Practice Change in Child Welfare: The Interface of Training and Social Work Education

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This article examines perceptions of the relationship between professional education and workplace training among a select group of public child welfare employees who pursued graduate social work education during a period of major practice change at their agency. Focus groups were conducted with representative members of graduating cohorts as students completed their studies to explore the connections and distinctions between their professional education and the workplace training that introduced case practice reform. Experienced caseworkers, supervisors, and management-level staff, study participants were well situated to contemplate the changes in process at their agency. They offered insights into the progress of reform and the challenges of sustaining change as well as their roles as professional social workers in carrying reforms forward.

CONTEXT FOR THE STUDY

Expansion of the federal role in child welfare in the past several decades has increased attention to child outcomes and guided and encouraged organizational change across state child welfare systems. Child and Family Service Reviews, required by federal legislation to assess child safety, permanency, and well-being since 2001, have led to innovations in practice and to a renewed focus on workforce development (Amodeo, Bratiotis, & Collins, 2009; Collins, 2008; Cooksey-Campbell, Folaron, & Sullenberger, 2013; Mischen, 2008). Sometimes, states have been compelled to make changes because of class action suits (Center for the Study of Social Policy [CSSP], 2012). A number of states have built on partnerships with schools of social work and the availability of Title IV-E funds for training and professional education (Zlotnik, 2003) to embark on major child welfare reforms. A few have implemented case practice models and the requisite training needed to effect substantial practice change (Barbee, Christensen, Antle, Wandersman, & Cahn, 2011; National Resource Center for Permanency and Family Connections, n.d.).
This article examines one northeastern state's child welfare reform experience through the reflections of selected employees offered the opportunity to pursue graduate social work education. Focus groups explored these students' perceptions of social work education and the workforce training meant to usher in major practice changes. Experienced caseworkers, supervisors, and managers, these participants in the study were well situated to contemplate the changes in process at their agency. They offered insights into the progress of the reforms and the challenges their agency faced in sustaining the changes as well as their thoughts about the interconnections and the distinctions between their professional education and their training experiences.

Articulated as an emphasis on professionalization and career development, MSW education for employees was actually part of an early iteration of the reforms undertaken by this state in the settlement of a class-action suit (New Jersey Department of Human Services, Office of Children’s Services [NJ DHS OCS], 2004). The MSW program in which focus group members participated was developed shortly thereafter by the state’s largest school of social work, part of a major public research university, in collaboration with the public child welfare agency. It consisted of a hybrid weekend model that permitted students to continue full-time employment while they pursued their degree, which they did exclusively with other public child welfare employees in off-campus locations throughout the state. The curriculum incorporated enhanced child welfare content and combined a focus on clinical and management skills.

Specially selected and admitted to the program in staggered cohorts, beginning in 2006, students were provided with full tuition support and requisite educational leave to fulfil field and class requirements in the 3-year program. They were expected to return 2 full years of service to the public child welfare agency on completion of their studies. The final cohorts, from which focus group participants were drawn, were admitted in 2009 and received only partial funding. The program was discontinued in 2010 due to state fiscal pressures. All but 5 of the 59 students in the program when funding was halted continued their studies, aided by a partial scholarship from the school of social work and agency-provided educational leave. In all, 152 of 167 students admitted since the program’s inception completed their MSW; 93% have remained in service, many advancing to specialized caseworker and supervisory or management positions. By 2013, graduates in positions of leadership had risen to 60%, from 43% at admission for those enrolled 2009, and from 39%, for those who had begun their studies in prior years (Deglau, Ray, & Akincigil, 2014).

As the MSW program entered its first year, difficulties in the implementation of the reforms brought the agency back into court and subsequently led to modification of the initial reform plan. The Modified Settlement Agreement (MSA, n.d.) reached addressed deficiencies in the implementation of the previous plan and specified measurable and presumably more achievable objectives. It laid out a blueprint for case practice change, reduced caseloads, and workplace wide training that would come to characterize the essence of the reforms (NJDHS OCS, 2006). Despite administrative support for the new MSW program, professional education was not specifically designated to play a role in the agency’s reform plans by the MSA nor for a BSW program that been developed in partnership with several higher education institutions some years earlier and a child advocacy certificate program established by another university, nor was professional education mentioned in the monitoring reports that ensued (CSSP, 2007–2015).

The new case practice model (CPM) was formulated just as the first cohorts of MSW students began their studies. It encompassed an emphasis on family engagement and involvement in
decision making, in contrast to conventional child welfare practice, and made use of strengths-based and solution-focused strategies, using family team conferencing, called family team meetings (FTMs) (Child Welfare Policy and Practice Group [CWPPG], n.d.b; New Jersey Department of Children and Families [NJDCF], 2007). The establishment of a training partnership with several higher education institutions followed, with the MSW program’s parent school of social work in the lead. CPM implementation plans, which consisted of a staggered, regional rollout (NJDCF, 2007), included the additional expertise of an outside consulting agency that had provided similar training and consultation to other state child welfare systems (CWPPG, n.d.a). Following 20 hours of workforce training by the partnership, consisting of three preparatory modules (Rutgers, 2011), in-depth office-based training in FTM facilitation was conducted through demonstration and coaching, called immersion (NJDCF, 2007; National Child Welfare Resource Center on Organizational Improvement, n.d.; National Child Welfare Resource Center on Organizational Improvement, 2011). The consultants piloted and conducted immersion initially but were gradually replaced by agency staff progressively trained as FTM facilitators, coaches, and master coaches (NJDCF, 2007). Monitoring reports (CSSP, n.d.) describe the agency’s steady but uneven progress toward assuming full responsibility for FTM immersion training and achieving statewide CPM implementation.

