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"It Takes Time to Shift Historical Paradigms": Changes in Structure, Governance, Perception, and Practice During a Decade of Child Welfare Policy Reform in Florida

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“It Takes Time to Shift Historical Paradigms”:
Changes in Structure, Governance, Perception, and Practice
During a Decade of Child Welfare Policy Reform in Florida

by

Amy Catherine Vargo

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
Department of Anthropology
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Keywords:  organizational culture, systems, poverty, neglect

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<td>CW-PMHP</td>
<td>Child Welfare Prepaid Mental Health Plan</td>
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ABSTRACT

This dissertation explored changes in structure, governance, perception and practice within Florida’s child welfare system over a ten-year period (2001-2011) inclusive of two concurrent, statewide reform efforts: the privatization of child welfare services and implementation of a Title IV-E Waiver Demonstration. Using an anthropological perspective and holistic approach, the child welfare system is presented as a type of meta-organizational culture inclusive of subsystems and subcultures which are all embedded in historical and socioeconomic context that involves alternations between child safety and family preservation approaches to care.

Guided by a grounded theory approach to qualitative data analysis, content analysis of child welfare organization documents, child welfare stakeholder interview transcripts, community governance partner surveys, and observational field notes was performed. Findings are presented within a systems theory framework and include emphasis on (1) systems change as a nonlinear, evolving process that takes time to sustain real change, 2) externalities and emergencies, as well as response to crises as ever present influential factors impacting system change and the creation of shared meaning and perceptions of, 3) the challenges involved in aligning structural views on poverty with practice models that more often employ the idea that poverty is individual, 4) the merit of privatization for social services if the reform is designed to create a public private partnership inclusive of caring for all children and families in a community, and 5) the value of flexibility and variance in local system design in order to best match a community’s needs and resources.
CHAPTER ONE:
INTRODUCTION

The primary goal of the study is to tell a story of large-scale change, explaining how changes in beliefs and perspective occur over time and are rooted in historical and political contexts. Another important goal of the research is to illustrate the gradual nature of philosophical shift, the interests and motivations of those involved, and most importantly, to describe how many different child welfare leaders, case managers, providers, judges, law enforcement offices, child advocates, and families worked hard over a decade’s time to change a foster care system that had reached the point of hurting children more often than helping them. This dissertation explores these areas of system change and how they happened over time in Florida from an anthropological perspective. Using a holistic approach and general systems theory framework, the child welfare system is presented as a culture embedded in historical and socioeconomic context. Changes in policy, structure, and governance are described within the context of how they were facilitative to changes in perceptions of poverty and child neglect, causing corresponding changes in practice over a ten-year period (2001-2011).

Statement of Purpose

Ensuring the safety and well-being of children in the child welfare system has proven to be a long term and complex issue. One of Florida’s responses to these challenges was privatization, also known as the Community-Based Care (CBC) initiative. The intent of CBC was to do the following: 1) improve the safety and well-being of children; 2) create community ownership around child welfare issues; 3) shift the responsibility for direct service delivery in
child welfare from the Department of Children and Families (DCF) to private, not-for-profit, lead agencies; 4) create a more integrated and comprehensive child protective service system; and 5) add more flexibility within the system to manage available resources. Statewide CBC took place gradually in Florida between 1996 and 2005.

In more recent years, there has been vigorous debate regarding the best interest of families and children involved with the child welfare system (McGowan 2005). National findings indicate that children who are placed in out-of-home care settings fare worse than children who remain in their homes (Doyle 2007; Lawrence, Carlson, & Egeland 2006). In 2007, a landmark MIT study found that, from a sample of 15,000 cases contrasting children with similar levels of maltreatment, children who were not removed from their homes had better long-term outcomes than those placed in foster care. They had lower rates of juvenile delinquency, teen pregnancy, and higher employment levels (Doyle, 2007, p. 1583). Applying his knowledge to another sample of 23,000 cases in 2008, Doyle also found that children left in their homes rather than removed into foster care were two to three times less likely to be involved with the criminal justice system (p. 746). In fact, a smaller study, published one year before the MIT study hit the press and gained notoriety, found that children placed into foster care exhibited more behavior problems than those left in the care of the maltreating parents (Lawrence, Carlson, & Egeland 2006, p. 57).

From 2006 to 2012, Florida implemented the Title IV-E Waiver Demonstration Program (Waiver) in an effort to decrease the number of children placed in out-of-home care and to reduce the length of stay for children in out-of-home care. The Waiver allowed for flexibility in the use of federal IV-E funds granted to the state’s child welfare agencies. The increased flexibility in the use of funds allowed for child welfare agencies to develop and implement innovative programs that emphasize parental involvement and family connections while ensuring the safety and well-being of children. In addition to the decrease in out-of-home
placements, the Waiver engendered a real shift in the way many child welfare stakeholders thought about family, parenting, poverty, and child abuse.

This dissertation will illustrate the child safety and family preservation models as they relate to child welfare practice and anthropological theory. A descriptive history of child welfare in the United States will highlight the constant presence of child safety and family preservation themes in policy and practice. An analysis of child welfare organization documents (e.g., organizational charts and mission statements) and child welfare stakeholder interview notes and transcripts (identities were not included in either form of data) was performed to explore changes in structure, governance, perception, and practice during the decade in which CBC and IV-E Waiver implementation overlapped in the state of Florida. I was one of the principal investigators and lead for the primary data collection of all materials used for this dissertation. The data were initially collected to meet independent evaluator contract requirements from the Department of Children and Families. I was a Principal Investigator on these contracts and actively participated in all aspects of data collection and analysis for the 11-year period. The corresponding impact on prevention services, residential providers, local communities, and Florida’s families and children were discussed.

The following two research questions were addressed for this dissertation:

1) How has privatization shaped the environment in which child welfare decisions are made in Florida?

2) How has implementation of the IV-E Waiver impacted child welfare stakeholder perceptions of poverty and child neglect and corresponding approaches to practice?

The first hypothesis is that the implementation of CBC laid the necessary groundwork over time to change stakeholders’ perceptions gradually about restructuring a largely state-run child welfare system into a series of public partnerships across the state and stressing community governance. The second hypothesis is that implementation of the Waiver across Florida acted as a catalyst to change various stakeholders’ perceptions of poverty and child neglect, and led to corresponding systematic changes in practice over time.
This dissertation presents data from 2001 through 2011; however, both CBC and the Waiver are still in place throughout the state. Florida is in a second five-year IV-E Waiver period in which it hopes to improve practice further, based on empirical evidence of what has worked. This dissertation differs from a clinical study in that it brings together different organizational culture concepts and contextual variables embedded in a historical context to explain the process of systems change and how it occurs. The topic is unique because Florida is the only state in the country that has implemented statewide CBC and a statewide Waiver contemporaneously. The fact that the data were collected over a period of ten years allowed for a longitudinal qualitative, exploratory approach to studying the child welfare system as a culture that evolved over time. It is hoped that this study will not only contribute to a better understanding of how the incremental implementation of CBC and the IV-E Waiver resulted in fundamental and significant systemic change over time, but also that it will raise awareness to the pathways through which community perceptions on poverty and family preservation likewise evolved over time.

**Significance of the Research**

This research is important to the field for a few reasons. First, while specific child welfare policies and programs have been studied in-depth, research studies do not usually look at how a decade of these types of programs and efforts at change shift our ways of thinking. Although there are many stakeholders in Florida who lived through the 2001-2011 time period conducting their work in either the public or private child welfare sector, what has been documented elsewhere is really more point–in-time or service specific rather than how all of the different components fit together over time to bring about a change. This is an exploratory study of how organizational culture in the child welfare system changed over time.

As is important for any anthropological study, even on a topic more germane to social work or management studies, this study begins by stating the definition of culture that framed my thinking during my doctoral research and data analysis. While the definition of “culture” can
vary depending on the person who defines the term, the working definition used while undertaking the examination of changes in organizational structure, perception, and practice within Florida’s child welfare system is that “culture” is a set of “assumptions, expectations, beliefs, social structure, and values guiding behavior” (Briody & Trotter, 2012, p. 2). The public-private partnerships formed in each of the 20 geographic areas of Florida comprising the Department, lead agencies, providers, and communities constitute a culture of shared vision. Further, Briody and Trotter (2012) reported that this shared way of thinking about the world is made up of “beliefs, values, and behaviors that organize the structure and provide a mental map of how to make the whole system work” (p. 4).

Organizational culture is an important construct within this dissertation. According to Bate (1997), organizational theory originated from anthropology. Bate cites the social anthropologist, W. F. Whyte (1969), as authoring the first textbook on organizational behavior, and also mentions the role of the journal *Human Organization*, a journal prominent in the field of anthropology (p.1147-1148) in scientifically examining the dynamics of human relationships within a sociocultural context. Since the time organizational culture became a recognized area of study, the subject matter has been highly interdisciplinary, and disciplines as diverse as management studies, anthropology, sociology, and psychology have all contributed to the field of study. The evolution of organizational culture as a concept within these disciplines will be discussed later at length, grouped into two main categories that emerged from the review of literature: organizational studies from a management perspective and organizational studies from a social sciences perspective.

This dissertation used a definition of organizational culture that stresses the importance of historical and socioeconomic influences, that organizational culture is both a product (e.g., accumulated knowledge, wisdom and beliefs) and an ongoing process (e.g., culture is dynamic and ever changing as sociocultural forces impact it and new hires come and old staff leave an organization), and that it is best studied via a holistic approach over time (e.g., change occurs in
increments that is ideally better understood over a data set that encompasses several years of incremental change). Organizational culture was considered to be a set of values, beliefs, behaviors, and relationships that include the degree of emphasis an organization places on innovation, creativity, risk-taking and professionalism among staff. It also includes views on what it means to be poor, what child abuse and neglect are, and views on child safety and child well-being and family. In addition, organizational culture includes views, norms and behaviors regarding interacting with the community and whether governance is inclusive or exclusive. Finally, I apply ideas about organizational culture primarily to the child welfare system in Florida as a whole, but also identify differences in culture between subsystems when relevant (for example, residential providers’ perspective versus prevention and diversion specialists).

As an applied anthropologist, part of my job has been to provide meaningful data to funding agencies that are often looking for recommendations on policy and practice issues. Often the recommendations are made within short turnaround times and with requirements that the real-time data be as concrete and comprehensible to nonacademic audiences (and funders) as possible. Due to my work experience with these types of data recommendations, I found myself drawn to management perspectives that looked at organizational culture from a variable-based angle, such as those studied by Schein (2004). Outside of anthropology, theorists like Schein are studying operationally defined organizational culture through a series of formalized typologies that narrowly focus data-collection methods and that allow for more practical findings to stakeholders. While ethnographic methods found within anthropology are still applied, findings are largely clinical in nature and typically intended for immediate problem-solving applications. What I found over time, however, is that a more holistic, anthropological approach made more sense in order to understand philosophical shift among child welfare stakeholders. The two approaches are laid out and contrasted here in order to identify what a holistic approach to this dissertation might contribute and to articulate why it has been applied.
History of Variable-Based and Holistic Approaches

One of the reasons this research is unique is that most Western studies of the American child welfare system are not holistic in analytical process. Holism derives from Chinese culture where as the variable-based approach from Greek psycho-social thought processes (Nisbett et al., 2001, p. 291). There are four principles upon which the two forms of analytic process are most usefully contrasted: Field versus object focus, relationships and similarities versus categories and rules as a form of grouping and understanding, dialectics versus the law of noncontradiction, and a focus on continuity versus discreteness.

First, the two approaches differ in terms of their level of research focus. Nisbett and colleagues (1993) referred to this as a “focus on field versus object” (p. 293). Chinese culture, from which aspects of holism derive, does not believe in an existence for the parts of a system separate from their interplay within the larger system. The ancient Greeks, who may have originated variable-based approaches, tended to focus more on single objects or issues rather than on all of the forces that surround that object, make it what it is, and influence behavior (Nisbett et al., 2001, p. 293).

Second, holism uses relationships and similarities rather than categories and rules as a form of grouping. There is more concern about the interplay of variables and stakeholders than the properties of any one actor or attribute. Here again, the Chinese focus is on continuity, relationships and harmony, while the ancient Greeks focused more on labeling, cataloguing, and developing rules for what they saw in order to understand basic principles above varying contexts. This has strong implications for different approaches to effecting desired change. Someone taking a holistic approach would consider all of the different contextual variables that would need to be altered in order to impact an object or event. Someone taking a more variable-based approach would catalogue objects and look for basic rules that govern changing one variable to impact a specific other variable, and would be much less interested in affecting context to bring about change (Nisbett et al. 2001, p. 294).
Third, holism uses dialectics as opposed to the law of contraindication. The law of contraindication is a Western principle deriving from Greek thought that simply states that something cannot be both true and false at the same time. Embedded in ancient Chinese culture is the opposite sort of principle—that it is important to transcend the contradictions that exist within every whole in order to better understand it. The three main principles of dialectics are that reality is fluid and change is constant, that opposites coexist within each person and concept, and that nothing should be viewed in isolation from its context, so that that measuring discrete aspects of a phenomenon is misleading (Peng & Nesbitt 1999, as cited in Nisbett et al., 2001, p. 301).

Fourth, holism focuses on continuity rather than discreteness. This is perhaps the most basic underlying difference between Chinese and Greek thought, as well as holism versus variable-based approaches to understanding the world around us. Hansen (1983, p. 30) states that traditional Chinese culture believed that “the world is a collection of overlapping and interpenetrating stuffs or substances” (as quoted in Nesbitt et al., 2001, p. 293). In contrast, early Greek thought was based on individual actors or objects with specific and known properties. As applied to the current dissertation, it is important to look at the domino effect of a compounding impact from coinciding reform efforts, as well as the economic patterns and historical contexts of changes in belief patterns rather than looking at one stakeholder group, or one policy change, or one organizational structure variable versus another.

**Key components to the variable-based approach.** Edgar Schein, a professor in MIT’s School of Management, is the most-often cited expert on the variable-based approach to studying different aspects of organizational culture. According to Schein (1986), culture is “a set of basic tacit assumptions about how the world is and out to be that a group of people share and that determines their perceptions, thoughts, feelings, and, to some degree, their overt behavior” (p. 10). Accordingly, there are four levels of organizational culture: Macro (e.g., national and international), Organizational (e.g., IBM, Apple, etc.), Subcultures (e.g., IT staff within an
organization), and Micro (e.g., smaller systems within an organization). Culture manifests in categories that include artifacts (e.g., physical aspects of the culture we can see), beliefs and values (e.g., views expressed during an interview), and underlying assumptions (e.g., nonvisible beliefs we tend to take for granted but that guide our judgment) (Schein, 2010).

Variable-based theorists attempt to solve problems within organizations by grouping people into distinct groups and working to align their thinking. Schein (1996) believed that much of the conflict within organizations was due to a misalignment among three organizational subcultures: the operator’s subculture (e.g., high levels of communication, trust and working as a team), the engineer’s subculture (e.g., abstract solutions to problems rather than people-oriented problem solving), and the executive’s subculture (e.g., focus on the financial bottom line, sense of correctness, and acting in isolation from the top down) (p. 12). While the variable-based approach does lend itself to immediate problem solving, Schein himself recognized that understanding subcultures involves a certain grounding in larger contexts such as the national or international history and perspective (1996b, p. 238). Schein also advocates for a more interdisciplinary approach to understanding organizational culture, stating that “we can only see that to which we expose ourselves” (1996b, p. 239) and encouraging team-based approaches that include social scientists, psychologists, and ethnographers.

Key components to the holistic approach. Applying a holistic approach in looking at the system as a whole over time (e.g., the child welfare system being a meta-culture in and of itself, with many nested subsystems with organizational subcultures) generates lessons and conclusions different than those that would be generated from applying a discrete variable-based approach in the study of organizational cultures for several reasons. First, a holistic perspective seeks to situate the study of organizational culture within a larger local, state, national, and international socio-cultural context (Jordan, 1994, p. 5; Hamada, 1994). One of the most important distinctions between culture defined as a set of variables and culture viewed holistically is that, instead of seeing the organization as being a culture comprised of material or
economic elements, the organization is an experience to be understood subjectively by the researcher's interest in a series of changes in shared meaning over time that facilitate corresponding changes to service delivery (Smirchic, 1983a; Pacanowsky, O'Donnell, & Trujillo, 1983). Put simply, the holistic approach is in alignment with a principle articulated by Geertz (1973) that cultures need to be understood in an integrative fashion and not parsed out into a collection of discrete variables. It stresses that much of the meaning people give to events in their life has as much or more to do with sociocultural context than with the actual events (Zaharlick, 1992, p. 117).

