in terms of home visits, office visits, I mean, home visits, contacts with the parents, the birth parents, QA is like a pick-up from what the supervisor may not be able to catch and QA is making sure that we comply with all guidelines that’s mandated by ACS.

Her agency had an efficient process for reviewing and remediating recordkeeping among caseworkers, children, parents and foster families.

Toby, age 47 and a foster care supervisor, also found QA/QI very helpful and explained that in her agency:

The QA department reviews FASPs (Family Assessment Service Plan), they review plan amendments, they review... you know, submissions of our notes, our record reviews, just to keep the agency alert to where they are at in terms of meeting ACS requirements. In terms of documents, visits, timely management and submitting documents and then those things.

Her agency was under a comprehensive corrective action plan and had a thorough in-house auditing process that impressed the PAMS staff at ACS.

In this study, 85% of the agencies had a QA/QI department and felt fortunate for the additional support. Marcy, age 47 and supervisor for a preventive program for over 14 years, said, "We're actually lucky to have them because, you know, there's a lot of small preventive agencies out there that have to do all that stuff themselves."

In contrast, at agencies that cannot afford a QA/QI department, all the additional auditing responsibility falls on the supervisors. As Selma, age 51, a preventive supervisor, commented:

We kind of review our own cases and that's as far as QA goes. We are very diligent about it, but we don't have a separate department. It would be nice, but I guess with all the restrictions on funding, that's not available to us.

In place of a formal program, supervisors meet regularly with workers to review cases and also review cases independently.

Among agencies that have a QA/QI department, the expectation that workers and supervisors will participate varies. Each agency has a different approach to QA/QI. Nelly, age 47, and supervisor in a preventive program, reported, “I am not involved with that. I think that’s our Performance Improvement Program? I know they do all the quality assurance piece of our work. I am not involved in that.”

Some agencies do their quality assurance review electronically and do not require a meeting with social workers or supervisors. That is, the QA/QI staff communicates through email to let agency workers know if anything is missing from a case record, or if a deadline is approaching. Lisa, age 50, found this useful, she added: “QA communicate by emails, they let us know if something is lacking, if a caseworker or social worker has not made a visit, if we are missing contacts, so.... it is helpful.”

Another way QA/QI personnel communicate their findings is by sharing them directly with supervisors. As Marcy, age 47 and a prevention supervisor explained, “Every now and then we get reports of what we haven’t been doing enough.” Other agencies have more structured procedures based on a set schedule of meetings with supervisors and social workers to review records, making it more demanding. Ginny, age 38 and a program director, described the QA/QI meetings at her agency as very structured and lengthy:

I have monthly QI meeting the first Thursday of the month where the QA specialist meets with the entire program. She will select cases, random cases, the workers are then... once she reviews the cases, but then first asks the workers to present what’s been happening with the case over the last six months. The meeting is about three hours long!

In addition to the time spent in these meetings, Ginny has to travel for hours to get to meetings, since her agency has branch offices in several boroughs. A single QA/QI meeting is an entire day spent away from her own office and staff and whatever daily challenges may be brewing.

Having a QA/QI department often means agency employees must participate in more meetings than beforehand. While the QA/QI presumes its involvement is necessary to help an agency reach its performance goals, the additional meetings can have a negative impact on a supervisor's ability to focus on daily duties and responsibilities. Nancy, age 46, explained how these meetings have affected her daily responsibilities, "I feel that I've spent too much time focusing just around meetings and, part of that also entails that we've had to do training for new staff, so that's a lot of time out of the office." Supervisors and social workers who are expected to participate in every QA/QI meeting, need to be able to answer any QA/QI question on their performance. To this end, many supervisors agreed they needed to meet with their social workers on a regular basis to review their cases. However, they also agreed that they don't always find the time to supervise workers. Lulu, age 36, and a fairly new supervisor in foster care, explained her agency recommends semi-monthly meetings. She stated, "Supervisors have to have meetings with our workers once or twice a month to make sure that, you know, everything is implemented. That we have to follow through with the ACS guidelines and with (name of the agency) guidelines." When asked if it was difficult to find the time to check up on her workers in this, she said, "Yeah! yes, it is."

Another study participant stated that she believed these regular meetings did not help workers to improve their performance and that workers usually left the meetings with a sense of defeat. When asked to elaborate, Lola, age 40 and medical director expressed the following:

QI meetings, at least on the medical side are...(pause)...tend to be like, punitive more than...so, people leave those meetings feeling, like, flustered, like they're not doing their job. And I think if you're gonna be a learning agency then you have to leave those meetings with some plan of improvement. Like, you're gonna change something to make the next cycle better, whatever you're making. And I don't think that really happens.

Lola felt that workers found the pressure brought on by QA/QA impeded their ability to do their jobs.

Overall supervisors expressed that while they find these meetings very time-consuming and stressful, some appreciated the extra help they got from the QA/QI department. In addition, supervisors who felt a deep commitment to their agencies recognized the necessity of obtaining a good score in PAMS.

Moving beyond QA/QI departments, agencies have also hired other two additional administrative staffers who play a vital role in supporting supervisors and caseworkers: Family Team Conference (FTC) facilitators and practice model specialists. The implementation of FTC meetings, an ACS mandate, represents an essential component of IOC, because they are family-centered decision making meetings. With these meetings workers invite important people in the life of a child, such as parents, siblings, teachers, foster parents, and counselors to discuss the family's achievements and concerns. Families receiving child welfare services, usually participate in three to four FTCs during the life of their case. However, there are some cases that require more than three, especially for children in foster care. Lisa, age 50 and a foster care supervisor, reported: "With IOC, we have a meeting for everything! A meeting for when children have to leave a home, go into another home, and that could be frequent." FTC meetings sometimes last as long as three hours, adding extra time to supervisors' schedules.

ACS is mandated to assign a team of FTC facilitators in each borough to be available to providers at all times. However, frequently, ACS does not have the personnel on hand provide this service. ACS staff are spread extremely thinly across the city, filling in gaps in some areas and leaving gaping holes elsewhere. In this climate, supervisors and social workers often have to facilitate these meetings on their own, adding another task to their already heavy workloads. Whereas agencies saw the need for a separate QA/QI department, only one of the participating agencies hired a facilitator to run FTC meetings. Maddy, age 45, proudly reported the hiring of FTC facilitators as something very helpful, stating: “We have FTC facilitators at our agency!” which means that she doesn’t have that extra duty. From her unique vantage point it was clear there was a conflict for supervisors in other agencies who were facilitating the FTCs. She recalled, “If the supervisors are the facilitators, how could that be? Because an FTC facilitator is supposed to be a third party, unbiased, knows nothing about the case, so, how’s that gonna work?” But that is the reality that most agencies must contend with in order to hold mandated FTC meetings, which they agree are genuinely beneficial to families and children.

Finally, the agencies that have adopted a practice model have been forced to hire specialists to ensure the implementation, fidelity and sustainability of the model. The practice model specialist falls under the purview of the QA/QI department and is responsible for its implementation in all practice areas. Solution Based Casework (SBC) seems to be the most popular practice model adopted by a majority of the agencies in this study. In addition to the QA/QI performance meetings, supervisors using a practice model hold coaching meetings to check in and assess concerns about their caseworkers.

Supervisors reacted differently to these meetings. Margie, age 33 and a foster care supervisor, found that having a model specialist was very helpful. She explained that the

documentation, or progress notes, needs to adhere to the language and style of the model. She stated,

The agency has also hired someone in the QI department that solely focuses on SBC, so they have internal audits, they take a case from a case planner and look for SBC concepts in their progress notes...SBC concepts in the FASP...in the Permanency Reports, etc.

Similarly, Marcy, age 47, explained that in her program, they have a monthly implementation meeting, and said, “We have an SBC implementation person who attends those meetings and is sort of our point person for SBC. And so I go to those and sometimes [it] feels like a lot!”

Finally, Nancy, age 46, seemed frustrated by the practice model, rolling her eyes as she explained, “We are doing a little bit more because besides being audited by ACS, we also have fidelity reviews by the developer of the model.”

Overall, some of the participants found the audits and the increase of administrative staff to have a positive impact on the agencies. They recognized the additional time it took to prepare for PAMS, and welcomed the support and help QA/QI staff provide in order to conform to ACS requirements. Others were less positive finding the procedures more onerous than helpful. Supervisors know the process is useful for the organization, but it can be punitive, accusatory and hurtful to workers.

### **Nascent Micro-management**

From the earliest days of IOC and Managerialism, frontline workers and supervisors have felt micromanaged and surveilled amid the audits and the continuous monitoring. The ACS office of Agency Program Assistance (APA) and senior management mandate that supervisors develop tracking logs to monitor and evaluate worker performance, which aggravates already burdened supervisors.

The majority of participants in this study experienced the effects of these types of tracking systems. Ginny, age 38 and a program director, keeps a small library of tracking logs in binders on the top shelf of her desk. She showed them to me, explaining, “I keep track of everything: tracking for the FASPs, tracking for the worker’s contacts, how often the child is seen. We have tracking logs for everything, and that’s how we are able to manage the performance.” Indeed, the binders were neatly organized, with the names of her workers, dates, number of contacts, etc. Similarly, Nancy, age 46 a foster care supervisor, shared that she also uses a binder to track her case discussions with her workers. She uses it for supervision and follow-up, explaining, “It is easy for me to go back and look at what I might have discussed with the social worker two weeks ago. Or I write down what follow-up is needed.”

Sandy, age 60, supervises 12 foster care workers and developed a highly elaborate tracking system for the monthly contacts her workers are mandated to complete. She explained that by the end of the month, her workers submit a calendar with deadlines. She showed me the way the calendars are displayed, floor to ceiling, across an entire wall on the right side of her desk. She told me, with an easy laugh about the person she has become,

I have to review these calendars just to make sure that each client’s contact is scheduled.

I can print the names on the contacts that were completed. So, for example, I have 73 contacts that needed to be done in the month of August and 12 were not done...So when I look at this, I go back to the worker and follow-up, ‘Why haven’t these contacts been done?’ Or, ‘Have you scheduled them to try to get the 100-point mark?’

Sandy reported that everything she does in interacting with her staff revolves around this tracking and holding people accountable, ticking them off one by one as the tasks are completed.

The APA office hand-audits these tracking logs every six months for each agency involved in the program. Supervisors dislike the effect that the tracking logs--and control of minute details--have on workforce morale, noting that they feel forced by the program to micro-manage, which disrupts the delivery of meaningful services workers are providing. Some felt the logs, rather than improving services, may actually be undercutting them. Marcy, age 47, a preventive supervisor, spoke about the increased managerial control of ACS stating, "I think as a result of IOC and performance based management, they're very... kind of micro-manage what you're supposed to do, you know?" Another study participant, Ginny, age 38 and a program director, corroborated this sentiment, "There's a lot of micro-managing. Staying on top of everything. Staying on top of everybody. Making sure that people are doing things in a timely fashion." Discussing this notion, Lupe, age 44, a preventive supervisor passionately commented:

So, I feel like what happened (with IOC) was, it pushed agencies, it stretched the responsibilities of the existing staff and made them focus on more concrete monitoring and QA stuff and, just, ask, 'Was this done?' Checklist stuff. 'Was this done? Was this done? Was this done? Did we cross this "T"? Did we look at this? Did we double check? Did we go in this system and prove that we did? Did we go in the system and write the note saying that we checked? Did we?'

Lupe lamented the time supervisors spend in tracking deadlines and benchmarks instead of doing social work, "You know, that takes a lot of energy away from, you know, anything that might have been clinical supervision or actual counseling, you know, counseling work!" To wit, tracking from an organizational point of view is a way to improve performance. However, tracking, from the supervisors' viewpoint, means spending the vast majority of their day micro-managing workers, work and their own performance.

## Ongoing Accountability

As child welfare agencies began implementing Improved Outcomes for Children (IOC) workers faced enhanced expectations from their supervisors as well as by demands for higher standards or accountability. As the initiative became the norm, individual workers were expected to adapt to new ACS rules and organizational accountability. Holding staff members accountable required identifying weaknesses and strengths as well as executing solutions that made workers feel like they were perpetually under the microscope. In some cases, agencies coupled managerialism techniques and practices with disciplinary actions including terminations. Each agency had a different way of disciplining staff members who were out of compliance with the program. However, write-ups became the most common form of communicating an employee was underperforming and providing possible solutions.

These write-ups and cumulative summaries of disciplinary action can be part of the paper trail when an agency determines that a worker needs to be terminated due to poor performance. Lupe, age 44 a preventive supervisor with 15 years of experience in child welfare, commented that the system in her agency has become rather punitive, and admitted she has been called to write up her workers,

Yep, to be punitive and write them up--it's kind of like, give them a scare or shake them up. That, you know, you need to get this done. Everything can't be about being punished and being written up and being...just everything negative, negative, negative. That's what they want...and I'm not that kind of person. Because that's not gonna motivate them any more. Or that's gonna get the work done faster?

This intensive monitoring and critiquing of the steps employees take in the course of their work requires a careful touch for supervisors and takes a psychological toll on them as well. They have

to pay particular attention so as not to say anything about the employees in writing that can come back to harm the agency because they put it down on paper. But at the same time, it is essential that they get the infractions and oversights documented. And, in many cases, they are doing these evaluations for employees they have known and worked with for years. An additional burden for some supervisors is trying to be professional about doling out institutional criticism without becoming emotional about the effect the process is having on their real life co-workers.

Agencies expect workers to be accountable for many things, including home visits, monthly contacts with children and families and court appearances. When talking about mandated contacts they failed to make with clients, Sol, age 42 and a foster care supervisor, noted that, "It is a major deal, they would...they...you could possibly get a supervisory summary, which, in the agency, is a write-up." She added she does not agree with her agency's use of write-ups as a means of letting workers know their jobs are in jeopardy. She wondered, "Why give them some discipline by writing them up and telling them that they're going to lose their job if they don't do their job, which they've trying to do, but just need some assistance?" It didn't make sense to her after 13 years in the field, that the program did not give her a chance to retrain workers and guide them toward providing more thorough services to children and families.

In a performance management model, supervisors are also subject to summaries and write-ups. For example, if a worker is not performing satisfactorily and the supervisor fails to take action, supervisors will be written-up by their own supervisors--provided that the supervisors' supervisors are also complying with mandates. Sol, with five years of experience as a supervisor in two different agencies, stated that if she personally had gotten a write-up at her current agency for not writing up a worker, it would be like a death sentence, it would mean

getting fired. She noted, “Not only the workers are being looked at, one of the other things that they implemented is that not only the workers were gonna be written up. Now they turned it over and the supervisor was gonna be written up.” Even if she did not agree with the policy, Sol needed to conform or face the consequences to her own career and livelihood.

On the other hand, performance management models provide footing for supervisors to terminate underperformers who have repeatedly failed to check in with families, complete documentation in a timely fashion or respond to feedback that they haven’t done one or both of these things. The policy exercises control through performance evaluations and creates a paper trail that provides the evidence needed to terminate workers in these situations. Sandy, age 60 and a highly experienced supervisor, spoke articulately about her agency’s policy and her efforts when workers perform poorly.

So, making the deadlines, submitting calendars, how they have scheduled their appointments for home visits for the upcoming months... I have to review these calendars just to make sure that each client’s contact is scheduled. These calendars should be submitted by the last week of the month. And, if a worker consistently don’t submit these calendars because you have to keep on doing about that, that’s an instance where you would give...I give several verbal warnings and send emails reminding them this is due, this is due--not following through directives that have been sent directly from upper management, you know? In what it relates to legal activity. Missing court dates...consistently missing home visits, two or three months on a row which end up in alert, things like that...not calling in...You know?...Not being made available. Also you are held accountable for your time...There’s a verbal warning given. And there’s a written

warning. And finally there is a final written warning, after which time workers are terminated. I had the occasion to terminate two workers.

In this case, the agency had been under a corrective plan and was working hard to improve performance. So the policy served as a strict guide for workers, some of whom were resistant to the sudden change in agency culture.

### **Increased Use of Technology**

In order to perform satisfactorily, achieve greater accountability, and generate the numbers funders demand, ACS introduced new organizational and administrative rules and modernized its structures and information systems. The new infrastructure included a citywide information system known as Connections designed to track demographic, geographic, academic status, and living conditions of children in the child welfare system. Connections promotes uniformity and the use of a common language among child welfare workers in foster care and prevention programs. In addition to Connections, the preventive programs also use the Preventive Organizational Management Information System (PROMIS) to keep track of family and collateral contacts and help agencies monitor their own performance tracking the number of families served and worker caseloads. Another outcome of New York City agencies using computerized and categorized systems like Connections and PROMIS to communicate between ACS and child welfare agencies, was that it forced workers to standardize the practice, documentation, and terminology that would now be shared citywide. As workers and managers logged on across the city, the systems now automatically told them their deadlines and organized their tasks, rather than have a supervisor determine when and how they should be carried out.

However, these systems also kept workers tied to their computers. Supervisors indicated that to keep case records updated and well documented, workers and supervisors spent a

significant amount of time in front of their computers typing progress notes, preparing documents for court, and writing permanency reports. ACS provides agencies with computers that are directly connected to PROMIS and Connections and individuals' ACS email accounts.

It is not unusual for supervisors and workers to have two different computers on their desks, the ACS and the agency's computer. Agencies usually provide a regular desk computer with access to the Internet to connect with PROMIS and Connections. It is also equipped with the agency's email system. In the present study, three agencies were using both systems. Maddy, age 45, seemed to be upset regarding emails, explaining, "My emails are not synced. So I am running to two different computers, checking in-house email and checking ACS mail. It may not seem like it's difficult, but it's a lot!" At the same time, Ginny, age 38 and a program director at a different agency, explained that not everybody had a computer on their desk, and the entire staff only had two ACS computer terminals to share. She explained:

Workers can only go to the front desk to review their emails because of how the system is set up. What happens when we're fully staffed with, like, seven workers? They have emails from ACS, emails sent from me, emails from a lot of stakeholders and it's, like, they can't get to it because they have to wait, because the computer is not available. She stated that her workers felt overwhelmed with the lack of computers, because they had to coordinate who would get to use them when, adding an extra element of stress to an already stressful job.

Likewise, Sol, age 42 and a foster care supervisor, explained, it can be a challenge to her workers once they get a chance to sit at their computers, because they have to prioritize tasks. She explained:

Gotta do this court report that's due tomorrow. Do I get these six progress notes in or do I do this permanency report? Or do I start my FASP? It's a juggle. It's always a juggle.

And we are talking about some lengthy reports!

Sometimes workers make the wrong choice and sacrifice an ACS deadline in order to make a court deadline. Furthermore, workers are entirely reliant on the automatization functioning at all times. If the system is down or the power goes out, workers become extremely overwhelmed and can't complete work for which they will later be held accountable.

Similarly, Lola, age 40 and a medical director, stated, "We do spend a lot of time in the computer because our medical record is now computerized, so we do spend a lot of time on the computer. You know, especially before audits people prepare." Indeed, when ACS alerts an agency that it will start the PAMS audit, caseworkers will use most of their time to update case records, neglecting face-to-face contact with children and families. As indicated by Ginny, age 38 and a program director, who said that for her workers "most of their time is spent on the computer when they're in the office."

Foster care social workers are also responsible for electronically submitting the Child and Adolescent Needs and Strengths (CANS). This tool helps workers integrate a service plan for children in foster care and assess the level of care required. This is simultaneously an extremely thorough and time-consuming tool. Workers are trained and certified for electronic submission of the CANS form. The training is approximately 10 hours and the certification is valid for two years. When asked about how this tool is working for her social workers, Maddy, age 45 and foster care supervisor, replied that it is difficult to prioritize reporting in the face of other responsibilities:

They're supposed to be doing it, but you have so many other things they're doing. They can't focus! When I have a suicidal kid? Or a court hearing to attend? You are gonna tell me that I need to go online and sit in front of a computer? No!

Workers again have to juggle whether to complete tasks set forth by the system or tend to the real humans who need their aid getting through obstacles in their lives.

Reflecting on this phenomenon, Lisa, age 50 also a foster care supervisor with over 20 years of experience in child welfare, observed,

I mean it's really sad, because the children do suffer. I mean social workers have to put FASPs and Permanency Hearing and progress notes. They don't have as much time to go out to a home and say let me stay two hours and really work with this family. They can't do that anymore.

Her staff felt this was putting a strain on their relationships with clients to have to leave abruptly to get back to their desks and complete online forms.

Marcy, age 47 and a preventive supervisor, also shared this sentiment regarding computer time, "Yes, it's definitely taken away from time with the children and families." In addition to ACS documentation, some programs have been implementing practice models that require online assessments. Nancy, age 46, explains that her agency's practice model "entails self-assessment surveys that have to be online" requiring additional computer time for workers.

Finally, ACS and child welfare agencies are using email as the primary means of in-office communication and staff is expected to check their inboxes regularly. ACS provides its own email address for all providers; most agencies have their own email, too. This means workers have to toggle between two computers and two email accounts in many cases.

Supervisors respect the concept and need for computerized records. Furthermore, they prefer the efficiency and record provided by email communication rather than phone calls. However, supervisors also reported that the increased use of technology leaves workers with less time for direct work with children and families.