LITERATURE REVIEW

This study is informed by research from a number of interconnected areas concerned with system reform, workforce development, and training in public child welfare. Innovations in case practice, including a focus on the development and articulation of a case practice model to guide agency child welfare practice, is a relatively recent development. It is the cumulative result of Child and Family Service Reviews (Cooksey-Campbell et al., 2013), research, and legal advocacy (CSSP, 2012). Reform and practice change in public child welfare presents formidable challenges that have been examined by several researchers.

Principles for Implementing Case Practice Models

For Kaye, Depanfilis, Bright, and Fisher (2012), the principle drivers for successful implementation of a case practice model are staff competencies (staff recruitment, training, coaching, and supervision), organization (data systems that inform decision-making, policies and procedures, infrastructure, and external collaborations), performance (practice and outcomes), and leadership. Barbee et al. (2011) similarly describe the necessary components for the adoption of a comprehensive case practice model, including a sound theoretical foundation and the specification of practice skills applied across the continuum of services; a system infrastructure, including policies, procedures, and training aligned with the model; and data-driven evaluation to assess outcomes and inform continuous quality improvement. One of the models that meets these criteria employs FTMs as a practice strategy (Barbee et al., 2011), the vehicle for practice changes, and the basis for the accompanying training initiative discussed by the focus groups in this study.

A case practice model is distinguished from specific evidence-based or evidence-informed interventions by its generalization across agency practice (Barbee et al., 2011; Kaye et al., 2012). Some family-centered interventions (Pennell, Edwards, & Burford, 2010) do not meet the
threshold of an agencywide practice model, but have nonetheless had positive results. For example, Landsman and Boel-Studt (2011) found that greater family inclusion in early decision making contributed to the success of kinship care and earlier exit from care. Burford, Pennell, and Edwards (2011) also found favorable permanency outcomes for children when families had an FTM and were involved in decision making.

Model Fidelity, Training, and Transfer of Learning

Contextual and practice variations between various family-centered interventions, on the other hand, often raise difficulties in the evaluation of their outcomes (Morris & Connolly, 2012; Pennell, Burford, Connolly, & Morris, 2011), compounded by mixed, incomplete or unclear outcome data, even when families appear to be satisfied with the experience (Crea & Berzin, 2009). Inconsistent outcomes among various models of family engagement have led researchers to examine both model fidelity and the kinds of skills workers need to implement these models. Altman (2008) and Lietz (2011) each conducted qualitative analyses to tease apart family and caseworker perceptions of family engagement practices to assess how closely worker practice followed the engagement model. Snyder, Lawrence, and Dodge (2012) found instances of greater model fidelity when protective practice was integrated with child and family wraparound services.

The relational aspects of family engagement practice evoked by these authors as they examined model fidelity seems to require something quite different from caseworkers than the typical, procedurally oriented child welfare practice characteristic of the latter part of the 20th century (Ellett & Leighninger, 2006; Seaberg, 1982). The extent to which this fuller sense of engagement can be addressed effectively by workplace training and the skills transferred to practice is critical to the implementation of family-centered practice (Collins, 2008; Collins, Amodeo, & Clay, 2008).

Yet, several researchers have raised concerns that very little, perhaps only 10% to 13% of what is learned in training may actually transfer to practice (Curry, McCarragher, & Dellmann-Jenkins, 2005; Liu & Smith, 2011). Training, they contend, can support but not create good systems and effective practitioners; its transfer to practice hinges on the alignment of organizational practice and training objectives (Amodeo et al., 2009).

Transfer of learning to the practice arena requires not only motivation and readiness on the part of the trainee but continual supervisory reinforcement (Antle, Barbee, Sullivan & Christensen, 2009). Collective learning transfer can facilitate the process (Liu & Smith, 2011), by calling on the network of social relationships available to workers as social capital (Boyas & Wind, 2010). Training can also be channeled into practice by mentoring, clinical consultation, and constructivist transfer, involving the worker in formulating and putting learned knowledge into practice (Strand & Bosco-Ruggiero, 2011). This requires supervisory and organizational support as well as the time and ability to practice what has been learned (Antle, Barbee, & van Zyl, 2008; Seaberg, 1982).

Professional Education and Workplace Training

Distinctions between professional education and workplace training in the transfer of knowledge and skills to practice are instructive with regard to the preceding discussion and particularly
pertinent to this study. Sar, Antle, and Bledsoe (2012), for example, conclude that students who took social work classes and completed assignments had better outcomes in terms of learning transfer than those who had similar content in training courses. Franke, Bagdasaryan, and Furmana (2009) note that Title IV-E educated workers, especially MSWs, performed better in all areas at both pre- and posttests conducted as part of a preservice training program. Scannapieco, Hegar, and Connell-Carrick (2012) compare child welfare staff with and without social work degrees in a longitudinal analysis and find significant differences in perceptions of capability, favoring those with MSWs. Mason, LaPorte, Bronstein, and Auerbach (2012) observe that child welfare workers who had the opportunity to take social work courses gained a greater appreciation of workplace dynamics and showed greater intention to stay in the field the more courses they took, suggesting a likelihood for increased practice effectiveness and retention.

Other work indicates that public child welfare employees who pursued a graduate degree in social work perceived improvement in skills and preparation for their work, as well as a sense that they could exercise influence in the practice environment (Auerbach, McGowan, & LaPorte, 2008; Hopkins, Mudrick, & Rudolph, 1999; Lewandowski, 1998; Whitaker & Clark, 2006). Interviews and focus groups conducted with public child welfare employees who had obtained their MSWs and assumed leadership positions just as their child welfare system embarked on important system changes, suggests that MSW education broadened their perspectives and helped them articulate and better support change to their supervisees and colleagues (McGuire, Howes, Murphy-Nugen, & George, 2011).