Second, the history of a culture and telling the story over time are important. While the history of any one organization is not critical, the evolution of relevant norms and behaviors is (Bate, 1997). The process of using long-term ethnographic study to examine changes in meaning over time is termed diachronic, as changes are tracked over several years as opposed to synchronic, when shared meaning is examined at a single point in time (Zaharlick, 1992. p. 118). Understanding the dynamics between individual and societal values (individual versus macro-level factors) is a central part of the holistic perspective. The tradition of holism is rooted in anthropological methods in which years are spent in the field gathering data through interviews and observations. My work with the various child welfare stakeholders from 2001 to 2012 included observing agency activities, conducting interviews, reading documents, and developing a working rapport through less formal means with members of a culture—all of which lend themselves to applying a holistic approach given the type of data and environment. Outside of anthropology, these types of long-term studies are scarce due to economic constraints and because other disciplines tend to be more amenable to “objective” hypothesis testing (Hamada, 2004a, p. 26).

Third, the data for this dissertation were collected from a wide variety of stakeholders, and the relationships and shared meaning among stakeholders were described. Anthropology and the holistic approach do not view individuals in isolation from each other or the larger
systems. Anthropological inquiry identifies diversities, relationships, congruencies, and interdependency among stakeholders within a web of social, economic and historical forces. Zaharlick (1992) states, “most anthropologists believe the main difference between their discipline and other human sciences lies not in the subjects they investigate so much as in the approach they take to their studies” (p. 117). This approach is often exploratory and must encompass issues at the personal, cultural, social, and historical level in order to understand shared meanings.

**Applying a Systems Theory Framework to Child Welfare**

Systems theory is an interdisciplinary framework used to explain both nature and social systems. It posits that systems are a complex dynamic of relationships, patterns and behaviors including cultural norms, history, resources, external events and influences. Systems theory actually originated in the 1940s with Gregory Bateson, a British Anthropologist. I found systems theory to be in alignment with a holistic approach in that each of the parts of a system give meaning to the whole, each part cannot be understood in isolation from the other system components, meaning derives from interaction and relationships, external drivers and key events and influences studied over a longer period of time are critical to understanding the change process within any system.

Systems theory was originally critiqued as being too static and not applicable to systems change in a real world setting, but modern systems theory has evolved to include feedback loops, nonlinear change processes, conflicting needs, and inherent tensions and contradictions among subsystems and stakeholders. It has also incorporated structural inequalities emphasized by Marxist theory.

In my process of reviewing the literature there were a few key studies that have recently applied systems theory to child welfare. First, Mulroy (2004) examined how an organization functioned within different levels of the external environment – local community, governing policies, and the idealism of the social justice perspective. Second, Ivery (2007) used an
organizational ecology framework informed by systems theory to explain how cooperation, coordination, and collaboration are unique but interrelated within the context of social service organizations. Third, and most influential in my own understanding of the data I collected, Wulczyn (2010) used a systems theory framework to describe the components of a child welfare system as having structures, functions, capacities, and other related system components, emphasizing the importance of a normative framework as well as the critical influence of externalities and emergencies. These concepts will be discussed more in depth in Chapters 2 and 6 of this dissertation.

In summary, while many disciplines have contributed to the theoretical underpinnings of studies of organizational structure and culture, anthropological theoretical perspective, with its emphasis on holism, was applied in order to understand changes over time to Florida’s child welfare organizational structure, perception, and practice. In addition, a philosophical shift over time was tracked, from one of a child safety perspective to one of family preservation, and how people and components within the system interplay with one another to impact how this shift occurred.

This dissertation is based on data collected on the implementation of policy reform efforts in Florida’s child welfare system over a ten-year period. Although I worked with an interdisciplinary team, and team members had responsibility for additional areas of inquiry, such as changes in cost of child welfare services, this dissertation is anthropological for several reasons. First, it is not research simply for research’s sake. It is research designed to increase stakeholders’ knowledge of what works and what can be improved within the child welfare system to better help children and families. Second, this research is participatory in nature. Using some of the grant funds, a caregiver consultant was hired with experience both as a foster parent and as a biological parent who has been through an abuse investigation. She offered input across study components and helped shape methodology. I also co-chaired an evaluation workgroup that consisted of child welfare stakeholders (not researchers) who
routinely offered input on the usefullness of this research. Third, the methodology employed for this dissertation involved numerous in-depth interviews, participant observations, and focus groups. Fourth, the analytical tools applied to the qualitative data are in large measure due to subject matter and techniques learned during my masters and doctoral coursework. Lastly, I have an inherently biased anthropological lens through which I view my research because my academic studies and career work are anthropologically based.

Despite the fact that child welfare is a topic traditionally explored within the discipline of social work, I contend that my research squarely supports the goals of applied anthropology and that I am acting as a professional anthropologist. According to the mission and goal statement of the Society for Applied Anthropology (SfAA 2014), the following are shared goals within the field: 1) promoting interdisciplinary scientific investigation, 2) applying knowledge to practical problems, 3) building partnerships, 4) acknowledging perspectives of all stakeholders, and, 5) influencing policy. My research supports and contributes to each of these specific goals in a number of ways.

**Promoting interdisciplinary scientific investigation.** I am an applied anthropologist with a degree in psychology, working at a mental health institute evaluating child welfare. My professional position as a faculty member at the University of South Florida, and academic background encompasses three disciplines (anthropology, mental health, and social work). I also am fortunate to work with a team of committed professionals from several different disciplines. Although the data used for this dissertation was collected as part of a discrete sub-study of which I was the lead and took part in all aspects of the research design and process, I was also a principal investigator for the larger evaluation that was comprised of a research team that included an anthropologist, two sociologists, three social workers, a health economist, and a parent advocate. We constantly learned from each other, and our individual expertise complemented one another; collectively, we were more capable to address more complex research problems.
Applying knowledge to practical problems. My research on structure and governance was part of a larger program evaluation that served to increase and strengthen the ability of the entire community to serve children and families involved in the child welfare system in the most appropriate, effective, and efficient manner. Specifically, my organizational analysis describes each of Florida’s 20 lead agencies across several dimensions, including horizontal and vertical differentiation, complexity, and spatial dispersion. Understanding the complexity of one’s lead agency permits administrators to respond to the needs of their organization and recognize strengths and weaknesses within their structure and governance mechanisms.

Building partnerships. This research would not have been possible without partnerships developed over several years. I developed very positive work relationships with many different entities, due in large part to the fact that the evaluations conducted were participatory in nature. I co-chaired an evaluation workgroup comprised of representatives from agencies we evaluated so that they could have input into our methodologies and share their interpretations of our data when requested. I also routinely partnered with the Florida Coalition for Children, which is another agency comprised of nonprofit providers. Finally, I considered the Department of Children and Families to be a very strong partner and worked with them on presentations of the results derived from the research to state and national child welfare stakeholders.

Acknowledging perspectives of all stakeholders. Because the child welfare system is not apolitical, it was critical to interview all the different stakeholders with varied interests and perspectives in order to be able to present the most balanced perspective. The data for this dissertation came from individuals at the DCF, lead agencies, provider network agencies, Community Alliances (e.g. legislatively-mandated group of community stakeholders in each Florida county tasked with providing input into human services including child welfare), and Boards of Directors.
Influencing policy. All policy recommendations that the larger evaluation team made came from one of our research sub-studies and maintained the overarching goal of improving Florida’s child welfare system, and ultimately, the lives of Florida’s children. For example, one policy recommendation that the Department chose to implement was that there be a peer review process for lead agencies managed by an independent entity (rather than by state government). Although DCF had provided technical assistance regarding issues such as adoption and independent living, lead agencies desired a peer review process that was not directly operated by state government. Subsequent to this recommendation, the CBC-TA Website, Technical Assistance Portal for Community-Based Care, was set-up. The website provided all child welfare stakeholders opportunities to request technical assistance from CBC-TA staff and provided links to national and state-wide resources and publications.

The Research Setting

I have been a faculty member employed at the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida for 14 years. FMHI provides research, training, education, technical assistance, and support services to mental health professionals and agencies, as well as to consumers, consumer organizations, and behavioral health advocates statewide. FMHI has well-established partnerships with national, state, and local agencies, government leaders, concerned citizens, and consumers.

The Florida Mental Health Institute is a unique resource for Florida. Created over 30 years ago by the Florida Legislature, FMHI is among the largest behavioral health services research centers in the United States. The researchers at FMHI include over 550 faculty, staff, and students, using applied research techniques to understand complex social problems and develop and disseminate state-of-the-art technology and knowledge to improve human services.

At the state level, FMHI works closely with the Florida Departments of Children and Families (DCF), Corrections (DOC), Elder Affairs (DOEA), Education (DOE), and the Agency for Health Care Administration (AHCA), as well as with members and staff of the state legislature,
and with providers of mental health, substance abuse, and child welfare services throughout Florida. At the federal level, FMHI houses numerous statewide and national research and training centers that focus on children’s health and well-being.

I work within the Department of Child and Family Studies (CFS) at FMHI. Our department is committed to improving the well-being of children and families in Florida with specific emphasis placed on populations at risk, including children that have been exposed to abuse, neglect, violence, and long-term poverty. CFS works closely with the Florida Department of Children and Families to assess and improve the level of care provided for children in their care. Specific roles of CFS include the following:

- Developing new knowledge through research;
- Conducting thorough evaluations of existing services and supports;
- Analyzing existing public policies that affect children and families;
- Sharing knowledge and expertise with public agencies and community groups locally, statewide, and nationally; and
- Helping local and state agencies create coordinated, community-based systems or services that best use resources to meet the individual needs of families.

CFS programs are implemented in homes, schools, public agencies, and other child-serving organizations. The outcomes of CFS research are reflected in policy in Florida and across the nation.

During the time period of 2001 through 2012, USF/FMHI held the statewide contract to evaluate Community-Based Care. In 2006, the contract was amended to include an independent evaluation of Florida’s IV-E Waiver. Fortuitously, my faculty role began at the same time FMHI first received this contract from the Department of Children and Families (DCF). I am supervised by Dr. Mary Armstrong, who was instrumental in obtaining the contract with DCF and who has served as a mentor to me in maintaining rapport with DCF and child
welfare stakeholders throughout the state. During the contract period, I have conducted research on this grant while serving in various roles as Project Director, Organizational Analyst, and Principal Investigator. While the evaluation maintained many sub-studies such as a cost analysis (led by a health economist, Dr. Neil Jordan, who also serves on my dissertation committee) and a quality of care analysis (led by a clinician), I maintained consistent involvement in, and leadership of, a research component that explored organizational and systems-level issues involved in transferring ownership and accountability of child welfare from the state to local agencies and implementing the IV-E Waiver.

While protocol development and data analysis occurred at FMHI, the research setting also included the agencies from which I collected data. I routinely collected data from both the public child welfare sphere (DCF) and the private (lead agencies). As of 2007, all of Florida’s 67 counties employed the CBC model, with 20 lead agencies throughout the state holding 22 contracts with the Department to provide child welfare services (see Figure 1). Key stakeholders for this study were DCF leadership, lead agency leadership, provider network leadership, case managers and supervisors, judges, protective investigators, and Guardian ad Litems (e.g., a court appointed volunteer advocate for children during court proceedings) from each of the 20 lead agency catchment areas. Collectively, over time, the data set encompassed the entire state of Florida.

Organization of Chapter Contents

This dissertation consists of six chapters. This introductory chapter provides an overview of my dissertation topic and data collection methods, as well as a brief background on the larger program evaluation project for which I was both a lead and in which my implementation and policy reform data used for this dissertation was a part. Chapter Two includes a review of the literature regarding the history and critical theory relevant to privatization of child welfare, a contrast of critical issues in organizational inquiry from management studies and social science perspectives, and notions of poverty and child...
abuse. Chapter Three presents the methodologies used in this study, including data collection, data analysis, and ethical considerations. Chapter Four details emergent themes derived from stakeholder interviews and from the review of key organizational documents regarding the privatization of Florida’s child welfare system and changes to the structure and governance of child welfare agencies and decisions. Specifically, the prominent themes focused on the
structure of private public partnerships that include the history and pace of implementation, the establishment of roles and relationships, accountability, organizational flexibility and variance, and enhancing community involvement and governance. Chapter Five details emergent themes from stakeholder interviews regarding implementation of Florida’s IV-E Waiver and changes over time in child welfare stakeholder perceptions of family, safety, and poverty, as well as approaches to practice. Some prominent themes discussed that relate to perceptions include the IV-E Waiver as a catalyst for positive change, the move from a child safety to a family preservation model, and the development of a deeper understanding of ideas about poverty and child neglect. Corresponding changes in practice included increasing prevention and diversion services, short term concrete services and long-term investments in sustainable change for families, and refocusing on parents (families) rather than children. The final chapter, Chapter Six, presents a discussion and interpretation of the data and key principles of changes to structure, governance, and perception from a holistic perspective. A general systems theory framework is applied, along with detail on the impact made due to the change in policy from a child safety to family preservation model. Limitations of the research, recommendations for child welfare policy and practice reform, and directions for future inquiry are also discussed.
CHAPTER TWO:
LITERATURE REVIEW

Introduction

This review begins with a history of the United States’ child welfare system and its key components and philosophies of care. After reviewing the population and historical dynamics of the topical area in which this research is based, an overview of key issues and applicable theories is provided. These theories pertain to the privatization of social services, from a neo-liberal policy perspective with a focus on public/private partnerships, particularly those related to social welfare issues and service programs and policies specific to children and families. A brief background on the neo-liberal policy, privatization, and what impact privatization has had thus far on child welfare systems is presented. The bulk of this section details critical issues and theory pertinent to the privatization of social services, as found in the literature, while highlighting some of the “limits, instabilities, and contradictions” contained within neo-liberal ideology (Boehm, 2005, p. 48; Morgen & Maskovsky, 2003. p. 332).

Child Welfare in the United States

Two Philosophies of Care

The child welfare system in the United States has shifted between a child safety orientation and a family preservation orientation for more than a century. Each orientation has strengths and shortcomings, and most experts would agree that there is no one right way to achieve exceptional outcomes under either orientation.

Child safety perspective. The child safety perspective operates under a child-centered paradigm and is primarily concerned with saving children from abusive parents and caregivers.
The child welfare worker is only concerned with the safety of the child, which results in disregard for the needs, rights, and interest of the parents. Parents are blamed for not caring for or protecting their children adequately, and as a result, the children are often removed from their homes and placed in foster care (Diorio, 1992; Spratt, 2001). For many parents who experience the intrusion of the child welfare system and the removal of their children, the perception of case workers using “power over” them is felt (Drumbrill, 2006). The relationship which develops between parents and child welfare workers under these conditions is often an adversarial one (Spratt, 2001), which is likely to result in low levels of engagement among parents (Drumbrill, 2006). Vojak (2009) found that the language case managers use when working with families often serves to reinforce the idea that poverty is an individual problem and the solution to such lies solely in personal responsibility rather than working to identify and fight against racism and larger structural inequalities (p. 396).

Negative treatment of parents by their case workers has a stigmatizing impact on perceptions of the child welfare system (Alpert, 2005). Glastonbury, Burdett, and Austin (1973) conducted a review of community perceptions of social work and determined that 30% of the respondents identified social work consumers as lazy. In another study, Rees (1975) concluded that 59% of participants who received services from a social worker felt ashamed to have been referred. The stigma associated with the child welfare system contributes to poor outcomes for families, and in particular, the children who are removed from their homes and remain in foster care for long periods of time.