### **Performance-Based Funding**

Performance-based funding (PBF) is especially important for child welfare agencies because they depend heavily on ACS funding for their survival. ACS uses capitation funding for foster care and utilization management funding for preventive programs. ACS transfers the financial risk to the child welfare agencies using reimbursement per capita. ACS pre-pays child welfare agencies a set amount for each child for a certain length of time, usually 24 months. If the child is discharged before the stipulated time period runs out, the agency keeps the difference. However, if the child remains under child welfare supervision longer than stipulated, the agency must absorb the additional cost and cover additional expenses. Sol, age 42 a foster care supervisor, has felt the pressure of producing results and she mentioned that her workers are not spending much time with children and families due to their workload, "Because all they want to see is numbers. Numbers, numbers, numbers!" She also mentioned that lately the focus in her unit had been on permanence. She mentioned that she had 18 children that needed to be freed for adoption. ACS provides financial incentives for expedited adoptions.

Similarly, Maddy, age 45 and a foster care supervisor, explained that her agency has a quota for adoptions. She described that shortly after IOC went into effect, ACS became very strict on permanence for children in foster care. She said, "I forget the numbers, but they had to do, of course, get rid of all of the cases that were, you know, in limbo in terms of adoption. Expedite those so we can get them out!"

For the prevention programs, ACS applies a different method of financing. The utilization management system is set up to ensure appropriateness and efficiency of services. ACS determines the number of families an agency can serve and the agencies are reimbursed according to their quantitative performance meeting programmatic goals. But the agencies are never fully reimbursed for costs.

When agencies meet their annual targets, they are reimbursed for 90% of their contract. Agencies are expected to fund the additional 10%. The contract with preventive programs specifies the annual capacity of families an agency needs to serve. Ginny, age 38, directs a prevention program with an annual capacity of 84 families. To meet her performance-based funding she has to open 21 new cases per quarter, creating an incentive to close cases regardless of families' readiness in order to open new ones and meet the preset quota. When asked about PFB, she talked about the consequences of not meeting her performance target: "If I don't open 21 cases per quarter, \$56,000 is taken from the agency. Which means that's a case planner and a half. The salary, a lot of fringe benefits are taken away." At the time of her interview, Ginny and her supervisor were in the process of writing a rebuttal, explaining why they were taking longer than expected to close existing and open new cases. They were afraid they would lose funding because one worker was on maternity leave and another was on medical leave, but the preset targets had not been met and Ginny could not justify hiring workers to fill the gap. These financial consequences create enormous pressure for program directors and upper management.

### **Implementation of a Practice Model**

The introduction of a practice model was not a topic that this researcher had originally considered. However, the issue arose during the many interviews and the major impact that it had on agencies became evident. The tight funding environment and the competitive field in

child welfare led some agencies to seek effective practice models. In the present study, 50% of the participating agencies had adopted a practice model (see Table 1), four in foster care and three in prevention programs. One agency had already implemented a practice model, and was in the process of implementing an evidence-based model too. The rest of the agencies had not identified a practice model and were not part of the ACS Evidence-Based Model (EBM) initiative.

Table 2  
*Agencies Using a Practice Model*

<b>Participant</b>	<b>Practice Model</b>	<b>Program</b>
Nancy	Family Connections	Foster Care
Selma		Prevention
Marcy	Solution Based Casework	Prevention
Nelly		Prevention
Margie		Foster Care
Lulu		Foster Care
Maddy		Foster Care
Lulu	Child Success	Foster Care

All of the participants included in Table 2 discussed how the practice models had affected their daily work. Supervisors that had implemented or were in the process of fully implementing a practice model agreed that ACS and their agency's upper management assumed that the use of a practice model would bring desirable outcomes especially in the reduction of the length of service. But participants had mixed feelings about the practice model. On the one hand, they regarded the practice model as something positive for families and workers, and on the other,

they felt the implementation of the practice model was an additional burden, which had been difficult to integrate into their daily practice. In theory, the practice model promotes efficiency to the extent that it allows workers to concentrate on a family's specific problems. In reality, however, the mandates were demoralizing for workers, who understood each family's unique needs. The subjects of the study wavered between appreciating the focus and resenting the standardization of the practice.

Agencies in this study had adopted one of three models, Solution Based Casework (SBC), Family Connections (FC) or Child Success. SBC is a research informed model that is used in foster care and prevention programs. It focuses on the child maltreatment that brought the family to the attention of ACS. The family and the worker involved reach a consensus on what occurred and what behavior needs to change. The worker and the family make a plan using the *who, what, why* format to target specific behaviors that may be impacting children's safety. When asked about SBC, Nelly, age 47 and a prevention supervisor, said she appreciated SBC and the positive impact it could have on families. She agreed that using the model was good for families, she said:

It's a specific format. We focus on what's working well with the family, what's not working for the family... You know, we always talk to them about what were they doing in the past, and maybe they weren't doing anything, so they need a plan. Or their plan wasn't working, so we work on a new plan.

Nelly added, "So I feel like from the cases that I have supervised that we are able to work with the family in less time than we used to." When asked about her workers' response to SBC, Nelly reported that it also had a positive impact on her workers. She explained:

I think they like seeing success with families, so that's been helpful. You know, I think it makes them feel like they have also accomplished, you know, their work with the family. I think they sort of take pride, you know, in having to...like engage the family and have everyone involved see the differences that have occurred. So, I think it's been a good experience for them.

Likewise, Margie, age 33 and a foster care supervisor, observed that SBC could have a good impact on the children in her program because the work is specifically directed where it is needed. She stated, "I know being solution-based and being authentic and focusing on the core and not the minutia, I know that works." Margie likened the use of SBC to adopting a new mindset in the course of a day's work. For her, adapting to a practice model had to do more with attitude, she explained, "The SBC model I think that as good practitioners, we've always did it, but now it's a matter of putting it in a box and selling it, and measuring it, right?" She felt that she had adapted well to SBC, but acknowledged that her workers were having a more difficult time adapting to it. When asked to elaborate on SBC and the impact it could have on her workers, Margie said:

It's frustrating. Because we do this, okay, but now you want me to do it like this, and you want me to do it like that...Alright, I'll do it. But it's just frustrating because it's something else I have to adjust to...not learn because I know it already, but just adjust.

However, not everyone was convinced of the efficiency of the practice model. Marcy, age 47 and a seasoned prevention supervisor, was hesitant about the adoption of SBC in her agency. She shared that the whole agency had already spent over two years in training and implementing the model, and still she was not fully convinced that SBC would benefit the practice. Her perception of the model was, "It's an add-on and I think it's designed...the idea is that it will make it easier

to reach those benchmarks or to document them, but I don't know if that's gonna be true." Marcy also reflected, "I would think that it is related to the whole push towards performance-based management, because that model is all about outcomes, you know? And wanting to have measurable outcomes."

The other practice model agencies in this study used was Family Connections (FC), an evidence-based and outcome driven model introduced by ACS for their foster care and prevention programs. FC provides individualized family interventions to decrease risk factors and target child safety and permanency outcomes. Nancy, a foster care supervisor with 18 years of experience in child welfare, reflected on the impact that a practice model such as FC has on the children and families they serve. She explained,

Because the way the program works is--the clients established goals based on what areas of their life they feel they want to change. So it's a little different in that we're not telling them what they need to change. They're telling us what areas they want to work on. However, Nancy found that it was not easy to adapt to FC. She and her workers struggled to meet both ACS mandates and maintain fidelity to the model. She added, "So we have to find a middle ground, because sometimes you have to look at making sure that we are doing what ACS is looking for--or are we keeping fidelity? And sometimes it's hard to meet both demands." Nevertheless, Nancy saw the impact the model has had on her and her social workers as positive. She stated:

I think it has challenged me and the workers to be more on top of our game--more disciplined, more driven, more focused on what the families need is, and, like, this is all about families. So that's the good part about it. And we're always talking about them.

Similarly, Selma, a prevention supervisor, also believed that FC had a good impact on families. She explained that before they used the model, it was common for social workers to create a plan for a family based on their assessment, and then ACS would mandate that families take parenting classes. She described the model's principle by saying, "It does focus on, you know, helping them [families] find their own solutions and they like that. It's respectful...I think they appreciate that a whole lot more than being told, 'You have to go to a parenting class.'" Selma also reported that adapting to the EBM has been a struggle for her and her workers. She stated that the model's excessive requirements have had a negative impact on her workers and as a result, the process has been delayed. She said, "We're implementing it [Family Connections] and we're coming along. It's a lot better than what it was. But if it's not happening, I guess at some point there's gonna be ... it's not happening because of the paperwork."

She also recognized that her experienced workers had a very difficult time adapting to FC. She laughed, blurting out emphatically, "They are the worst!" She further justified their behavior by saying: "Because they're really used to...they've been here. They were in general prevention and they have been here for a while. They were doing really, really well. And now you throw something out to them that is different." In many cases, workers do not dispute the benefits of the new process but they fear the unknown outcomes and their ability to adapt to the new system. Some of the most experienced social workers had most difficulty adapting to giving up their autonomy and making decisions with families using their intuition and years of on-the-job experience.

Supervisors expressed that they are already overloaded with work, and they viewed practice models as adding unnecessary tasks to their professional responsibilities. Reflecting on this, Margie, age 33, a foster care supervisor, stated, "I think as a supervisor you have to be very

careful because you understand [caseworkers], it's not only something else for *them* to do, it's something else for *us* to do as well."

The transition to evidence-based models and the alterations it entails requires enormous effort and dedication from child welfare agencies. They must find the time for training, staffing all the required tasks, and clarifying who is expected to accomplish which aspects of the program. At the time of the interview with Lulu, age 36, a foster care supervisor, her agency was in the process of implementing Child Success, an ACS initiative for children in foster care. Lulu was visibly distressed in anticipation of the coming changes, in part because the agency was dismissing two case aides who offered rides for children to and from family visitations and court appearances and also helped around the offices with filing and data entry. She explained, "Well, with the Child Success program they're saying we don't need the case aides no more because they're lowering the caseloads, hiring more people, and it's gonna be less workers per supervisor." Lulu was also anticipating the impact this new initiative would have on her as a supervisor and on her workers, who were being shuffled to new assignments. She explained the uncertainties:

So, basically, it's like, now they want four workers per supervisor. So, like, I said, about two to three weeks ago, I have seven workers. They lowered it down to five workers just recently. And then they're gonna, you know, in about two weeks to a month, then they're gonna take one more worker once the supervisors start working. But it's, like, crazy!

In addition, Lulu added that in the meantime, workers and supervisors were concerned about the impact of shuffling cases on the children they had been working with for extended periods of time. With all these moves, it was clear that active cases would be transferred to new workers and supervisors. She wondered aloud when this would happen, "But that hasn't started yet until

everything gets situated. Everything is still kind of, like, in the beginning, still hiring people, and once everybody gets situated, then I guess that's when the cases will be transferred." Her reaction was typical among supervisors and workers in this study, who tended to push back against institutional changes when they perceived that too many initiatives were taking place at the same time. Part of their concern was the impact the transition would have on the children in the program, whose needs might get overlooked or neglected in the shuffle.

### **Summary**

All of the supervisors in this study had Masters degrees and an average of 16.7 years of experience in child welfare and 5.5 years' experience as supervisors. Their child welfare experience and formal education differed, but their lived experiences and concerns for their agencies' performance were remarkably similar.

The mandated NPM reforms brought a sea change at child welfare agencies, including a culture of excessive audits, increased use of technology, and day-to-day accountability checks. As a result, QA/QI became the foundation of the reform, and supervisors agreed that a good performance in audits such as PAMS was vital for the survival of their programs. However, they also were aware that the risk of failure created considerable anxiety among some workers, who saw the QA/QI process as punitive. Others sincerely welcomed and appreciated the addition of QA/QI, as well as the hiring of a practice model specialist to help them with implementation. Supervisors regarded computerized records as part of their responsibilities. They said they now had to spend long hours doing lengthy reports, but they always found the time to update their records. But when it came to online assessment forms and web training, supervisors never found time to complete them, noting it was an imposition to have additional technological hoops to jump through that were not meaningful. Part of the problem at some agencies was the lack of

sufficient computer terminals, which required workers to take turns doing their input. Some workers were frustrated by the repetitive nature of the reports, which required time they could have spent doing tangible work that had a greater impact on children and families.

Supervisors noted a number of likely unintended consequences of IOC that they saw as detrimental to service delivery and agency morale. Some supervisors resented that IOC's tracking system was forcing them to become micro-managers. They felt that continuous scrutiny and control of their workers' accountability was not helping to improve performance or outcomes for clients. All the players within the child welfare system were now being held accountable for poor performance, they said. Supervisors regarded this system as punitive and recognized that workers would respond better and improve outcomes with more guidance and professional training.

The supervisors in this study were highly committed and professional individuals who loved their jobs and cared about their workers' success under these demanding new conditions. Yet, the excessive audits, meetings, and tracking and the increased use of technology that accompany these reforms, left them overwhelmed and frustrated with the system. These organizational changes have had an even more earth shifting effect on delivery of services among the social work workforce. The following chapter explores the experiences of the social work workforce in agencies transitioning to this new, overwhelming managerial culture.

## **CHAPTER V: FINDINGS IN THE CHILD WELFARE WORKFORCE**

The New Public Management approach prompted a dramatic shift in the way workers operated within child welfare agencies. As agencies began implementing Improved Outcomes for Children (IOC), workers and supervisors had to adapt to increased expectations and demands for higher standards of accountability. This managerial reform took a toll on workers. Supervisors saw it as the direct catalyst for workers burning out and leaving the field entirely.

In the wake of this steady attrition of experienced workers, supervisors had to make time to recruit their replacements since few were submitting applications for these low-paying, high-stress jobs. The result in most places was that supervisors ended up with an influx of inexperienced workers who needed weeks or months of training just to orient themselves to the basics of social work. Simultaneously, supervisors had to dedicate an enormous effort to training these novices to meet the particular demands of the performance management model within the larger child welfare framework.

Getting up to speed was also an especially tough challenge for these inexperienced child welfare workers. They needed and benefitted from several months of intensive theoretical and field training before they felt confident enough to work independently and deliver services to children and families without cutting into a supervisor's time.

### **Impact of Managerialism on Child Welfare Workforce**

The supervisors who participated in this study, had to straddle the needs of front line workers and the demands of child welfare administrators. They had to ensure compliance with the new rules and at the same time shield workers to from becoming overwhelmed by these requirements. The observable consequences of managerial reform on an agency were vast, however, they can best be examined within the following sub-themes: (a) workload, (b)

documentation, (c) standardization and routinization, (d) deskilling of the workforce, (e) outsourcing, (f) training, and (g) quality of services.

### **Workload**

ACS has recommended that foster care workers be assigned 12-14 children apiece. Across the board, the actual caseloads at agencies were higher than this. Participating agencies reported an average caseload of 15-16 foster children per worker. Foster care supervisors usually supervised 5-6 workers, with about 90 children in their care at any one time (see Table 3). However, in one instance, the medical director at her agency was on her own, overseeing six workers and hundreds of children. According to ACS guidelines, one medical doctor can be in charge of the medical care of a foster care program. Lola mentioned that before she came to this agency, she was working in another agency where the census was almost 400 foster care children.

Table 3  
*Foster Care Supervisors' Caseload*

<b>Participant</b>	<b>Number of Supervisees</b>	<b>Children per Worker</b>	<b>Average Number of Children</b>
Toby	5	13-14	65
Maggie	5	18+	90
Lola	6	450~	450*
Lisa	6	8-10	60
Sol	6	18+	108
Lulu	7	15+	105
Sandy	4	15-18	65
Nancy	6	8-11	48
Maddy	5	16+	80

\* Foster care agencies usually have one Medical Director for all children.

ACS recommends prevention program caseworkers be assigned 10-12 families a piece, which usually meant they were working with dozens of children. Supervisors in the prevention programs usually supervised 4-5 workers, an average of 49 families (see Table 4).

Table 4  
*Prevention Supervisors' Caseload*

<b>Participant</b>	<b>Number of Supervisees</b>	<b>Families per Worker</b>	<b>Average Number of Families</b>
Ginny	2	14	28
Selma	4	8	32
Marcy	4	14	54
Nelly	4	14	54
Lupe	6	13	78

Because the families in preventive programs are considered “at-risk,” ACS requires that case managers work directly with all involved parents or caretakers and all of the children under 18 within the five boroughs of New York City. Similarly, workers in foster care are also required to work and engage with entire families locally in pursuit of reunification. However, in cases where children are on track for adoption, workers narrow in on individual children, and no longer focus on all of the relatives and caretakers who are not included in the adoption plan. As the adoption plan solidifies, caseloads usually grow to include adoptive parents and their families and new caretakers or support people in the children’s lives.

Managing heavy caseloads with all these players involved is particularly stressful and workers and supervisors had to spread themselves very thin to stay on top of all of the mandated visits for all the family members. When a worker left, other workers in the unit typically took

over the departing colleague's cases. In many instances, workers ended up with a high caseload and responsible for multiple tasks and, as Lulu, age 36 and a foster care supervisor, reported, "One of our workers has 19 cases! It's very difficult with 19 cases!" Those cases were not all headed for adoption, she said, which meant that the worker in this situation was dealing with mandated visits for close to 19 entire families which may have been spread across many miles.

Within the life of each of these assigned cases, supervisors indicated that caseworkers were responsible for multiple tasks. In the foster care programs, workers spent a disproportionate amount of time documenting events and interventions. They spent the next largest chunk of their time attending court-related activities, preparing for court or waiting in halls for their cases to be called by a judge. Sol, age 42 and a foster care supervisor, stated that she and her workers reframed their days to feel a sense of accomplishment from completing each of dozens of small tasks required, counting each step as an achievement. She noted,

Ok, at least that's done! You know, it kind of takes the case into the next phase. So I get a lot of that. The negative thing is that there's always something to make up for that one thing that you've done, there's 10 more things to get done. There's always...it's not like...you make one big achievement, but then you always get hit by 15 more things to do.

Other supervisors used similar techniques to keep workers on task and maintain morale amid the day-to-day struggle to fill out paperwork and make appointments on time.

With caseloads exceeding the recommended capacity, caseworkers were under significant pressure to complete their tasks but lacked the necessary time. It was clear from the supervisors in this study that child welfare workers were charged with complex and difficult tasks, resulting in long and exhaustive hours. Lisa, age 50 and a veteran foster care supervisor, observed that it is

difficult for workers to complete all their duties during regular hours. If they completed the work, Lisa said, it was because they were working overtime without additional compensation. It wasn't fair to expect staffers to volunteer to do this on a regular basis, she said, "And if they do... you need to have the most committed workers." Other supervisors reported it was common and unremarkable for workers to put in unpaid overtime hours during the week and on weekends to keep up with the workload. Lulu, age 36, a foster care supervisor reported, "Sometimes they come on Saturdays to... try to catch up on notes." Lulu also recognized the impact that long hours had on her workers. She said, "It's just too much, it's supposed to be a 9 to 5...job, but all the workers are always working -- you know -- overtime."

Another way to get the work done in a manageable way is by rushing through it. Selma, age 51 and a prevention program director, noticed that the frenetic pace was taking a toll: "So, it's crazy for the workers! I feel sometimes that it's such a "rush-rush" job that the workers tend to get kind of burned out." Similarly, Lupe, age 44 and a prevention supervisor, indicated that workers have so much work to do that "they feel like they don't have time to do it anymore with all this other stuff." The constant juggle of over-capacity workloads within the limited paid hours of a work week made for this kind of harried pace at all of the agencies profiled in this study. The culture was to be on your toes and keep moving or you would never complete the work on time. Amid this pressure, supervisors genuinely cared about their workers and the workers' very sensible complaints, but they also had to manage the onslaught of expectations coming from funders and administrators.

### **Documentation**

A primary reason that heavy workloads were a strain was that each case required so much paperwork. Supervisors agreed that voluminous documentation was the norm for everyone.

Caseworkers document all the activities of the children and families in their caseloads, including steps taken by parents who are working towards reunification, legal developments, home visits, clinical interventions, school attendance, health and mental health appointments, prescriptions and interventions. Supervisors, in turn, must monitor that their caseworkers are keeping up with areas of documentation, but that's just the half of it. Nelly, age 47, who has 15 years of experience as a child welfare supervisor, was assigned four caseworkers to supervise at her agency. When discussing her workload, she explained, "Yes, there's a lot of documentation -- not only my own, but I also monitor my workers' documentation." Supervisors emphasized that the bulk of the caseworkers' time was spent keeping the case record up to date and thoroughly documented with goals and progress toward meeting all aspects of the family's service plan.

One of the biggest fears for child welfare workers is being blamed for negative outcomes in their client's lives. Caseworkers are responsible for ensuring the provision of mandated services as well as interventions recommended by supervisors, ACS, or the court system.

Despite the problems of excessive demands, supervisors reported that the importance of documentation became clear when emergencies arose. When asked about monitoring her workers' documentation, Maddy, age 45 and a foster care supervisor, stated, "Yep, but documentation is key. It's definitely key." She explained that the main reason she focused so intensely on documenting everything was to protect workers from backlash, hostility, and utter denials by parents about events that had occurred and were documented in the files. She was equally concerned that her workers put everything that happened in the documentation so that judges, or the Family Court Legal System (FCLS) at ACS, could not question they had done everything they could and had tried to help families comply with requirements. Maddy believed

that the best way to help a case was by documenting everything that transpired, even if the information was unfavorable for the child or the parents. She said:

Documentation is huge! I push documentation to...whatever the worker does, I tell them, put it in the system. Put it in the system! As soon as you get a chance to, put it in. Because as long as you document your efforts, you don't have to worry about the lies that the biological parent is gonna tell in court. You can't anticipate...if you document, lack of, participation...if you document, you know, whatever is in a case, all your efforts in the case. You can't anticipate that that parent is gonna lie three months later in court. The documentation is already there.

She came to this realization most profoundly after a 6-year-old child died under questionable circumstances in the care of a foster parent. As the news media and law enforcement began inquiring about who was to blame for the events, the worker's documentation was a vital component in uncovering what took place at the home. The notes preserved a record of events prior to the girl's death, and the agency provided these records to Manhattan District Attorney's Office for its investigation and possible prosecution of perpetrators.