This body of work suggests an important place for professional education in the implementation of practice change. While it seems unlikely that social work education can be made available to sizable numbers of public child welfare employees, increasing the numbers of MSWs committed to practice change might play an important role in enhancing learning transfer and sustaining reform across a public child welfare agency. The examination of this important intersection between social work education, practice change, and training transfer is the principal purpose of the present study.

**METHODOLOGY**

This study, approved by the institutional review board, employed surveys and focus groups in a qualitative research design to examine two principal research questions: How do public child welfare employees pursuing an MSW perceive the relationship of their professional education with training received at the workplace? and, How do career professionals in public child welfare with an MSW education envision their role as social workers in a system implementing major changes in case practice? Focus groups, preceded by two short surveys, were planned in each of two different regions of the state to gather data on these questions. Each group attended two sessions to adequately address workplace training and FTMs, the principal medium through which practice change was to be implemented.

**Sample**

Participants were public child welfare employees in the last semester of their MSW studies who had been taking classes together for the past 3 years in two different regional cohorts, noted as
G1 and G2 for purposes of the study. Cohorts and focus groups were diverse ethnically, and their members varied in terms of age; all but one or two members of each cohort were women, although only the G2 focus group included members who were male. Both cohorts included employees who were supervisors, managers, and caseworkers. The regions in which members of each cohort worked comprised economically depressed urban, rural and suburban sectors. However, G1 members tended to work in less densely populated and more rural areas with smaller cities, and G2 members served areas that encompassed the state’s two largest and most densely populated urban centers.

Preliminary Procedures

Two surveys were administered 1 month prior to the focus groups, intended to help refine questions for the groups and to identify participants. First, students completed an anonymous survey designed to provide an overall picture of their experiences in training from the vantage point of their MSW studies. The survey consisted of 12 questions on a 6-point Likert scale and explored students’ engagement with the training, compatibility of training content and MSW coursework, and the dynamics of interactions with coworkers and trainers. Information about employment position was also collected. Table 1 enumerates questions for this survey.

| TABLE 1 | Aggregate Responses to Anonymous Survey, by Region and Position (n = 37) |
|---------|--------------------------|-----------------|-----------------|-----------------|----------------|----------------|
|         | G1-S | G1-C | G1-Total | G2-S | G2-C | G2-Total |
| n = 10  | n = 10 | n = 20 | n = 8 | n = 9 | n = 17 |          |
| Training compatible with MSW classes | 5.00 | 4.70 | 4.85 | 3.75 | 4.66 | 4.23 |
| Contribute positively to training because of learning in MSW classes | 5.00 | 5.50 | 5.25 | 4.38 | 5.44 | 4.94 |
| Often bored in training because it was too basic | 2.70 | 4.30 | 3.50 | 2.75 | 3.33 | 3.05 |
| Little or no relationship between training and learning from MSW classes | 1.50 | 1.90 | 1.70 | 2.75 | 2.33 | 2.52 |
| Was fully engaged in the training | 5.00 | 3.90 | 4.45 | 4.38 | 4.22 | 4.29 |
| Actively used learning from MSW classes in the training | 4.70 | 5.20 | 4.95 | 4.50 | 4.77 | 4.64 |
| Felt uncomfortable in the training because didn’t want to show off among coworkers | 1.50 | 3.30 | 2.40 | 2.38 | 2.44 | 2.41 |
| Coworkers or cotrainees looked to me for answers or input because I was getting my MSW | 3.20 | 3.50 | 3.35 | 3.25 | 2.77 | 3.00 |
| Coworkers or cotrainees deferred to me during the training because I was getting my MSW | 2.30 | 3.00 | 2.65 | 2.75 | 2.44 | 2.58 |
| Tried to play down participation in MSW education because didn’t want to stand out in the training | 2.10 | 3.10 | 2.60 | 2.25 | 2.55 | 2.41 |
| Felt specially recognized by the trainer, once he or she knew I was getting my MSW | 1.60 | 1.60 | 1.60 | 2.00 | 2.11 | 2.05 |
| Felt no special recognition from trainer related to pursuing MSW, even though this was known | 3.40 | 3.40 | 3.40 | 4.50 | 4.11 | 4.29 |

Scale: 1–6 Likert, strongly disagree–strongly agree. S = supervisors; C = caseworkers.
Next, students in each of the cohorts G1 and G2 completed a confidential survey to identify potential focus group members. This survey collected information on position and seniority as well as specific training experience, as detailed in Table 2. Selection for participation in the focus groups was based on who met the threshold by completion of (a) three modules of CPM training, (b) immersion, and (c) current FTM facilitation. Students selected for the focus groups were invited by e-mail to participate in each of the two focus groups in their region. If interested and available, participants completed an informed consent that provided detailed information about the project, outlined protections and risks for participants, and authorized audio recording. Of those invited to participate, two G2 individuals initially declined to participate, but later joined the FTM group, and one respondent withdrew from the same group because of a lack of experience in facilitating FTMs. A few G1 participants were not available for the focus groups, although they met the criteria.

Focus Groups

Each focus group met twice to explore workplace training and FTMs. A doctoral research assistant affiliated with the MSW program conducted the groups, assisted by an MSW research assistant who took notes and transcribed the audio recordings. Each focus group lasted about an hour. Lunch was served because the groups met during participants’ lunch hour on a weekend class day.

