A multi-level analysis of individual and agency effects on implementation of family-centered practice in child welfare

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A B S T R A C T

This study describes factors associated with the implementation of family centered practice (FCP) across a state child welfare system. Using Multi-Level Model (MLM) analysis of self-report data from the child welfare workers and supervisors in one multi-jurisdiction state, individual and organizational factors that may influence successful implementation of innovative practice models are identified. Individual worker's characteristics such as social work degree, training, and age were all associated with higher levels of individual adoption of FCP principles. Organizational culture including innovation and flexibility and outward focus were associated with organization level implementation of FCP principles. Implications for child welfare practice and implementation of FCP are discussed.

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1. Introduction

Since the passage of the Adoption and Safe Families Act of 1997, the U.S. Department of Health and Human Services (2015a, b, c) has increased its watchfulness and monitoring of state's child welfare systems and ushered in an era of child welfare reform focused on family engagement (Mischen, 2010). Federal legislation and the efforts of child welfare advocacy groups combined to formalize family-centered reform in child welfare, leading to a paradigm shift that moved child welfare practice away from child-focused interventions toward family-focused interventions in an effort to meet the needs of children. Family-centered practice (FCP) in child welfare reflects the new emphasis on the family unit as a critical context for child safety and wellbeing. With origins in mental health, education, and health care service systems, FCP emphasizes the family as the unit of attention, works to ensure informed family choices, and operates from a family strengths perspective (Allen & Petr, 1998). Compared to child welfare practice as usual, FCP places greater emphasis on consulting with family members as well as assessing and acknowledging family strengths during the decision making and intervention process (Allen & Petr, 1998; Sandau-Beckler, Salcido, Beckler, Mannes, & Beck, 2002). An example of this in practice is the use of family involvement meetings, in which the caregiver and child are included in case meetings and actively participate in the case planning process (Mischen, 2010).

To provide services from a family-centered perspective is to work in partnership with family members, focus on family resourcefulness, practice with cultural curiosity, fit services to families' needs, and engage in empowering processes that increase the accountability of the child welfare system to families (Madsen, 2009). The focus on family-professional relationships and family choice is a recent trend and may be the result of increased formal FCP implementation in practice settings (Epley, Summers, & Turnbull, 2010). Both individual worker characteristics and characteristics of agencies and programs may impact the successful implementation of new practice models in child welfare (Lietz, Hayes, Cronin, & Francie, 2014; McCrae, Scannapieco, Leake, Potter, & Menefee, 2014; Yoo, Brooks, & Patti, 2007).

The objective of this study is to understand individual and organizational effects on the implementation of FCP in one large state's child welfare system. More specifically, this study aims to explore: (1) what individual and organizational factors are associated with an agency's efforts to implement FCP, and (2) what individual and organizational factors are associated with individual worker's practice of FCP. This study measures the child welfare agency workers' practice of FCP, workers' assessments of their agency's organizational climates, and workers' perspectives on their agency's efforts to implement FCP, and tests the hypothesis that these influences may combine to affect the implementation of FCP across the state. This study contributes to research examining the multiple levels of factors that shape implementation of FCP in a statewide child welfare system and to providing implications for child welfare practice.

2. Factors associated with implementation of FCP

Child welfare systems are increasingly using evidence based practice (EBP) to improve outcomes for children, youth and families (Barth, 2008). The implementation of EBP models in child welfare systems

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may provide a blueprint for effective implementation of FCP practice models given the use of implementation science across multiple settings (Fixsen, Naoon, Blasé, Friedman, & Wallace, 2005). Implementation science in child welfare suggests using effective implementation strategies from feasibility to fidelity can improve the outcomes of EBP models (Mildon & Shlonsky, 2011). Implementation drivers such as competency, organization and leadership build the capacity and infrastructure that is crucial for program success (Fixsen, Blasé, Naoom, & Duda, 2015).

Individual and organizational factors may combine to impact the implementation of family centered practice in child welfare agencies. In this review, we explore studies related to both organizational characteristics (including organizational culture, working conditions, and size of agency) and individual worker's characteristics (including age, race, time on the job, training, and level of education) associated with the implementation of practice change in child serving agencies.

2.1. Organizational factors

Organizational factors affecting implementation of child welfare practice models include leadership capacities such as communicating a strong vision and requiring practice to align with the intervention model (Aarons & Palinkas, 2007; Crea, Crampton, Abramson-Madden, & Usher, 2008). Worker's responses and attitudes toward organizational climate and system level impacts on child welfare agencies such as changing funding levels and federal guidelines are additional facilitators and barriers to implementation of practice models (Akin, Brook, Byers, & Lloyd, 2016; Aarons & Palinkas, 2007; Christensen & Antle, 2006). Workers' attitudes toward adopting an EBP were found to be more positive in agencies with formalized practice policies and agency support according to the EBP attitudes scale (Aarons et al., 2010). Almost a third of child welfare administrators endorsed staff resistance to change as a barrier to implementation of an EBP and the same proportion reported implementing a program after the urging of another agency (Horwitz et al., 2014). Agency size has been reported to be a factor in the implementation progress of new practices in child welfare. McCrae et al. (2014) studied the amount of staff buy-in for an organizational innovation and found that smaller agencies and agencies with lower levels of job stress have higher levels of implementation progress.