But the paperwork played a secondary role, in helping the worker--who resigned in the wake of the tragedy--to avoid criminal charges. The meticulousness and clarity of the documentation made it clear to prosecutors that the worker had not neglected the child or contributed to the circumstances that led to her death. The district attorney did not file charges against the worker, the supervisor or the agency. Maddy said that considering the current climate at child welfare agencies, documentation was not merely busywork but rather a fundamental part of the job:

Documentation for my workers has helped them so much because attorneys have pulled the documentation...and it's there. Again, you can't anticipate that someone is gonna lie about something months later. And so it's...it's been really...it's been really, really helpful of the workers documenting their efforts in the Connections system.... And I tell them once you document it there, that's it. You put in your efforts, your diligence. You show your diligence. What your intent was. And once it's documented, that's it. I've had court cases dissolve because of documentation.

Maddy has made this part of the ongoing training and culture at her agency, convincing her staff that keeping up with documentation is not meaningless: It is part of why they're involved in social work.

Among the vast range of mandates of a performance management model, ACS holds workers and supervisors accountable for articulating every aspect in the life of a case. As a result, workers spend significantly more time than before completing mandatory documentation, according to supervisors in this study. Some of the lengthiest, most comprehensive, and repetitive forms they mentioned are Family Assessment Service Plans (FASP), Permanency Hearing reports (PH), and Plan Amendment (PA), each of which may require hours of data entry for a worker on Connections. Marcy, who is 47 and has worked in child welfare for 25 years, explained the process of documenting in Connections: "I think that the paperwork, the system that they use, Connections, is very tedious. It's very hard literally, like to get into each screen... It's not a very user-friendly system."

Not only is the user experience clunky, the actual documents are full with repetitive elements. For example, the FASP, is a 20-page template submitted 30 days into the life of a case and again at the 90-day mark and then every six months thereafter. It includes all the details of

family's cultural background each time you fill it out. In addition, it requires -- every time a worker fills it out -- the names, dates of birth, and relationships of everyone in the family. The worker has to note as if it hasn't been mentioned in previous FASPs the family's strengths, for example, that they're a tight knit family, that they're willing to participate, that they tend to show up regularly, or they are very dedicated parents.

Other facts required by the forms make more sense to workers and even allow them a chance to reflect on the work they have done. But these sections -- the needs and risk assessment analysis and the family plan -- also require a lot of the workers' time. The needs and risk assessment includes an examination of environmental dangers the children may be facing, and the family plan lists all goals and outcomes for the family, which often includes referrals to other agencies for services.

For some veterans of child welfare, the cultural shift brought on by this documentation is astonishing. Priorities have become different by default, simply because of the way workers are required to spend their time. Lisa, age 50 and a foster care supervisor who started her career in child welfare as a social worker 20 years ago, recalled with nostalgia what it used to be like in the field. "Even though I was carrying a much higher caseload than my workers, it was manageable," she said. Her workers had fewer cases than she did when she was a worker, nevertheless, they spent less time interacting with children and families because the time was taken up doing paperwork. At the time of her interview, Lisa was supervising six workers, each with a caseload of 8-10 children, meaning she had to review and keep tabs on an array of documents required at various intervals for up to 60 children. She compared her days as a worker to her caseworkers' days now that she is a supervisor under IOC. She said no one has time to see the children "with the amount of meetings and conferences and FASPs being longer and the

permanency reports, which I didn't have." She explained, "I mean, we used to do our own written reports, and we just wrote a narrative." She said the wide range of forms her workers were required to fill out helped manage risk rather than delivering care services--an equation that seemed skewed. To her it seemed vital that the workers spend time--which they did not have--in face-to-face contact with the children, addressing their needs.

But filling out the forms is essential for agencies to avoid sanctions. Foster care and prevention programs can get a bad score during performance reviews when certain information or sections of a document are missing. Therefore, supervisors said, it was important they be meticulous about reviewing all components of these documents. Toby, age 47 takes a strict approach with her workers, following ACS rules faithfully, and she expected her workers to follow suit. She admitted that the process of filling out, reviewing, and correcting these reports could be frustrating and very time consuming for workers and supervisors, sometimes causing relationships to erode. Sometimes the conflicts with workers centered on minor details that workers weren't putting on paper, like naming the schools that the children were attending or the grades there were in.

You have to return a lot of work, because once you do a review of the progress notes, FASPs or a PH or Plan Amendment and it doesn't meet the requirements which ACS is looking for, then you have to give it back to the worker with a lot of corrections. If the worker is unable to identify what needs to be identified in that actual document, you need to do it again and again!

She said some of her workers had resigned or she opted to terminate them because they failed to provide basic facts about the children that needed to be entered into the system. Toby also spoke about new deadlines for submission. She explained that although ACS requires that progress

notes be entered into Connections within 14 days of an event, her agency had imposed new deadlines. She said:

Documentation was always important to be submitted on time. But after that IOC program was implemented they look at things like, progress notes have to be submitted within three days. You know? Home visits and stuff has to be done before the 15th of the month. You know? All contacts should have been made before the 15th of the month and notes are supposed to be submitted into Connections within three days of the event day.

Some agencies set even tighter deadlines to avoid the chance of workers losing track of the details of visits and interventions. At one of the participant's agencies the workers had to submit progress notes within 48 hours of an event. Sol, age 42 and a foster care supervisor at the agency, stated that this guideline produced severe anxiety for her workers:

When you do things like that, people feel defeated, you know? (awkward laughter). They feel defeated to say that... You know? Well, OK, I didn't get my notes in in two days, but I got it in three days. And, realistically, it's not gonna happen.

Her agency has an unusually enthusiastic response to workers meeting their own imposed 48-hour deadlines, clapping and cheering for workers who meet the deadlines. But Sol said this is hurtful to workers who miss deadlines, adding another layer of stress and anxiety for them.

Margie, age 33 and a foster care supervisor, said the 14-day ACS mandate was unrealistic, and her agency had decided to give workers extra leeway. They required that documentation be updated by 10th day of month following the event the worker is documenting. When asked to compare her agency's monthly deadlines with the 48-hour window at Sol's agency, Margie said it sounded like Sol's requirements would be extremely difficult for workers to attain. "[That] is not even realistic... at all!"

At Lulu's agency, workers must complete documentation within seven days, and Lulu, a 36-year-old foster care supervisor, thought this was unnecessarily stressful for workers. She said, "So, it's really unrealistic. Let's just say, one of my workers has 19 cases... For her to put in progress notes on those 19 cases within just one week, it's virtually impossible. It's very difficult!" Furthermore, as a supervisor of seven workers all with maxed-out caseloads, Lulu felt overwhelmed about submitting her own progress notes on time after she reviewed her workers' files.

A primary stressor for supervisors like Lulu, came in 2010, a year after IOC was implemented. ACS introduced an additional requirement, the Monthly Supervisory Notes (MSN). Supervisors were thereafter required to write a Monthly Supervisory Note for each case in their caseload describing the progress, needs, and plans for children and families. This requirement was manageable for supervisors who were naturally organized and designed easy methods to make sure they were incorporating new work into their workload. But taking on the Monthly Supervisory Note was daunting for others to stay on top of and fit into their hectic schedules.

Two supervisors at different agencies, Nelly, 47 and in prevention, and Nancy, 46 and in foster care, separately discussed systems that have worked well for them to keep on top of deadlines. The supervisors' self-devised systems were different, but both allowed for structured note-taking and limited their workload regardless of how many cases the workers were managing.

Nelly explained, "I do supervisory logs monthly. I do monthly progress notes of each case. I do a monthly file review. But I feel I like I have a good system that I've learned, that works for me." At her agency, Nancy explained, she kept on top of the work by limiting the

number of times per month she made notes about each social worker: “I have a binder where I document two entries a month of what we discussed...So, it’s easy for me. I’ve sort of still use that system because I find it helpful. And it helps me with the monthly reviews.”

On the other end of the spectrum, Sandy, a foster care supervisor who had been in her position for the last 25 months, had completely ignored the Monthly Supervisory Note requirements and appeared unaware of them, laughing wholeheartedly when she realized how far behind she was with the mandate. She continued to laugh to the point of silly tears when imagining what it would take to catch up with two years of supervisory notes for each of the 65 teenagers in her unit. The clients were mostly disconnected from their birth families and on the brink of aging out without a plan in place for their living situation, education or employment. Many of the young women were pregnant or already parenting young children. Some of the teens had regular contact with law enforcement for minor infractions, like smoking marijuana in a public park or jumping the turnstile on the subway. Some had been arrested for gang activity or were perpetually sanctioned by the school district for truancy. Others had unpredictable housing arrangements, which would take a great deal of research for a supervisor to retrace. Another subset had mental health problems, including depression and suicidal thoughts, and were self-medicating with marijuana. The notion of getting all of this down on paper so long after the fact was unfathomable for Sandy. As Sandy responded to questions about MSN, she admitted she was completely off task:

**Sandy:** Yeah...you have to tell them where you are with the permanency...is the child health OK? Medicals are up to date? What needs to be done? You know? What’s outstanding and what needs to be done?...That’s...

**Researcher:** And is this a monthly report?

**Sandy:** I think it should be done every other month if I am not mistaken.

**Researcher:** So you don’t do them?

**Sandy:** I haven't. To be honest I haven't had the opportunity (laughs) to do them

**Researcher:** When did they start?

**Sandy:** I don't know. This is something that should be started all along, but I don't see too many supervisors actually taking the time to put them in like they should, which is another time constraint issue.

Sandy exercised a healthy sense of humor, shrugging her shoulders as if to say there were more important things to do than writing a supervisory note for each of her 65 cases. While I was in her office for the interview, two of her workers came to ask for guidance and she took a call from one of her workers who was at Family Court and needed her advice. She appeared completely engaged, on task and efficient in these interactions. But the documentation remained off her radar and there was no indication that the interview would re-jog her memory or make it a priority again. Sandy recognized that doing her Monthly Supervisory Note does not help the teenagers in her care.

Under similar work conditions at another agency, Margie, age 33 and a foster care supervisor, grasped the importance of the monthly supervisory notes requirement for her supervisees. She was often behind, but never forgot the requirement. She said, "I'm meeting [face-to-face with workers], writing it down, documenting it in a timely frame, for me. It's difficult, but I do document it. Sometimes two, three months later, but I'm documenting." She anticipated she would always be playing catch up, but it seemed to be working that way and her agency hadn't yet been cited for its perpetual tardiness.

Overall, the agencies that had adopted a practice model had more or less doubled the amount of documentation being required from employees. Selma, age 51 and a prevention supervisor who was using Family Connections (FC) --a notoriously comprehensive model-- exclaimed, "It's a killer! If it was just the developers' paperwork, it would be ok, but then you

have to deal with ACS.” Similarly, Nancy, who is 46 and supervises a foster care program for medically fragile children, said keeping up with both ACS and her agency’s documentation requirements had been daunting because her agency uses its own measurements and terminology and her workers have to spend time translating their notes into language that is intelligible to ACS. She explained:

Besides being audited by ACS, we also have fidelity reviews by the developer of the model. And [name of the agency] has its own documentation too. It’s a lot of work and it’s been a hard match with ACS. And I think part of that has to do with that its additional requirements, additional paperwork that workers have to do.

Nancy’s main concern was the detrimental impact the additional workload had on her workers. She commented, “My staff was not resistant to it, but there’s a lot of frustration in terms of, I say, worshipping two gods.” Nancy believed that ACS didn’t understand the basic parameters of the FC model. Consequently, when her program got audited, ACS was expecting to see documents or interventions that were not included in the FC model. Nancy concluded, “social workers have put so much work into the [FC] model. They love the model. They love the work with the clients, the problem is matching it [the documentation] with the ACS requirements.”

The agencies that adopted Solution Based Casework (SBC) had a similar experience. The model required a great deal of documentation that workers consistently said was taking them away from spending time with families. Nelly, age 47 and a prevention supervisor, said that her workers “are doing the work very well, but they don’t like the documentation, the paperwork.” “They feel it bogs them down the whole day,” she explained. “What they would rather do is just work with families.” Nelly often heard her workers saying: “This is too much! They’re asking

too much! Too much paperwork, too much documentation.” The overall effect at her agency and others was that while it was important to keep good records, documentation was both a strain to workers and an impediment to their work, cutting into the time they could spend having meaningful interactions with families which didn’t fit into the framework of documentation.

### **Standardization and Routinization**

As child welfare agencies transitioned to managerialism, the culture of corporate expectations took hold in the form of uniform deadlines, goals and electronic case records, which ACS administrators could call up on their screens at any time. The standardization and routinization of work became the norm for workers and supervisors using Connections, a comprehensive web-based system that serves as a case file with built-in calendar events and deadlines. The system promotes uniformity and standardization across child welfare agencies, regulating the work process, setting timelines and ordering tasks, without room for modifying or customizing the process for agencies who operated differently or for children and families with different needs. Connections made it so that terminology and work patterns that were similar and consistent across the board.

In addition to adapting to standardized formats and routines, workers became accustomed to the industry’s increased expectations that they would produce measurable outcomes in lockstep with ACS’s articulated goals. ACS expected them to adhere to a schedule of repetitive, routinized tasks, which was a seismic shift for employees who had been focused more on families and less on the consistency of their day-to-day routines.

From the vantage point of supervisors this change had both positive and negative effects on service delivery. Some supervisors in this study felt that standardization brought clarity in terms of expectations. Lola, age 40, medical director at one of the participating agencies,

indicated that “the measures are presented and they’re the same for everyone, so that I guess that everyone’s getting measured in the same way.” She explained that it is important that workers articulate their goals for children and they understand the agency’s expectations. In addition, she said, it’s important that they’re aware of the ways in which they are going to be held accountable. She hesitantly added:

They all have...see because when you work with social workers, it’s a field where there isn’t a history of a lot of measurement. So that... I think when you... when you use the measures, I guess everyone at least knows what their responsibilities are.

Lola felt the standardization added clarity and precision to the work, and that helped workers provide a steady level of care.

Once agencies began implementing practice models, standardization took hold, which some subjects in this study saw as beneficial to the bottom line. For example, Nelly, age 47, a preventive supervisor observed, “I think it also helps all the workers to sort of work in, like, the same manner.” She completed her statement by saying:

Because we were all trained in the same model, we all follow the same format, so I think the style in our work is, like more standardized, So, I mean I think it’s really been well received and I think we’re seeing positive results.

However, some supervisors had a critical take on how standardization had changed their work practice, they thought it had weakened workers’ professional autonomy. Supervisors had to enforce standardization rather than promoting innovative approaches and responses when addressing the needs of children and families. Nancy, age 46 and a foster care supervisor for medically fragile children, observed, “So, I think some of the social workers get frustrated in terms of just being asked to get things done instead of...” She shrugged and sighed grasping for

how to finish the thought. Nancy felt this new way of working left no room for discretion, and social workers were not using their professional skills to assess the needs of the family.

One of the most fervent and critical interviewees in this study was afraid that the managerial reforms in social work could interfere with her professional autonomy. Lupe, who was a prevention supervisor with 15 years of experience in child welfare, expressed frustration with funding cuts and the introduction of time-limited interventions that standardized practice and removed her staff's ability to exercise professional discretion. She said the ACS requirements--like data-entry and routine phone checks with other providers---left less time for workers to accomplish anything else with the children and families. She further reflected on the funding implications and the new way of doing social work, explaining:

They can do the same thing and destroy that work by making people, trying to regiment so much, trying to manualize everything so much that, and then, of course reducing the pay that ... reimbursement rates... so that now people are just going in there like robots and they think all they have to do is, ask questions in a checklist, but they have to do it in 30 minutes because they have to, you know, do this note and that note and then...there's no opportunity for the real work. It robs you!

Lupe was also concerned with the detrimental impact standardization had on workers who were trying to build relationships with children and families. She explained that as a supervisor her focus should be on the progress of the families. However, supervising under the new program left her little to focus on the clinical work, because there were always minute and mechanical questions for which ACS needed answers. She said that in supervision, she is always asking, "Did you do this? Did you do that?" rather than really having meaningful supervisory sessions

like she had had in years prior, where she had time to get into how the workers were addressing problems and time to strategize other possible interventions that might help.

One real danger Lupe identified was that without built-in time for workers to gain children's trust, the children might not disclose imminent dangers they were facing:

If all of these standards that have been developed focus around concrete things and there are no standards surrounding content issues and, I don't know, relationship-based work, what the hell is abuse and neglect about if it's not relationship-based issues? That's what it's about!

Lupe understood there were merits to the new forms of practice, but she blamed standardization for removing vital opportunities for her workers to connect and make progress with children and families.

### **Routinization**

The implementation of Improved Outcomes for Children (IOC) brought new managerial strategies to social workers that mirror the principles of the New Public Management, including simplification and redefinition of the casework practice. The overarching idea is that the social work universe becomes an assembly line, with each sub-group handling lean work that's specific to their clientele. Lean work narrows the workload and routinizes social work practice, setting micro-goals that are easily achievable and quantifiable. Like assembly-line work in factories, this paradigm creates an intrinsic sense for workers that they have lost of control of their own work. There is no longer room for professional judgement and discretion that are fundamental to social work (Fabricant, 1985).

This approach is known as Taylorism or scientific management (Gruber, 1974), wherein a workplace specifies in minute detail the labor that is expected to be completed, the manner it is

expected to be done, the time permitted to complete it, as well as which employees are expected to carry out each of the tasks. Whether or not agencies intentionally set out to mimic this assembly-line structure, Taylorism is broadly evident in agencies that introduced practice models to increase efficiency and shorten the length of time services are provided. Family Connections (FC), for example, includes a computer package intended to increase the pace and volume of work and ultimately reduce the length of time it takes to provide services to families with the goal of speeding up program utilization. Family Connections software limits the amount of time a case can remain open -- three to four months -- which Nancy, age 46 and a foster care supervisor, likened to a timed race. She said workers have 24 hours to open a case: "From the moment we meet the family, the clock starts ticking."

Family Connections sets time limits and puts the onus on clients to assess the challenges in their own lives and make changes. Child welfare workers used to spend days completing an assessment and writing a service plan for the children and families in their caseloads, but with Family Connections, that is no longer the case. Selma, age 51 and a prevention supervisor, explained that Family Connections is a tailored intervention where families must assess themselves and complete an initial assessment that workers used to do for them. Selma saw the process as empowering. She explained, "It's important for [family members] to identify their own strengths, so they can work from that perspective." Nancy, who was watching the clock tick for her families, agreed that FC helped focus the short time families had in the program by giving them a choice about which issues, among a array of challenges they faced, to address in the time allotted. She said: "The clients are in the driver's seat with this program." But Nancy also acknowledged that this format was depriving social workers of the opportunity to use their clinical experience and skill to finesse the cases and provide more holistic service to families.

Once workers give in to taking directions from an automated program, the next thing they have to contend with is what happens when the computer is not satisfied that they met their automated deadlines in a timely fashion. The use of FC's computer-guided intervention reminds workers of pre-set time limits and the appropriate pace for completing tasks. For example, Selma explained, in order to generate outcomes, FC requires that tasks be done in a specific order and in accordance with a pre-set timeline. It does not allow workers to complete tasks out of this order. It makes matters worse, Selma added, because workers can't do work that needs to get done when logic dictates they should do it unless the program says the timing and sequence is acceptable. She explained that some of the forms, like the family assessment, tripped people up and prevented them from moving forward with services:

It gets so convoluted that if your paperwork is not on time, it's hard to mesh that with your intervention... When you haven't written up your report, it gets crazy, because you're not sure where you're at [in the intervention]. So it has to be that the paperwork is being documented, is being done on time. If not, it impedes progress.

In the most basic ways, she observed, these mechanized interventions eliminate workers' ability to use their minds and hearts to address human needs that are readily apparent.

Another area where routinization has taken hold is through Solution Based Work (SBC), a partnership approach that targets high-risk behaviors. Under this model, caseworkers and caretakers discuss the family dynamics until they reach consensus about issues they want to address and jointly they hammer out a plan for achieving and maintaining child safety. The plan they jointly formulate is the Family Level Outcome (FLO), which includes specific tasks the family agrees to complete en route to the larger goal. FLO operates like an automobile assembly-line in the sense that is it designed for the family members to do the actual labor, increasing its

speed and efficiency by dividing up goals and tasks into small steps, while the social worker stands behind, keeping the family on task. The supervisor is overlooking the factory output levels for the whole operation, and giving feedback to child welfare workers about families that are slipping behind on their tasks and may need to be transferred to another facility that can help them with the issues they are ready and able to address.

Marcy, age 47, with 25 years of experience in child welfare and 14 as a prevention supervisor, said SBC does not allow for the metaphorical factory to get off task. She explained, “[It] forces us to focus on like very specific outcomes that we have to keep bringing them back every time.”

When asked to elaborate, she offered a fictional case of a family that was referred to services because the children were always late to school. She mentioned that using SBC format, they would make a plan for the family using the “Who? What? Why?” format. The worker just plugs in the blanks. The make believe Smith family (Who?) will use their “back to school” plan (What?), to make sure that children were safe and going to school on time every day (Why?). If the Smith family got off task and began focusing on another family concern, for example, the fact that their public assistance was suspended, the worker’s job was not to help with that issue, but to make the Who? What? Why? plan stay on track in terms of deadlines and goals. There is no wiggle room.