**Family preservation perspective.** The family preservation perspective, like the child safety perspective, is concerned with the safety and well-being of children; however, this philosophical orientation views child safety and well-being from a family-focused paradigm (Forest, 2003). Under the family preservation model, parents are not blamed and stigmatized by the child welfare system for being unable to care for and protect their children. Rather, workers attempt to build a collaborative relationship with parents through assessment of the bio-psycho-
social problems that impact the parents’ ability to care for their children, and attempt to link or provide them services to alleviate the problems which can lead to maltreatment (Spratt, 2001).

The family preservation perspective emphasizes that not all child maltreatment is the direct fault of the caregiver. In 2010, more than 78 percent of reported maltreatment victims were victims of neglect (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, & Children’s Bureau, 2010). Research has shown that child neglect is 44 times more likely to occur among families earning less than $15,000 per year than among families earning $30,000 per year (Sedlak & Broadhurst, 1996), indicating that poverty, an environmental condition often times beyond the control of the caregiver, impacts the rate of occurrence of child maltreatment. Some experts argue that child maltreatment cases which solely involve child neglect due to poverty should be separated from other child abuse and neglect cases (Dubowitz, 2006; Wald, 1975). Families struggling to care for their children due to financial hardship should not have their children removed from the home; rather, those families should receive resources to help the parents provide for their children (Dubowitz, 2006). The section to follow presents how the child safety and family preservation philosophies both co-existed and alternated in popularity from 1880 to present.

**History of the American Child Welfare System**

This section covers some of the persistent themes across the major focuses shaping our views on and approaches to poverty, child abuse, prevention, and amelioration of such issues. While historical contexts and situational politics change over time, a few themes are classic to the chronology of the conversation: parent’s rights versus children’s rights, child safety versus family preservation, public versus private funding and service provision, accountability, and poverty as an individual fault versus indicative of larger societal inequalities (McGowan, 2005, p. 10).
Ensuring the safety and well-being of children while balancing parents’ rights has proven to be a long-term and complicated national problem. In the United States, it is generally considered each parent’s right to raise his or her child and make individually-tailored decisions regarding child care, custody and daily routines without state intervention. However, although each parent’s rights are held in high importance, they are not absolute in the sense that parents can physically abuse their children without our government becoming involved. In instances of abuse, the government must identify a societal interest in shielding children from abuse in order to justify interfering with the sanctity of the family (Arcaro, 2001, p. 643; Garrison, 1987, p. 1745).

In the 17th and 18th centuries, early American settlers were focused on exploring, establishing themselves, and freedom. Two thirds of their children died during their first four years of life. If children made it past this, they were viewed as a labor resource for the family. However, even at this early point in time, two groups of children came to the attention of the public governing authority: those who were abandoned (normally because their parents had died) and those whose parents were poor. Even at this early stage in our country’s history where freedom was a fresh and strong ideal, if parents were poor, they were deemed as not having the right to determine their children’s upbringing or future. Therefore, we see from the beginning of our country’s foundation, poverty was linked to laziness, and children were taken from poor parents to prevent them from acquiring the same poor traits as their parents (McGowan, 2005, p. 11). The existence of poverty, no matter the circumstance, trumped parental rights.

Also during this time, we see the beginnings of a historical trajectory of out-of-home care arrangements. Some children were diverted to informal arrangements such as extended family, neighbors, or local church members. Some were cared for in the initial private, institutional settings. The first such place in the United States was established in 1727 in New Orleans and was called the Ursuline Convent. The majority of children, though, were placed in public
almshouses until they were old enough to be indentured, promised to go to work for a family to
learn a skill that they would then presumably use to make a living if they reached adulthood
(McGowan, 2005, p. 12).

Both slavery and the Civil War impacted views and treatment of children in the 19th
century. Initially, mass importation of slaves reduced the need for indentured White children.
Secondly, when slavery was abolished, the indenturing of White children came under criticism
because it treated White children as slaves. Third, there was postwar economic growth that
freed up private funding for trying to address issues such as poverty. This gave rise to the most
significant change in the 19th century toward children—placing them in institutional settings if
their parents were poor (and in fewer cases if their parents were deceased). Although in
hindsight this sounds like a horrible thing to do to a family living in poverty, poor children were
actually placed in these institutions because they had had such adverse outcomes and
treatment when they were indentured. The Yates Report of 1824 stated (Annual Report 1990,

1. Removal of human beings like felons for no other reason than poverty seems
   inconsistent with the spirit of a system professing to be founded on principles of pure
   benevolence and humanity.

2. The poor, when farmed out, or sold, are frequently treated with barbarity and neglect
   by their keepers.

3. The education and morals of the children of paupers are almost wholly neglected.
   They grow up in filth, illness, ignorance and disease, and many become early
   candidates for the prison or the grave.

Unfortunately, even some of the better facilities had children grouped with all other types of
adults needing care, such as the insane, delinquent, mentally impaired, and physically ill. By
mid-century, a movement was underway to establish care settings that solely serviced child
residents.
Formal child welfare practice began mid-19th century when Charles Loring Brace founded the Children’s Aid Society in New York in 1853. Brace started a movement that ended up sending over 40,000 homeless or poor children to Christian homes in the country by 1879 (McGowan, 2005, p. 14). In 1874, The New York Society for Prevention of Cruelty to Children (SPCC) was founded by Elbridge Gerry. The SPCC was a nongovernmental organization that took a child safety approach by focusing on “rescuing and removing” children from abusive parents rather than considering noncriminal ameliorations to widespread issues such as poverty (Myers, 2006). On the heels of this movement was the establishment of the Children’s Home Society in 1883, which moved children into free foster homes from Protestant backgrounds. However, as the SPCC changed leadership in 1881, the organization via president of the Brooklyn Chapter, Henry Jones, renounced the idea that children should be removed at any cost to the family and advocated for services to parents, such as counseling, that might help improve parenting skills and prevent child abuse (Myers, 2006). This was the first, but certainly not last, shift between a child safety and family preservation mindset within our nation’s child welfare system.

Another aspect of this shift toward family preservation in the late 1800s had to do with a group of staff termed the “friendly visitors” who were funded through the Charity Organization Society movement. Leaders of this movement initially believed that poverty was the flaw of the individual, and created these visitors to investigate whether a poor parent was worthy of receiving charity, as well as to serve as a positive role model engaged in the task of reforming the parent, who had voluntarily taken the wrong path and caused themselves to be poor. Over time, what the visitors (much like case workers) realized is that the parents were poor not because they chose not to work, but because of larger societal forces that surpassed an individual’s control. The realization that poverty was not a moral failing but due to events such as industrial accidents, deaths of parents, or a lack of available jobs, paved the way for prevention service that were focused on improving environmental conditions rather than
individual shortcomings. Many services were put into place to help immigrants speak English, day care centers came about, safer places for children to play outside in the community were landscaped, and educational programs were targeted at the family as a way to prevent removal (McGowan, 2005, p. 17).

Despite this emphasis on family preservation, the child safety perspective dominated the early 1900s for approximately 35 years. Over a thousand orphanages and institutional care settings emerged across the country as a significant number of children were removed from their parents, either due to maltreatment or, in many cases, poverty (Myers, 2006). One side of the out-of-home care debate believed these institutional settings were appropriate and provided children necessary structure. The other side stressed that most children were better off in a family’s home, if not their own. The tide began to turn in 1909 toward a constrained form of family preservation when attendees of the White House Conference on Dependent Children advocated for mothers and their children living in poverty to receive pensions to better support their daily care. Delegates stated (Letter to the President 1900, as cited in Bremner, 1970-1974, p. 365; McGowan, 2005, p. 23): “the most important and valuable philanthropic work is not the curative, but the preventative; to check dependency by a thorough study of its causes and by effectively remedying or eradicating them should be the constant aim of society.” Initially this was done by private charitable organizations, but the stock market crash of 1929 shut many such organizations down and the pensions of needy mothers to a temporary halt. In 1923, a report from the New York Children’s Aid Society reinforced the family preservation philosophy among child welfare workers (as cited in Thurston, 1930, p. 138; McGowan, 2005, p. 24):

*There is a well-established conviction on the part of social workers that no child should be taken from his natural parents until everything possible has been done to build up the home into what an American home should be. Even after a child has been removed, every effort should be continued to rehabilitate the home and when success crowns*
one’s efforts, the child should be returned. In other words, every social agency should be a “home builder” and not a “home breaker.”

Another important historical shift was entrenchment of the idea that children were the responsibility of the United States government. The Children’s Bureau, established in 1912, gained budget and authority at a rapid pace during the first part of the 20th century. In 1921, the Sheppard-Towner Act tasked the Bureau with being responsible for grants and aid to all states for maternal and child health programming (McGowan, 2005, p. 20). Yet even from this early entrance of the government into responsibility for children’s lives, prominent leaders spoke out about their concerns over governmental control, actions toward the American family, and perceptions of poverty. The following excerpt is from a Kansas senator who spoke out on his concerns about what the governmental power afforded by the Sheppard-Towner Act could mean for families (Congressional Record 1921, as cited in Bremner, 1970-1974, p. 1017-1018; McGowan, 2005, p. 21):

*Fundamentally the scheme of the bill amounts to this: We are asked to select from all the millions of women in the United States four or five spinsters, whose unofficial advice would probably not be sought by a single mother in the land. . . . [W]e are asked to confer upon these inexperienced ladies a title and salary, whereupon it is assumed they will immediately become endowed with wisdom and be qualified to instruct the mother, who has been with her baby before it was born and after it was born, how to take care of that baby. Also it is assumed that this band of lady officials can perform that function in the homes of a hundred and ten million people.*

*To what purpose do we make this revolutionary change? Why do we create this new army of government employees? . . . [This bill perpetuates] the idea that the American people do not know how to take care of themselves; and that the state must force its official nose into the private homes of the people; that a system of espionage*
must be established over every woman about to give birth to a child and over the child, at least until it arrives at school age.

Over time, the Children’s Bureau has shifted more toward child welfare research and advocacy, but it is interesting to see that the main tenants of government intervention versus individual rights, as well as whether poverty is an individual problem or a societal problem, have been present for a significant part of our country’s history. Currently, the Bureau is an active part of the U.S. Administration for Children and Families, which is a division of the U.S. Department of Health and Human Services (McGowan, 2005, p. 21).

Additionally, during the first part of the 20th century, the Child Welfare League of America was established as more of a focus was placed on developing standards for care and minimum qualifications agencies must have to serve children. Adoption by nonrelatives was also included as a child welfare service for the first time, and rules were passed in many states asking for judicial review of adoption petitions, taking into account the best interest of the child. However, adoption was still associated with wealthier couples who could not have children, rather than orphaned children in state care needing a home (McGowan, 2005, p. 23).

Financial assistance to needy parents was governmentalized when the Social Security Act of 1935 (Pub. L. 74 27) gave the Children’s Bureau the authority to work with public local entities to carry out such support (Myers, 2006). As part of this act, the Aid to Families of Dependent Children (AFDC) program began. Although no longer in place, this program over the years contributed significantly to helping children stay with parents in their own homes while living through the strain of poverty (McGowan, 2005, p. 26).

The next thirty years in child welfare leading up to the 1960s saw little change. Most human service resources were focused on dealing with the Second World War on the heels of the Great Depression. During this time, teen pregnancy and the type of resources dedicated to it did evolve somewhat, with a shift from protecting only the child to helping the young mother and the child. But despite that fact that poverty became an urgent issue in the postwar 1950s
era, it really was not a topic readily discussed beyond the perspective of individual needs or failings (McGowan, 2005, p. 28).

The 1960s with the Kennedy and Johnson administrations and the civil rights movement brought poverty as a societal problem back to the forefront of policy reform and program decisions (McGowan, 2005, p. 29). In addition, in the 1960s and 1970s the idea of child abuse gained more public and professional interest due to advances in X-ray technologies that allowed doctors to differentiate between injuries that children acquired by accident versus injuries they sustained from child abuse (Federick & Snow, 2006). This also precipitated many states passing mandatory reporting laws for any adults in professional roles who might see evidence of child abuse, such as teachers, nurses, therapists, and child welfare workers. Due to both the technology and the reporting laws changing, an increasing number of children were again removed from their parents and placed into foster care. Adoption during the 1960s and 1970s also began to become a placement outcome option for children with special needs in long-term state care (McGowan, 2005, p. 33).

Concern over the growing number of children in out-of-home care led to Congress passing the Adoption Assistance and Child Welfare Act (AACWA, Pub. L. 96-272). AACWA required state child welfare systems to demonstrate proof of their reasonable efforts to preserve each family and not remove children from their homes. Likewise, if a child had to be removed, these agencies also had to demonstrate their efforts at family reunification. In this way, AACWA brought practice back into alignment from the child safety model to the family preservation perspective. AACWA also brought about more financial assistance for adoption programs, foster parents, and families living in poverty (Myers, 2006).

Another important gain for advocates of family preservation was Congress’s 1993 passage of the Family Preservation and Support Services Program (FPSSP) that allocated federal funds to help families in crisis recover without their children being placed in out-of-home care. The FPSSP was also designed to include a broader range of adults key to each child’s
life in case planning and for the child welfare system as a whole to become more accountable to families and the greater community (McGowan, 2005, p. 38). However, three years later in 1996, welfare was overhauled by way of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) that did away with the AFDC program, replacing it with Temporary Assistance for Needy Families (TANF). Within certain guidelines, TANF can be used for child welfare services such as crisis intervention, in-home counseling, parent education, and family reunification (Scarcella, 2006, p. 22). PRWORA also eliminated Emergency Assistance (EA), an uncapped aid program states were able to use in preserving families such as funding for parenting education and family reunification services. PRWORA also made it more difficult for children to qualify for Social Security Income (SSI) benefits (Scarcella, 2006, p. 1-2).

In general, the goal of welfare reform was to remove a chronic sense of entitlement without a strong desire to work. However, aspects of the reform, like a five-year life time limit, restrictions for drug use at all after the bill was passed, and family caps to encourage smaller sized poor families, did not ameliorate poverty. The unintended outcome of the reduction in financial help to poor parents is that children were often removed from their parents’ care due to poverty once again (McGowan, 2005, p. 39).

Also by the mid-1990s, there was increasing concern for children who were left in abusive homes and suffering from repeat instances of maltreatment in hopes of preserving the family. In 1997 Congress passed the Adoption and Safe Families Act (ASFA, Pub. L. 105-89). This legislation emphasized the three principles of child welfare outcome attainment: permanency, safety, and well-being. These three principles have been organizing constructs in most state child welfare monitoring since this time, as well as to our own research conducted as an independent evaluation and funded by the State. The most significant aspect of ASFA is that it ushered in timelines for children who were previously languishing in foster care—after a certain time, they needed to be returned to their families or the legal system needed to pursue a
termination of parental rights in favor of adoption (Myers, 2006). The child safety perspective dominated child welfare practice through the remainder of the 1990s.

At the beginning of the 21st century, our public child welfare system faced serious challenges. The number of abused and neglected children had increased, as had the number of children placed in foster care (Brown & Bailey-Etta, p. 68). Despite federal efforts to reform child welfare (e.g., the Adoption Assistance and Child Welfare Act of 1980 and the Adoption and Safe Families Act of 1997), as well as continued efforts by states to improve outcomes for children, many state systems were overwhelmed with high caseloads and caseworker turnover. The effects of other social problems (e.g., substance abuse, homelessness, HIV/AIDS) placed ongoing pressure on child welfare agencies to create services that better met the needs of children and families (Vargo, Armstrong, Jordan, Kershaw, et al., 2006, p. 3).

Privatization of child welfare services was considered in several states, such as Florida, and Kansas, facing these problems. Since the emergence of publicly funded child welfare in the 1880's, state and local governments have paid private, voluntary agencies to provide services. Even before the publicly-funded safety net was developed, as was previously detailed, sectarian and non-sectarian agencies created and funded various services akin to today’s child protection and foster care systems. Thus, privatization of child welfare, at least to some extent, is not new (Lynn, 2002, p. 60). As the role of the public sector increased from the 1950s through the 1990s, private agencies continued to provide child welfare services, most often under contract to public agencies. The private sector efforts focused on the delivery of services needed by children and families (e.g., counseling, homemaker services, family preservation, and support programs). States also contracted with private agencies to recruit foster and adoptive homes, as well as assisting in finding appropriate foster and adoptive placements. Public agencies retained ultimate accountability to children and their families, but contracted out authority for administering child welfare services, conducting investigations of abuse and neglect, assessing risk and making placement decisions, presenting findings to the court, and requesting temporary
placement or termination of parental rights. In other words, public agencies were transferred all case planning and decision-making authority and working with the courts to address questions of foster care placement, reunification or adoption to private agencies. The extent of privatization, if done at all, varied by state. During the decade (e.g., privatization was phased in between 1995 and 2005 to different Florida counties) privatization of child welfare occurred, the political pendulum swung back towards a family preservation perspective with the passage of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Pub. L. 110-351), and the expansion of service funding through the Title IV-E Waivers (Pub. L. 103-432).