The use of strong supervisory support and strength based supervision has been viewed as a tool to increase effective implementation of FCP. Lietz et al. (2014) studied the impact of a two-day training on strength based supervision as a component of FCP, finding that 41% of supervisees reported positive changes to their supervision, thus improving intentional supervisory interactions. Zinn (2015) found 46% of caseworkers report a supportive relationship with their supervisor and the dyadic caseworker-supervisor relationship type moderate the caseworker's perceptions of their work environment. An agency level supervision model can facilitate implementation if it is using practice model values (Frey et al., 2012). However, barriers to implementation are created when supervisors have difficulty seeing themselves as agents of change versus messengers from senior administration officials, and challenges with supervisors learning a new model while training front line staff (Frey et al., 2012).

Research on the association between organizational culture and client outcomes is well established (Patterson, Dulmus, Maguin, & Cristalli, 2014; Williams & Glisson, 2014). However, there is limited research on organizational culture and the implementation of child welfare interventions such as FCP (Yoo et al., 2007). An organization's readiness to adopt new practices and agency leadership's commitment to an FCP practice model are important components to consider prior to implementation of FCP (Pipkin, Sterrett, Antle, & Christensen, 2013). Creating an organizational culture valuing family participation and engagement, focusing on family strengths, having collaborative partnerships with

families and communities, and providing culturally sensitive services may lead to successful implementation of FCP (U.S. Department of Health and Human Services, 2015a). The same principle can be applied to research on effective EBP which will not improve implementation or outcomes unless the intervention has acceptability among both clients and practitioners and is implemented with fidelity (Fixsen et al., 2005). Researchers studying the implementation of FCP in child welfare must also consider organizational factors unique to this setting such as adjusting to regularly changing federal laws and state statutes (Akin et al., 2016).

Organizational culture can impact the turnover rate of child welfare workers and decrease the amount of tenure workers found within an agency (Williams & Glisson, 2014). Hwang and Hopkins (2015) suggest over 21% of child welfare workers leave their job each year, impacting the quality, consistency and stability of services to children and their caregivers. Diversity characteristics such as age, race and gender were significantly related to workers turnover intention when considering organizational inclusion and job satisfaction (Hwang & Hopkins, 2015). Child welfare worker turnover and implementation of practice models are areas of importance to FCP since continuity of the workforce will allow for more experienced workers to practice FCP.

Crea et al. (2008) studied the implementation of team decision making (TDM) meetings, a component of FCP, across three child welfare sites. They found the first site experienced uneven TDM implementation due to changes in leadership, the second had consistent implementation due to strong agency support, and the third site had mature implementation due to its long history of using TDM. In a study of organizational factors that support or hinder the successful implementation of FCP among families with disabilities, Wright, Hiebert-Murphy, and Trute (2010) found that factors related to organizational structure, including increased caseload size, a high level of need among families, supervision with lack of consistency and training, along with organizational climate and culture factors such as policy limitations and interactions with outside agencies, negatively impacted implementation of FCP. Effective services were associated with organizational culture when members can depend on each other and take part in the decision making while remaining valued as a worker through shared agency norms (Agbenyiga, 2011). Research on the agency-level factors impacting FCP implementation in child welfare remains an area in need of further research to identify ways to increase effective implementation of the practice model in child welfare systems.

2.2. Individual workers' factors

Child welfare workers' characteristics and attitudes can also impact implementation of FCP. Child welfare workers have reported concerns regarding lack of resources and time to implement FCP, and also highlighting the need for support from supervisors and peers as important in successfully implementing FCP (Michalopoulos, Ahn, Shaw, & O'Connor, 2012). Case workers have reported that parents of children on their caseload wanted more involvement in treatment planning than with what workers were comfortable (Hollingsworth, Bybee, Johnson, & Swick, 2010). This sentiment reflects the need to find the appropriate balance between the child's safety and family involvement as children may have experienced abuse and neglect from their parents who seek reunification. The balance between the child's safety and parent involvement is at the core of FCP and its emphasis is on engaging the family to promote the child's safety and wellbeing.

Demographic characteristics of child welfare workers such as education, tenure and gender are related to FCP implementation and potentially child outcomes. In one study, child welfare workers with an MSW had children on their caseload spend 5.15 fewer months active in the child welfare system when compared to children without an MSW level case worker (Ryan, Garnier, Zyphur, & Zhai, 2006). Case-worker turnover is associated with a child's increase in the length of