These cultural change brought by routinization often is common topic of discussion among child welfare workers, who express their concern that while it used to like they were on a unique path toward progress with each families, the work now felt like a treadmill with a preset speed they couldn’t adjust. Workers and supervisors alike spoke openly and often about the harsh effects of that standardization and routinization had on their work. While the new system

provide an easier and faster way for supervisors to monitor social workers, they still idealized the kind of work and relationships among staff, and between staff and families that used to be the norm in social work. Marcy reflected on this:

Workers, you know, are capable of knowing what families need and...we're just driven now by ACS. And yes, they fund us, so we have to do it. But, we're driven by how they think we should be working...I think [the model] takes away some of the, creativity and the, the...the kind of like, individual [experience] and independence.

In addition, Marcy noted that SBC removed the discretionary decision-making power of social workers, which altered the content of daily work, shortening the variety and length of services her agency provided to children and families.

Overall, study participants felt standardization and routinization added an uncomfortable layer to their interactions, but they understood that that mechanized presence had become a fixture in their daily work. It was not going away and they had to get used to it.

### **De-skilling of the Workforce**

One clear rationale for switching to Taylorism or lean work is that agencies don't have the funding to provide a broader and more comprehensive array of services to families. The theory is that agencies can get small tasks accomplished with minimal funding with the use of a practice framework that inexperienced workers can follow over and over again. Newly hired workers can fill vacancies without much of a glitch for service delivery.

Along with NPM, child welfare shifted from a universe staffed by people with masters degrees in social work and licenses in clinical social work to one where this level preparation and field experience was no longer required for the job (Meezan & McBeath, 2011). Before performance-based funding was implemented, and funding was not an issue, agencies hired

masters in social work to work with children and families. ACS required workers to have at least a bachelor's degree, but it could be a bachelor's in any subject and previous fieldwork was not a prerequisite. A new employee, who, for example, might have a degree in biology and job experience in retail, would nonetheless be expected to perform the duties of a social worker. By definition ACS was backing the de-skilling of social work, making it accessible to a larger swath of potential candidates. For this paradigm to work, social work itself had to be simplified and boiled down to very basic tasks.

When vacancies occur, supervisors felt extreme pressure to hire replacements to keep up with ACS requirements so their agencies could avoid a break in services to families. Margie, age 33, and a foster care supervisor, said hiring was often a matter of making compromises: "I mean, I have seen times that the agency hire[s] people with [an] accounting degree! No type of child welfare background. So, you know? Agencies become desperate because they need people to do the work, to do the visits, right?"

Supervisors in this study said that it was not uncommon for their agencies to hire college graduates with little or no experience who were expected to perform the duties of social workers from the minute they walked in the door. Lola, age 40 and medical director at a foster care agency, observed that new workers were given responsibilities that were beyond their level of experience and that hindered their ability to keep up with the related paperwork.

I would say that for the most part the workers that we have are young college grads... In many cases this is their first work experience. And I think it is difficult for them to balance field work with administrative demands.

Reflecting on expectations for new workers, Lola commented:

So, these are like, twenty something year olds who are going on visits, visiting foster homes, visiting birth homes, supervising visits. But then, they also need to be accountable for all the paperwork and they have to go to court!

By the time a worker returns from a home visit, a whole new set of skills are required to make notes, assuming they knew what to look for when they visited and the impact those details may have on the bigger picture in terms of overall safety. For example, did they notice window guards? Was there food in the refrigerator? Did the apartment have a smoke alarm? Were there cockroaches or pet feces? Did the children have their own beds? Did the doors have working locks? And, perhaps more importantly, which of these flagged problems was more pressing for the young hire to address or bring up with supervisors?

Bridging the learning gap was more intuitive for supervisors who came up through the ranks themselves. Toby, age 47, said her own experience as a foster care worker helped her understand what entering the child welfare universe was like for inexperienced workers. Those memories motivated her to provide comprehensive support and help workers aspire toward providing not just perfunctory visits but meaningful support for families. She explained:

I believe that a good supervisor is a supervisor who has had the opportunity to be caseworker, who has had the opportunity to do direct, hands-on work. A supervisor who has, you know, progress[ed] to that level, to me, is a good supervisor because they've been there, they've experienced it, they know what it takes to do the home visits, they know what it takes to go to court, they know what it takes...hands-on, what it takes, what the workers are experiencing.

She talked about seeing new workers cope with the fear, confusion, uncertainty of having a child's life path and day-to-day safety in their hands and offering them guidance and grounding.

Others in this study, felt the compromise that child welfare agencies were making by hiring people who weren't ready for the work was having a profound effect on families, and ultimately it would damage the field of social work. Lupe, age 44 and a prevention supervisor said, "The way that IOC pushes you...ignores some really important ethical issues and social work clinical good practice issues." Lupe felt the practice of managerialism and the implementation of IOC had had a serious impact on the social work workforce:

There are a lot of other people who aren't as exposed to what good work really looks like and they may not question that...They may end-up being instruments of social control rather than people who can really work collaboratively with families, to try to troubleshoot and find better ways to relate, that create, that reduce the risk of abuse and neglect and create better connections and attachment and, you know? Things that will really get to the meat of the problems. You know, they are steered away from that.

Because of this focus. Absolutely!

Lupe saw that new workers were not becoming part of the social work fabric that her generation had understood intuitively. She had come to the realization that child welfare under this new framework was no longer in line with social work ethics and social work values, and that was the child welfare world that new workers were entering.

As standardization of practice took hold across child welfare, agencies began to restructure service delivery with the aim of reducing the complexity of the job and making it possible for people with fewer qualifications to adequately perform required tasks. One participant in this study said based on recent hiring at her agency, these lowered expectations had become the norm. Marcy, age 47 and a prevention supervisor, said her agency had been hiring college graduates because they could no longer afford social workers. She explained:

I think we've hired people with less experience in some ways because we want to mold them. So I think the work is considered in some ways less clinical. I mean, not really, but what's more important, it seems, is hiring people with good organizational skills... [who are] able to manage big caseloads and pay attention to numbers and be organized.

She said new workers needed to understand the basic elements of the practice model, and they were ready to work independently, completing a narrower field of tasks.

### **Outsourcing Services**

Another consequence of IOC and the managerial reform is that child welfare workers are no longer expected to provide comprehensive services mandated by ACS, but rather their job is to identify risk and safety and make necessary referrals to specialized services such as mental health, substance abuse, domestic violence. Outsourcing, in this case, is the commonly used practice whereby caseworkers refer families to get services from other providers that their agencies do not or no longer provide.

For example, Selma, age 51, a preventive supervisor, explained that due to the short-term interventions typically offered by her program, they can not provide some of the services needed, "So when it comes to counseling and domestic violence, we refer to (name of agency). They are excellent!"

Likewise, Toby, age 47 and a foster care supervisor, stated that her agency has partnerships with outside providers, and she considered outsourcing essential:

Absolutely! I would have to say yes because, there were a lot of services not planned, not provided at the agency where we were dealing with a lot of outside providers in order to make sure the services goals were being met for our families.

Her program focused its efforts on reunification and adoption paperwork for children but caseworkers had to make referrals for mental health or substance abuse interventions for parents.

Agencies often make it a priority to partner with providers based in the community where a family lives, and making these connections usually falls to supervisors. For example, Sandy, age 60, a foster care supervisor, stated that in her agency, “We do outside services to accommodate the location where the children are in their foster homes.” She said she made every effort to match children to foster homes in their local communities and then needed to find service providers in that community to provide them medical and mental health care because her agency did not provide them.

Another reason child welfare agencies use outsourcing is their staff lacks the training and resources to provide some needed services. Inexperienced caseworkers are not equipped to help with the complexities that some families present. As a result, caseworkers refer families to other service providers. This pattern of referrals by agencies that are unequipped to really help families, has a profound impact on families trying to cope with a crisis. Lupe, age 44, with 13 years of experience as a prevention supervisor, was clearly upset when talking about workers’ inability to provide additional services to families, she noted, “Like you’re dealing with families who have really serious stuff and they kept getting pushed and passed around to the next case management agency that just kind of refers them out, refers them out and refers them out.” She said her agency often had to rely on other specialized agencies to get families through a difficult period, and she had no way of verifying that they were attending or if they did, that the personnel at the other agency was doing what they could to fill in gaps their staff couldn’t cover.

## **Training**

Under the performance management model, ACS made it the official top priority to create a culture of support and professional development for ACS and provider agencies staff. Trainings offered since in 2012 included one on identifying and reporting child abuse and maltreatment and one on assessing safety and providing appropriate crisis management. ACS also taught basic skill development courses at beginning and advanced levels with the aim of supporting child and family safety and permanency.

Toby, age 47, foster care supervisor, said at her agency trainings felt like they were happening all the time: “We’re always in trainings. Pretty much three or four times a month. Pretty much most of them are mandated so you have to go to these trainings.” She said they were beneficial, even though they took up a great deal of time.

Maddy, age 45 and a foster care supervisor, regarded formal trainings as very helpful and necessary, not only to improve job performance, but also to attain a feeling of achievement. She mentioned, “And so they need the training, the trainings very important. So they need the training, of course, because it helps them, you know with the work that they need to do.” She said one of her newly hired workers had just completed the Core Training at ACS, and “it was extremely helpful for her.”

However, with staff levels and turnover, workers rarely have time in their schedules to attend any of these trainings. At most agencies, the work of training and filling in gaps fell to supervisors, which agencies had built into their practice. The time it took for a new worker to transition into fieldwork varied from agency to agency, but the bottom line, according to supervisors, was agencies expected new hires to absorb social work values and ethics on the fly. While workers get up to speed, the burden of helping them weighs heavily on supervisors,

especially when caseworkers have minimal educational grounding or experience tackling the daunting daily tasks of child welfare. Supervisors said it required an enormous effort to create a culture of trust between themselves and their new-hires before they got to the essential lesson: teaching them how essential consistency and accountability are to the agency and child welfare.

Margie, age 33 and a foster care supervisor, explained:

I mean, in my unit since I have been supervising at (name of the agency), my agency has hired maybe about two, three case planners that have no experience, totally green. ...

They have degrees in psychology, but then I have another case planner who was hired with a degree in mental health and she has her masters, so there's a mixture. And they leave it up to the supervisors, they're the leaders in the agency to make it happen, to train them.

In addition to providing basic preparation, supervisors like Margie must assess the learning gaps for each new employee based on the particular holes in their training and find time to provide specific training each worker lacks.

Supervisors use themselves as role models for new staff, demonstrating on the job, directly with families, how workers should monitor and document activities in cases, including how to carry out safety assessments, home visits, court reports and court appearances. As

Maddy, age 45 and a foster care supervisor, noted:

One of the workers that started in June, she doesn't have any child welfare experience.

So, she's been kind of shadowing me. So now I'm kind of pushing her out there, and she's done a court hearing on her own.

Maddy noted that new workers' attitudes about learning made it worth her while to put in the effort to help them catch up with their peers: "I have two new workers who are not experienced

in child welfare. [They] have some experience with support services in a different sector, and we hired them based on their...their willingness to learn and their tenacity.” She hoped that after a few months, she could spend less time walking them through the basics and they would be able to do the work on their own.

While training is an essential element in the NPM learning environment, supervisors said they and the workers they supervise struggle to find the time to attend trainings. Sol, age 42 and a foster care supervisor, shared that in her agency, “They do have the trainings, they’ve implemented something called “(Name of Agency) University” where they have a variety of trainings for all staff, yet her workers are not taking advantage of it:

But at the same time I don’t think that they make (pause) time. You know, foster care caseworkers, where do they find extra time? So the training is there, but they haven’t quite figured out how to have the workers go and get the training, and when they come back not be backed up so much in their work. So, how do you...? So what good is this whole training university if the people who need it really can’t go?

She said a very small percentage of her workers find time to attend the trainings. She felt the trainings truly were important, but the workers couldn’t risk missing the time away. The priority was to stay on top of their workload.

Supervisors in this study were concerned by the amount of time training took from their daily duties, sometimes, to such an extent that it made more sense to skip them. One supervisor stated that because of their heavy workloads, she and her workers find it more beneficial to use their time in completing all their job responsibilities than spending the day in training. Sandy, age 60, foster care supervisor with over 18 years of experience in child welfare, revealed that unless they were mandatory or exceedingly necessary, her workers do not go to trainings.

Instead, she trained them individually as part of her supervision. Sandy justified her preference, explaining:

We have training calendars, monthly training calendars that come out for different services that should be assisting the staff, however, sometimes it's kind of hard to get the staff to go and buy-in with them because of the workload that they have, you know? ... So you basically have to say that it's mandatory in order for you get the response that you need, because if you only say that we are having this training, people generally don't go, you know? Because they have court reports and court hearings and FASPs and progress notes with the deadlines, and they really don't want to take time to go outside... meetings and so. Unless it is absolutely necessary.

She said she had built in targeted training to address each worker's shortcomings rather than asking them repeatedly to attend generic trainings.

Even when workers did attend trainings, it didn't necessarily follow that mentors and supervisors made any effort to help them transfer or integrate what the workers had learned into their practice. Lulu, age 36 and a supervisor in foster care, stated that although they are mandated to participate in trainings, sometimes training does not translate into practice, "We've had many trainings... to help the supervisors and the workers understand... the program and how to do the job ... but that doesn't mean they do it." She said workers came back from trainings and snapped back into old habits and their own frameworks without missing a beat.

Supervisors indicated that amid heavy workloads, time pressures, competing goals, and mounting responsibilities, it was an additional strain for caseworkers to adhere to the practice guidelines from their trainings. Lupe, age 44, a prevention supervisor described the dilemma, "Yes, workers go to training, come back, put the stuff in the drawer and sit down in the computer

and say: ‘Oh my God, I have so much work!’” She said workers rarely took what they had learned and applied it to their daily practice.

### **Quality of Services**

Another consequence of managerial reform is that even though agencies offered fewer services, the quality of the services they provide has somewhat diminished. The focus of child welfare workers used to be promoting the wellbeing of children and families. But with the new policies, workers became increasingly focused on identifying risk factors. Marcy, age 47 with over 25 years of experience as a prevention supervisor, said perpetually identifying risks that ACS mandated was frustrating because it prevented workers from addressing the risks that were present but not on the ACS list. For example, she explained that if there is a baby in the family where a teenager was the identified client, workers needed to assess the baby’s safety twice a month:

Workers are spending hours complying with ACS, like going to see an infant, you know? Just to make sure the infant is safe, when there was never any ACS report--no reason to believe that the baby, the little baby brother is not fine--when we could be seeing families and doing more family counseling.

Workers were discouraged from focusing on what they could observe as the client’s needs because they had to do what ACS in its generic requirements had identified as the priorities.

Similarly, Nelly, age 47, a prevention supervisor with 15 years of experience, also made a point in recognizing that when families needed multiple interventions, such as help finding housing or public assistance, her workers became frustrated because those needs did not fall under the rubric of safety concerns. As a result, workers did not have time to address these needs with the families. She explained, “We can still refer them to where they need to go for PA

[Public Assistance] or housing, but our main goal is to make sure that the safety risk factors that brought the family to us have been eliminated.” Selma, 51 and a prevention supervisor at another agency, had a similar experience. Despite the fact that families needed domestic violence counseling and anger management classes, her workers were only able to provide superficial services “Yeah, just giving them what they, what they feel they need in order to reduce risk.” In other words, if family members denied they needed domestic violence counseling, they didn’t get it. Instead, the assigned worker would focus on school attendance, for example, which was the officially identified problem.

The quality of services has diminished, participants said, as a direct result of other routine tasks that had to occur at regular intervals. For example, the paper and computer-based assessments, family team conferences, and excessive documentation interfered with the traditional approach of working holistically with children and families. Lisa, age 50, with over 20 years of experience in child welfare, stated, “Well, I am from the old school. I think when we had less of these changes, when we had less of the FTCs [Family Team Conferences], we really had the time to work with families.” Lisa reported that her caseworkers often felt overwhelmed with all their responsibilities, which left them little or no time to work directly with the children and families in their caseloads. Lisa said she longed for her workers to have quality face time that she considered fundamental to social work and wished they weren’t bogged down fulfilling requirements she thought were not vital.

In addition to narrowing the field of services an agency provides, another element of NPM’s framework is limiting the timeframes. Participants said these tighter timelines also made for less intensive relationships with children and families. Under IOC, prevention programs provide services to families for up to 12 months. As Selma, age 51, a prevention supervisor with

seven years of experience in her position remarked, “So it makes it like, really challenging! It’s a rapid-fire social work. It’s, you always have to be on your toes. You always... There’s always a lot of running around to do, a lot of crisis intervention.” Selma recalled in previous positions, she had been able to slow down and give families a chance to share less critical concerns--for example their interest in developing a job skill--that she would have been able to address in years past to improve the quality of their lives. But if they weren’t “mission critical” concerns that the family had specifically identified for their short months of service, they went by the wayside.

Strict timeframes have severe consequences within foster care, where the push toward efficiency has a palpable effect on the quality of services workers are able to provide for children. The federal government mandates that children must reach permanency within 24 months of placement, meaning that children either return to a parent, enter an independent living situation or become freed for adoption. With these deadlines in mind, ACS requires that agencies file a Termination of Parental Rights (TPR) when a child has been abandoned for six months, or has been in foster care placement 15 to 22 months with minimal parent engagement. Sandy, age 60 and a foster care supervisor, worried that parents were not given enough time to work out their complex problems. She said in her agency, “We try to work within the six-month period that we have between conferences and FASPs as they are due in six-month intervals. We try to get as much done within that timeframe, so we don’t have to TPR the parents.”

Sandy said the ACS deadlines and benchmarks made it difficult for workers to have the level of contact they felt they needed because they felt extremely pressured to do the job, and that meant they could not spend quality time with the children and families. Sandy explained that “it pushes the worker to shoot for quantity [of visits] not for quality because they are so busy trying to meet the deadlines, that they are not giving quality work...because if you are rushed to

do something you are not going to work as good as if you had leisure time to get the job done, so I think the quality is not good.” It was clear to Sandy that workers were not technically doing anything wrong--at least according to the mandates--even though it felt like they were failing to connect with children on the level they hoped they could.

These built-in time constraints were a common concern among participants in this study. When talking about the quality of services for children in foster care, Lisa, age 50, a supervisor who has been working in foster care for 20 years, explained, “I think all is so regimented, and so constraint, so limiting in terms of the time you can work with the families.” Lisa added, “Now with all these reports, they do have less face time. I mean it’s really sad because the children do suffer.” During her interview, Lisa concluded by reflecting on the effect new mandates have on real people:

It’s just a lot of requirements and a lot of performance. And, the bottom line is the clients suffer with whatever changes that are put into place. So there are too many increases of things that need to be done...And, it takes away from the client [it cuts] into the help they receive.

The bottom line was that families were suffering as a direct result of workers being so wrapped up with meeting deadlines and filling out forms that had little impact on the family’s well being.

In the meantime, families were facing real crises and in some cases, they were literally asking for help. Sol, age 42, a foster care supervisor, explained that her workers felt preoccupied and pressured to complete their documentation and were not providing obvious services that it was readily apparent the families needed. She provided an example, explaining when a worker is supervising a parent-child visit, it would be an ideal opportunity to coach a young parent, provide feedback on child behavior and strengthen the individual’s parenting skills. Instead,

workers are either completing progress notes during the visit or waiting for the visit to end--with their mind elsewhere--so they can get back to their desks and do whatever work is looming. She said:

They're not really giving that quality time to the families. They are not getting it.

Because it's such a press, and they don't want to deal with... They don't take that time, that quality time to deal with a parent. They just want it to be over.

She said giving that feedback to workers seemed futile, although she told them repeatedly how they should be spending their time. But Sol didn't foresee that sort of distracted behavior abating as long as the workload did not let up.

In a similar moment of reflection, Lola, age 40 and medical director, commented on how managerialism has altered the quality of services to children. In her position, she is very involved in filling out all the children's adoption forms. She said when she attends meetings with ACS or upper management, the aim people focus on is always the same:

All I hear is 'the goal is to get the child out of foster care.' And it seems to me that they're not really thinking about whether... how this discharge from foster care is going to be long term. Is it the best fit for the child and the family? It seems like they're just kind of wanting to get the child out of foster care by any means!

When reflecting on this regulation and the hundreds of adoptions she has worked on, she said, "You're not going to really capture how, how the adoption benefits the patient because I can't quantify it. But I know that there's been many cases...like a foster parent wouldn't be the best adoptive parent." Regardless, she said, the mandate pushes workers to make these placements permanent.

Lola said that some of the foster parents in her agency are willing to adopt, but they do not end up raising the children themselves. In extreme cases, it's almost like an adoption pipeline wherein kids are sent out of the U.S. to be raised by friends or relatives, while the adoptive family keeps the adoption stipend. She explained, "We have a lot of foster parents that are from the Dominican Republic, but you can replace any country with that, who adopted kids and then sent them to D.R. So, that to me isn't ideal."

Lola also felt conflicted about elderly foster parents who have adopted toddlers or young children. She worried what would happen to those children when the adoptive parents became incapacitated or died. She said, "Sometimes we have adoptions where the foster parent is very elderly, and that foster family hasn't really embraced the adoption...Do they view this child as part of the family? Or is he going to feel, you know, again abandoned?" Nevertheless, Lola understood the importance of ACS requirements and the overarching goal of decreasing the number of children in foster care and finding permanent homes for children. It was the reality of seeing how those generic child welfare goals played out in the lives of children that she found upsetting. In many cases, she said, the goals got in the way of assisting children make lasting and meaningful connections with people who would be there for them for years to come.