The Fostering Connections to Success and Increasing Adoptions Act of 2008 was enacted to ensure the provision of support to kinship caregivers, improve outcomes for children in foster care, provide tribal foster care and adoption access, increase incentives for adoption, and better prepare older children for adulthood by extending federal support for transition programs to age 21 (Vargo et al., 2011). In 1994, the U.S. Department of Health and Human Services granted state child welfare agencies the right to use federal monies to support child welfare programs that prevent child maltreatment, divert out-of-home care placement, and diverge from traditional foster care.

In 2006, Florida was approved for a flexible funding Waiver by the Department of Health and Human Services, which allowed the state to allocate Title IV-E funds for prevention and early intervention services, along with family services, and expedited permanency planning. Title IV-E funds were normally restricted to helping only children in foster care (e.g., out-of-home care). Therefore, removing this placement restriction removed the incentive to remove children from their homes and parents in order to pay for the services they needed (Casey Family Programs, 2010). During the first five years of Florida's IV-E Waiver implementation, the number of children placed in out-of-home care dropped 27%: 20,987 children in FFY04-05 to 15,217 in FFY10-11 (Vargo et al., 2012). In addition to changes in removal rates, child welfare spending also changed dramatically in that spending on out-of-home care dropped by 18% and
front end expenditures, namely prevention and diversion, increased 205% (Vargo et al., 2012). These changes both mirrored and augmented a strong favoritism toward the family preservation perspective. Currently, child welfare services are federally funded through Title IV-E and IV-B of the Social Security Act, TANF, the Social Services Block Grant (SSBG), Medicaid, and several additional discretionary awards (Scarcella, 2006, p. 1).

Components of the United States’ Child Welfare System

The first step in a child coming to the attention of a child welfare system is for another citizen, often family member, neighbor, teacher or clinician to make allegations about child maltreatment to the state agency that governs child welfare—for example, in Florida it would be the Department of Children and Families’ Abuse Hotline. Normally, reports of abuse are investigated by either a state agency, a law enforcement agency, or a team-based approach where state social service agency and local law enforcement work in tandem (Jordan et al., 2010, p. 88). If a child’s physical safety with his or her primary caregiver cannot be ensured during the process of an investigation, the child is “sheltered” either at a group shelter of a temporary nature or with a relative or friend of the family. A shelter hearing is normally scheduled within 24 hours of this occurring in order to afford each parent due process and determine initial details of the child’s shelter if warranted. The majority of cases are dealt with by requesting parents agree to a voluntary service plan (Arcaro, 2001, p. 645).

In Florida, the mechanism by which the state requests authority to intervene in removing a child from his or her family involuntarily is called a dependency proceeding. During this proceeding (that occurs after a child protective investigation in complete), a judge will rule on issues of child abuse, abandonment, or neglect, determining if there is sufficient cause for ruling that the child be a dependent of the state. Per Florida Statute 39.01(14)(a), a Dependent is defined as “a child who is found by the court to have been abandoned, abused, or neglected by the child’s parents or legal guardian” (2000). Florida Statute 39.01 identifies child abandonment as “a situation in which parent or legal custodian of a child . . . while being able, makes no
provision for the child’s support and makes no effort to communicate with the child. . . a willful rejection of parental obligations” (2000). Child abuse is defined as “willful act or threatened act that results in any physical, mental, or sexual injury or harm that causes or is likely to cause the child’s physical, mental or emotional health to be significantly impaired” (Florida Statute 39.01 [2] 2000). This same statute defines neglect as occurring when a child is “deprived . . . of necessary food, clothing, shelter, or medical treatment, or a child is permitted to live in an environment when such deprivation or environment causes the child physical, mental [condition] . . . to be significantly impaired” (39.01[45], 2000). These same child protection statutes can be seen around the United States, indicating a federalization of child welfare policy (Arcaro, 2001, p. 644).

If the judge does find evidence of these types of child maltreatment or if a parent admits to the allegations, an order of “adjudication of dependency” (Florida Statute 39.507, 2000) is made. The next step in the legal process is a “disposition hearing” where the judge determines placement of the child and rules on a case plan that ideally works with a family to ameliorate individual parenting issues, contains a plan for continued visitation of parents with the child during placement, and also identifies concrete steps the family can progress through in order to achieve reunification. For children who are not diverted into kinship care or independent living, for example, the common residential placement while parents work through their respective issues is foster care. When this happens, the state becomes the temporary legal guardian of the child (Florida Statute 39.623 2000; Arcaro, 2001, p. 646).

Children who are investigated receive services via emergency response teams or prevention and diversion specialists and referrals in an attempt to contain risk and keep children with their families. However, when removal is approved by the court, the different types of services or permanency options for children who enter the child welfare system are shelter care, kinship care, specialized or therapeutic foster care, group or residential foster care, guardianship, adoption, or emancipation. Shelter care is meant to be a non-secure (as opposed
to a detention center facility for youth awaiting a court hearing, reunification with parents, or determination of a more long-term foster care placement or permanency option, such as independent living (Community Research Forum, 1984, p. 3). Kinship care is a placement alternative to foster care, where a child goes to live with his or her family member rather than with an adult he or she does not know. In many areas of the country, kinship care is more prevalent than traditional out-of-home care placement, and matches with the family preservation perspective, in the sense that even if a parent cannot care for a child, the child stays with that parent’s family (Barth, Courtney, Berrick, & Albert, 1994, p. 1). Specialized foster care or therapeutic care is an alternative to traditional group care for children with behavioral and/or physical health needs. They are foster families agreeing to take care of fewer children with more complex needs, and the parents do so agreeing to meet a higher level of training for dealing with those needs, and receive a correspondingly higher monthly payment to foster each child presenting with such challenges (Berrick, Courtney, & Barth, 1993, p. 454). Residential group care is a term used to refer to facility based care under the supervision of the child welfare system. The population served may be the same as specialized or therapeutic foster care, or may have increased mental health needs than youth in specialized foster care, and the number of children served at each facility ranges from a handful to hundreds of children in one center. They typically provide services in a dormitory-like place, shying away from long-term occupants who are acutely psychotic, suicidal, or pose an imminent behavioral risk to other children (Curtis, Alexander, & Lunghofer, 2001, pp. 378-379).

In addition to these placement options, a child may also be adopted if the court is successful in terminating the biological parents’ rights to care for their child. Typically, children are placed by the state into a pre-adoption placement, and ongoing assessments of parenting and home environment occur as well as some form of payment for the placement. When the state agency and the court finalize the adoption, typically supervision is terminated, a new legally binding parent-child relationship exists, and financial assistance by way of an adoption
subsidy may continue to exist. Additional permanency options are long-term guardianship (where a child is cared for by a guardian but a formal adoption and termination of parental rights does not occur) and emancipation or “aging out” for older youth. Emancipation refers to a child’s formal relationship to the state as guardian coming to an end due to older adolescence and the ability to transition into adulthood (Berzin, Singer, & Hokanson, 2014, p. 3).

**Rationale for Family Engagement**

While most child welfare systems offer a wide array of behavioral health services, placement options, and varying types of permanency planning, type of service or treatment is only one aspect of achieving positive outcomes. Although many parents are court ordered into receiving treatment in order to regain and or maintain custody of their children, this mandate is often not enough to dissuade caregivers from dropping out of parenting classes, not supporting the services their children are receiving, or even worse—fleeing the area with their children in tow. In addition to a broad array of services, what is equally important is how services are provided and how families are involved and engaged in the child’s treatment plan, as well as the family’s child welfare case plan.

Several studies have shown that families who are involved in the development of the family treatment plan tend to comply with service goals. Further, the literature suggests that those families who are engaged at an early point in services experience better outcomes (Berry, 1992; Dawson & Berry, 2002; Kinney, Haapala, & Booth, 1991; Lewis, 1991). Yet, there is a lack of consensus within the literature on the most effective engagement strategies for sustaining children and their families’ involvement in the ongoing treatment plan. Part of this dissertation tracks implementation of the Title IV-E Waiver and its impact on perception and interaction with families. A critical part of both perception and interaction is engagement, if not equal partnership. The following literature review section illuminates key issues in engagement strategies and present methods to effectively engage children and families in the treatment plan.
Service retention and noncompliance rates in child welfare are high. Research indicates that amongst all therapeutic services, there is a dropout rate of 35-70%, with services that result from a court order being the most likely services that clients will abandon (Kazdin, 2000; Mueller & Pekarik, 2000; Rooney, 1992; Dawson & Berry, 2002). Families in the child welfare system are a high-risk population and can be difficult to engage and sustain in ongoing treatment services. Client level barriers to engagement include the caregiver’s stress of meeting day to day needs, the number of children under the age of five in the home, caregiver depression, caregiver substance abuse, and poor quality of housing (Berson, Vargo, Powell, Dailey, Zheng, & Armstrong, 2002; Orrell-Valente, Pinderhughes, Valente, & Laird, 1999).

In addition, most parents become involved in the child welfare system as a result of their child being removed from their home or due to court ordered protective service supervision. Providers face the challenge of extracting accurate information from caregivers in order to assist in enhancing their capacity to parent. Despite the perceived invasiveness of child assessments, as well as any skepticism on the part of the parent, the provider must align themselves with the family if problems are to be resolved in a short time span. Consequentially, if parents fail to complete court ordered services, the children may not remain in their custody and termination of parental rights could be initiated by the courts.

Engagement strategies. Webster's Dictionary defines the term engage as “to connect with, to draw into and involve, to attract and hold attention of, to take part, or to be active.” But what do providers actually do to engage families? The literature indicates that engagement can occur through specific service components, cultural competency, provider attributes, and provider behaviors.

Home-based interventions show evidence of maintaining family engagement in the treatment process (Fraser, Pecora, & Haapala, 1991; Kinney et al., 1991). The idea is that if one teaches skills in the home, where the skills will actually be used on a daily basis, family members will be more likely to participate and sustain what they’ve learned. Home visitations
can be helpful in developing trust between staff and caregivers. Services remain convenient and accessible because providers bring the services to the families. Interpreters, free transportation, flexible hours, and weekend appointments can also aid in engaging more than one family member.

Another trend in family engagement strategies is to provide concrete services (Dawson & Berry, 2002). This term refers to the economic needs of the family, which may directly affect the amount of stress a family is under and how that increased financial stress creates the likelihood of greater incidences of abuse. High rates of poverty among families who enter the child welfare system necessitate that providers be familiar with a multitude of concrete supports, to which they can link clients (Rittner & Wodarski, 1999). Concrete services might include assisting to find appropriate housing, paying utility bills, linking the family with food referrals, or making sure a sick child receives appropriate medical intervention. While these needs are not necessarily tied to child maltreatment, these tasks are important to engaging families for a couple of reasons. First, it is very hard for a caregiver to learn new skills when they are starving or wondering where they will sleep that night. Making sure a family’s basic needs are met allows for them to focus and concentrate on the skills they need to learn in order to regain custody of their children or ensure that their parental rights are not terminated. Secondly, research has shown that providing for a family’s basic needs helps the caseworker establish rapport (Kinney et al., 1991). Sometimes family members expect these tangible services and they will be put off or offended if they are not provided with such assistance. Dunst and Leet (1987) found that the extent to which a family’s resource needs were met had a positive effect on how committed and involved they were with intervention activities.

In addition, many child welfare agencies have attempted to change the focus of their services from purely child based to looking at the entire family—sometimes referred to as an ecological approach or family-based treatment. A theoretical justification for this approach can be derived from family systems theory. Family systems theory, which originated from systems
theory as described by Von Bertalanffy (1968), argued that families are composed of interdependent parts, and that in order to examine family functioning, one cannot simply look at the child in isolation from caregivers and siblings (Beckman, Robinson, Rosenberg, & Filer, 1994). Family group conferencing is one method that strives to build on family strengths, encourage collaboration between caregivers and providers, and promote decision-making based on the entire family’s needs rather than solely on the child. In addition, caregivers should be encouraged to participate in treatment goal development and to sign off on their child’s service/treatment plan. Parent behavior training is another service mechanism that involves the caregivers in treatment (Dawson & Berry, 2002).

Although very factual in nature, providers also engage clients by answering their questions and providing them with written educational materials specific to their child’s disorder. Bailey & Simeonsson (1988) reported that families involved in intervention services listed obtaining information as a high priority.

**Cultural competency.** Cultural competency is another important engagement strategy. There are disparaging inequities that remain in overall health status amongst various ethnicities. Barriers such as language and dissimilarities in cultural norms often lead to clients of minority status dropping out of services. Being culturally competent is more than not discriminating and providing equal access to services – it is learning about a client’s culture and trying to tailor services to individual families.

There are issues related to child abuse that vary by culture. One way that agencies address this issue is by hiring case managers of specific ethnicities and then pairing them with similar clients. This practice is somewhat controversial, with some advocating that it makes a big difference and others stating that a provider’s personal qualities matter much more than ethnic background.

Some cultures may do better or worse with directed therapy versus a nondirected style of therapy. Some cultures may find it easier or more acceptable to seek formal supports than
others. Many people may need to engage in social conversation for a period of time before they delve into more personal matters. If services are home-based, it may be expected that the provider participate in a family activity, such as a meal.

Providers must respect the different roles that family and community members play. For example, Native Americans may want to include elders in the community when making decisions in a child’s treatment plan. Also, in some Native American cultures, the mother lives with her brother and raises her child rather than with the biological father, so the definition of family is fundamentally different. Aside from who is responsible for parenting, parenting styles may differ across cultures, particularly in how children are disciplined. Extended families and their involvement in care giving will vary by culture. Wherever possible, these natural supports should be respected and included in a child’s service plan.

Providers should respect and work to include spiritual beliefs, worldviews, attributions, and taboos. For example, when dealing with child sexual abuse, the provider may find it useful to develop an understanding of whether sexual issues are openly discussed or very secretive in a specific culture, and what might be considered “normal” for that culture. Reporting abuse may directly conflict with cultural rules of respect for elders. Similarly, talking about sex may directly conflict with religious, spiritual, or gender norms.

Provider qualities and behavior. Provider qualities that may be important to sustaining a family’s interest in complying and participating in services include respect, trust, and empathy. Caregivers and children are more satisfied with services when their provider works to communicate clearly and consistently, respects the family, tries to be available to the family when needed, and includes the family in decisions related to the child (Kapp & Propp, 2002).

An increase in the amount of face-to-face time a provider can spend with a family has been shown to improve family stability (MacLeod & Nelson, 2000). In addition, it is important that the provider responds quickly, is nonthreatening and willing to help, provides emotional support and encouragement, and instills hope in family members. Clients need to believe that
the worker is there to help them keep their children, rather than to punish the family and take the children away.

Provider level barriers to engagement often have to do with a lack of funding. For example, incentives such as grocery store food vouchers and baby clothes can be provided to caregivers who regularly attend treatment sessions; however, Medicaid and other state funding sources do not usually cover such gratuities. Provider agencies often draw from grant monies or general revenue to fund these items because they have, at least anecdotally, kept clients returning to services.

Another significant barrier to engagement of families and children by caseworkers is high caseloads. The Child Welfare League of America recommends no more than 15 cases per worker, but unfortunately many carry up to 30 or 40 cases, particularly when staff turnover and they are forced to help out until a new worker is hired and trained. One unfortunate outcome of lack of time for engagement has been that case workers, pressured to complete extensive documentation for court hearings that only last several minutes, falsify reports and include information they base on assumptions rather than observation or collateral reports (Arcaro, 2001, p. 662).