Guiding questions for the focus groups were developed and refined as informed by confidential and anonymous survey results. Questions about workplace training explored participants’ appraisals of workplace training content and delivery and its compatibility or difference with social work educational experience. They also explored the dynamics in training sessions, including focus group participants’ level of participation and engagement in the training since becoming MSW students and perceptions of their role and use of MSW and training content in

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**Table 2**

Cohort and Focus Group Samples: Confidential Survey on Training Experiences

<table>
<thead>
<tr>
<th></th>
<th>G1 Cohort</th>
<th>G1 Focus Group</th>
<th>G2 Cohort</th>
<th>G2 Focus Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>20</td>
<td>8</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Mean seniority in years and range</td>
<td>10 (5–23)</td>
<td>10.75 (7–14)</td>
<td>8.8 (6–13)</td>
<td>8.5 (6–13)</td>
</tr>
<tr>
<td>Supervisors/managers (S)</td>
<td>10 (50%)</td>
<td>6 (75%)</td>
<td>9 (53%)</td>
<td>5 (41%)</td>
</tr>
<tr>
<td>Caseworkers (C)</td>
<td>10 (50%)</td>
<td>2 (25%)</td>
<td>8 (47%)</td>
<td>7 (59%)</td>
</tr>
<tr>
<td>CPM training before MSW</td>
<td>8</td>
<td>5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>CPM training after MSW</td>
<td>9</td>
<td>1</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>CPM training/timing not specified</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Did not complete CPM training</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Completed immersion</td>
<td>19</td>
<td>8</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>Conduct FTMs</td>
<td>12</td>
<td>8</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Master coach</td>
<td>3 (S)</td>
<td>3 (S)</td>
<td>1(S)</td>
<td>1(S)</td>
</tr>
<tr>
<td>Coach</td>
<td>4 (2S, 2C)</td>
<td>2 (S, C)</td>
<td>3(S, 2C)</td>
<td>3(S, 2C)</td>
</tr>
<tr>
<td>Facilitator</td>
<td>5 (2S, 3C)</td>
<td>3 (2S, C)</td>
<td>7(3S, 4C)</td>
<td>7(3S, 4C)</td>
</tr>
<tr>
<td>FTMs part of Field</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
their work. FTM questions inquired about participants’ personal and regional experiences in FTM implementation, the relationship of MSW education to the skills and knowledge needed to facilitate FTMs, and the challenges of sustaining case practice change at their agency. Although each of the two focus group meetings had definitive aims, the questions posed were fairly open-ended and generally followed the lead of the participants, whose familiarity after 3 years of study facilitated robust discussions. Occasional follow-up questions were asked to encourage further depth and to reframe or redirect the discussion to keep participants on topic.

Analysis

After the focus groups were conducted and transcriptions of the recordings completed and checked for accuracy, the program’s director, the focus group facilitator, and an additional PhD research assistant not involved in the initial research independently reviewed the transcripts and recordings to identify salient themes. This team met, discussed, and reached consensus on nine initial thematic areas, A–I, delineated in Table 3.

Subsequently, the transcripts were transferred to an Excel worksheet, one sheet for each of the four focus groups, with a separate Excel cell for each remark. Cells were then precoded to designate member identifiers, including cohort membership, the position of the speaker (supervisor or caseworker), and the chronology of the response, to facilitate the reconstitution of conversations. Three additional columns were established to facilitate response coding. The team jointly assigned a letter to each theme (A to I). Then, each narrative segment across all groups was assigned a letter code, corresponding to themes expressed in the segment. A minimum of

<table>
<thead>
<tr>
<th>Theme/Code</th>
<th>G1-S training</th>
<th>G1-C training</th>
<th>G1-S FTM</th>
<th>G1-C FTM</th>
<th>G2-S training</th>
<th>G2-C training</th>
<th>G2-S FTM</th>
<th>G2-C FTM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of remarks</td>
<td>s = 70 c = 30</td>
<td>s = 96 c = 10</td>
<td>s = 44 c = 39</td>
<td>s = 52 c = 36</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total remarks %</td>
<td>70 30</td>
<td>91 9</td>
<td>53 47</td>
<td>59 41</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remarks with two or more codes %</td>
<td>49 50</td>
<td>22 20</td>
<td>52 54</td>
<td>44 36</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remarks with three codes %</td>
<td>10 11</td>
<td>2 2</td>
<td>8 8</td>
<td>3 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Role/responsibility regarding MSW knowledge acquired</td>
<td>6 1</td>
<td>2 1</td>
<td>1 7</td>
<td>5 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Connections: MSW knowledge/training content</td>
<td>14 19</td>
<td>9 21</td>
<td>9 1</td>
<td>2 11</td>
<td>8 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Dynamics: workforce training</td>
<td>7 19</td>
<td>2 21</td>
<td>2 1</td>
<td>6 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Actions/use of knowledge</td>
<td>2 21</td>
<td>2 10</td>
<td>1 1</td>
<td>4 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Identification with PCW role</td>
<td>19 21</td>
<td>9 10</td>
<td>21 3</td>
<td>1 15</td>
<td>16 30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Work/life balance</td>
<td>21 21</td>
<td>10 10</td>
<td>3 3</td>
<td>1 16</td>
<td>15 7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Training assessment and recommendation(s)</td>
<td>38 21</td>
<td>14 21</td>
<td>35 35</td>
<td>32 29</td>
<td>12 11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. FTM implementation</td>
<td>2 21</td>
<td>4 14</td>
<td>3 14</td>
<td>1 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Resistance to practice change identified</td>
<td>1 3</td>
<td>29 7</td>
<td>7 30</td>
<td>1 20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S=supervisor remark; C=caseworker remark. Up to three codes reflecting distinct themes were assigned to individual remarks.
one and a maximum of three codes were assigned to each narrative segment, subjectively ordered by significance.

Following the completion of coding, separate worksheets for each of the two training and FTM groups were combined and sorted by order of assigned thematic codes. Comparisons between regional groups G1 and G2, between supervisors and caseworkers, and between and across training and FTM groups were made by the focus group facilitator and director. The analysis proceeded from attention to the frequency with which themes were expressed to attention to multiple themes within remarks to a more holistic understanding of broader, intersecting themes, referencing the research goals for the project.