## **CHAPTER VI: FINDINGS IN THE RESPONSE OF WORKERS**

As child welfare agencies confront a tight funding environment and a competitive field, workers' daily tasks are dictated by standardized forms and computerized assessments. Workers jobs involve more case management than service provision, and everyone above them in the pecking order expects that child welfare workers will find effective ways to engage children and families, link them with services, and monitor their progress. However, building a social work practice on a narrowly defined set of practice models and interventions runs the risk of demoralizing the very professional integrity social work supports and promotes. The use of practice models and interventions requires that agencies become more efficient in their intervention, which has resulted in burnout and high turnover among workers. A high turnover rate hinders a supervisor's ability to ensure successful outcome measures for children and families. Workers were often resistant to incorporating the interventions into their daily practice. Although reforms were necessary, both workers and supervisors, in some cases, did not translate the new policies into new, intended work practice. Across the interviews, three common themes emerged regarding the workers' response to managerialism, namely, (a) burnout and morale, (b) turnover and, (c) resistance to change.

### **Burnout and Morale**

The vast majority of child welfare workers enter the field with a strong commitment to helping children and families (Lipsky, 2010). By many accounts, workers felt demoralized and their morale diminished as a result of the excessive documentation and paperwork, computer time, and top-down management control required by managerialist policies. Burnout can be defined as a combination of emotional exhaustion, depersonalization, and reduced personal

accomplishment (Maslach & Jackson, 1986, cited by Kim, 2011), which bore out in subject interviews.

Working with child abuse and neglect cases can be emotionally draining for child welfare workers. Lisa, age 50, is a supervisor for a therapeutic foster care program, which provides specialized foster care and therapeutic services to children with emotional and behavioral problems. While some of the children in her caseload had developmental disabilities, others came from chronic poverty and were suffering the repercussions of homelessness, severe abuse and neglect, or some combination of traumas. She pointed to burnout as the main reason why her workers had left their jobs “because the workers burn out--two, three years and they move on to something else,” she said. Lisa recognized that her staff worked with the most difficult cases and very often they needed to make decisions within the 15 to 22 months of placement. These decisions would determine the life course for children and families, and making tough decisions, such as terminating parental rights, made them emotionally exhausted because they often felt they had failed families and children.

Workers usually had high expectations about the rewards of their jobs, and they felt frustrated and detached when they didn't meet their own expectations of feeling fulfilled by their work. This resulted in feelings of burnout. Workers felt they had lower levels of accomplishment than they anticipated going into the field of social work. Lupe, age 44, a supervisor with over 13 years of experience as a supervisor in foster care and preventive programs, reflected how her workers initially looked forward to establishing a relationship with children and families in their caseloads. However, she felt that soon after this anticipatory period, her workers became disappointed by all the other demands. She said:

You have people who are really interested in, like, the relationship-based work and have some skills to do it, but they feel like they don't have time to do it anymore with all this other stuff. And so they get frustrated and they say, 'Forget this. I'm not going to do this work anymore. This is too stressful. I feel like I'm not making a difference.'

Lupe felt that her workers' expectation of helping and supporting families was meaningful and important to their work. And, she found it concerning that her workers no longer had positive feelings about their jobs. She was afraid workers who were dedicated to the field would burn out and lose interest in their work.

The intense changes described in prior chapters has increased workers' stress and lowered their morale. Burnout and low morale can lead to employee turnover. Participants in this study agreed that a significant aspect of their job is motivating and encouraging caseworkers and to affirming their performance. This usually takes the form of verbal praise, to individuals or to a group, that the thoughtful interventions workers are having has a huge impact on children and families. Nancy, age 46 and a supervisor in a medical foster care program, explained that he children in her program suffer from multiple chronic medical disabilities and need constant and comprehensive medical attention. Nancy said her social workers are extremely dedicated and she makes a special effort to be present and available for quality supervision. "I've had to be the middle person, to sort of, keep morale up because I think there's been times where the morale has not been good. And, you know, one worker has expressed that he's been looking for another job." Nancy recognized that burnout and low morale could take a significant toll on workers' performance and increase turnover. Similarly, Ginny, age 38 and a program director, attributed burnout and low morale to the amount of work and the lack of resources not only at her agency, but citywide. She explained: "It's a lot of burnout. A lot of doing a lot with less. A lot of people

just no longer motivated.” Ginny further explained that in order to have a good program, her main responsibility “is to motivate folks because we have to be able to provide a good service delivery. So, I need them motivated. You know, it’s just a lot going on in the world that’s taking a toll on people.”

Other supervisors also spoke about the importance of addressing burnout and low morale. They said reminding workers about the positive work they do, encouraged and motivated them to continue. Marcy, age 47, a preventive supervisor with over 25 years of experience in the same agency, usually reminded her workers that their agency is considered one of the best in New York City and that *they* are part of it, “I think that’s good for staff morale--to know that we must be doing something right, even if we get a lot of feedback saying nothing’s good enough.”

Selma, age 51 and a supervisor working in a similar climate, talked about her workers’ lack of enthusiasm and notably diminishing positive outlook. She said that sometimes she finds them “so discouraged.” “I always have to talk to them about how it’s really positive and it’s helping you develop yourself as a case planner and you stay focused on what it is you need to do...and there’s a lot of good stuff coming from it.” She said that giving this feedback was a vital part of retaining social workers and keeping them interested and invested in their work.

One effective approach for supervisors to motivate social workers is reframing the small accomplishments workers have in the course of each day as meaningful and important steps toward a goal. Sol, age 42, a foster care supervisor focuses on her workers achievement of small goals. She explained that she constantly praised her caseworkers when they completed significant tasks. For example, a central responsibility for foster care workers is to file documentation for Termination of Parental Rights (TPR) in order to free children for adoption. She described the process of terminating parental rights as a very time-consuming requirement

because of the amount of paperwork involved. She said the way she discusses the completion of this cumbersome task helps the workers understand how a TPR fits into the big picture of case management. She said:

The good thing is, I think, that the workers see some relief once they've completed that TPR package. Once they see that the case is actually going to the next step. As small a step as it may be, I think that...like, I hear that, "OK, at least that's done." You know, it kind of takes the case into the next phase. So I get a lot of that.

It may be minimal in scope, but she said her reframing has the effect of keeping workers on task and somewhat positive about the work ahead.

To reassure their sense of accomplishment, Lulu, age 36, also a foster care supervisor, indicated that when her caseworkers feel stalled and overwhelmed, she offers support and helps them to prioritize. She said:

When they have so much to do and they come to me and they're like, 'I don't even know where to start!'... I try to help them... You know? 'What are the things you have on your plate right now?' Let's do what's [a] priority and then trickle it down.

Lulu said she believes in order to retain her workers, her role as a supervisor is to provide crucial support especially when turnover in foster care is so high. She sees it as an ongoing preventative task that is essential to her agency's survival. Her pep talks, if she keeps delivering them as needed, help maintain morale and retain an experienced staff of social workers.

However, Ginny, at another agency, recognized that it did not matter how much support and motivation she offered. Sometimes, this approach does not work well. She stated that although new workers are difficult to find, many times it is for the best to let workers leave when their enthusiasm for the work abates:

So, we, as directors are trying our best to keep the morale up. We have some people who are dedicated, but we have some that are just saying, 'I'm not gonna take this. I cannot be effective without the proper tools and resources.' And I fully agree and I empathize with that. So I have to let them go.

She said that part of being an effective supervisor is acknowledging workers' integrity and their right to object to how demoralizing the work can be, even if that means letting talented workers leave her program.

### **Turnover Among Child Welfare Workers**

One of the most disturbing and universal realities in child welfare is the high turnover rate among caseworkers. Consequently, supervisors perpetually struggle with turnover and staff retention in meeting the terms laid out by IOC. Participants in this study agreed that within the first one to three years of employment, worker turnover at their agencies was at its highest. They directly attributed the losses to excessive workloads, a lack of basic resources and the failure to provide sufficient support to social workers. Lisa, age 50, a foster care supervisor with 20 years of experience in child welfare, explained that staff attrition was a shame not only for her agency but a loss for the individual workers who left, "Social workers get the experience they need and move to other positions where they can get paid more and do less work." Other participants made the same observations, including Lola, a medical director who works very closely with foster care workers, said she loses about 30% of her workers every year. Selma, a preventive supervisor for the last seven years, reported that lately turnover had been high, "I would say, I've lost 25%."

When discussing staff turnover, Ginny, age 38 with 18 years of experience in child welfare and two years as a program director, said that she believed that turnover at her agency could primarily be attributed to the tremendous range of job requirements and expectations:

In my experience, well I've been with this agency since IOC has started, and every year since I've been here, since 2009, I have been replacing at least two, three staff ... every year. Two, three staff, because either they're terminated or they resign. And it all goes down to the expectations. I mean, it is a lot of work that we expect from the family, from the workers. And, so my staff turnover is very high. Every year I'm going through, I'm getting two, three new staff members.

At the time of this interview, Ginny's program was not fully staffed, and she explained she had taken on some of the responsibilities of the missing workers. For example, the same afternoon she made these remarks, she had a case conference at ACS, and that same evening she had to make a home visit. When we said goodbye, she said: "So [for] this one particular case I'm going to do an unannounced visit because although I don't have staff, children still need to be seen." Performing the duties of missing workers made Ginny physically and emotionally exhausted, and it diminished her capacity to be on task during morning supervision meetings.

Retaining good supervisors is an increasing concern at most child welfare agencies in part due to this attrition. During this study, Margie, age 33 and a foster care supervisor, had been in her current position for almost two years. At the time of her interview, her agency was under extreme scrutiny and was making the daily news because of an incident in which several children experienced a traumatic event at her worksite. She shared that she was thinking about leaving the agency, but she wanted to wait until detectives completed their investigation before making a decision. She said that although the identified case did not involve any of her workers, the

experience of her agency being in the spotlight had been extremely stressful for her because of all the new accountability requirements the agency had put in place as a result of what took place. She stated:

When I came to foster care I thought it was an easy gig, like I could do this, this is a breeze, no big deal. And I was totally like (laughs) I don't know, like it's been a major shock. I am doing it. I'm doing it well. And I'm grateful that I am able to do it well – but it is very, very challenging, and I don't know if I want to do it anymore. I don't know.

Margie said she truly regretted leaving because she thrived on the human interaction, the improved outcomes and being able to guide the work in a leadership role.

For workers who remain on board, large caseloads only grow larger. These larger caseloads impede workers' ability to perform critical case management duties. Across agencies examined in this study, the resulting delay in fulfilling case management interventions compromised children's safety and reduced the likelihood of positive outcomes for families. Participants saw staff turnover as a genuine problem that affected the lives of children and families they worked with. Staff attrition was especially detrimental to children in foster care, who relied on their assigned case managers for ensuring their basic safety, stability, and well-being.

Margie, age 33, who started as a foster care worker and has been a supervisor for two years, stated, "We get a case planner today, and you have... you have a different one tomorrow." Margie also mentioned that the shuffle of new staff, usually raises questions like, "What does it mean to the case? What does it mean to the families? And how does it impact the families?" Margie did not offer any answers.

In the realm of foster care, social worker turnover during key moments for children in was devastating. Worker turnover often had the effect of derailing a child's permanence discharge plan, because new case managers typically lagged a bit in first few months on the job. On the whole, new workers in foster care, spent time familiarizing themselves with the cases and during that transition they got behind on rapidly evolving court timelines. When a new social worker missed a vital deadline it could mean a child lost the opportunity to be reunified with his or her family or missed the window for completing the adoption process. In some instances, children may end up homeless because they age out while a new caseworker is still getting a handle on their needs.

Sandy, age 60, has over 20 years experience in child welfare and two years in her most recent position as a foster care supervisor for teenagers. Exercising a healthy sense of humor, she said turnover was a pervasive problem at her agency:

I think it's kind of high. Since I've been here I have seen a lot of case planners come and go. [They last] maybe a year, six months to a year. I've had ... one caseload that I have had, so far since I have been here, three workers [had been assigned to it]!!! And I have been here a year and a half (laughs).

She explained that interventions came to a standstill for the families whose cases kept getting reassigned to a revolving door of staffers.

She stressed that turnover particularly affects outcomes for children in foster care who depend entirely on their caseworkers to be able to return home. She explained that turnover had a ripple effect on children, causing them to lose stability, experience fraying relationships and miss opportunities that could help them get back on track. She recounted:

When I originally started here last May, they had several temporary workers, and since then, they have been trying to hire permanent workers. The turnover [among] staff causes a breakdown in the work as well, because each time that they have to bring on a new worker, they have to get reacquaint themselves with the case. That's a setback for people, for families, for the clients, who have to re-tell their stories, you know? You have to have a good relationship with clients in order to keep them consistent with doing the services they need.

Children became fatigued and demoralized having to tell their stories over and over. Birth parents missed opportunities for reunification because the workers had slacked on monitoring their compliance with substance abuse programs, mental health appointments and meetings with probation officers. Staff turnover, in these instances, had a measurable effect of families' lives, for which there was no clear remedy.

In addition to workload, supervisors said there was another overarching complaint that workers shared in daily interactions and at exit interviews. The second reason workers identified for burning out and resigning was the lack of resources and infrastructure at their agencies. Workers lacked fundamental tools like cell phones, laptops, even pens and paper, and they couldn't afford to pay for them out of pocket, nor would some agencies reimburse them if they paid up front for supplies. Lisa, age 50 and a foster care supervisor, explained that given the workers' strenuous workload, they needed a lot of support, "I mean, it is very taxing and you can get a lot of turnover with caseworkers and social workers if we don't have support."

Some agencies have made a point to supply some low ticket items with the goal of aiding and retaining their hemorrhaging staff. For example, some New York City agencies provide Metrocards to their workers to attend home visits or court appearances. A couple of agencies had

pool cars for staff use for any work-related trip, including home visits, school meetings, or rides taking children from one placement to another. Most agencies only provide cell phones to directors and supervisors. However, some workers opt to use their smartphones for logistical texts, emails or calls, because it is more convenient than hunting for a landline or borrowing a cell phone from a stranger. Margie, age 33 and a foster care supervisor, said that in her agency, “They use their own cell phones but they do get a \$10 cell phone stipend every paycheck.” Sol, age 42, a foster care supervisor stated that while case managers’ workload and responsibilities tended to stack up the longer they stayed with her agency, the disappointing level of resources remained the same. She said that in her agency “workers get a regular flip-phone and supervisors have Blackberries to get your email.” Only three agencies in this study provided pool laptops for workers to borrow while they were waiting long hours for court appearances. They could also check out the laptops and bring them home to catch up on progress notes. There was a widespread perception that workers would stay longer when they regarded their agencies as places that were looking out for them, noticing what they needed to get through the workday. These small conveniences contributed to workers having a more positive outlook, and ideally, could result in better outcomes for children and families.

Beyond the lack of on-the-ground resources, participants said that workers were also leaving their agencies due to the lack of support. Sol, age 42 and a foster care supervisor, said, “Because, one of the things that I think is the main issue with child welfare, is the workload and the lack of support.” Sol expressed that the administrators and managers at her agency seemed to forget the challenges workers faced in their daily practice. She added that in order for workers to meet deadlines, fulfill requirements, and for the agency to run smoothly, workers needed support from supervisors, managers, directors and everybody involved. She explained:

I think that once... once some of us get to a certain level as a manager, director, whatever, to that level, we tend to forget what a struggle it is... There's no compassion. There's no empathy. There's no... there are no incentives. You know? And it doesn't have to be monetary. You know? They are not creative with their incentives to try to keep people around and... it's not good.

She indicated that it wouldn't necessarily cost agencies money to bring up morale. They could provide rewards and feedback. Simply acknowledging the impact workers were having would have made a difference, but agencies often neglected to do that.

Study participants all said that turnover was a very pervasive phenomenon that they had to contend with continually, and the fallout for remaining staff, families and children took a toll on everyone in their agencies.

### **Resistance to Change**

Resistance is an inevitable response to any major policy change, and caseworkers often felt threatened, assuming any a new policy was an indictment of the work they had been doing before the new initiative was implemented. Supervisors said that it was natural for workers to defend the status quo, especially if they feel threatened. This put them in a position of having to weigh each element of implementation against the pressure of worker pushback.

In general, supervisors followed ACS standards for opening and closing cases. However, in some instances, they gave families' needs precedence over mandated deadlines. Nancy, age 46 and a foster care supervisor, stated that one family had reached the time limit stipulated by the Family Connections initiative, and she needed to close the case. She referred the family to another provider so they wouldn't have a disruption of services, which she anticipated would be

problematic. However, the family refused to follow through on the referral, so she broke with protocol:

We decided to keep working with her because if we then referred her somewhere else she would shut down and there wouldn't be any more progress. So, we're not keeping fidelity here, but she is so engaged with her social worker. And she's open with him and has actually been working. It's been slow, but it's improvement.

She was aware she was creating a backlog of cases for her agency by allowing the worker to continue with the family. But she considered it far better than causing a tragedy for a family that was complying with the program or letting the child live with threats Nancy knew were ongoing.

While supervisors bucked up against random deadlines, workers' resistance to new policies often centered on a different issue. Workers perceived the practice model documentation as add-on to their already extensive documentation responsibilities. Marcy, age 47 and a prevention supervisor, explained, "I know that a lot of my workers don't want to do it. So anyway, there's been a lot of resistance to having more paperwork with SBC." Marcy also commented that despite their ambivalence she and her workers were coming to terms with the agency's policy and have sprinkled in some aspects of the model in a few cases where it made sense to them. For example, many workers used the genogram because it was easy and helpful, but they didn't complete the rest of the SBC paperwork such as the family agreement or the action plans. Marcy said her workers resent what SBC has done to their daily interactions with families and, in particular, how it removed their ability to exercise discretion and tailor interventions to families' specific needs.

Some agencies dealt with this sentiment by ignoring the practice model entirely. Maddy, age 45 and a foster care supervisor, remarked that she and her workers consciously opted to

disregard the mandated changes. She said she trusts her own professional framework, and, in her view, SBC principles were already incorporated into the casework practice. She explained that it felt trivial to waste time forcing workers to use new terminology and fill out new paperwork, like the Family Level Outcome (FLO) form, that wasn't addressing meaningful lapses in services provided or improving the quality of the work. She admitted, with confidence and no fear of reprisal that she had no regret whatsoever about her approach:

I haven't really indulged in SBC to be honest. I haven't... I'm really doing just like, general casework practice. Which involves somehow, you know, the SBC piece. Because from my understanding, that's just the way that I've always done things, the way I practice. But... with the progress notes and using the FLOs in the progress notes and things... I haven't, I haven't been doing it. I haven't been doing it.

Like Maddy, many child welfare workers consciously resist change based on their years of experience that policies come and go. They know from experience that if they keep quiet about not implementing a new mandate, it will eventually be replaced by another new mandate as soon as a new ACS administration takes the helm.

However, resisting the practice model could also have serious consequences for workers. Margie, age 33, a foster care supervisor, said that in her agency upper management had begun interviewing caseworkers about their implementation of SBC. Margie was anxious about the negative impact these interviews might have if workers didn't perform satisfactorily. She gave an example:

Like, for instance, two of my case planners have an interview coming up with the assistant associate director, and they're going to be asking them questions about SBC in order for them to become certified. So, you're meeting with the assistant associate

director of the agency...you're gonna have to know something, right? So, now it's just a matter of them saying, 'Okay, look, if I want to keep my job right now, let me just learn something about it.'

Workers understood that their jobs were on the line if they didn't comply with these requirements and resistance, in Margie's view might result in her workers being terminated.

Lulu, age 36, a foster care supervisor offered one explanation for frontline workers and supervisors resisting change: she saw it as an impediment to workers getting their jobs done. She had not fully adopted SBC after concluding that the agency had put too much pressure in the implementation and compliance had consumed too much critical time for her and her workers. She explained that while she was consciously avoiding the new mandate, it still consumed some of every employee's time: "We're still doing our trainings once a month, and discussing SBC, and then there's mini trainings for 45-minutes every Thursday for the workers. I mean, it's still there, it's still in our face."

At the time of her interview, Lulu's agency had decided that in conjunction with SBC, they would also implement Child Success, an evidence-based intervention for expediting reunification, supporting foster parents and helping stabilize children in foster care. Child Success required workers to lead trainings and workshops for birth parents and foster parents. The sessions were videotaped and downloaded and sent to ACS. Lulu was concerned about the impact of this additional work on case managers and the strain that being filmed might have on their interventions. Lulu explained, "Workers, they don't feel comfortable with that...doing more workshop trainings, parenting classes for the parents, and then training for the foster parents because, they feel it's gonna take a lot more time from them, now that they have to, you know, every month do trainings." Workers told her they felt intimidated by the videotaping. Their chief

concern was that ACS would nitpick about their service delivery and take punitive action for any small errors they made in complying with mandated protocol. It was hard to have meaningful interventions and be present for families while their face time was being filmed.

At another agency, Selma, age 51 and a preventive supervisor, noted that more experienced workers felt overwhelmed by the requirements of Family Connections. She said they often wondered, “Why are we doing this? This is too hard, too many cases, too much paperwork and this doesn’t work! The coaching model doesn’t work!” She explained, “They resisted the most, because they were doing well. They were in [a] general preventive [program] and they were doing well.” Across agencies, workers appeared to be resisting change for a variety of reasons: They feared leaving their comfort zone, they did not want to adapt to a new approach, they pushed back against the sense that they were ceding control of their cases, and ultimately they fought the mandates because they saw them as a threat to their autonomy.

### **Summary**

Overall, agencies reported that the demand for higher standards and accountability were causing burnout and turnover. Supervisors said that their workers had lost touch with what they enjoyed about their jobs, and they were opting to resign rather than face the strain the work took on their physical and emotional health. Turnover also increased the workload of the workers and supervisors who remained. It decreased efficiency and led to more burnout and turnover. Supervisors also noted that staff burnout and turnover had diminished the quality of their own work and harmed morale for everyone who stuck around.