The Children in America’s Child Welfare System

Child maltreatment is a devastating experience that many children have endured. While abuse is not a disorder or syndrome, mental health problems are a common result (Finkelhor & Berliner, 1995). Children within the child welfare system are at-risk for developmental, emotional, and behavioral problems that require intervention (Kendall, Dale, & Plakitsis, 1995; Putnam, 2000; Schneiderman, Connors, Fribourg, Gries, & Gonzales, 1998). Putnam (2000) reported that “approximately 30% to 40% of the children in out-of-home care have a serious emotional disorder and as many as 75% to 80% of the population in out-of-home care need mental health services” (p. 3).
Research has shown that children who are placed in out-of-home care have poorer outcomes than children who remain with their parents who have abused them. There are several reasons for this that have been documented in the literature. First, the incidence rate of both mental health problems and sexual abuse is much higher for children in care. When children enter out-of-home care, no matter what their own traumatic event that caused their placement might be, they have the potential to be placed with a series of roommates in group homes who may act out toward them and abuse them sexually. It is important to strongly consider these types of behavioral issues when placing children, but overwhelmed systems often have to resort to last available beds in the short term before they find a better fit.

Not only are children exposed to potential harm from peers, but they also suffer the psychological harm that is entailed in frequent and disrupted residential placements. Children learn through repeat loss to only develop close ties to others in their home environment, expecting the next and inevitable change. Another factor that plays into this is that foster parents do not necessarily get the information they need on a new placement’s history and behavioral issues so that even when positive intent is in place, lack of information interferes with their ability to make the best choices around each child’s activities and supervision (Arcaro, 2001, p. 642).

Neoliberalism and Policy Shift towards Privatization

How Privatization Arose as a Viable Option for Social Services

John Maynard Keynes, a prominent British economic theorist in the 1930s authored *The General Theory of Employment, Interest and Money* (1936), published during the Great Depression. Keynes challenged the previously widely held economic theoretical belief that a free market economy would provide most citizens with jobs. Although Keynes was in favor of the private sector, he spoke out about government (state) intervention and deficit spending in order to curb high rates of unemployment (Blyth, 1997, p. 232). Specifically, although Keynes supported a mixed economy with public and private involvement, he argued that private sector
decision-making sometimes begat problematic economic outcomes that could best be ameliorated by the central bank and federal financial policy to stabilize the overall economy and keep capitalism afloat. In this way, he became known for developing a macro-economic theory where in governments could do “macro-management” without directly intervening in day to day production decisions of local economies (Blyth, 1997, p. 232).

Keynes is also known for bringing greater attention to structural inequalities, such as unemployment, linking them to economic theory rather than personal failings, such as laziness. Keynes’ theories were a dramatic shift from the popular notion that demand would always catch up to supply, and that the government needed to spend money it did not have to reinvest in the economy. He is known for bridging the gap between different classes—namely capital and labor, and for constructing a theory that allowed both to coexist in support of a capitalistic society (Blyth, 1997, p. 232).

Keynesian theory and politics reflective of such facilitated the creation of what is now referred to as the rise of welfare state. The welfare state occurred due to the popularity of Keynesian inspired social regulation of mechanisms, norms and institutions that were developed in an effort to stabilize capitalism. Under Gerald Ford’s presidency (1974-1977), during a time economists refer to as “Fordism,” social regulation as well as accumulation of wealth was prominent. The state institutionalized trade unions, collective bargaining, and for a time, it seemed that heavy regulation insured mass production, a rise in labor and mass demand. However, with increasing globalization and internationalization of production, the era of Fordism went through a crisis stage (Schuurman, 1997, pp.154-155). What we know in hindsight is that deficit spending did not curb unemployment or rapidly expand the economy, stop what is referred to as stagflation in the 1970s, or prevent inflation in the 1980s; instead, it led to massive debt and a desire to scale back government intervention. The macroeconomic models generated from Keynesian theory really cannot predict accurately and should not determine fiscal federal or state policy (Lucas & Sargent, 1979, p. 1).
Neoliberalism gained popularity after the Keynesian era in the United States’ socio-political history. A Neoliberal state acts more as a social protector working toward attempts at universally attainable life chances and a redistribution of wealth to the poor. Hall (2011) states of the welfare era, “its do-gooding, utopian sentimentality enervated the nation’s moral fiber, eroded personal responsibility and undermined the over-riding duty of the poor to work. It imposed social purposes on an economy rooted in individual greed and self-interest” (p. 707).

The neoliberal agenda most commonly seen in the United States since the 1980s has primarily been directed at ways to reduce the size of government, reduce taxes across the board, encourage market-based competition, reduce the amount of regulation, and privatize governmental services wherever possible (Morgen, 2001, p.747).

Neoliberalism sees state intervention as oppressive and counter to freedom and free will, whether it be the will to dispose of property or amass wealth. Specifically, the state should never engage in any type of social engineering that is done at the cost of the private sector and should not try to fix the inevitable inequalities in wealth that capitalism tends to entrench within our society (Hall, 2011, p. 706). Marx has been cited as arguing that the foundation of neoliberalism is human free will, a combination of “bourgeois ideas” encompassing freedom, equality, property and possessive individualism or self-interest. In Das Capital, Marx explained equality relating to “each [individual] enters into the relation with the other as with the simple owner of commodities and they exchange equivalent for equivalent . . . [T]he only force that brings them together and puts them in relation with each other is the selfishness, the gain and the private interests of each” (Capital, 1, p.112 as cited in Hall 2011, p. 709).

Neoliberalism places the emphasis on competition, wealth accumulation, financial stability and freedom, as well as on creating a political and economic landscape that responds quickly to political impulses and “just-in-time” pressures (Mcbride & Mcnutt, 2007, p. 182; Reich, 2000, p. 4). The Fordism crisis allowed Margaret Thatcher and Ronald Reagan to usher in a common neo-liberal agenda. It was at this moment in history that many of the first privatizations
of traditionally state run services began (Hall, 2011, p. 707). In Britain, for example, this era was quickly ushered in by writing “public-private partnership” in as a required element to all state contracts (Hall, 2011, p. 715).

Although there is no single definition of *privatization*, the term generally has come to refer to a range of strategies that involve non-government agencies providing publicly funded services and functions (Lamphere, 2005, p. 5; Morgen, 2001, p. 747). Proponents of privatization have gone so far as to state, “privatization, taking the state out of the market . . . is re-establishing an order which individual freedom and welfare will be increased and the state’s role will be to set up and monitor the basic legislation that defines the market framework” (Westerberg, 1992, p. 23).

Privatization occurred in the United States and internationally in response to neo-liberal policy and globalization. For example, Sweden has privatized public utilities, the electricity market, the telephone system, and the steel industry (Westerberg, 1992, p. 26). Turkey has privatized cement factories, food producing and processing companies, the forestry industry, and transportation (Sanver, 1992, p. 31). The United States has privatized parts of its prison system (Austin & Coventry 2001), sanitation system (Davis 2005), health care system via managed care (Mechanic 2014), and its child welfare system (Wells et al. 2014).

How does privatization occur? Koopman and Heller (2000) proposed three phases: 1) changes in society and its economy that precede and prompt privatization, 2) changes in management strategies and performance targets, and 3) a new focus on the consumer. Specific changes in society and our economy include pressure to update technology, changes in the legal framework, stronger economic global competition, and a decrease in labor unions. The second phase involves learning new management techniques, networking with new partners and markets, creating internal trust and stability, and working toward improved productivity and higher quality. The final phase includes marked decentralization, solidification of new leadership styles, and increased autonomy from the state, which then impacts employee
motivation and organizational culture. In theory, the third phase results in a more consumer-driven orientation with increased creativity and innovations (p. 306).

Although we tend to interchange both terms, creativity is more about the formation of new ideas and innovation is more about how new ideas are implemented and made into a reality. Creativity originates from the recognition of a problem, which then leads to the generation of solution-based ideas (Tesluk, Farr, & Klein, 1997, p. 27). Martins and Terblanche (2003) defined creativity as the “[g]eneration of new ideas for products, services, processes and procedures by individuals or groups” and suggest that innovations are the implementations of ideas such as the restructuring on a department, using a new technology that helps workers in the field, improving modes of communicating, or achieving savings in cost (p. 67). What determines whether creativity and innovation are harnessed effectively within an organization’s culture? Martins and Terblanche (2003) found that innovation and creativity are best drawn out by elements of organizational strategy, structure, support mechanisms, behavior that encourages innovation, and open communication (p. 64). In regards to values within an organization’s culture, Arad and colleagues (1997) found that organizations that valued freedom, flexibility, cooperation, and teamwork were more likely to promote creativity and innovation, while cultures that valued predictability, a rigid structure, control, and order to daily work were more likely to stifle it (p. 42). In addition, organizations that provide means for creativity, rewards for creativity, and socioemotional support for creativity are more likely to develop innovations (Tesluk, Farr, & Klein, 1997, p. 30). In child welfare, innovative practices result from problem identification and creative solutions. For example, Florida’s Family Finding model, which will be discussed below, is an innovation that seeks to locate extended family members for adolescents in the child welfare system who have become disconnected from family or never had the social ties to them. Through online and professional search processes, youth are connected with sustainable social supports, extended family is reunited, and in some cases long-term kinship care placements are identified.
General Mechanisms by Which Child Welfare Is Privatized

Both privatization and privatization of child welfare take many forms, with the respective roles of the public and private sectors varying, depending on the form that is utilized (and the nature of the work that is being privatized). In addition to the term privatization, these reforms have been called a variety of names: managed care in child welfare, community-based care, or performance-based contracting.

Forms of privatization include contracting out or outsourcing, franchising, vouchers, public-private partnerships, grants and subsidies, asset sale, volunteerism, and private donation. The two forms most relevant in a discussion of the privatization of child welfare systems are contracting out and elements of public private partnership. Contracting out—the model most frequently used in child welfare—occurs when the government continues to finance services while private companies provide them. This occurs when the government, through a competitive bidding process, gets to determine amount and quality of services divested and funded through contract with private agencies (Zumpano, 2014, p. 100).

Public private partnerships where government and private entities work together to conduct services are another commonly used model in child welfare privatization initiatives (Auger, 1999, p. 437). Other examples of this are when a state or local government works with a private business partner on an urban development or city beautification project. Private companies may be interested in improving the surroundings in which their holdings are located (Zumpano, 2014, p. 101). Dee and Anderson (2003) refers to this newly formed partnership as “sector blending” (p.16); as other researchers have explained, it is an “integration of market-oriented management with social purpose goals” involving “social entrepreneurs—individuals embracing market alternatives to address social issues” (Desai & Snavely, 2012, p. 962).

Regarding the other forms of privatization, franchising occurs when operators (franchisees) take on a facility and pay for use of a trademark and logo from a venture capital company (franchisors) such as McDonald’s or Subway in exchange for both an upfront flat fee
and a percent of the operator’s ongoing profit (Combs, Ketchen, Shook, & Short, 2011, p. 100). Zumpano (2014) reports that when governments franchise public services, it often means granting a monopoly to a private company to be the only provider of a distinct type of services in the local area (p. 100). For example, one private company in a tri-county area might be the only service provider to children who are blind.

Vouchers occur most often in education or health care with school voucher programs and fee for service health insurance. The basic concept is that government gives people a voucher of uniform value to choose from a competing group of private schools or medical providers. Since customers do not get to keep any cost savings from going with the cheapest option, the presumption is that each consumer will give their voucher to the highest quality provider, thereby encouraging quality standards and performance driven by consumers rather than government monitoring (Schonger, 2013, p. 2).

Grants and subsidies are often a part of our country’s approach (e.g., President Obama’s 2008 Zero to Five Plan) to making sure preschool age children are exposed to an early childhood education. Preschool tuition or child care costs are subsidized by the government for the family. The intent is to both level the child development field across family income disparities and to also stimulate the labor force as it frees up parents of young children to be employed full or part time outside the home (Havnes & Mogstad, 2011, p. 97).

Asset sale is not often used with the privatization of social services, but it occurs when a government sells assets (as opposed to stocks) to a private entity who then has control over the assets. This process is usually undertaken by the seller to increase cash flow and reduce debt (Warner, 2012, p. 541). For example, a state government might sell buildings to a private company in order to acquire funds for additional public services. More often than not asset sales such as this occur alongside the contracting out for services, so buildings are no longer needed for service provision anyway (Zumpano, 2014, p. 101-102).
Volunteerism is also a part of divesting services into local communities and private hands. Governments contracting out for social services try to reinvigorate the civic-mindedness of individuals in an effort to govern through volunteerism at the community level. De Waele and Hustinx (2004) describe the process in this way: “volunteer work becomes a governmental technique for the ethical reconstruction of both the community and the excluded individual into self-responsible actors . . . thereby transforming them into a substitute for a withdrawing welfare state.” Examples of public services that use volunteers are education, food for lower income families, elder care, and counseling (Zumpano, 2014, p. 101).

Private donation occurs when the government relies on financial contributions from the private sector to help pay for the provision of public services. Examples include when private companies loan the government staff, facilities, technologies, or equipment so that the government agency can provide a higher level of service to the public than it would have been otherwise able to do. This could for example occur in child welfare when a private computer company resources case managers with mobile technology the state could not have afforded to provide (Zumpano, 2014, p. 101).

**Types of Services Privatized**

The privatization of public services has occurred in many different arenas. Some of the more common service privatized in American cities include vehicle towing, solid waste, security, street repair, ambulatory services, printing, street lighting and traffic signal maintenance, drug treatment, job training, and legal services (Dilger, Moffett, & Struyk, 1997 as cited in Zumpano, 2014, p. 103). In addition to services most would consider nonthreatening to privatize, social services dealing with restrictions placed on individual freedoms have also been privatized. For example, child welfare systems, homeless shelters, day care centers, elder care, animal control facilities, and not least of all prison systems (Zumpano, 2014, p. 103).

While there have been advocates and critics on both sides of each privatization effort in the United States, the privatization of certain segments of our lives is more contentious than
Lyon-Callo and Hyatt (2003) state, “the transmutation of vulnerable ‘citizens’ into ‘customers’ has been used to mask the transference of basic public services to private interests aimed at making profit by providing for basic human needs that were once regarded as the rights of all citizens” (p. 198). Similarly, Morgen (2001) warns that privatization has meant the “valorization of self-sufficiency” within the welfare arena and may undermine case workers’ ability to meet the needs of their clients (p. 747). What the neo-liberal agenda and privatization do not address are the larger social problems (Lyon-Callo, 1998, p. 1). For example, although a privatized child welfare system might help workers respond to calls regarding child abuse and neglect, the underlying big picture issues of poverty and inequality within our society are not addressed directly.

Eventually, the debate about which sectors of government can be privatized ethically comes down to each individual’s value-based platform on which their worldview is based and from which their ideas of the proper relationship between person and state derive. One side of the debate argues for avoiding privatizing realms that have to do with inalienable rights such as the right to freedom—under this argument, police and child welfare investigations should remain with the state (Cohen, 2001, p. 432-434). However, as Cass (1988) points out, “even privatization proposals involving activities that intuitively appear to be essentially governmental are unlikely to pose constitutional problems” (p. 502). Gilmour and Jensen (1998) suggest that functions such as setting taxes, declaring war, drafting soldiers, and passing laws may be some of the more “clear cut” governmental tasks, but beyond said few, the issue is grey (p. 250).

While there has been an ongoing broadening of the kinds of services being privatized, the privatization of human services represents a relatively small percentage of all privatization efforts and has proven to be a challenge. As part of this trend towards privatization and community-based care (CBC, as it is referred to in Florida), states and localities have turned to a model where a single agency is charged with coordinating and providing all services. The intent of this model is to reduce the need for families to negotiate a maze of individual agencies,
improve the likelihood that there is a match between needs and services, and increase access to services. The model assumes that families will be more accepting and trusting of local community agencies than of services run by the state. There is no one visual representation for this model, but it is commonly referred to in the literature and in Florida as a lead agency design (McCullough & Schmitt, 2000, p. 3-5).

**Arguments in Favor of and Against Privatization**

This section details why public agencies consider privatization, with an overview of both the pros and cons of privatizing. The subsequent section attempts to demonstrate how these themes play out in different privatization efforts across states. Perhaps the best place to begin is Dilger, Moffett, and Struyk’s 1997 study where 66 city managers responded to a survey sent to this level of government within America’s 100 largest cities and were asked why they considered privatizing different public services. Responses were grouped by service category (see Table 1). By far the most common reason given for privatizing a public service was cost savings.