As member checking was not possible, as students had graduated and were not easily reachable, the research team went back to the audio data files and reconstituted conversations to check the accuracy of interpretations against the original recordings. Draft results were also reviewed by several coauthors involved in the project, each with varying degrees of experience and expertise in public child welfare.

**FINDINGS**

**Survey Results**

Anonymous survey results, reported in Table 1, indicate that respondents across both groups and supervisor/caseworker positions expressed strongest agreement with the extent to which they used knowledge acquired in their MSW education in workplace training. Thereafter, responses varied by cohort, position, and occasionally, the individual. Although the sample is too small for cohort and position differences to be of real significance, some patterns emerge. For example, G1 supervisors indicated strong agreement with their engagement in workplace training, compatibility between training and MSW classes, and their positive contribution to training. G1 caseworkers, although they generally followed suit, reported less engagement with training in the aggregate. There appeared to be less difference in training engagement between G2 supervisors and caseworkers, and G2 supervisors, in particular, were less inclined to think that workplace training was compatible with MSW education. They were also somewhat less likely to feel they contributed positively to the training, as compared to caseworkers in both groups and to G1 supervisors.

The results of the confidential survey, reported in Table 2, delineate principal cohort and focus group characteristics by region, G1 and G2. Respondents selected for the focus groups were fairly representative of the larger cohorts they were drawn from in terms of position and seniority, except that G1 had proportionately more supervisors in the focus group, despite relative a balance of supervisors and caseworkers in the cohort. G2 supervisors and caseworkers were more equivalent proportionally, across cohort and focus group. Mean and individual seniority was higher in the G1 cohort and focus group, averaging 10 and 11 years, respectively, as opposed to 8.8 and 8.5 years for G2, which is likely related to the greater number of supervisors/managers in the former group (75% in G1 vs. 53% in G2).

Geographic differences in the timing of CPM training and implementation between G1 and G2 were evident. Compared with G2, G1 cohort and focus group members were further along in CPM training and FTM facilitation, a higher proportion having completed the CPM training
Focus Group Results

Findings from the focus groups expand on anonymous and confidential survey results, providing a qualitative picture of workplace training and the implementation of FTMs as part of case practice. The findings highlight commonalities and distinct differences in G1 and G2 group members’ perceptions about their training experiences and involvement in case practice change at their agency. Distinctions between supervisors and caseworkers are also evident.

The distribution and frequency of themes in what was said by focus group members in each group, by supervisors and caseworkers, is reported in Table 3. Remarks that reference multiple themes, indicated for each group and position, appear to be somewhat more prevalent in G2, particularly in discussions of FTMs.

Results indicate that dialogue generally was balanced proportionally between supervisors and caseworkers, based on their representation in the focus groups, as indicated in Table 2. For example, caseworkers, fewer in number in G1, held their own in proportion to their representation in the group in overall remarks pertaining to workplace training. Caseworkers in G2, although in the majority, appeared to defer slightly to supervisors in the extent of their participation. When discussing FTMs, however, supervisors in both focus groups were more vocal than caseworkers, though the imbalance was less apparent in G2.

**Distribution of themes.** Discussions across both groups appeared to cluster in two principal thematic areas with respect to training and focus groups: assessment of and recommendations for workplace training, and identification with the public child welfare role. Participants sometimes identified with their non-MSW peers at the agency concerning the challenges of meeting multiple and sometimes conflicting priorities in child welfare work but also criticized the absence of a social work ethos in the work of colleagues. A third thematic area, connections between MSW knowledge and training content, was also present in discussions by both groups, primarily with regard to training. G1 caseworkers and supervisors explored these connections with respect to FTMs, but G2 participants hardly mentioned the connection when speaking about FTMs, and then only by caseworkers. Finally, work/life balance was referenced on several occasions in the training and FTM groups by G1 supervisors, and to some extent, by caseworkers with regard to training. G2 members hardly touched on this subject, although case workers spoke at length about specific frontline training needs in their regions.

Surprisingly, there was little direct reference to FTM implementation by either group, although it was the underlying premise of most of the discussions. It was clearly embedded in conversations about resistance to family engagement and practice change and about the relationship of students’ social work education and their training experience. Examining the content of the discussions holistically across the various themes brought these fundamental issues to the
foreground, with new weight given to the commonalities and differences between the focus
groups and between the groups’ caseworkers and supervisors.

Commonalities

Social work education and training. Focus group participants generally agreed that
MSW education added value to their workplace training experience. Several participants shared
a tendency to participate more actively in training, greater selectivity in choosing training
opportunities to attend and better utilization of training since beginning MSW education:

New supervisor, G2: Before, I kind of just went to the trainings ‘cause I had to. Now . . . I find that I
listen closer, I ask a lot more questions in reference to . . . what I’m being told, and I kind of put . . .
what I learned in class with what’s being said in the training . . . together, so I feel like I’m learning a
lot more.

Participants consistently reflected on the manner in which their social work education influenced
a new approach to their work in child welfare. They expressed a sense of pride in the knowledge
and skills acquired through their MSW education, emphasizing the transformation in how they
approached their daily practice:

Caseworker, G1: I am now very different, I had a very micro view, just my case load, my unit, and I
began the program because I did not know the strategies I needed to know . . . . I knew I needed
education.

This influenced how they participated in workplace training:

Supervisor, G2: You know you are listening through a different lens now . . . . You become more
analytical. You get to questioning . . . I don’t think any of us in this room could really say . . . we just
let anybody tell us anything at this point . . . . we question just about everything . . . . It creates good
dialogue which impacts . . . a better learning experience. But I know that didn’t exist prior to being in
the program.