Amid this climate of low morale and heavy workloads, supervisors said, children suffered. When workers’ minds were elsewhere, they were not fully invested in children’s lives.

This new reality had direct and tangible consequences for the families, jeopardizing reunification and permanency and delaying adoptions.

The vast majority of supervisors were concerned about how burnout and turnover had deteriorated morale at their agencies. Some also discussed the ramifications of burnout and turnover for families and agencies, with supervisors scrambling to fill holes and droves of new workers needing training at a time. They said this phenomenon has added a new layer of chaos to families' lives that agencies have to accommodate and prepare for in their day-to-day planning. Amid this grim new reality, families and children wait up to six months for services that used to require a quick phone call to their case manager. Without budget increases, supervisors said they did not foresee a resolution to this situation or even hope for more orderly service delivery in years to come.

## CHAPTER VII: DISCUSSION AND IMPLICATIONS

This chapter discusses the findings of this study and their implications for social work practice and future research. It examines the ways in which policies, words, actions, and communication came together to create meaning of the experiences of child welfare supervisors in New York City. This chapter is organized in two sections. The first section discusses the findings within the context of the literature review and theoretical framework. The second section highlights implications for social work practice, implications for policy as well as future research. The chapter ends with concluding comments.

The dominant finding in this study was that supervisors perceived Improved Outcomes for Children as a dramatic policy change that brought new accountability mechanisms and a managerial reform that refocused supervisors' daily practice toward the goal of increasing productivity. They were overwhelmed with high turnover rates, and the influx of inexperienced new workers. Supervisors felt compelled to do more work with less resources. The following section provides an analysis of the findings for each research question within the context of the literature review.

### **Impact of Managerialism on Organizational Changes**

The first research question sought to determine the organizational changes agencies have done in order to implement Improved Outcomes for Children, a managerial initiative whose central focus is on the management of organizational performance. Managerialism refers to the growing introduction of business practices and principles into social service agencies including productivity, accountability and performance measures (Gruening, 2001; Larbi, 1999; Yang & Pandey, 2008; Watson-Bishop, 2007). The literature on organizational changes suggests an evolution of a new emphasis on business-oriented practices in nonprofit agencies (Abramovitz &

Zelnick, 2015; Alexander, 2000; Baines, 2006; Courtney, 2000). Another perspective in the literature has been Lipsky's work on discretion of workers within street-level organizations, such as child welfare agencies.

Participants in this study indicated that their agencies had to reconfigure their practice in order to enhance managerial activities such as continuous auditing, reporting, and accountability mechanisms. The majority of the agencies created a Quality Assurance department to help improve performance. Supervisors were able to explain in detail their individual auditing systems as well as their agency's systems. This study showed an increase among agencies in collecting statistics, performance monitoring and quality control. Supervisors expressed feeling trapped within an auditing regime that had been set forth by ACS. Zullo (2008) indicates that under managerial programs, the ratio of supervisors to social work staff increases because the state has to add staff who will be charged with monitoring providers. Indeed, each supervisor in this study stated that ACS had assigned her agency a team of auditors, and, from that point on, the auditing never subsided. Tilbury (2007) explains that performance measurement is generally depicted as a technical exercise to generate data for decision-making, a phenomenon which supervisors in this study observed. In the wake of these institutional changes, supervisors feared their programs would suffer penalties for being out of compliance. The current inquiry deepens the results by explaining how some agencies established Quality Assurance departments to ensure they were meeting all the new requirements. Although QA meetings in some agencies were painfully critical to workers, supervisors appreciated the oversight from their peers. In addition, this study broadens the range of cultural shifts supervisors experience under managerialism. Supervisors reported they felt micromanaged and surveilled by ACS and their own agencies. They were left with an uncomfortable feeling by using tracking logs and calendars

to monitor and evaluate their workers' performance, and they noted that their workers also felt surveilled and micromanaged. According to Lipsky (2010), contracting agencies have to conform to high standards of accountability. He said that the review procedures imposed by public authority, in this case ACS, would have to be rigorous.

Connell et al. (2009) reported that in the managerial environment, workers are expected to follow a profit-making logic and are held accountable to the organization. Although the literature does not explore the idea of write-ups for workers as a means of holding them accountable for underperforming, supervisors in this study explained that under the new reform, workers were held accountable for interventions they did or did not perform in their caseloads and write-ups became the norm for communicating with workers about poor performance and eliciting improved outcomes. Lipsky (2010) explains that managers can exercise their discretion to control workers by delaying recommendations for advancement or transfer, or shift or work assignments, making a job less desirable.

The data from this study also support that fact that technology is crucial to organizations under managerialism (Alexander, 2000; Meezan & McBeath, 2011; White et al., 2010). Information systems are necessary to document fiscal and programmatic accountability (Courtney, 2000). Electronic communications allow organizations to consult and coordinate services (Alexander, 2000). Participants in this study reported that in order to ensure accountability and proper documentation, ACS introduced two mandated information systems, Connections and PROMIS. These systems became the means for workers to communicate and submit electronic case records on families and supervisors said workers were spending a lot more time in front of their computers. Such an assertion may be warranted because a number of studies identify the same phenomenon (Baines, 2004a; Cardy, 2010; Poertner et al., 2008;

Tilbury, Osmond, & Crawford, 2010; Wastell, 2010). Interfacing with new technology also occupied a huge portion of supervisors' time. While supervisors did not object to the imposition of technology, they reported that not having enough terminals in their agency with the software, created an additional stressor, with workers having to wait in line to input information.

Under managerialism, ACS uses financial incentives to increase the number of foster children who attain permanency through reunification or adoption. ACS also uses performance-based funding for prevention, transferring the financial risk to the agencies (Embry et al., 2000). The idea behind this funding model is that agencies will improve their efficiency and effectiveness while reducing cost (McBeath & Meezan, 2012; Courtney, 2000). The findings in this study support the literature regarding the reduction of service provision and the need to move the children and families out of the child welfare system in a timely manner (Embry et al., 2000; Flaherty et al., 2008). Supervisors in this study reported being pressured by upper management to reach the numbers that correspond to allocated funding (Baines, 2004) to avoid being penalized, and losing funding, if they fail to reach their performance goals (Meezan & McBeath, 2008).

As a result, half of the agencies in this study adopted the use of a practice model to be able to meet ACS demands for cost-effective service provision. Multiple studies indicate that the implementation of a practice model is a complex, multi-year process that requires agency-wide adoption of a results-oriented approach (Testa, 2010), and it does not happen without a major effort and an organizational focus (Collins-Camargo et al., 2011; Maynard, 2010). Supervisors who participated in this study were ambivalent about the benefits of the practice model. Supervisors stated practice models required a lot of additional training (Maynard, 2010) and the practice became standardized and jeopardizes their professional autonomy (Baines, 2004;

Meezan & McBeath, 2011). Some supervisors in this study felt that senior management in their agencies had made the decision to use the practice model to increase the effectiveness and desired outcomes. In Lipsky's account of street-level organizations, the key regulators of discretion are senior managers who make decisions about legitimate and illegitimate discretion and seek to limit their staff's discretion. They manage discretion in the interest of the organization.

The findings of this study confirm what Lipsky (2010) suggests that street-level organizations are highly adaptive to their environment. Child welfare agencies in New York City have adopted a strong business management approach for survival (Alexander, 2000). These organizational changes have brought many unintended consequences, including a culture of excessive audits, increased use of technology, and a day-to-day accountability checks. Quality Assurance has become the foundation of the reform and supervisors agreed that a good performance in audits was vital for the survival of their programs. The findings in this study illustrate how the new accountability mechanism contributed to an increase of documentation and statistics with the ultimate goal of increasing productivity (Aronson & Smith, 2010; Cardy, 2010; Tilbury, 2007).

### **Impact of Managerialism on the Child Welfare Workforce and the Delivery of Services**

The perception of the overwhelming majority of participants in this study regarding the impact of managerialism on the workforce explains how managerial reform has reshaped child welfare workers daily practice.

Heavy workloads have long been an issue of concern in child welfare (Cardy, 2010; Mor Barak, et al., 2006), and of all the sub-themes that emerged during this study, the concern about overwhelming workloads was the most pervasive. All participants reported that their agencies

regularly exceeded the recommended caseload capacity resulting in workers putting in unpaid overtime to be able to manage the multiple demands and tasks for the children. Hand-in-hand with increased workloads, supervisors reported that voluminous documentation had become the norm for child welfare workers who spent a disproportionate amount of time documenting all activities. According to Zullo (2008), managerialism brings an increase in bureaucratic management tasks and mandates, requiring that contractors complete more documentation. ACS needs this documentation to evaluate contractors' performance. While supervisors complained about the excessive documentation and data entry responsibilities, they still believe they must keep up-to-date files and manage the many forms associated with referrals to satisfy the state and ACS. Consequently, resources devoted to paperwork were diverted from direct client care. This shift in emphasis was apparent not only for workers, but also for supervisors in this study who were charged with the additional task of writing a monthly supervisory note for each child in their caseload. A few supervisors reported they had developed a good system for fulfilling this requirement, however, the majority did not regard the mandate as a priority and did not do the supervisory note. Instead, supervisors dedicated their time to meeting with workers and helping workers develop their autonomy and competency (Zlonik et al., 2009). In Lipsky's account street-level supervisors make sure that managerial requirements do not interfere with activities workers consider valuable. In this case, supervision is considered basic for quality services.

Another characteristic of managerialism is the standardization and routinization of practice (Abramovitz & Zelnick, 2015; Baines, 2004; Fabricant, 1985). Numerous studies describe routinization as a combination of electronic data collection and the use of a practice framework (Baines, 2004; Fabricant, 1985; Golden, 2009; Meezan & McBeath 2011).

Participants in this study reported that the use of data information systems like Connections and

PROMIS have promoted uniformity and standardization of practice by regulating and controlling the work process, setting deadlines, and ordering tasks. The systems use a language that is common for all agencies in New York City.

In addition to ACS management information systems, some agencies started using practice frameworks to enhance standardization and consistency of performance among workers (Conolly, 2007; Maynard, 2010). The literature also suggests that agencies may replace expensive individualized services with routinized programs where credentialed workers are no longer needed (Healy, 2009; Meezan & McBeath, 2011; Schorr, 2000). Budget cuts and tight funding forced agencies to hire less qualified staff. Participants in this study said they could not afford to hire social workers, and instead they were hiring college graduates who were expected to perform the duties of social workers. Child welfare agencies began to restructure service delivery, reducing the complexity of the job and making it possible for people with fewer qualifications to adequately perform the duties of a social worker. Given the lower skill set of new workers, agencies defaulted to splitting up tasks, farming out work they couldn't do themselves and expecting less of workers. Some participants in this study likened the practice model to an "assembly line" aimed at improving efficiency and productivity at a reduced cost.

Furthermore, these inexperienced workers required multiple trainings to grasp the values and ethics of social work. In reality, attending these training was not a priority for workers (Liu & Smith, 2011). In a study by Ortega and Levy (2002) it was reported that workers wanted to stay on top of their workload and they did not see training as helping them do that. In addition, they felt that training was not being provided based on their individual needs, nor was it provided at times they were necessarily available. Participants in this study also reported that workers at their agencies struggled to find the time to attend trainings, and even when workers attended

them they found it difficult to integrate the new knowledge into their practice. Lipsky (2010) explains that workers who perceive that mandates, rules, policies and trainings, prevent them from doing quality good work with families, are less open to implementing any new knowledge in their daily practice.

### **Delivery of Services**

In addition to altering the experience of workers, managerialism has also had an impact on the client end, changing the way services are delivered. Under managerialism, families and children receive short-term services, specialized services, and services related to expedite adoptions. Foster care supervisors in this study revealed that upper management often pressured them to move children out of foster care earlier than they thought was appropriate in order to expedite the adoption process. According to Lipsky (cited by Evans, 2011) street-level bureaucracies are organizations controlled by managers, and the concern is for what is produced, not the process. One participant in this study was disturbed by the perception that by quantifying adoptions, she was being forced to focus on satisfying her agency's goals rather than what was the children's best interest. This concern is also raised in the literature, and evidence from child welfare (Baines, 2006; McBeath & Meezan, 2008; Unrau & Wells, 2005; Zullo, 2008) and other service sectors, such as health and behavioral health (Briggs & McBeath, 2009; Embry et al., 2000), suggest that managerialism could be linked to reduced services and other inequalities in service provision, including, in some cases, unfavorable outcomes for children in foster care. For example, ASFA promotes adoption and provides bonuses to states with the largest increases in adoption rates (Smith, 2003).

The root of this pressure to move families through services quickly is that services are tied to capitation funding whereby agencies assume the highest risk and ACS the lowest (Embry

et al., 2000). Agencies must shoulder the financial burden if they are unable to move families through services in a timely manner. According to Meezan and McBeath (2008), the only way agencies could increase profits or break even, is if they serve clients in the most efficient and least costly manner. As a result, some agencies in this study relied on practice models to simplify and tighten timelines, and in some cases, they were forced to choose speed over need so they are able to meet their performance targets.

Time constraints were a common concern among participants in this study. Supervisors said that tighter timelines left little or no time to engage families. They said under the new system workers were not connecting with families. The work was transforming a model that was based on relationships to a bureaucratic focus, where workers interacted with the goal of assessing risk and determining which of the array of possible services it made sense to provide in the time given (Baines, 2004b; Fabricant, 1985; Schorr, 2000).

Participants in this study also reported that because workers were not qualified to help with the complexities that families presented, they were forced to refer families out, which put families at risk because they had to rely on families following through with another social worker at another agency. This sentiment was also found by Baines (2009), in her study with Canadian workers in which workers were experiencing a prevalent sense of regret or at times mourning their inability to build caring relationships with their clients. In that case, the workers blamed the standardization and technologies involved in their new routine.

Supervisors also reported that families were suffering as a direct result of workers being so wrapped up with meeting deadlines and filling out forms that had little impact on the family's well-being. Multiple studies show that workers estimate that most of their time is taken up with paperwork and data entry responsibilities (Alexander, 1999; Sandfort, 2000; Zullo, 2008), and

they feel they are missing the opportunity to spend time working directly with or on behalf of the children and families as a direct result of their time being otherwise occupied (Poertner et al., 2008; Zullo, 2008). This overall practice reform, which emphasizes paperwork and service referrals, effectively removes the possibility for workers to provide holistic services to children and families.

The existing literature corroborates the findings in this study in terms of the real effects managerialism has had on the child welfare workforce and the delivery of services. Managerialism has brought some unintended consequences for the workforce, including unmanageable workloads, excessive documentation, and increased computer time (DHHS, 2010; Weaver et al., 2007; Yamatani, Engel, & Spjeldnes, 2009). Lipsky (2010) indicates that managerial demands tend to drive out whatever differences in the treatment of clients attributable to public or private status that might at one time have prevailed.

### **Managerialism and the Response of Workers**

Supervisors in this study recognized that child welfare is one of the most challenging and unpredictable fields of work available. In New York City, a child welfare worker with a bachelors' degree, would have a starting salary range from around \$32,000 to \$38,000. Masters' degree and especially Masters in Social Work would start from \$40,000 to \$46,000. In addition, almost no one works a straight 9-to-5 shift because at the end of the day if a family is in crisis or a foster child is having emotional problems or you have to move a child to a new foster home, you will likely stay on task until there's some resolution. Everyday is different, and that can be draining. In this study, as in many others, supervisors identified burnout and low morale as the common response from their workers' stress (Lee, Forster, & Rehner, 2010; Regehr et al., 2002; Weaver et al., 2007). Cardy (2010) cited LeGrand's finding that caseworkers have reported

feeling frustrated and overwhelmed by bureaucracy. Similarly, participants in this study reported that workers usually felt demoralized by the new reform and its excessive requirements, and cited work stress as the major reason for job dissatisfaction. Using Lipsky's model, child welfare workers are street-level bureaucrats who want to help children and families and give back to the community, and many times workers don't come even close to the ideal conception of their jobs.

This study also affirms the findings of Mor Barak et al. (2006) in terms of the workers' main concern: workers worried about facing too many expectations (job overload) and too much paperwork and not having enough time to do real work, like spending quality time with children. Supervisors reported that workers usually had high expectations about the rewards of their jobs and had a sincere desire to make a difference in children's lives. However, when the job didn't meet these expectations, they felt burned out and demoralized. Studies also examined the organizational attributes of supervision and other factors that can help workers' experiencing burnout (Lee, Forster & Rehner, 2010). In this study, supervisors played a critical role in motivating and retaining workers by continually supporting them not only with respect to their workload, but also supporting them with tackling complex cases and managing their own feelings that they can't do much to improve the lives of the families. Research indicates that this type of support within an agency, especially when it originates from the supervisors, has positive implications for caseworkers (Mor Barak et al., 2006; Zlotnik et al. 2009).

The workforce literature suggest that caseworkers leave their jobs due to several factors including, job dissatisfaction (Mor Barak et al., 2006; Ortega & Levy, 2002; Lipsky, 2010), supervisory inadequacies (Scannapieco & Connell, 2007; Strolin-Goltzman, 2010;) and organizational failure to recognize and reward staff (Zlotnik et al., 2009). Indeed, one of the participants in this study shared her perception that in her agency, upper management did not

offer rewards of any ilk to staff. She mentioned she wasn't envisioning that workers got monetary perks, but she felt that just an occasional recognition--verbal or written--that a worker was doing exemplary work would have gone a long way toward maintaining morale. This observation is supported in Strolin-Goltzman (2010) study where she indicates that organizational support explicitly prevents workers from leaving their jobs.

Child welfare agencies have always struggled with high turnover rates. In 2011, the annual turnover rate in New York City's child welfare was 40% (Blunstein, 2014). Research shows that the majority of staff turnover occurs within the first 2-3 years of employment (Ellet, Ellis, Westbrook, & Dews, 2007; Healy, 2009; Lipsky, 2010; Weaver et al., 2007), and supervisors in this study, confirmed this finding. In addition, some studies predicted that under managerialism, turnover will be higher than normal (Meezan & McBeath, 2011; Schorr, 2000) due to the intensive labor required to fulfill accountability mandates. This proved true for at least one participant in this study, who specifically referenced IOC as the reason for staff turnover in her program.

Supervisors agreed that turnover compromised child safety and reduced the likelihood of positive outcomes for vulnerable families. Supervisors reported that the consequences of having a new caseworker could be devastating for children in foster care who relied on their worker for safety and stability during turbulent periods. Indeed, research shows that children with more than one worker are less likely to be placed in a permanent situation than children who remain with the same worker during their time in foster care (Hopkins et al., 2010; Strolin-Goltzman, 2010). In 2006, the two biggest concerns reported by states were providing adequate services for children and families and recruiting and retaining caseworkers (U.S. Government Accountability Office, 2006). Ten years later, turnover and quality services continue to be a challenge and the

amount of time workers are able to be on the ground helping families is fundamentally reduced. In addition, when workers are face-to-face with families, they often aren't being instructed to interact so much as they are filling out forms and making referrals, which in the long run does not improve the stakes for families.

The last sub-theme that emerged from this study was how supervisors dealt with and resisted the impact of managerialism on their own work. For Baines (2009) the concept of resistance is well known in sociology and labor studies. According to Smith and Donovan (2003), workers tend to reject practices that conflict with their understanding of an organization's most important core activities. In this study, four participants were supposed to use a practice model and resisted to adapt to all or portions of it. Three supervisors were complying with some of the new framework that made sense to them, and the fourth completely refused to use it. She had outright rejected the new framework and carried on with the previous framework, despite mandates she was aware she needed to be following. She was questioning why she needs a practice model when she had been doing such a good job for 15 years. According to Brodtkin (2011), it is discretion that gives street-level practitioners the ability to adapt to changes in policy and management.

According to Lipsky (2010), street-level bureaucracies encounter conflict in the tensions between client-centered goals and organizational goals, which can result in goal displacement. In child welfare, the ability to treat individuals is significantly compromised by the needs of the organization to process work quickly using available resources. Lipsky asserts that workers use their discretion to deliver quality services. Some studies clarify how workers use their discretion to prioritize among competing and inconsistent goals coming from different and inconsistent requirements (Evans, 2011; Lipsky, 2010; Smith & Donovan, 2003). In this study, a group of

participants described moments at which they explicitly resisted ACS mandates that flew in the face of their own values and commitment to families. For example, one foster care supervisor did not foresee using electronic assessments for each child in foster care. She questioned the use of the assessment in cases where it was visibly clear that a child needed a psychiatric intervention. Another supervisor completely ignored an ACS mandated supervisory note because she felt it required an enormous amount of the time that would be better spent supporting her workers or doing something herself that could have a direct impact on the life of a child. According to Lipsky (2010), these are examples of goal displacement. He explains that the typical conflicts here are individual client treatment versus routinization and mass processing, and response to the needs of individual clients versus efficiency agency performances.

As Baines (2004) found in her study, supervisors also resisted managerial demands by protecting clients from severe program rules by disregarding eligibility and providing caring services that could not be measured as a program outcomes. For example, one of the participants decided to keep a case where the family was very engaged and continued providing services even though it meant extending eligibility beyond set timelines. She knew if she referred the family to a specialized provider, they would not follow through and that would expose the children at higher risk. Resistance for child welfare supervisors involves minor infractions of rules, open advocacy for change, or a combination of both (Baines, 2009).

In summary, the interviews corroborated what other research has found, child welfare workers feel their ability to deliver the professional services they desire - in the interests of their families - has been compromised by the bureaucratic arrangements of managerialism (Lipsky, 2010). And, at the same time, it confirms Lipsky's assertion that workers use their discretion to deliver quality services.