<table>
<thead>
<tr>
<th>Service</th>
<th>Reduce Costs</th>
<th>Improve Services</th>
<th>Reduce Employees</th>
<th>Limit Liability</th>
<th>Employee Skills Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Works/Transportation</td>
<td>32</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Health/Human Services</td>
<td>13</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Public Safety</td>
<td>17</td>
<td>14</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Parks/Recreation Culture</td>
<td>16</td>
<td>12</td>
<td>0</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Support Functions</td>
<td>25</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td><strong>103</strong></td>
<td><strong>55</strong></td>
<td><strong>6</strong></td>
<td><strong>8</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>
The next most common desire was to improve the quality of services being provided. The remaining rationales, such as staffing reductions, limiting liability, and even public workers having inadequate skills, were of overall lesser importance. In the area of health and human services, where the privatization of child welfare would be included, responses followed these trends with the main rationales identified as cost savings and improvements in service quality, as well as the realization that public personnel were not adequately trained.

Proponents of privatization have listed the following reasons for considering a shift from public to private providers of human services: (1) cost savings, (2) increased efficiency, (3) better quality services, (4) increased creativity and innovation, (5) clients get access to services faster, (6) freedom to explore different philosophies of care, (7) advancing pluralism, (8) more consumer choice/greater variety of providers to choose from, and (8) community engagement and client empowerment. Many of these “pros” contain much overlap (Drucker, 2011; Green, 1996; Kettl, 1993; Nightingale & Pindus, 1997; van Slyke, 2003). For example, lower costs are usually attributed to increased efficiencies in the private sector (Stevens, 1984) and these efficiencies may lead to a number of positive gains for clients, such as higher quality services, innovative services, and better access to services.

Van Slyke (2003) found, in a review of studies conducted around cost savings in privatization, that four factors were important: what type of services were privatized (e.g., waste removal versus social services), whether or not the private market competing for the contracts with the state was competitive, how specific the resulting contract between state and private entity turned out to be, and the state’s ability to both monitor contract compliance as well as to evaluate privatized service outcomes (p. 297).

Cost savings can happen if competition is present. If more than one agency bids for a state-monitored contract, then these agencies are competing with each other to present the best package at the lowest price. As part of this response to any bid put out for privatized services, the private responders would also of course want to make the point that their manner of
delivering services is cheaper than if the state retained the responsibility. While this is an extreme example because Maximus Inc. is a for-profit company, in 1997 their agency proposed to the state of Wisconsin that they could perform its welfare duties at ten to forty percent less of the budget the state was currently operating at, and if they did not make good on this promise, they were willing to pay a year of welfare benefits to each recipient (Lesher, 1997, p. 3).

Efficiencies most often occur because the private sector can do things faster because it is not as heavily regulated as the public sector. A nonprofit company may also be able to apply a narrowly focused response to a crisis in child welfare, for example, while a state agency may be more rigid and enact a complex set of procedures that compromise efficiency. For example, if there is a child death, the nonprofit may look at the nuances of the case and do an in-depth study to pinpoint what went wrong, whereas the state government may respond with a sweeping policy to fingerprint all children in the child welfare system, impacting staff, families, and children and slowing service receipt down. It really is a careful balance of accountability and freedom from excessive and restrictive procedures. In addition, the state government, as opposed to the private company, normally has more staff levels one needs to go through in order to accomplish anything. This increased amount of vertical and horizontal differentiation from the average nonprofit makes everything take longer and can frustrate clients and personnel. Additionally, most government staff members are not worried about losing their jobs or bankrupting the government, so they do not tend to perform their daily work in a way that supports efficiencies. In contrast, employees of a private company depend on the success of that company for their livelihood.

Third, most governments turn to privatization when there is a desire to improve the quality of services—a desire from within or a desire from the general public or clients served. Privatization normally occurs when there is “pervasive discontent with the performance of the public sector” (Nitingdale & Pindus, 1997, p. 8). Increased quality may come in different forms, which is where many of the positive rationales for privatization are clustered. Clients may have
increased access to services, they may feel more empowered receiving services locally, they may suddenly have more choice of providers, and they may be offered innovative programs and services that are more individualized to meet their family's and child's needs. One interesting advantage is that while the state government's philosophy of care is fairly rigid and determined by federal and state level politics, a local nonprofit may be more insulated and in touch with the needs of the local community and develop a strategically different value base from which to craft their own menu of services and programs. For example, in Florida, the extent to which each of the private companies managing social services places importance and resources on prevention and diversion varies.

Fourth, proponents of privatization also advocate that it can be more consumer-driven and community-based. For example, increased efficiency may lead to more time being able to be spent one-on-one with parents and their children. There may be more time to invite families to staffings (e.g., regularly occurring meetings where the status of a case and important decisions about the child and family's pathway through the child welfare system are made) and include their perspectives in case plans. Local leadership of the nonprofit may live in the local community, may represent ethnic trends in the community, and may be trusted more than an unknown state representative. Parents may be more likely to accept voluntary services and comply with mandated services if they respect or can identify with the nonprofit staff. Those that feel that less government is better and self-government preferable may be more likely to do well in services that seem to be originating from their own community, giving the sense that the community is taking care of its own.

Conversely, the first main criticism of privatization is that it is simply no better than what currently exists in the public sphere. When competition does not really exist in the private market, public monopolies are simply turned into private monopolies. Van Slyke (2003) argued that when governments contract for social service delivery with a series of local non-profit agencies, in most cases there is not a competitive market driving the bid process (p. 296).
Therefore, the critical issue is not public versus private, but competition versus monopoly. If competition does not exist in a private sector (just as it presumably did not exist in the precedent public sector), then efficiencies, cost reductions, improved quality of services, and corresponding client satisfaction increases are not likely to go along with the privatization effort (Nightingale & Pindus, 1997, p. 1).

Market competition is generally thought to be the driving force behind the success of privatization. The basic premise being that unlike state government, private agencies must do well or risk being replaced by an entity that can do it better. Competition can be introduced at the beginning of privatization when agencies vie in response to a government issued RFP, but it can also be reintroduced a few years later as the performance of current contractors is assessed and, at times, put out to bid once again (Pirie, 1992, p. 7). The idea is that local agencies will compete with each other for the business, and hopefully end up performing better.

The biggest problem in using competition to increase performance of child welfare agencies is that their contracts with various states normally commit them to serving all children in their geographic area, and this puts lead agencies at tremendous financial risk. Political and environmental factors, such as a highly publicized child death or a hurricane that displaces families, can cause lead agencies to experience and accrue significant fiscal debt. Additional contract variables, such as not being able to roll over any profits year to year, further handicap non-profit agencies (Unruh & Hodgkin, 2004, p. 779). While contracts total millions of dollars, many companies do not vie for them due to the inherent risk.

A potential twist on the competition conundrum would be to let both public and private entities compete for service contracts. The “competition prescription” theory stipulates that it is the competition itself, rather than the sector, that determines organizational efficiencies and deterrence from the formation of monopolies (Cohen 2001, p. 434). Some have suggested that this would be the most unbiased strategy to utilize in an RFP selection process, because one is not making a value based decision that private entities are necessarily more efficient (Auger,
On the other hand, this might further complicate an already muddy political landscape.

The second concern has to do with contract monitoring. When social services are privatized, the state often downsizes thinking costs can be further reduced by reductions in state staff. Milward (1994) referred to this situation as creation of the “hollow state” in which fewer state employees are tasked with doing monitoring that they are not knowledgeable to do. However, the state still has an important role, even though the role of direct service provision has passed to the private sector. “The government is responsible for assuring that public services are effective, whether or not the services are publicly delivered” (Nightingale & Pindus 1997, p.2). The state needs to both remain adequately staffed and have the necessary skills to be a contract performance monitoring center of the private entities. Kettl (1993) refers to this as public management capacity. This capacity includes continued employment of staff with “contract management experience, policy expertise, negotiation, bargaining, and mediation skills, oversight and program audit capabilities, and the necessary communication and political skills to manage programs with third parties in a complex political environment” (Van Slyke 2003, p. 297). Therefore, the key issues in determining success or failure are ones of how clear accountability mechanisms are on both public and private sides of the relationship, and how skilled are the workers who must interact of these topics of compliance with performance based contracting standards. Monitoring contractors has been found in some research to be privatization’s downfall even when other elements of the initiative may show promise (U.S. General Accounting Office, 1997, p. 17).

A third criticism of privatization is that private companies may be more veiled about how they spend money and which clients they chose to serve than public agencies delivering the same types of services. The main concern is that clients will be excluded from service provision by private entities competing for public contracts in that they may determine certain high end clients to be ineligible for services so that their presumably poorer outcomes do not bring down
the private company's performance numbers. This may be avoided to some extent if a private agency's contract specifies that they are responsible, for example, for providing services to all children in their geographic area who are assessed to be in need of them. Another way to flesh out this concern is that private companies can be either for-profit or non-profit. While for-profit child welfare agencies exist, such as Maximus, those serving children in Florida are non-profit, eliminating some aspects of this concern. In other words, the nonprofit sector will be better able to deal with children and families who are high end (i.e., need a lot of help and treatment services) that the for-profit sector because they are not motivated by profit (Bendick, 1989, p. 98).

However, with this global responsibility for an entire child welfare catchment area come unique dilemmas. Children and their parents all have different levels of motivation to complete treatment and services, sometimes children require ongoing rather than short-term care, and children and their families in need of services move from county to county, in and out of the private agency's service area, necessitating political and collaborative relationships among private agencies who may be in competition for contracts with each other (Van Slyke, 2003, p. 298). This later situation also presents an issue in equity—if families are being served by different private sector agencies with various rules, philosophies of care, and quality of services, is that equitable given that the expectation is that families be treated the same across the state when they come to the attention of the child welfare system?

This question leads to a fourth and somewhat distinct criticism, in that the privatization of certain human services is morally or ethically wrong, no matter whether there are efficiencies or cost savings. Ethical objections normally occur when people believe that certain services are the moral obligation of the government and not private sector. Variance across counties within a state is a good example. For example, is it ethical that being poor in Miami, would lead to your children being taken away more often than it would if you were poor in Sanford County? Would it be better for families to receive a lower overall standard of care from the state if it meant that
all families were held to the same rules and service offerings? There is no easy answer to this question, but ethical arguments against privatization of social services might side with everyone being treated equally over the possibility of higher standards of care in some pockets of the state.

Anthropologists have traditionally been interested in public policy because it includes issues of institutions and power, perception and the creation of shared meaning, and the inherent tension between global and local perspectives (Wedel & Feldman, 2005, p. 1). Anthropologists often examine public policy regarding the issue of privatization within an international development context (Abadia-Barrero, 2014).

Structural adjustment policies are approaches generated from international funders such as the World Bank and the International Monetary Fund that often restructure public services to the poor by tasking a private company to take over service provision. Structural adjustment is accomplished by International Funding Institutions providing loans or debt relief to countries is certain targets are met such as reductions in jobs and wages for public employees, decreased taxes on foreign investments, more lenient environmental and labor policies, and fewer subsidies and state mechanisms over price controls in order to advance a more market based international economy and globalization (Pfeiffer & Chapman 2010, p. 150).

Anthropologists have examined the role of Non-Government Organizations (NGOs) replacing state-run services such as medical care (Abadia-Barrero, 2014; Farmer 2008; Foley, 2009) and even access to basic necessities like clean water (Whiteford & Whiteford, 2005). For example, Foley (2009) documented through ethnographic account a local health center in Senegal that faced bankruptcy after international funding initiatives that stressed a partnership between the State and its citizens, but left citizens unable to pay for their health care. Paul Farmer (2008) challenged the cost effectiveness merits of health service provision by NGOs in foreign countries in his accounts of very negative and egregious outcomes of delayed
antiretroviral treatment (ART) and programs treating the spread of tuberculosis in poorer counties.

Criticism of privatization and structural adjustment policies by anthropologists has included that privatization brings with it a lack of accountability – private companies take over from the government and everyday citizens and recipients of services have no mechanism with which to hold the private sector accountable, as they had previously with their government. The corresponding negative impact on public health has often meant decrease in access to services and increased cost of services. Anthropologists are also known for being critiques of privatization and neoliberalism because the vulnerable populations they have worked with in foreign countries have suffered. Negative impacts on other service sectors have included lost wages, layoffs, currency devaluation, more expensive transportation, increases in food prices, and basically drastic declines in the quality of life for vulnerable populations in other countries (Breman & Shelton, 2006; Pfeiffer & Chapman 2010, p. 151).

Another way of viewing the privatization debate more moderately is that the public and private sector each have different strengths, with one not being inherently better than the other. For example, state governments may be more adept at ensuring equity, regulating policy, ensuring continuity of service across geographic area, and avoiding discrimination in terms of which clients are served and which are not. Private companies may be better at changing more quickly and efficiently to implement policy reform efforts, develop innovative practices, harness more effective technologies, and abandon cumbersome and antiquated governmental procedures (Osborne & Gaebler, 1992, p. 163).

Critical Issues and Theory Relevant to Privatizing Social Services

The following discussion includes themes found throughout child welfare privatization initiatives. These themes include reducing costs and increasing efficiency; several issues specific to power such as decision making authority; clarity of roles and responsibilities; community engagement; improved quality and issues with performance-based contracting;
leadership and management; staff and human resources; and presence of competition for contracts.

**Decreased spending, cost containment, increased efficiency.** Regardless of the term, most privatization initiatives have placed an increased emphasis on outcomes, or value for money spent, with an implicit goal of getting improved results for the same or less money (Cohen, 2001, p. 432). Often governments turn to privatization from a sense of desperation to reduce taxes, rather than a grounded conviction that privatization is best for the population (Pirie, 1992, p. 1). States also turn to privatization due to directives from entities such as the World Bank and the International Monetary Fund, both of which have called for privatization on the grounds that government-run services are too costly and inefficient (Armstrong, 1996, p. 222). This inefficiency rationale is grounded in what is known as public-choice theory, whose proponents believe governments maintain perverse incentive structures that encourage “empire-building” and the production of surplus goods or services (Cohen, 2001, p. 433; Greene, 1996, p. 634). The incentive structures in state-run services tend to reward staff for spending money rather than saving it, as opposed to the private sector that incentivizes cost efficiencies by reforming services and recognizing the outcome-based achievements of staff (Greene, 1996, p. 633).

Public choice theory is considered the most fundamental theoretical underpinning of privatization. It is grounded in the value of the free market economy, a competitive market place, and strong individualism over the vices of government monopoly (Green, 1996, p. 633). It is the process of making political choices based on economic principles to solve social dilemmas. It also stresses that politicians make choices for the perceived benefit of their constituents but are in reality governed by their own self-interest (Felkins, 1997, p. 1), and that prior to contracting out for government services, governments were overrun by inefficiency and surplus because officials measured their self-worth and success by larger budgets rather than quality or appropriateness of services (Boyne, 1998, p. 474). Savas (1974) as cited in Boyne
(1998) explains, “[state] staff are already in a position to exercise (that) monopoly power for their own parochial advantage, and efficiency is rarely seen as an advantage . . . [W]e have unwittingly built a situation in which the public is at the mercy of its servants” (p. 474).

However, when social services are contracted to private non-profit groups, there is a common desire to hold agencies accountable for their performance, and the resulting outcomes for children and families. This is being accomplished through both standards of performance and care, as well as financial incentives. Many of the agencies are reimbursed by their respective states via a case rate or capitated system in which fees are predetermined and not increased based on length of stay or severity of the case. The rationale is that if a private agency can improve outcomes, decrease number of children in care and decrease length of stay in out-of-home care, increase permanency of placements, as well as ensure successful adoptions, then the agency should be allowed to retain their savings. Likewise, if an agency does not do well, they will soon be operating at a deficit (Sells 2001, p.1).

The politics of local service systems and community engagement. Localizing service provision presents a number of trade-offs when it comes to involving the local community in designing a system of care in partnership with a nonprofit agency and state oversight. These include the balance between how much stakeholder participate and influence system design and policy reform, access to information and competence (as well as perception of both from nonprofit leadership), pluralism versus cohesion, and equity across service receipt versus having more choice of providers and options for one’s path through the service system (Griggs & Roberts, 2011, p. 184).