Participants related that their MSW classes provided a deeper understanding of the principles
underlying the content of what they were learning in workplace training about practice change, an understanding that went well beyond what the training realistically was able to provide:

Caseworker, G1: The state is running such a massive program, they can’t go into depth about the
theories, about where these concepts come from, but when you are sitting in [training] class and
hearing it, it clicks and a light bulb goes off and you say, “oh, I know where that is from . . . . that is
solution focused theory.”

They realized that training by itself could not possibly address this level of knowledge, and they
felt it was a privilege and gave them a keen sense of responsibility to use their knowledge and to
circulate it among their coworkers:

Supervisor, G1: Because we were afforded this opportunity . . . . even the workers at this point can
educate their peers on what we [have] learned . . . . we need to spread that education among our
peers.
G1 supervisors, in particular, used the momentum of the change environment and what they had learned in social work classes to help workers under their supervision understand the significance of what they were learning in their training courses and transfer that knowledge to their practice:

Supervisor, G1: *We learned to take it a step further for those who are not getting those light bulb moments.*

**Social work education and the dynamics of practice change.** Both G1 and G2 focus group members were committed to the changes in case practice at their agency, to family engagement and to FTMs:

Supervisor, G2: About 90% of the families that I work with and did Family Team Meetings [with], at the end thanked us because their voice was heard versus [the agency] just telling them this is what you need to do.

Caseworker, G2: I think they’re [FTMs] a much more humane and respectful way of engaging our families and I think that they [the families] really walk away feeling empowered when they’re done correctly. . . . I found them very helpful . . . when children are removed from the home because it [having the FTM] . . . gives the parent a chance to really understand the process and the time limit and what is expected from them and what they want from the [agency].

At the same time, they raised questions on occasion about whether their colleagues without a social work background actually had the adequate skill set to effectively work with families from a family-centered engagement model:

Supervisor, G1: I don’t necessarily know that they’re [co-workers] asking the right questions. . . . I just did a prep [preparation of families for FTM] last week. . . . it was an hour and half long and when we walked out, the supervisor looked at me and was like, “Wow, I would’ve never asked any of those questions.”

**Differences**

Despite core commonalities between the two focus groups, there were a number of differences between them with respect to their views on training and the challenges of implementing practice change. These differences seemed to originate, at least partly, in the timing, or rollout of the CPM implementation plan and immersion training:

Supervisor, G1. The state was so segmented with how they rolled this out, which created problems. I mean I worked in three different offices in three different phases going through this process that started in 2008. So, the initial office, like was one of the pilot offices to start, so they got all the support, they had outside trainers come in and train the staff. . . . it went smoothly. Then I went to an office that was just starting their immersion process and now the state was pulling back the outside trainers, so everybody was trying to figure out what they were going to do. It was kind of starting another phase of trying to regroup and figure something out in the midst of this office going through training. And then I went to another office [that] just got trained. . . . and now everybody needs to be brought up as facilitators and there is no support except for the Master Coaches, me being one of them.
While most G1 focus group members participated in immersion conducted by the consultants, students from G2 regions, except for one member, were trained by internal staff. Early resistance was evident:

New Supervisor, G2: I’m a master coach in my office since March of 2011 and, in my office, when they initially rolled it out, they asked supervisory staff to volunteer to become a coach or a master coach and nobody wanted to do it.

It was apparent in the focus groups that the regions represented by G1 and G2 groups were each developmentally in a different place with respect to their progress in incorporating change in their practice, largely because of the differential timing of implementation across the state. The presence and nature of resistance to incorporating case practice change was thus expressed differently in each group. Whatever environmental and institutional factors influenced resistance to change, moreover, the two groups differed with respect to how they encountered that resistance and how they dealt with it. Whether they were caseworkers or supervisors also played a role. Finally, the timing of change also seemed to parallel preferences for internal versus external trainers for subsequent training opportunities.

Training perspectives and engagement. G2 members felt that trainers ought to come from within the ranks of the public child welfare agency because they were more familiar with the nature of their work. Caseworkers, in particular, spoke at length about the concrete training needs of field staff, noting personal safety and infant care among their top priorities. G2 participants were more appreciative of outside trainers, who could bring a different perspective to the work, although they also felt that trainers needed to be familiar with the realities of child protective work and should be able to offer concrete resources to staff as part of the training.

Differences between caseworkers and supervisors in the extent of their active participation in training opportunities were most evident in G2, which had a more even balance between the two. Levels of engagement in training appeared to vary, according to individual attributes, position, and the dynamics among participants of particular training sessions. Some G2 caseworkers, for example, mitigated their participation in accordance with the perceived acceptance of their coworkers to new approaches to practice and with presumed perceptions of the group toward their being a social work student:

Caseworker, G2: Sometimes I think too it depends on who’s in the room. . . . You don’t want to look like you know too much, but you don’t want to look like you don’t know enough. . . . so sometimes I’m a little hesitant.

Being a supervisor tended to shift the balance toward participation for focus group members, although expressions of frustration over resistance among colleagues to case practice change were frequently expressed:

Supervisor, G2: I think . . . the people that are not involved in the program . . . perpetuate some of that attitude . . . especially with people they supervise. I see it in some of the new workers even, people who are just coming in. . . . Their supervisor says, “you don’t need to do the case practice model, we’ve done this before, it’s not going to work, so just do it this way and get it over with.”

Confronting resistance to change. Although G1 and G2 both addressed resistance to change, the tenor of discussions varied. Supervisors and caseworkers in the G2 focus group addressed opposition to case practice change specifically and in detail. Some echoed the role of
supervisory staff, whom they said had moved through the ranks without any real preparation for practice and had little commitment or ability to practice in a fundamentally new way:

New Supervisor, G2: I think that a lot of the resistance is in the supervisory staff, in my experience, not in the front line staff, because I’ve seen some workers really embrace it and really try to work with the families.