## **Implications for Social Work**

### **Implications for Practice**

The nature of child welfare is unique in that workers are asked to help in a daunting task: protecting children and strengthening their families. They are asked to do this every day even though families rarely invite them to do so. They are asked to engage families in a genuine and respectful way. In addition, many workers are burdened by heavy workloads and feelings of burnout (Kim, 2011) and yet, they are continually asked to work harder, make better decisions, and implement the latest practice innovations in timely fashion.

Among the most significant findings in this study was the perception by supervisors that Improved Outcomes for Children had transformed the organization and delivery of services in child welfare agencies in a permanent way. Supervisors said that the majority of their daily practice was spent adhering to managerial strategies and organizational mechanisms to enhance efficiency and accountability. For workers, the new norm was filling out forms and lengthy reports about children that pushed for uniformity and a common language. And all employees were expected to accept without questions an evidence-based framework to standardize professional practice. In Lipsky's account, workers who perceive their work environment to be less constrained by bureaucracy have more positive attitudes about implementing practice reform. In other words, workers who perceive that they have the freedom to do their jobs in a way that allows them to best meet the needs of their clients, are more open to implementing practice reform. In order for workers truly embrace practice models, evidence-based practice, and practice innovation, it is vital for them to have manageable workloads. Perhaps reducing workloads could be the first step in reform efforts. Workers with a caseload of 6-7 cases would

be able to comply with all managerial requirements and would have enough time to work with children and families.

Child welfare agencies are increasingly focused on the use of evidence-based models in their work with families. Therefore, social work needs to explore effective ways to integrate the evidence-based approach and adopt research findings in child welfare, with critical and reflective approaches to the use of a wide array of evidence. Collins-Camargo (2011) describes an alternative understanding of evidence-based or as she calls it, knowledge-guided practice that encompasses both reflective, and empirical types of knowledge where social workers experience themselves as knowledge makers, and not just knowledge takers in their everyday work. She recommends that agencies put in place supports to teach supervisors how to use data and help them facilitate this occurring within their work unit through a team approach to evaluate their evidence and modify practice. A better way to approach this for social workers who are demoralized by bureaucracy might be to encourage them to understand and develop an evidence-based practice that actually dealt with real problems for real people like chronic poverty and neglected children.

### **Implications for Policy**

In today's economic environment with greater demands and higher expectations, child welfare agencies in New York City are expected to achieve better outcomes, provide more services, launch stronger partnerships and establish evidence-based programs (Administration for Children's Services, 2012; The Annie E. Casey Foundation, 2012). As predicted in the literature, in order to survive, adapt and be effective, child welfare agencies will be responding to complex and demanding responsibilities with new administrative strategies (Alexander, 2000; Embry et al., 2000; Zullo, 2008). Some will benefit the children and families (Golden, 2009; Wells &

Johnson, 2001) but others are likely to harm them (Alexander, 1999; Embry et. al., 2000; Hasenfeld, 1996; Meezan & McBeath, 2008; Schorr, 2000; Tilbury, 2004).

Under managerialism, child welfare agencies are encouraged to think of themselves as business-oriented units (Alexander, 2000; Baines 2006 & Sandfort, 2000). With the goal of reducing costs, Improved Outcomes for Children gave agencies full case management and responsibility for decision-making. In this way, agencies were given wide-ranging power to meet or exceed program and individual goals. ACS created a stronger monitoring and evaluation system, and created incentives for demonstrating positive outcomes. Agencies that succeeded in preventing foster care and moved children out of foster care more quickly were rewarded with larger contracts. Conversely, agencies that didn't produce desired outcomes or pull off the business-oriented strategies like QA or rebranding, were viewed as having performed poorly and lost contracts or saw their contracts reduced. As a direct result of agencies making their own decisions the landscape of child welfare changed. From 2002 to 2013, 11 foster care agencies closed and six others were merged, resulting in 16 fewer agencies in New York City child welfare system (Yaroni & Shanahan, 2014).

With the implementation of IOC in 2009, agencies were given the authority to discharge children from foster care without pre-approval from ACS. Workers would go to Court and advocate for their families. In turn, agencies followed IOC protocol, including holding a Service Termination Conference (STC) whenever a case was deemed ready to be closed. On September 26, 2016, the highly publicized death of Zymere Perkins brought multiple policy modifications, including the restatement of ACS approval to close prevention cases and discharge children from foster care. Beginning October 2, 2016, no program was allowed to close a case without an ACS representative in the service termination conference. At that time, ACS did not have enough

facilitators to satisfy the demand. New clients could not enter services until these cases were closed, which resulted in a backlog of over 500 families in need of services. By April of 2017, ACS had begun hiring facilitators and the backlog of cases waiting to receive services was reduced to 451 families. On April 25, 2017, the new ACS commissioner announced that thanks to the generosity of Mayor Bill de Blasio, ACS had hired 130 consultants to help child welfare providers with difficult cases. This announcement was appalling and offensive to dozens of agencies who with minimal resources, have been reshaping their practice, and performing efficiently since 2009.

The entire episode highlighted the stark reality for child welfare workers across New York City who have to operate under the demands of managerialism and tend to children and families who are in crisis and experiencing severe trauma. Providers don't need ACS consultants, they need a skilled and stable workforce that can work directly with the families and build relationships based on trust. There is no clear route to making things easier for children in the system given this setup. The demands on social workers and supervisors haven't abated and the crush of standardization has added tremendous pressure to their already heavy workloads.

### **Recommendations for Future Research**

In any given month, there are nearly 9,000 children in foster care and 24,000 children who, along with their families, receive prevention services in New York City. The vast majority of supervisors in child welfare agencies using their professional discretion to circumvent the obstacles created by managerialism in order to continue to provide children and families with care, stability and opportunities for growth. Practice models rush a formulaic process that should instead be carefully tailored to the needs presented by children and families. You can use

uniform, time-limited models to treat symptoms, but symptoms shift and ultimately some families need services for a longer period of time than the model permits.

In the face of child fatalities and discouraging outcomes, it is imperative that the child welfare community examines what works and what does not work to support families and achieve the best outcomes for children. Complex families require highly skilled professionals, who can take the time to observe and explore factors that the family members might not explicitly share with their social worker. We must strengthen what works, avoid imposing hefty tasks that don't help families achieve their goals, invest in a skilled workforce to keep children safely at home, and combine efforts to support children and families so they reach permanency.

Research on child welfare should focus as much on service delivery as on outcomes and should strive to answer simple questions: What services are provided to children and families in the child welfare system? How appropriate are these services? And, what is the quality of these services? Research is also needed to explore the potential differences of service provision between experienced and non-experienced workers. Furthermore, additional research is needed to evaluate the effects of performance-based and service delivery. Increasing the number and quality of studies devoted to these questions may allow for a more careful assessment of the effectiveness and efficiency of child welfare programs in New York City.

### **Conclusion**

While there are clear challenges facing the child welfare system in New York City, there are also a number of distinct opportunities for positive and lasting change. This inquiry is an exploration into the experiences of child welfare supervisors in a managerial environment. It's no secret that New York City's child welfare agencies have been in crisis themselves. When a tragedy is exposed in the media and policy-makers rush to adopt new policies they tend to be

based upon a narrow view of child welfare or one aspect of the negative conduct by child welfare staff in a particular instance -- for example, in 2006 with Nixmary Brown (a 7-year-old girl who died at the hands of her stepfather), and in 2016 with Zymere Perkins (a 6-year-old boy killed by his mother's boyfriend). Of course, these pressured policies have larger consequences for thousands of children in child welfare whose precious time with their social workers can often become consumed with paperwork objectives. At the same time, supervisors, rather than providing support and training and being role models, spend much of their time pressuring these workers to close cases and open cases in order to get performance-based funding.

There is a lot to infer about child welfare workforce from the findings in this study. The literature as well as this study, support the fact that supervisors are caring and passionate about their jobs, they are highly committed to their agencies, workers, and especially to the children and families in their caseloads. Yet, their ability to be present in that commitment is hampered by the vigilance needed to reach their performance goals. They are trapped in a world of benchmarks and audits. This creates both frustration and anxiety for supervisors. These emotions are exacerbated by constant worries about the threat to their livelihoods as a result of penalties their nonprofits may face and funding they may lose if they don't meet performance-based goals. The interplay of these emotions leave supervisors emotionally drained especially when they have to choose between meeting the numbers and providing quality service. Supervisors recognize the emotional fatigue and sense of loss workers feel about the cumbersome mandates that are sucking up much of their workdays.

Social work as a profession is uniquely situated to respond to these challenges in ways that can affect a real change. By resisting nonsensical policies and advocating for better interventions in small, quiet, and explicit ways, child welfare workers can destabilize corporate

strategies of managerialism. Social workers find time to speak their minds, advocating and organizing to shift these unyielding policies and overly standardized practices since they can illustrate better than the crushing impact the extra busywork has on the wellbeing of children and families. Across the board, child welfare advocates need to push for meaningful and holistic services provided by trained and experienced professional social workers. There's nothing wrong with accountability, but the documentation workers do should simply make sense and go hand in hand with that holistic work to meet the goal of improving outcomes for children and families.

## Appendix A

**DEMOGRAPHIC DATA SHEET**

1. Gender: \_\_\_\_\_Female \_\_\_\_\_Male
2. Age: \_\_\_\_\_
3. Education: BA/BSW \_\_\_\_\_ MA \_\_\_\_\_ MSW \_\_\_\_\_  
 LMSW \_\_\_\_\_ LCSW \_\_\_\_\_ Other \_\_\_\_\_
4. Ethnicity:
- \_\_\_\_\_ White
- \_\_\_\_\_ African-American
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Latino/Hispanic
- \_\_\_\_\_ Native American
- \_\_\_\_\_ Mixed
- \_\_\_\_\_ Other
5. Agency Name: \_\_\_\_\_
6. Average FC Census: \_\_\_\_\_
7. Program: \_\_\_\_\_
8. Years working in child welfare (supervisory and non-supervisory):
9. Years in Supervisory Position:
- 10: How many workers do you supervise? \_\_\_\_\_
11. How many children/families in your caseload? \_\_\_\_\_
12. How many children on average are on each of your workers' caseloads: \_\_\_\_\_

Thank you for completing this questionnaire. Your time and participation are very much appreciated.

## Appendix B

**INTERVIEW GUIDE****1. What organizational changes has your agency made in order to implement a performance management model such as Improved Outcomes for Children?**

Probe: What has been your experience with your agency? Any changes?

- ✓ Staffing: hiring inexperienced workers, part-timers, case aides, volunteers
- ✓ Administrative formalities: documentation, computer time, audits, tracking-logs
- ✓ Administrative meetings: planning, managing, quality assurance; fund-raising
- ✓ Service delivery patterns: efficient and effective – in-house vs community
- ✓ Partnerships: integration and coordination of services
- ✓ Collaboration with other providers
- ✓ IT services
- ✓ Resources: laptops, cell phones,
- ✓ Who determines what services are good for clients?

**2. How has this implementation affected:**

Probe: what has been your experience implementing a performance management model?

- ✓ Workforce: training, turnover, resistance,
- ✓ Practice: face time with clients, parent engagement, family visits, contacts
- ✓ Service delivery: best-practice and evidence-based
- ✓ Outcomes: permanency, well-being, relationship building; trust issues
- ✓ Strengths and weaknesses of PM?
  - Positive and negative impact on clients
  - Positive and negative impact on your workers
  - Positive and negative impact on you and your relation with the administration

**3. What has been the response of the workforce?**

Probe: How have you, your agency, your workers, and your clients have adapted to the changes?

- ✓ Leadership: supportive, learning organization
- ✓ Benchmarks and standards – PAMS

**Is there anything else that I didn't ask you that you would like to share?**

## References

- Abramovitz, M. (2000). *Under attack, fighting back: Women and welfare in the United States*. New York, NY: Monthly Review Press.
- Abramovitz, M. (2004). Saving capitalism from itself. *New England Journal of Public Policy* (Fall/Winter), 21-32.
- Abramovitz, M., & Zelnick, J. (2015). Privatization in the human services: Implications for direct practice. *Clinical Social Work Journal*, 43(3), 283-293. doi:10.1007/s10615-015-0546-1
- Administration for Children's Services. (1996). *Protecting the children of New York: A plan of action for the Administration for Children's Services*. Retrieved from [www.nyc.gov/html/acs/html/downloads.pdf](http://www.nyc.gov/html/acs/html/downloads.pdf)
- Administration for Children's Services. (2001). *A renewed plan of action for the Administration for Children's Services*. Retrieved from [www.nyc.gov/acs/html/downloads.pdf](http://www.nyc.gov/acs/html/downloads.pdf)
- Administration for Children's Services. (2002a). *Six years of reform in children's services*. Retrieved from [http://www.nyc.gov/html/records/pdf/govpub/477six\\_years\\_of\\_reform.pdf](http://www.nyc.gov/html/records/pdf/govpub/477six_years_of_reform.pdf)
- Administration for Children's Services. (2002b). *Six years of reform in children's services: 1996-2002 Reform Update*. Retrieved from [www.nyc.gov/html/acs/html/reform\\_update](http://www.nyc.gov/html/acs/html/reform_update)
- Administration for Children's Services. (2005). *Protecting children and strengthening families: A plan to realign NYC child welfare system*. Retrieved from [www.nyc.gov/acs/html/downloads.pdf](http://www.nyc.gov/acs/html/downloads.pdf)
- Administration for Children's Services. (2006). *2006 Action plan*. Retrieved from [www.nyc.gov/acs/html/downloads/pdf](http://www.nyc.gov/acs/html/downloads/pdf)
- Administration for Children's Services. (2009). *Improved outcomes for children: Planning and implementation guide*. Retrieved from [www.nyc.gov/acs/html](http://www.nyc.gov/acs/html)
- Administration for Children's Services. (2011). *Mayor Bloomberg announces judge Ronald E. Richter as commissioner of the Administration for Children's Services*. Retrieved from <http://www.nyc.gov/acs/html/downloads.pdf>
- Administration for Children's Services. (2012a). *ACS report*. Retrieved from <http://www.nyc.gov/html/ops/downloads/pdf/mmr/acs.pdf>
- Administration for Children's Services. (2012b). *The Administration for Children's Services strategic plan update*. Retrieved from [http://www.nyc.gov/html/acs/downloads/providers\\_newsletter/sept13/2012\\_Strategic\\_Plan\\_September.pdf](http://www.nyc.gov/html/acs/downloads/providers_newsletter/sept13/2012_Strategic_Plan_September.pdf)

- Adoptive and Foster Family Coalition. (2017). *ASFA in New York State*. Retrieved from <http://affcn.org/fostercare/legal-issues/nys-foster-care-laws-and-regulation/asfa-in-new-york-state/>
- Alexander, J. (1999). The impact of devolution on nonprofits. *Nonprofit Management & Leadership, 10*(1), 57-70.
- Alexander, J. (2000). Adaptive strategies of nonprofit human service organizations in an era of devolution and new public management. *Nonprofit Management & Leadership, 10*(3), 287-303.
- Antle, B., Barbee, A., Sullivan, D., & Christenssen, D. (2009). The effects of training reinforcement on training transfer in child welfare. *Child Welfare League of America, 88*(3), 5-26.
- Aronson, J., & Smith, K. (2010). Managing restructured social services: Expanding the social? *British Journal of Social Work, 40*, 530-547. doi:10.1093/bjsw/bep002
- Baines, D. (2004a). Caring for nothing: Work organization and unwaged labour in social services. *Work, Employment and Society, 18*(2), 267-295.
- Baines, D. (2004b). Pro-market, non-market: The dual nature of organizational change in social services delivery. *Critical Social Policy, 24*(1), 5-29.
- Baines, D. (2006). "Whose needs are being served?" Quantitative metrics and the reshaping of social services. *Studies in Political Economy, 77*, 195-209.
- Baines, D. (2009). *Resistance as emotional labour: The Australian and Canadian nonprofit social services*. Paper presented at the International Labour Process Conference, Edinburgh, UK.
- Baker, A. (2013, December 22). State official appointed by de Blasio as leader of child welfare agency. *The New York Times*. Retrieved from <http://nyti.ms/1e2ZC9k>
- Bernstein, N. (2001). *The lost children of Wilder: The epic struggle to change foster care*. New York, NY: Random House, Inc.
- Blewett, J. (2011). Reflections on the impact of the Children Act 1989: Child care policy, the knowledge base and the evolving role of social work. *Journal of Children's Services, 6*(1), 34-44.
- Blunstein, R. (2014, January). Looking after the welfare of child welfare workers. *City Limits, 1-4*. Retrieved from <https://citylimits.org>
- Bogdan, R. C., & Biklen, S. K. (1983). *Qualitative research for education: An introduction to theory and methods*. Boston, MA: Allyn & Bacon.

- Brodkin, E.Z. (2006). Bureaucracy redux: Management reformism and the welfare state. *Journal of Public Administration Research and Theory*, 17(1), 1-17.
- Buckley, C., & Secret, M. (2011, March 24). Caseworkers dispirited over charges in girl's death. *The New York Times*. Retrieved from [www.nytimes.com](http://www.nytimes.com)
- Cardy, S. (2010). "Care Matters" and the privatization of looked after children's services in England and Wales: Developing a critique of independent "social work practices". *Critical Social Policy*, 30(3), 430-442.
- The Annie E. Casey Foundation. (2001). *Family to family - tools for rebuilding foster care*. Retrieved from <http://www.aecf.org/resources/recruitment-training-and-support-the-essential-tools-of-foster-care-1/>
- The Annie E. Casey Foundation. (2003). *The unsolved challenge of system reform: The condition of the frontline human services workforce*. Retrieved from <http://www.aecf.org/resources/the-unsolved-challenge-of-system-reform/>
- The Annie E. Casey Foundation. (2005). *Using continuous quality improvement to improve child welfare practice: A framework for implementation*. Retrieved from [www.aecf.org/resources/](http://www.aecf.org/resources/)
- The Annie E. Casey Foundation. (2010a). *An analysis of the Kansas and Florida privatization initiatives*. Retrieved from [http://www.michfed.org/analysis\\_kansas\\_and\\_florida\\_privatization\\_initiatives\\_april\\_2010](http://www.michfed.org/analysis_kansas_and_florida_privatization_initiatives_april_2010)
- The Annie E. Casey Foundation. (2010b). *Rightsizing congregate care*. Retrieved from <http://www.aecf.org/resources/rightsizing-congregate-care/>
- Cheng, T. C. (2010). Factors associated with reunification: A longitudinal analysis of long-term foster care. *Children and Youth Services Review*, 32, 1311-1316.
- Child Welfare League of America. (2002). Child welfare workforce. *Research roundup*. Retrieved from [www.cwla.org/programs/r2p/news0209.pdf](http://www.cwla.org/programs/r2p/news0209.pdf)
- Claiborne, N., Auerbach, C., Lawrence, C., Liu, J., McGowan, B., Fernandes, G., & Magnano, J. (2011). Child welfare agency climate influence on worker commitment. *Children and Youth Services Review*, 33, 2096-2102.
- Collado, C., & Levine, P. (2007). Reducing transfers of children in family foster care through onsite mental health interventions. *Child Welfare League of America*, 86(5), 133-150.
- Collins, M. E., Amodeo, M., & Clay, C. (2007). Training as a factor in policy implementation: Lessons from a national evaluation of child welfare training. *Child and Youth Services Review*, 29, 1487-1502.

- Collins-Camargo, C., Sullivan, D., & Murphy, A. (2011). Use of data to assess performance and promote outcome achievement by public and private child welfare agency staff. *Children and Youth Services Review, 33*, 330-339.
- Connell, R., Fawcett, B., & Meagher, G. (2009). Neoliberalism, new public management and the human service professions. *The Australian Sociological Association, 45*(4), 331-338.
- Connolly, M. (2007). Practice frameworks: Conceptual maps to guide interventions in child welfare. *British Journal of Social Work, 37*(5), 825-837.
- Connolly, M., & Smith, R. (2010). Reforming child welfare: An integrated approach. *Child Welfare, 89*(3), 9-31.
- Courtney, M. E. (2000). Managed care and child welfare services: What are the issues? *Children and Youth Services Review, 22*(2), 87-91.
- Courtney, M. E., Needell, B., & Wulczyn, F. (2004). Unintended consequences of the push for accountability: The case of national child welfare performance standards. *Children and Youth Services Review, 26*, 1141-1154.
- Crea, T., Crampton, D., Abramson-Madden, A., & Usher, C. L. (2008). Variability in the implementation of Team Decisionmaking (TDM): Scope and compliance with the family to family model. *Child and Youth Services Review, 30*, 1221-1232.
- Creswell, J. W. (1994). *Research design: Qualitative and quantitative approaches*. Thousand Oaks, CA: SAGE Publications, Inc.
- Creswell, J. W. (2013). *Qualitative inquiry and research design - choosing among five approaches* (3rd. ed.). Thousand Oaks, CA: SAGE Publications, Inc.
- Cusido, C. (2012). Division was failing kids, former DSS director Wilson said. *Charlotte Observer*. Retrieved from [www.charlotteobserver.com/news/local/](http://www.charlotteobserver.com/news/local/)
- D'Andrade, A., & Duerr Berrick, J. (2006). When policy meets practice: The untested effects of permanency reforms in child welfare. *Journal of Sociology and Social Welfare, XXXIII*(1), 31-51.
- Dale Bloomberg, L., & Volpe, M. (2008). *Completing your qualitative dissertation - A roadmap from beginning to end*. Thousand Oaks, CA: SAGE Publications, Inc.
- DeCarolis, G., Southern, L., & Blake, F. (2007). *Improving child welfare outcomes through systems of care: Building the infrastructure. A guide for communities*. Retrieved from [http://www.co.williams.oh.us/Family%20First/Improving\\_Child\\_Welfare\\_Through\\_SOC-Building\\_the\\_Infrastructure.pdf](http://www.co.williams.oh.us/Family%20First/Improving_Child_Welfare_Through_SOC-Building_the_Infrastructure.pdf)
- Denzin, N., & Lincoln, Y. (2003). *The landscape of qualitative research*. Thousand Oaks, CA: SAGE Publications, Inc.