Another way to think about community engagement is the rationale for it. Lowndes and Sullivan (2008) have identified four main reasons people designing policy reform efforts give for the merits of stakeholder inclusion. First, there is an economic rationale in that citizens of their own community better know the local area so would be better qualified than the state-level government to identify both areas of waste and areas of need (e.g., gaps in services available
for specific populations). Second, there is a political rationale in that community engagement ideally calls local leadership to be more accountable to local residents because there is a closer relationship and more day-to-day visibility than between local resident and state government office. Third, there is a social rationale for community engagement in that it encourages collective action and collaboration between different groups in the local area who may not have otherwise been prompted to come together. Lastly, there is a civic argument for community participation in that local voters and residents actively participating in improving the well-being of their neighbors is a patriotic and noble thing to do (p. 58).

Proponents of privatization suggest that one clear advantage is that decisions within the private sector can be made more quickly and can be shielded from politicization. In other words, their hope is that decisions will be made based on what is good business and in the best interest of the organization and its clients, rather than on who is running for office in the current year and what favors have to be attended to at any given time (Pirie, 1992, p. 3). To make the assumption that the “local” is less complex and does not have its own set of competing claims to entitlement and identity can be quite damaging to local communities by stirring up preexisting conflicts and historical grudges among subgroups of each population. By decentralizing government accountability in a cookie-cutter fashion to each local area, one may simply reinforce existing inequalities or create new ones. There are struggles for power and resources at every level, including most localities. When the public sector contracts with a nonprofit provider, they may be inadvertently reinforcing already established power inequities between providers in a certain geographic area or creating new lines of exclusion (Berry, 2004, p. 80).

The issue of community engagement is a challenge. Community engagement is a part of, and interrelated to client engagement, the two are not synonymous. An increased amount of contact and communication between privatized agencies and their clients has been viewed as positive, as well as the advantage of identifying risks and preventing further problems that come with increased engagement of families. But, how does community engagement ideally look
within a privatized model of social services? There are several ways of engaging a community in a privatization effort that one would ideally want to see. First, joint planning to design a new system of care is critical. Second, as mentioned previously, ideally leaders within this new system of care at the local level live in the community and are known by local residents. Third, any governing boards that are established to advise or monitor a private agency should contain members of the community rather than other private agencies and providers.

Lee, Allen, & Metz (2006, p. 18-9) found that involving the local community as the planning process unfolded for privatization of local child welfare services was critical to community buy in and meaningful acceptance and support of the policy change and corresponding changes in key players and procedures. Ideally, system design and redesign is an iterative process, in that it can occur not just at the preplanning stage, but at initial implementation, five years out, reprocurement processes and system restructuring. Best practice literature indicates that even the discussion as to whether or not to use privatization as a tool, as well as when a community or agency might be ready (sometimes referred to as the readiness assessment process in child welfare) should ideally be done in a heterogeneous group of members of the local community (Kameron & Kahn, 1999; McCullough, 2003). In terms of examples of who should be included, stakeholders for a child welfare privatization initiative would be government staff, private agency staff, judges, foster parents, case managers, Guardians ad Litem, representatives from health and education systems, foster youth, biological parents, and city or county government. Mental health, substance abuse, and domestic violence providers are also very important as they are the three primary areas of traditional service to child welfare families.

One of the most critical lessons learned from past privatization efforts of child welfare services is that it is critical to include the judiciary and other service systems such as education and health in the change process between public and private sectors (Snell 2000). Figgs and Ashlock (2001) found that judges and schools in Kansas were very confused about what role
the public and private sector were playing on cases under their newly privatized program model. A high level of distrust among external stakeholders in the community led the already strained private agencies to have to engage in a public relations campaign with multiple entities to gain their trust and share their mission and scope.

While the preceding concepts represent what enhanced forms of community engagement might ideally look like within a privatized model, what does community participation more often mean for local residents and how does it fit with the Neoliberal agenda? Berry offers a historical perspective: “under such rubrics as participatory development . . . NGOs announced their intention to promote equitable and sustainable development, not by curtailing market forces, but by extending the benefits of market liberalization and good governance to the poor and politically marginalized people” (2004, p. 79). The most common way this was done is by pushing for the “empowerment” of local people and giving them a voice via positions on planning councils and governance boards. An implicit assumption here is that local equals poor, and so by moving some authority into the local communities, those in power are working to level the playing field.

A second assumption is that simply by virtue of having resources shifted into their communities, local people will have both the knowledge and incentive to manage them. Unless sustainable skills and capacity to lead are transferred to local leadership, the strategy of transitioning social services into the local community’s governance may be self-defeating. Local leadership may not be able to meet the demands of local expectations and grievances. In this way, if implementation planning and technical assistance are not done, “the organizational constraints of partnership working, managerialism, and outsourcing” are exposed (Griggs & Roberts, 2012, p. 185).

A tension, therefore, exists between Neoliberalism and community participation. The process of giving people a voice in political arenas is especially vulnerable to becoming a vehicle for reinforcing inequalities rather than power sharing. Unfortunately community
participation tends to be the semantics with which populations are sold on the idea of privatization. For example, the Florida privatization initiative is referred to as Community-Based Care. Lockhart and Durey (2004) suggest that while initiatives are implemented in the health care and social service arena that emphasize community input on the surface, often what ends up developing is a provider-based model instead. This can occur because professionals within the system believe that the general public is somewhat ignorant to the intricacies of their field, or that the public responds too quickly to negative media attention, such as coverage of a high profile child death.

Another barrier and pivotal issue to legitimate community participation is defining what constitutes each community and who should be involved. Berry (2004, p. 82) explains that there is a dynamic that occurs where in issues of identity and belonging turn into issues of who has the correct knowledge and authority to participate. This then quickly evolves into questions of who should participate based on this value judgment of those in power. Due to the plethora of factors involved in determining which stakeholders are appropriate to include on governing boards, many private agencies argue for data driven decision making (e.g., focusing on empirical findings and service utilization patterns), and relegate community forums to lip service events to keep the appearance of soliciting community input and collaborative partnership (2004, p. 254).

There is a danger here in that the nonprofit agencies, rather than truly working with their own community, become more and more like a state-run bureaucracy. Over time as they take on the burdens and responsibility of the state under continued state monitoring, there is a documented tendency for nonprofits to become more structured and formalized (Kramer, 1994, p. 33). A nonprofit rooted in the community may stay with a different philosophy of care than the state, that is more in keeping with local constituents, but over time nonprofits do often change their policies and procedures to more closely align with the state’s philosophy of care and practice (Hasenfeld & Powell, 2004, p. 107).
Griggs & Roberts (2012, p. 185) suggest that rather than actual community governance, in many cases we end up with community management, and that the focus solidifies around a common desire for creating improved services rather than the more challenging task of empowering citizenry. This does not empower local citizens, but rather privileges managerial concerns at the leadership and political level. They went on to explain that observation of some of the aspects of the social or civic rationales for community engagement is more likely to be tokenistic, and that engagement rhetoric is “a tool for informing citizens about mainstream strategy development and legitimizing the economic rationale” (2011, p. 189). This has appeal for state government because service quality increases at the local level but the state still remains in power.

**Roles within public/private partnerships.** During the 1980s and early 1990s, the word, “privatization.” sparked very harsh feelings because it was viewed as eliminating or significantly decreasing the government’s legal responsibility for public concerns. For example, governments are usually held accountable politically via voters and legally via the constitution, statutes and other legal mandates. Some warned that privatization of certain services will serve as a vehicle for accountability avoidance, stating that “delegating authority to private parties may allow the government to do through them what it cannot do itself” (Gilmour & Jensen, 1998, p. 248). However, particularly in terms of child welfare, what we have seen more of is a shifting or relocation of service provision, while the ultimate responsibility still remains with the state (Auger, 1999, p. 436).

One concern detailed in the literature is that government may on the surface contract out to the private sector, but they may hold on so tightly via oversight and decision-making authority that little change is ever seen, both in daily operations and in outcomes for clients. Pirie (1992) writes, “You would be astonished how many countries try to privatize an industry and yet keep a residual control over it, so they have some influence over its appointments, over its expansion decisions . . . [I]f you want to gain all of the benefits of privatization, including commercially
sound management, you must be prepared to let go” (p.3). Regarding child welfare, it is perhaps unethical for government to let go, however, the “who does what” is critical in determining whether any legitimate change in power and subsequent outcomes may occur. The issue of hidden power within Neoliberal ideology has not surprisingly, often been referred to as “the wizard behind the curtain” (Lyon-Callo & Hyatt, 2003, p. 177).

Saidel (1991) uses a resource dependence framework to explain how the state and its private contractors depend on each other for different things, reinforcing a type of complicated interdependence. The nonprofit entities most often rely on state government for information (expertise and technical assistance), money, and political support (e.g., advocacy in front of the legislature), while the state relies most often on its contractors for service delivery and corresponding outcome data as well as local community backing (1991, p. 543-545). Saidel found a reciprocal dependence to exist between the two entities; however, the state was slightly less dependent on the private sector due to its ability to enact pressure via licensing, regulatory authority, and contract monitoring (1991, p. 547). In some situations, where private entities were providing a high priority service that was otherwise scarce, the private entity was better able to mobilize its political influence and the state experienced reduced autonomy (1991, p. 551).

Gilmour and Jensen (1998) suggest that accountability within public-private partnerships can only be ensured when all agents have been identified. They propose a framework that delineates actors, functions, actions, and safeguards. With regard to the later, they mention that while it is not unconstitutional to find a private entity performing public services, what should elicit concern is a nongovernmental agency providing contract monitoring and general regulation in replace of the state (p.254).

**Quality of services.** Another goal of privatization is to improve service quality. Proponents of Neoliberal policy believe this is done via market competition, and in the absence of such, careful and informed regulation (Pirie, 1992, p. 3). Private entities are hypothesized to
be better at developing innovative services and tailoring services to meet children’s needs (Auger, 1999, p. 446; Unruh & Hodgkin, 2004, p. 772). However, increasing the quality of child welfare services has proved challenging, particularly because there is not a lot of competition among nonprofit agencies that must serve every child that comes to their door.

Common challenges to assessing and increasing quality include difficulty defining and agreeing on indicators, as well as measuring actual performance, inadequate information systems for data tracking and program improvement, minimal service capacity in rural areas, and monitoring that is either overdone or underdone (Armstrong, Jordan, Kershaw et al., 2004, p. 7). Auger (1999) suggests that state governments determine whether services they are considering privatization of are actually measurable in terms of quality, quantity, and performance, and whether state government has the capacity to carry out extensive monitoring of these variables (p. 446). Additionally, when pieces of a child welfare system are privatized, the private agencies are still interdependent on the public sphere, such as the judiciary and often abuse investigations. Thus, although lead agencies are judged on child outcomes, they often cannot control the volume of children entering or exiting their system (Unruh & Hodgkin, 2004, p. 771).

Historically, reimbursement was not linked to measures of effectiveness of the services provided. Such a payment approach offered few incentives for providers to control costs, to build a more suitable array of services as an alternative to placement, or to more quickly return children to their families. Performance-based contracting, via privatization, is supposed to ameliorate this dilemma. The following are examples of what types of performance outcomes are measured in different state initiatives, followed by a discussion regarding the conundrum of such arrangements.

The challenge of performance-based contracting. Performance-based contracting with private child welfare agencies is not an entirely new concept. During the early part of the last century, private agencies were given financial incentives per the number of children they
brought into out-of-home care. While on one hand, it could be argued that this was a charitable mission, it unfortunately had more to do with the detention and removal of immigrant children from their families in larger cities and sending them to our country’s Midwestern region that was in need of cheaper labor due to an expanding economy in rural regions (Zullo, 2006, p. 26).

Undeniably, service through contract puts a monetary value on specific outcomes. The child welfare literature supports the notion that such agencies will change their focus to meet financial and contractual rules and incentives. If more adoptions bring in more money, more adoptions are likely to occur. If returning more children to their homes brings in more money, reunifications increase (Ezell, 2002, p. 45). While reunifications and adoptions can both be extremely positive events in a child’s life, the crux of the performance based contracting of child welfare services conundrum occurs when agency performance is at odds with the best interest of individual children and families.

For example, in 1997 in Florida, the evolution of Community-Based Care was impacted by the passage of the federal Adoption and Safe Families Act (ASFA), which amended Title IV-B (child welfare) and Title IV-E (out-of-home care and adoption assistance) programs of the Social Security Act. It was the first major child welfare legislation to be changed since 1980. ASFA stressed the importance of federal child safety over reunification or placement issues and that there should be a focus on reducing the time children are in out-of-home care. The seven major outcome goals that ASFA seeks to achieve in all states are as follows:

- Reduce the reoccurrence of child abuse and/or neglect, reduce the incidence of child abuse and neglect in out-of-home care, increase permanency for children in out-of-home care, reduce time in out-of-home care to reunification without increasing reentry to out-of-home care, reduce time in out-of-home care to adoption, increase placement stability, and reduce placements of young children in group homes or institutions. (U.S. Department of Health and Human Services, 1998).
While reduced time in out-of-home care is inarguably a good thing, if Florida’s agencies feel constant pressure to move children through their protection system too quickly, children may experience recurrence of maltreatment. Indeed, recent cases in the media in the state of Florida have mentioned publicly displayed bulletin boards that compare workers or agencies on quantitative performance measures, encouraging staff to make rapid placement and permanency decisions in order to keep up with the competition. As Zullo (2006) summarizes, “the unidirectional value arising from contract relations is inherently at odds with the polyvalent and humanitarian nature of social work” (p. 26-27). In the end, what most public-private child welfare partnerships have settled on is intensive quality assurance systems and careful monitoring, which requires considerable financial resources for monitoring personnel and management information systems. In turn, these necessities refute the idea that privatization, at least of child welfare, is a cost effective strategy (Ezell, 2002, p.45-50; Freundlich & Gerstenzang, 2003, p. 18-20).

**Improved leadership and management.** Some initiatives to privatize services are based on the idea that the private sector can more effectively manage service delivery than government, who is thought to abide by different reward and achievement standards. For example, state budget processes may be too slow to adequately support changes in demand for services (Auger, 1999, p. 446). Likewise, government agencies more commonly reward seniority, while private corporations may value innovation, ambition, and more “strategic and forward-looking operations” (Westerberg, 1992, p. 25). For this reason, some view privatization as not only an economic restructuring, but a restructuring of beliefs and behaviors (Severin, 1992, p. 33). Interestingly, the employees of the two spheres do not necessarily have to remain distinct—staff members are often welcomed over to the privatized model, but are expected to adapt their behavior due to different environmental pressures and expectations. Pirie (1992) describes this conversion process: “Once they are in the private sector and acquire the freedom
to manage, we see their standards of efficiency rising, more responsiveness to customers, decades of state attitudes slipping from their minds" (1992, p. 4).

Another expectation of privatization is that relations between staff and management will improve in comparison to former state-run models. This could occur due to efficiencies that lead to lower case loads, more time to engage families, and higher overall worker morale. It might also occur because private agencies may be able to budget more money to hiring staff at a higher education level or experience level that would facilitate better working relationships. Additionally, the private organization may be able to spend more time and resources on staff training and developing a sense of common ground and mission that bridge the divide between management and frontline staff. However, the competing concern is that the shifting of service delivery from public to private realms with a new emphasis on cost containment may mean job loss for state workers, and for those who are fortunate enough to make the cut, a decline in morale due to the stress of the transition, having to acquire new skills, and witnessing coworkers being let go.

According to the Supreme Court, employees of private, non-profit companies can be fired without right to a hearing, whereas government employees are more often legally protected and afforded due process. Section 1983 of the Civil Rights Act pertains to government rather than private behavior, which then puts the onus on the private employee to prove that the nature of the services are attributable to the state—a slippery slope at best (Gilmour & Jensen 1998, p. 248-9). Gilmour and Jensen (1998) state, “the essential dichotomy between public and private action has been difficult for the judiciary to articulate with any consistency” (p. 250). Cass (1988) reiterates this by stating, “virtually no discrete function that one can identify as historically committed to government rather than private parties” (p. 499-500). Indeed, there really are no specific criteria that determine what can or should be governmental versus private.