Others saw the problem of resistance more generally:

Caseworker, G2: People . . . just don’t want to participate in FTMs. They think . . . they’re a waste of time and just don’t understand the concepts behind it and don’t want to do them.

Focus group members gave examples of strategies that workers undertook to avoid conducting FTMs, emphasizing the lack of a conceptual understanding behind the process:

Caseworker, G2: Because of their own disinclination to do an FTM, they explain it in such a way that families will not want to do it . . . . Sometimes I even think it’s not necessarily that people don’t buy into it, they don’t understand it because they don’t even want to . . . process it . . . let alone figure out how it’s going to help them help their families.

As a G2 case practice specialist charged with conducting FTMs noted:

Caseworker, G2: There’s some people that say this is today’s flavor of the month and it will be something different in six months or six years or six days.

Acknowledging conflicting priorities. Moving from simple resistance to strategies to further change, another caseworker noted that the opposition to preparing for and conducting FTMs with families sometimes came from perceptions that it only added to their work, rather than making their work with families more effective:

Caseworker, G2: I think part of the problem with getting more workers on board is the emphasis on having to do the family team meetings . . . as another task for them to do, putting it in policy, putting numbers with it . . . rather than a tool to use to enhance your case practice.

For their part, G1 participants focused less on resistance to FTMs in their discussions and more on the conflicting priorities that got in the way of conducting quality FTMs. They noted, in particular, the multiple demands on public child welfare workers, reflecting on several concerns about work/life balance in doing their jobs:

Supervisor, G1: You want us within MSA standards, you want good quality work, you want us to have a great case practice, which I get, but we’re all like these little hamsters on this wheel and you don’t see that they’re leaving the office at 7 with a backpack of cases and everything else and are at home doing work. So [the Manager] is like “well, maybe we need to stop that.” . . . well, you stop that and then the [caseload] numbers go up.

One supervisor zeroed in on some of the challenges in conducting follow-up FTMs, once a case was transferred to a permanency unit, noting that the initial meetings were not a problem at the intake level:

Supervisor, G1: We’re not following up. I mean we already know across the state the best thing we do is the initial [Family Team Meeting].
G1 supervisors were also concerned about how they could handle moving from the pilot status they had experienced to full FTM training and implementation using their own resources:

Supervisor, G1: *And not to be negative, like why would anybody want to be a coach or a master coach? You're tripling your amount of work... You're going to be a master coach, 'Oh, gee, thanks!'*

**Questions of model fidelity.** G2 focus group members spent some time discussing their offices’ approaches to FTMs. There were different opinions from the group about the importance of fidelity to the FTM model versus the incorporation of FTMs as a practice tool among other strategies to work with families. One G1 supervisor commented on the rigidity with which some of their peers in the agency viewed FTMs and disparaged the inability to use the skills of family engagement as opportunities presented themselves in the field. The focus group member advocated calling these opportunities FTMs, even when certain components of the model had not been completed or were not available or present. Perhaps exaggerating somewhat, this supervisor stated the following:

Supervisor, G2: *It turned into a really uncomfortable situation, 'cause she [a supervisor] was so opinionated about, “well, that really wasn't an FTM, because there wasn't... food at the table.”*

A caseworker challenged this view, however:

Caseworker, G2: *I think the only issue I have with that is when you make it so loose everyone's interpretation is different and it's like, “oh, everybody was here but it wasn't a strength based meeting, we came up with an agreement, but mom may not very well buy into it because this is the agreement the supports came up with.”... When you make it too loose, it’s open for too much interpretation.*

G2 members spoke about the incongruity in what was deemed an FTM across the agency and sometimes, controversy and competition between offices in how they came up with FTM numbers:

Caseworker, G2: *I think it depends on each office... Some offices are not as rigid and they look outside of the box... My office... if everybody's there, you take the time to prep them, 5 or 10 minutes before, and that way you can consider that an FTM has been done. You don't have to have the board, you don't have to have the food, as long as, at the end of the day, you have an agreement: that's your FTM and you can consider that an FTM.*

**Quality, Sustainability, and Solutions**

Both focus groups expressed concerns about the quality of FTMs as the agency continued to lag in 2012 in incorporating the model into case practice to the extent required by the MSA, and as individual regions of the state began to feel increasingly pressured to focus efforts on compliance. The changing nature of FTMs was a major topic of discussion by G2 members:

Supervisor, G2: *In my new office, I happen to encounter a lot of the fact that it's become more numbers than anything. It's more about the amount of FTMs you can do at a given month. It's kind of starting to lose the process of helping families and... more like how many can we get in a month. I'm getting the sense... and that's what I'm worried about... that we're losing the process in the end.*

For G1 participants, the right questions were not being asked, as workers were pressured to comply with MSA expectations without sufficient training and support to conduct quality FTMs, or to incorporate this tool in case practice:
G1 supervisor. *We’re not getting the story. We’re not getting the underlying [needs]... I don’t think people are reading the records at all... prepping, getting to know the family.*

These comments touched on the very heart of the sustainability of practice change and how and to what extent family engagement and involvement in decision making might be generalized across the agency.