- Drechsler, W. (2005). The rise and demise of the new public management. *Post-autistic Economics Review*(33), 17-28.
- Ellet, A., Ellis, J., Westbrook, T., & Dews, D. (2007). A qualitative study of 369 child welfare professionals' perspectives about factors contributing to employee retention and turnover. *Children and Youth Services Review, 29*, 264-281.
- Embry, R. A., Budenhagen, P., & Bolles, S. (2000). Managed care and child welfare: Challenges to implementation. *Children and Youth Services Review, 22*(3), 93-116.
- Epstein, W. M. (2003). The futility of pragmatic reform: The Casey Foundation in New York City. *Children and Youth Services Review, 25*(9), 683-701.
- Evans, T. (2011). Professionals, managers and discretion: Critiquing street-level bureaucracy. *British Journal of Social Work, 41*, 368-386.
- Ewalt, J. G. (2001). *Theories of governance and new public management: Links to understanding welfare policy implementation*. Paper presented at the American Society for Public Administration, Newark, NJ.
- Fabricant, M. (1985). The industrialization of social work practice. *Social Work, 30*(5), 389-395.
- Fabricant, M. & Fisher, R. (2002) *Settlement houses under siege*. New York, NY: Columbia University Press.
- Fawcett, B., & Hanlon, M. (2009). The "return to community": Challenges to human service professionals. *Journal of Sociology, 45*(4), 433-444.
- Firestone, D. (1996, January, 12). Giuliani is forming a new city agency on child welfare. *The New York Times*. Retrieved from <http://www.nytimes.com>
- Flaherty, C., Collins-Camargo, C., & Lee, E. (2008). Privatization of child welfare services: Lessons learned from experienced states regarding site readiness assessment and planning. *Children and Youth Services Review, 30*, 809-820.
- Foderaro, L. W. (2008, June 8). As teenagers leave group homes, a challenge placing those who remain. *The New York Times*. Retrieved from <http://www.nytimes.com>
- Genty, P., Krupat, T., Raimon, M., & Vogelstein, L. (2006). *When "free" means losing your mother: The collision of child welfare and the incarceration of women in New York State*. Retrieved from [www.correctionalassociation.org](http://www.correctionalassociation.org)
- Golden, O. (2009). *Reforming child welfare* (1st ed.). Washington, DC: The Urban Institute Press.
- Gonnerman, J. (2011, September 11). The knock at the door. *New York Magazine*. Retrieved from <http://nymag.com/news/features/acs-chareece-bell-2011-9/>

- Goodman, D. (2016, October 6). A list of missed chances, but few answers, in fatal abuse case. *The New York Times*. Retrieved from <http://nyti.ms/2Gddgd>
- Gruber, M. (1974). Total administration. *Social Work, 19*(5), 625-636.
- Gruening, G. (2001). Origin and theoretical basis of new public management. *International Public Management Journal, 4*, 1-25.
- Hagedorn, J. M. (1995). *Forsaking our children: Bureaucracy and reform in the child welfare system*. Chicago, IL: Lake View Press.
- Halpern, R. (1999). *Fragile families, fragile solutions: A history of supportive services for families in poverty*. New York, NY: Columbia University Press.
- Hanna, M. D., & Potter, C. C. (2012). The effective child welfare supervisor. *Administration in Social Work, 36*, 409-425.
- Hasenfeld, Y. (1996). The administration of human services: What lies ahead? In P. L. Raffoul & A. C. McNeece (Eds.), *Future Issues for Social Work Practice* (pp. 281-292). Boston, MA: Allyn and Bacon.
- Healy, K. (2009). A case of mistaken identity. *Journal of Sociology, 45*(4), 401-418.
- Heffernan, K. (2006). Social work, new public management and the language of "service user". *British Journal of Social Work, 36*, 139-147.
- Hopkins, K. M., Cohen-Callow, A., Kim, H. J., & Hwang, J. (2010). Beyond intent to leave: Using multiple outcome measures for assessing turnover in child welfare. *Children and Youth Services Review, 32*, 1380-1387.
- Kaufman, L. (2005, February 4). City seeks to add services in shift from foster care. *The New York Times*. Retrieved from <http://www.nytimes.com>
- Kim, H. (2011). Job conditions, unmet expectations, and burnout in public child welfare workers: How different from other social workers? *Children and Youth Services Review, 33*(2011), 358-367.
- Kramer, A. (2012, Winter). The tricky thing about visits. *Child Welfare Watch, 21*, 1-36. Retrieved from [www.centernyc.org/child-welfare-watch](http://www.centernyc.org/child-welfare-watch)
- Larbi, G. A. (1999). *The new public management approach and crisis states*. Retrieved from [www.unrisd.org](http://www.unrisd.org)
- Lee, J., Forster, M., & Rehner, T. (2010). The retention of public child welfare workers: The roles of professional organizational culture and coping strategies. *Children and Youth Services Review, 33*, 102-109.

- Lipsky, M. (2010). *Street-level bureaucracy: Dilemmas of the individual in public services*. New York, NY: Russell Sage Foundation.
- Liu, J., & Smith, B. (2011). Transferring training to child welfare practice: Individual and collective efforts. *Child and Youth Services Review*, 33, 149-156.
- Lizano, E. L., & Mor Barak, M. E. (2012). Workplace demands and resources as antecedents of job burnout among public child welfare workers: A longitudinal study. *Children and Youth Services Review*, 34, 1769-1776.
- Mallon, G. P., & McCartt Hess, P. (Eds.). (2005). *Child welfare for the 21st century: A Handbook of Practices, Policies, and Programs*. New York, NY: Columbia University Press.
- Maluccio, A. J., & Pecora, P. (2006). Foster family care in the U.S. In C. McAuley, P. Pecora, & W. Rose (Eds.), *Enhancing the Well-being of Children and Families through Effective Interventions*. London, UK: Jessica Kingsley Publishers.
- Martin, L. L., & Frahm, K. (2010). The changing nature of accountability in administrative practice. *Journal of Sociology and Social Welfare*, XXXVII(1), 137-147.
- Maynard, B. R. (2010). Social service organizations in the era of evidence-based practice. *The Journal of Social Work*, 10(3), 301-316.
- McBeath, B., & Meezan, W. (2006). Nonprofit adaptation to performance-based, managed care contracting in Michigan's foster care system. *Administration in Social Work*, 30(2), 39-70.
- McBeath, B., & Meezan, W. (2008). Market-based disparities in foster care service provision. *Research on Social Work Practice*, 18(1), 27-41.
- McBeath, B., & Meezan, W. (2010). Governance in motion: Service provision and child welfare outcomes in a performance-based, managed care contracting environment. *Journal of Public Administration Research and Theory*, 20, 1101-1123. doi:10.1093/jopart/mup037
- McGowan, B. G. (2005). Historical evolution of child welfare services. In G. P. Mallon & P. McCartt Hess (Eds.), *Child welfare for the twenty-first century*. New York, NY: Columbia University Press.
- McGowan, B. G., & Walsh, E. M. (2000). Policy challenges for child welfare in the new century. *Child Welfare*, 79(1), 11-17.
- McKinley, J. (2014, January 10). Before his death, boy faced weeks of abuse, officials say. *The New York Times*. Retrieved from <http://nytimes.com>
- Meezan, W., & McBeath, B. (2008). Market-based disparities in foster care outcomes. *Children and Youth Services Review*, 30, 388-406.

- Meezan, W., & McBeath, B. (2011). Moving toward performance-based, managed care contracting in child welfare: Perspectives on staffing, financial management, and information technology. *Administration in Social Work, 35*, 180-206.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: SAGE Publications, Inc.
- Mitchell, L.B., Barth, R.P., Green, R., Wall, A., Biemer, P., Duerr Berrick, J., Webb, M.B. (2005) Child welfare reform in the United States. *Child Welfare League of America, LXXXIV*(1), 1-23.
- Mor Barak, M. E., Levin, A., Nissly, J. A., & Lane, C. J. (2006). Why do they leave? Modeling child welfare workers' turnover intentions. *Children and Youth Services Review, 28*, 548-577.
- National Association of Social Workers (2013) *Standards for social work practice in child welfare*. Retrieved from <https://www.socialworkers.org/practice/standards/childwelfarestandards2012.pdf>
- National Conference of State Legislatures. (2004). *Child welfare issues overview*. Retrieved from [www.ncsl.org/programs/cyf/cwoverview.htm](http://www.ncsl.org/programs/cyf/cwoverview.htm)
- New York State Office of Children and Family Services. (2008). *Statewide assessment instrument*. Retrieved from [www.ocfs.state.ny.gov](http://www.ocfs.state.ny.gov)
- New York State Office of Children and Family Services. (2009). *Final report: New York child and family services review*. Retrieved from [www.ocfs.state.ny.gov](http://www.ocfs.state.ny.gov)
- New York State Office of Children and Family Services. (2011). *Children in care and custody of LDSS-quarter ending 9/30/10*. Retrieved from [www.ocfs.state.ny.us/main/reports/QRcare](http://www.ocfs.state.ny.us/main/reports/QRcare)
- New York State Office of Children and Family Services. (2016). *Children in care and custody of LDSS*. Retrieved from <http://www.ocfs.ny.gov.main/reports/quarterly-youth/Q116/quarterlyrpt.pdf>
- Noonan, K., Sabel, C. F., & Simon, W. H. (2009). Legal accountability in the service-based welfare state: Lessons from child welfare reform. *Law & Social Inquiry, 34*(3), 523-568.
- O'Neil-Murray, K. (2003). The federal legal framework for child welfare. Retrieved from [www.pewfostercare.com](http://www.pewfostercare.com)
- O'Neil-Murray, K., & Gesiriech, S. (2003). A brief legislative history of the child welfare system. Retrieved from [www.pewfostercare.org](http://www.pewfostercare.org)
- Orlebeke, B., Wulczyn, F., & Mitchell-Herzfeld, S. (2004). *Improving public child welfare agency performance in the context of the federal child and family services reviews*. Paper presented at the National Association for Welfare Research and Statistics, Oklahoma City, OK.

- Ortega, D. M., & Levy, M. (2002). Facing the challenge of a changing system: Training child welfare workers in a privatized environment. *Journal of Health and Social Policy*, 15(3/4), 177-187.
- Patton, M. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: SAGE Publications, Inc.
- Pecora, P., Whittaker, J. K., Maluccio, A. J., Barth, R., & DePanfilis, D. (2010). *The child welfare challenge policy, practice and research* (3rd ed.). New Brunswick, NJ: Aldine Transaction.
- Pennell, J., Edwards, M., & Burford, G. (2010). Expedited family group engagement and child permanency. *Child and Youth Services Review*, 32, 1012-1019.
- Poertner, J., Moore, T., & McDonald, T. (2008). Managing for outcomes: The selection of sets of outcome measures. *Administration in Social Work*, 32(4), 5-22.
- Rauktis, M. E., McCarthy, S., Krackhardt, D., & Cahalane, H. (2010). Innovation in child welfare: The adoption and implementation of family group decision making in Pennsylvania. *Children and Youth Services Review*, 32, 732-739.
- Regehr, C., Chau, S., Bruce, L., & Howe, P. (2002). An exploration of supervisor's and manager's responses to child welfare reform. *Administration in Social Work*, 26(3), 17-36.
- Robinson Lowry, M. (2004). Putting teeth into ASFA: The need for statutory minimum standards. *Children and Youth Services Review*, 26, 1021-1031.
- Robinson Lowry, M., & Farber, J. (2007). *At the crossroads: A decade of child welfare reform in New York City*. Children's Rights. Retrieved from [www.childrensrights.org](http://www.childrensrights.org)
- Robinson Lowry, M., & Farber, J. (2009). *The long road home*. Children Rights. Retrieved from [www.childrensrights.org](http://www.childrensrights.org)
- Sahlin-Andersson, K. (2000). *National, international and transnational constructions of new public management*. Stockholm University. Stockholm Center for Organizational Research. Retrieved from [http://www.score.su.se/polopoly\\_fs/1.26660.1320939807!/20004.pdf](http://www.score.su.se/polopoly_fs/1.26660.1320939807!/20004.pdf)
- Sandfort, J. (2000). Moving beyond discretion and outcomes: Examining public management from the front lines of the welfare system. *Journal of Public Administration Research and Theory*, 10(4), 729-756.
- Scaglione, F. (2010, March). Get Your Scorecard Here! *New York Nonprofit Press*. Retrieved from [www.nynp.biz](http://www.nynp.biz)
- Scannapieco, M., & Connell-Carrick, K. (2007). Child welfare workplace: The state of the workforce and strategies to improve retention. *Child Welfare*, 86(6), 31-52.

- Schmid, H. (2004). Organization-environment relationships: Theory for management practice in human service organizations. *Administration in Social Work, 28*(1), 97-113.
- Schorr, A. L. (2000). The bleak prospect for public child welfare. *The Social Service Review, 124*-136.
- Secret, M. (2011, March 31). Report says New York City overlooked more children in danger. *The New York Times*. Retrieved from [www.nytimes.com](http://www.nytimes.com)
- Seelye, K. Q. (1997, November 17). Clinton to approve sweeping shift in adoption. *The New York Times*. Retrieved from <http://www.nytimes.com/1997/11/17/us/clinton-to-approve-sweeping-shift-in-adoption.html>
- Smith, B., & Donovan, S. (2003). Child welfare practice in organizational and institutional context. *Social Service Review, 541*-563.
- Southall, A. (2016, September 28). Death of 6-year-old boy in Harlem raises questions for child welfare agency. *The New York Times*. Retrieved from <http://nyti.ms/2dbrmzL>
- Stern, L. W., & Gibelman, M. (1990). Voluntary social welfare agencies: Trends, issues and prospects. *Families in Society: The Journal of Contemporary Human Services, 71*(1), 233-244.
- Strolin-Goltzman, J. (2010). Improving turnover in public child welfare: Outcomes from an organizational intervention. *Child and Youth Services Review, 32*, 1388-1395.
- Testa, M. F. (2010). Data for policy planning and analysis. In M. F. Testa & J. Poertner (Eds.), *Fostering Accountability: Using evidence to guide and improve child welfare policy* (pp. 135-165). New York, NY: Oxford University Press.
- Thorne, S. (2000). Data analysis in qualitative research. *EBN Notebook, 3*, 68-70. Retrieved from [www.ebn.bmj.com](http://www.ebn.bmj.com)
- Tilbury, C. (2004). The influence of performance measurement on child welfare policy and practice. *British Journal of Social Work, 34*(2), 225-241.
- Tilbury, C. (2007). Shaping child welfare policy via performance measurement. *Child Welfare, 86*(6), 115-135.
- Tilbury, C., Osmond, J., & Crawford, M. (2010). Measuring client satisfaction with child welfare services. *Journal of Public Child Welfare, 4*, 77-90.
- Turcotte, D., Lamonde, G., & Beaudoin, A. (2009). Evaluation of an in-service training program for child welfare practitioners. *Research on Social Work Practice, 19*(1), 31-41.
- Uher, J. (2011). *CFRS-Comment-Letter*. Retrieved from <http://www.napcwa.org/Home/docs/CommentsonCFSRFederalRegisterNotice.pdf>

- Unrau, Y. A., & Wells, M. A. (2005). Patterns of foster care service delivery. *Child and Youth Services Review, 27*, 511-531.
- U.S. Department of Health and Human Services, Administration for Children and Families. (1999). *Notice of final list of child welfare outcomes and measures*. Retrieved from [www.acf.dhhs.gov/programs/cd/laws/fed\\_reg/frcwoutc.htm](http://www.acf.dhhs.gov/programs/cd/laws/fed_reg/frcwoutc.htm)
- U.S. Department of Health and Human Services, Administration for Children and Families. (2000a). *Title IV-E foster care eligibility reviews and child and family services state plan reviews: Final rule*. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/fr012500.pdf>
- U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2000b). *Rethinking child welfare practice under the Adoption and Safe Families Act of 1997*. Retrieved from <http://www.acf.hhs.gov/cb>
- U.S. Department of Health and Human Services, Administration for Children and Families. (2009). *Child and family services reviews: Fact sheet*. Retrieved from [www.acf.hhs.gov/monitoring/cb/monitoring\\_childwelfare.htm](http://www.acf.hhs.gov/monitoring/cb/monitoring_childwelfare.htm)
- U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2010). *Caseload and Workload Management*. Retrieved from [www.childwelfare.gov/pubs/case\\_work\\_management](http://www.childwelfare.gov/pubs/case_work_management)
- U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2011a). *Moving toward greater use of federal performance-based incentives in child welfare*. Retrieved from <http://www.acf.hhs.gov/cb>
- U.S. Department of Health and Human Services, Administration for Children and Families. (2011b). *About CAPTA: A legislative history*. Retrieved from <http://www.childwelfare.gov/pubs/factsheets/about.pdf>
- U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2012). *Child welfare outcomes 2007-2010: Report to Congress*. Retrieved from <http://www.acf.hhs.gov/programs/cb/pubs/cwo07-10/cwo07-10.pdf>
- U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2016). *Preliminary FY2015 estimates as of June 2016 (23)*. Retrieved from <http://www.acf.hhs.gov/programs/cb>
- U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2017a). *Children's Bureau history*. Retrieved from <https://www.acf.hhs.gov/cb/about/history>
- U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2017b). *Child maltreatment 2015*. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/cm2015.pdf>

- U.S. Government Accountability Office. (1997). *Social service privatization: Expansion poses challenges in ensuring accountability for program results*. (GAO/HEHS-98-6). Retrieved from <http://www.gao.gov/assets/230/224891.pdf>
- U.S. Government Accountability Office. (2003). *HHS could play a greater role in helping child welfare agencies recruit and retain staff* (03-357). Retrieved from [www.gao.gov/cgi-bin/getrpt?GAO-03-357](http://www.gao.gov/cgi-bin/getrpt?GAO-03-357)
- U.S. Government Accountability Office. (2006). *Child welfare - improving social program, training, and technical assistance information would help address long-standing service-level and workforce challenges*. Retrieved from <http://www.gao.gov/assets/260/252443.pdf>
- U.S. Office of Management and Budget. (1993). *Government Performance and Results Act of 1993*. Washington, DC: The White House. Retrieved from <http://www.whitehouse.gov/omb/mgmt-gpra/gplaw2m> - top
- Wastell, D., White, S., Broadhurst, K., Peckover, S., Pithouse, A. (2010). Children's services in the iron cage of performance management: street-level bureaucracy and the spectre of Svejkism. *International Journal of Social Welfare*, 19, 310-320.
- Watson, D. (2003). Defining quality care for looked after children: frontline workers' perspectives on standards and all that? *Child and Family Social Work*, 8, 67-77.
- Watson-Bishop, S. (2007). Linking nonprofit capacity to effectiveness in the new public management era: The case of community action agencies. *State and Local Government Review*, 39(3), 144-152.
- Weaver, D., Chang, J., Clark, S., & Rhee, S. (2007). Keeping public child welfare workers on the job. *Administration in Social Work*, 31(2), 5-25.
- Wells, S. J., & Johnson, M. A. (2001). Selecting outcome measures for child welfare settings: Lessons for use in performance management. *Children and Youth Services Review*, 23(2), 169-199.
- White, S., Hall, C., & Peckover, S. (2009). The descriptive tyranny of the common assessment framework: Technologies of categorization and professional practice in child welfare. *British Journal of Social Work*, 39, 1197-1217.
- White, S., Wastell, D., Broadhurst, K., & Hall, C. (2010). When policy overleaps itself: The 'tragic tale' of the integrated children's system. *Critical Social Policy*, 30, 405-429.
- Williamson, E., & Gray, A. (2011). New roles for families in child welfare: Strategies for expanding family involvement beyond the case level. *Children and Youth Services Review*, 33, 1212-1216.
- Yamatani, H., Engel, R., & Spjeldnes, S. (2009). Child welfare worker caseload: What's just right? *Social Work*, 54(4), 361-368.

- Yampolskaya, S., Paulson, R. I., Armstrong, M., & Vargo, A. C. (2004). Child welfare privatization: Quantitative indicators and policy issues. *Evaluation Review, 28*(2), 87-103.
- Yang, K., & Pandey, S. K. (2008). How do perceived political environment and administrative reform affect employee commitment? *Journal of Public Administration Research, 19*, 335-360.
- Yaroni, A., & Shanahan, R. (2014). Innovations in NYC health and human services policy. Vera Institute of Justice. Retrieved from <https://www.vera.org>
- Zell, M. C. (2006). Child welfare workers: Who they are and how they view the child welfare system. *Child Welfare, LXXXV*(1), 83-103.
- Zlotnik, J. L., Strand, V., & Anderson, G. R. (2009). Achieving positive outcomes for children and families: Recruiting and retaining a competent child welfare workforce. *Child Welfare, 88*(5), 7-18.
- Zullo, R. (2008). Child welfare privatization and child welfare: Can the two be efficiently reconciled? Retrived from <https://www.inthepublicinterest.org/wp-content/uploads/ChildWelfarePrivatization.pdf>