Participants from G1 and G2 focus groups had solid ideas about the relevance and importance of practice change, and the use of FTMs in their child welfare work. They also had ideas about what needed to happen at the agency to further implementation and ensure sustainability. Time to implement and process practice change for coaches and new facilitators alike was considered important by both groups. G2 members referred directly to the importance of protected time to participate in FTM training, which seemed to be an increasing issue in later phases of implementation:

Supervisor, G2.: *I think with the whole facilitation ... and training process we need to try to eliminate as many obstacles as possible for staff to really have the time to be trained ... without thinking about, ’Oh, my gosh I’m going to have to go to the office and get hit with another case’ or ’I’m going to have to work after hours.’*

Some participants drew on their experience conducting FTMs as part of a field placement to formulate strategies that might help in establishing this tool in work with families:

Caseworker, G2. *I do FTMs as part of my internship, which is good because you know I also use the skills that I learn at school and within the FTM.*

These experiences led group members to recommend dedicated FTM facilitators in each office, perhaps on a rotating basis, with a preference for MSWs:

Supervisor, G2. *Having one person designated to do them [FTMs] and maybe requiring that workers do one not saying every month, because sometimes that’s not feasible ... having one person really designated who can make all these phone calls and do all the scheduling and do the preps and facilitate the meeting and write the notes because it really, for one meeting it, it’s various hours that you’re spending.*

Supervisors in G1 had been involved in developing tracking systems to ensure that FTMs happened appropriately in their units or regions and spoke about what had worked in their offices. They were appreciative of the opportunity to share in the focus groups and contended that increasing communication between offices about what was working and what was challenging in their regions could help advance the process:

Supervisor, G1. *I think having people share what worked or, ’this is how we do it and this helps us run a little bit more smoothly’ and sharing that between offices as opposed to each office stumbling through the process and finding out what an office has already been doing for a year, by accident.*

**DISCUSSION**

Study findings indicate that MSW education offered something to public child welfare employees they did not acquire in training alone, echoing the work of several researchers concerning the better preparation of social work students for practice in child welfare (Franke et al., 2009; Sar et al., 2012; Scannapieco et al., 2012). Their MSW educational experience was clearly
transformative for study participants (McGuire et al., 2011), bringing a new lens to how they thought about and approached their own practice and influencing their use of what they had learned in interactions and leadership among their peers.

With respect to the research questions that prompted this study, moreover, professional education extended and reinforced the objectives of workplace training, individually and collectively. It positioned study participants, in their view, at the center of the challenging efforts to change practice at this public child welfare agency, with a view toward enhancing and reinforcing the transfer of learning among their peers who only had access to workplace training.

Differences between and within the regional focus groups in their accounts of experiences with workplace training and FTM implementation are suggestive that the interface between training and professional education and its effects on practice change were not altogether smooth, however. Indeed, G1 and G2 conversations reflect the uneven pace of case practice change across regions and offices. This appears to have been primarily related to the regional timing of CPM implementation but may also have been influenced by the nature of participants’ work environments. Staggered implementation and how G1 and G2 group members experienced initial CPM training and immersion were paralleled by preferences concerning external versus internal instructors in later training opportunities, albeit that factors such as satisfaction with particular instructors or particular workplace dynamics may also have been at play.

The influence of position in the weight given certain topics of discourse was particularly evident in G2, which was more evenly balanced in caseworker and supervisor membership. G2 caseworkers brought up training needs relevant to frontline workers (safety and infant care) and also carried on a robust dialogue about when and whether they intervened in workplace training. That their interventions varied, according to individual attributes and the dynamics of a given training session, raises some interesting questions about how change happens in interpersonal networks at frontline levels (Boyas & Wind, 2010; Liu & Smith, 2011). Similar questions might be raised by the somewhat ambiguous responses to cohort surveys administered prior to the focus groups. The only area in which survey respondents concurred was in their use of MSW knowledge in workplace training. Otherwise, considerable variability by group, position, and the individual reflects the complexity of individual and organizational circumstances that affect training outcomes and system change.

Implications

As a number of focus group participants conceded, MSW education cannot feasibly be made available to all practicing public child welfare staff. Yet, graduate social work education clearly provides opportunities to transfer knowledge and skills unavailable to most trainees (Sar et al., 2012). The present study suggests that blending a rigorous training program, backed by organizational support (Antle et al., 2009; Curry et al., 2005; Liu & Smith, 2011) with social work educational opportunities for some staff, can add considerable value and impetus to training efforts and system change.

This study also suggests that providing professional educational opportunities across multiple levels of staff can be advantageous. Although supervisors in the focus groups evidently had more opportunity—and authority—to effect practice change across a broader work environment, caseworkers were armed with the skills and conceptual understanding to do so on an individual basis and to model, perhaps more informally, a different way of working among their peers.
Such modeling through informal social networks (Boyas & Wind, 2010) has been shown to be important in the collective transfer of knowledge (Liu & Smith, 2011) and might arguably play an equally critical role in transforming the culture of practice at an agency. Including promising caseworker staff in MSW education is also logically a means to advance the sustainability of reforms into the future, as evidenced in the movement into supervisory positions of the many MSW graduates who were admitted as caseworkers. Further research exploring these questions more fully might help target limited educational resources more effectively and suggest ways to better harness the social capital engendered through professional education.

Limitations

Focus groups are necessarily limited to the experience of a small group of individuals and by the extent to which their members may or may not be representative of a wider constituency. The interpretation of focus group discussions are themselves highly subjective and related to the knowledge, experience, and relationships of the researchers, to the context and the group members, each of which carry advantages and disadvantages. The study has sought to temper limitations concerning representativeness by the inclusion of surveys that reached a wider pool of respondents and to mitigate the inherent subjectivity of a qualitative study by employing multiple reviews and reviewers of varying degrees of relationship with public child welfare.

Additionally, in this study, the social work educational opportunities offered to a fairly large contingent of public child welfare supervisors and caseworkers coincided with a broad-based, agencywide training effort during an unprecedented period of reform and organizational support for practice change in this state. The generalizability of the study’s conclusions about a potential role for social work education in reinforcing workforce training and sustaining practice change is limited by the concurrence of these fairly unusual, although hardly unique circumstances.

REFERENCES