Over the past three decades, we have witnessed our economy shifting from that of a “Fordist” model with unionized work forces to downsized companies and outsourced labor
(Lamphere, 2005, p. 5). While government employees can, and often do strike (thus impacting service delivery), employees in the private sector often do not have labor unions or organized manners of protest. While this is potentially dangerous to employees, they are often won over by profit-sharing and stock ownership within the private sector. This benefit really can not apply to child welfare workers, as lead agencies are characteristically non-profit across the country. However, it has also been documented that private firms tend to consult their employees more often and engage them in company decision making, which may create a heightened sense of personal/professional investment in one’s work (Pirie, 1992, p. 5). Private companies have also countered problematic issues successfully by putting transition plans in place prior to implementation that include no-layoff policies and the transference of accrued retirement benefits (Auger, 1999, p. 447-448).

**National Privatization Efforts in Child Welfare**

This section provides an overview of privatization of social services in Florida, Kansas, Arizona, Michigan, and South Carolina and describes how many of the critical issues of privatizing services play out in each implementation project.

**Florida Community-Based Care.** In Florida, the 1996 legislature mandated the privatization of child welfare services (known in Florida as Community-Based Care) through the use of a lead agency design. The intent of the original statute was to strengthen the support and commitment of local communities to the “reunification of families and care of children and their families,” and increase the efficiency and accountability of services. The responsibilities of lead agencies, as defined by the original statute, included the ability to do the following:

- Coordinate, integrate, and manage all child protective services in the community while cooperating with child protective investigations;
- Ensure continuity of care from entry to exit for all children referred;
- Provide directly or through contract with a network of providers all child protective services;
Accept accountability for achieving the federal and state outcome and performance standards for child protective services;

Have the capability to serve all children referred to it from protective investigations and court systems, and

Be willing to ensure that staff providing child protective services receive the training required by the Department of Children and Families (s. 409.1671, F.S.).

As of 2005, all of Florida’s 67 counties have transitioned to this model, with 20 lead agencies throughout the state holding 22 contracts with the Department to provide child welfare services (Vargo, Armstrong, Jordan et al., 2006, p.3).

With the advent of privatization of Florida’s child welfare system, new rules, such as supervisors of case workers must have a Master’s degree (under the state system a BA was required), suggested the possibility of an overall increase in professionalism. However, Florida’s lead agencies have struggled with staying afloat in an increasingly difficult economy under the continued financial risk of having to accept all children that need services. In recent interviews conducted with Florida’s lead agency stakeholders (Vargo, Armstrong et al., 2007, p. 17), lead agencies have shared the view that they are unable to provide cost of living increases to their subcontracted providers. Over time, this lack of financial resources may end up hurting quality of care as turnover and low wages may lead to less qualified staff (Unruh & Hodgkin 2004, p. 772).

Kansas privatized foster care. During the single year of 1996, Kansas privatized foster care, family preservation, and adoption services statewide. Similar to Florida’s Community-Based Care, the initiative came about in response to criticisms of the then-current system in Kansas, such as a crisis-oriented approach, an unorganized system of care, and lack of emphasis on child-level outcomes (Sells 2001, p. 6-7). The Kansas initiative is similar to managed care in that it holds lead agencies accountable for certain performance measures specified in each agency’s contract, and a case rate reimbursement system was initially utilized.
to cover all services needed by one family or one child. Another important principle is that cost-efficiency and quality are expected to be achieved through a competitive bidding process of each lead agency (Freundlich & Gerstenzang, 2003, p. 39-41). Central goals of the initiative included augmenting prevention efforts, increasing permanency, decreasing length of stay, and the pooling of funds to allow for a more seamless system of care (McCullough & Schmitt, 2000, p. 10).

The Kansas initiative was initially heralded as improving outcomes via competition among providers that had not existed under the state monopoly. However, the Kansas legislature did not realize that this competition would largely die off subsequent to the competitive procurement process. As it now stands, many of the monopoly issues present with a state-run system are still present within the newly privatized jurisdictions. According to one Kansas judge, “Privatization, in my view, has led not to the healthy free competition one might expect, instead it has created enormous service monopolies in this state” (Demarre, 2001, p. 647). This issue has also come up in Florida, as certain providers that have national backing have greater capacity to respond to Requests For Proposals (RFP), rather than locally driven agencies. Thus, the pragmatic realities of sustaining a child welfare system coexist and, sometimes, contradict Neoliberal ideologies regarding a commitment to market forces (Forsey, 2004, p. 283-284).

The Kansas initiative is perhaps best known for its initial case rate reimbursement system across adoption, foster care, and family preservation services. This method of repayment was seen as ground breaking and a step away from the per month payments that may reward providers for keeping children in care longer rather than seeking expedient permanency. Despite initial hopes, both foster care and adoptions ran into extreme financial problems under the case rate system due to the case rate not being adequate to cover both high end children and average children, and a lack of control over financial risk because the courts often determined how quickly a child moved through the Kansas system. One of the
Kansas lead agencies calculated that if a child stayed in their care longer than six months (under the case rate reimbursement system), the agency would lose money. In fact, in 1997 (the initial privatization year in Kansas) the lead agencies collectively spent $25 million more than were allotted to them. During 1998, the state gave them $24.7 million to make up for this, as well as an additional $51 million drawn from welfare-to-work dollars in 1999. It should also be noted that some of the excess costs were due to start-up expenses that were not expected (Snell, 2000, p. 7).

For example, the Kansas Department of Rehabilitative and Social Services (SRS) retains responsibility for investigations, intake and assessment, child abuse prevention efforts, and program monitoring, while the lead agencies are responsible for service delivery to any child referred by SRS with the exception of children involved with juvenile justice. As is the case with Florida, the privatized foster care agencies in Kansas were expected to identify and seek out additional funding sources (Freundlich & Gerstenzang, 2003, p. 41).

In terms of the Kansas initiative, the issue of accountability between private providers and state investigators responsible for initial determination of need and determination of removal from a child’s home was prominent. Reportedly, when problems arose with service provision related to the initial recommendations, or based on a subsequently identified need by foster parents, both public and private entities have been slow to react and quick to point the finger back in the other direction, resulting in a missed opportunity for child advocacy. Kansas courts have also had trouble dealing with the mix of public and private players central to a child’s case, particularly when trying to issue contempt of court orders when the specified services are not delivered (Demarre, 2001, p. 672).

Outcomes measured in the Kansas initiative include access to and availability of services, number of accepted referrals, child safety, client satisfaction, adherence to professional and licensing standards, permanency planning goals, cultural competency standards, and goals related to recidivism and reentry. These outcomes are measured via
provider reports, cost and utilization data, and performance data tracked through a management information system (McCullough & Schmitt, 2000, p. 10). The state also contracts with an external review team in order to assess whether or not certain contract models are more successful. In fact, Kansas has been heralded by some for their effort at making accountability, through outcome measurement, a focus of their privatization effort (Sells, 2001, p. 6-7).

**Arizona Family Builders.** Arizona Family Builders is a legislatively approved family preservation service, in which the state contracts with providers to deliver services with the goal of preventing child abuse and re-abuse, while also reducing or trying to reduce the caseload burden of public child protection workers. The program provides legislatively mandated case management, respite, transportation, parenting classes, assessment, and counseling services to low risk child protection cases. The program emphasizes a strength-based rather than investigative approach (McCullough & Schmitt 2000, p. 6).

Arizona Family Builders operates within a case-rate reimbursement system. Smaller payments for referrals and assessments are paid initially, followed by a larger lump sum payment per family upon completion of services. Provider agencies must bear the financial risk of providing all of the required services to families; however, since services are voluntary, not all families that are eligible will seek services. Arizona’s greatest achievement has been in aligning financial incentives with permanency goals and working to ensure that the foster care payment does not exceed the adoption payment, so that adoptions are encouraged over foster care.

A clear lesson stands out as one examines the Arizona Legislature’s initial appropriation for the Family Builders initiative. In 1997 only $800,000 was set aside for the 1998 Fiscal Year (FY). However, midway through FY 1998, another $3,555,600 was awarded. There may have been a severe underestimation of the resources required to implement infrastructure for such an initiative (Sells, 2001, p. 8).

Regarding roles in the Arizona Family Builders model, the state’s responsibilities include timely payments to lead agencies, monitoring for quality and compliance with standards and
contracting with an independent organization to conduct a program evaluation. In turn, each non-profit lead agency must subcontract with local providers and work to create a community-based system of care, while accountability remains with the lead agency (Sells, 2001, p. 8). The lead agencies are also responsible for accepting referrals, data collection, family assessment, and quality improvement (McCullough & Schmitt, 2000, p. 6).

In terms of the Arizona initiative, lead agencies must collect satisfaction data from providers and families, keep pre- and post- data related to assessments, as well as enter cost, performance, and utilization data into their management information system. Cumulatively, these measures are expected to answer questions about program effectiveness, quality of care (e.g., access to services, client satisfaction), cost efficiency, and adherence to professional or licensing standards (e.g., caseload size). The Office of the Auditor General (OAG) evaluates the Arizona Family Builders program for client satisfaction, changes in financial risk levels throughout the progression of a case plan, as well as demographic information (McCullough & Schmitt, 2000, p. 6).

**Michigan privatized foster care.** Michigan’s Family Independence Agency (FIA) entered into contractual relationships with four privatized lead agencies in 1997, with the goal of collectively operating seven foster care initiatives. Emphasis is placed on the outcome of each child’s placement, rather than solely focusing on number of children with finalized adoptions, permanent placements, or family reunifications. However, the main goal of each program is achievement of each child’s specified permanency plan goals. All children in state custody, as well as their families, are eligible for services (Freundlich & Gerstenzang, 2003, p. 213-216).

Michigan adoptions are also privatized. In 1992 the Michigan Family Independence Agency (FIA) began contracting with licensed private adoption agencies. Each agency contract now specifies requirements as to timeliness of placements. The primary goals of this initiative are increasing permanency rates, decreasing length of stay in pre-adoptive placements, and finding placements for children within their local communities. Child eligibility criteria require
that children must be in state custody with adoption listed on their permanency plan (Sells, 2001, p. 1).

Regarding the Michigan initiative, lead agencies receive a set of payments per child in a combination of case rate and per diem distribution. Agencies are provided with an initial large payment per child referred to the program followed by a per diem allotment. Additional payments are made to the agency if a child is successfully placed within 315 days or if parental rights are terminated within 600 days (420 days for children out-of-state). In this example, termination of parental rights was seen as a positive step in the process of finding some children a long term placement through eventual adoption. Upon sustaining placement for a period greater than six months, the agency is awarded additional funds. A similar award is given if a child whose parental rights have been terminated is placed with adoptive parents within six months of the termination. As a somewhat punitive measure, children who return to the system from adoptive placements are only eligible for the initial referral payment and the per diem, but the agency forfeits all other reimbursements (Freundlich & Gerstenzang, 2003, p. 218-219; McCullough & Schmitt, 2000, p. 15). Unfortunately, although viewed as an incentive for increasing the permanency of placements, it unfortunately reverses the incentive structure back to retaining hard to place children in out-of-home care.

In terms of the Michigan initiative, while the state maintains responsibility for all management activities, each lead agency must accept all appropriate referrals, assess service need, design permanency plans in conjunction with children and their caregivers, and provide a variety of services including parenting classes, substance abuse services, anger management, domestic violence, general counseling, life skills (e.g., budgeting and homemaking) as well as job preparation and behavior management techniques to use with children (McCullough & Schmitt, 2000, p. 15).

Performance indicators pertaining to cost, program effectiveness, child functioning, service utilization, permanency, and professional licensing requirements are tracked and
reported back to the state per the Michigan privatization initiative. The agencies define successful placement as returning a child to their biological family, placement with relatives or a legal guardian, or transition to independent living. Michigan adoption agencies are required to track cost, performance, and utilization data through management information systems and report back to the state. Child and family functioning, program effectiveness, state licensing requirements, and achievement of permanency planning goals are specific outcomes of interest to the state (Freundlich & Gerstenzang, 2003, p. 222).

**South Carolina privatized adoption services.** In 1998 South Carolina introduced an RFP that called for private, community-based, licensed agencies to provide adoption services, including recruitment and training of foster parents, as well as pre- and post-placement assessment. Goals of the initiative include decreasing length of stay in out-of-home care for children whose permanency goal is adoption, in addition to ensuring the safety and stability of adoptive placements. Child eligibility for the program requires that the child has adoption as a goal listed in the permanency plan, the child is free for adoption, or the petition to terminate parental rights has been filed (McCullough & Schmitt, 2000, p. 20).

Regarding South Carolina’s privatized adoption system, the lead agency has the option of providing adoption services or contracting out for the services of assessment, training, recruitment, home studies, case coordination and management, the provision of transportation, keeping up with court reviews, and post adoption services. Custody of all children remains with the state until adoptions are finalized. The state is also responsible for determining child eligibility, making referrals to the lead agencies, reimbursing and monitoring of the agencies, approving adoption placements, and mediating in situations of conflicting placement options (McCullough & Schmitt 2000, p. 20). In summary, the privatized agencies most often take responsibility for the provision of services, while state governments most commonly monitor service provision, conduct abuse investigations (and subsequently determine initial removal from home), and retain legal custody of children in out-of-home care.
In South Carolina’s initiative, each lead agency must provide to the state quarterly reports on required face-to-face visits with children and adoptive families, the level of and appropriateness of each service provided to each child, and progress made on permanency plans. Service plans must be completed within 30 days of intake and revised every six months. Each lead agency must also meet federal and state requirements pertaining to caseload size, staff and adoptive family training, and required credentials of providers (McCullough & Schmitt, 2000, p. 20).

In summary, while some child welfare privatization efforts did originate as legislative mandates (e.g., Florida and Colorado), and others were prompted by positive feedback from the Kansas and Florida privatization initiatives, many simply sought to relocate services and accountability into local communities in the hope of improved outcomes. It is clear, however, that efforts at privatization were a response to public child welfare systems that for years had been criticized as failing children in their care. Nationwide, many child welfare constituents encouraged privatization to some extent. For example, Sells (2001) states, “After reviewing the various governmental failures at improving the quality of children’s lives through child welfare services and attempted reform efforts, only one conclusion can be drawn: that extensive government involvement is not alleviating the problems, it is causing them” (p. 15). Whether privatization will make a long-term difference in the lives of children can only be determined after longitudinal study of various initiatives.

Critical issues and theory pertinent to the privatization of social services, as found in the literature, include reduction of costs and increased efficiency, several issues specific to power, such as decision making authority, clarity of roles and responsibilities, and community engagement, improved quality and issues with performance-based contracting (e.g., contracts that incentivize performance), leadership and management, staff and human resources, and presence of competition for contracts. These issues play out in privatization initiatives.
throughout the American child welfare system, which is both a product of and contradiction to Neoliberal ideology.

Organizational Culture and Structure

This section provides a detailed description of the concepts of organizational culture and structure, and the history of organizational inquiry from two primary perspectives: management studies and social sciences (sociology and anthropology). The goals of each perspective as well as their contributions to the field are reviewed. Within the literature, key theories are described. The definition of culture I used for the current examination of changes in organizational structure, perception and practice within Florida’s child welfare system is that culture is a set of “assumptions, expectations, beliefs, social structure, and values guiding behavior” (Briody and Trotter 2012: 2). These assumptions and values are all malleable to historical factors, socioeconomics, politics, etc. General systems theory will be reviewed within this section as well, as it presents culture as being contingent on several socioeconomic and political factors. The holistic approach fits with methods used by organizational anthropologists as well as the theories associated with anthropological inquiry.

Organizational anthropology (also sometimes referred to as business or corporate anthropology) differs from management studies of organizations in that it examines issues such as communicative interaction, meaning and knowledge processes from within a larger context that takes into account power differentials, history, and economic patterns (Kamsteeg and Wels 2004:7). Applied organizational anthropology is similar to management studies in that it does try to solve organizational problems. In Is Anthropology Good for the Company? , Aguilera (1996) states that “because of our methods, theoretical constructs, and worldview, I believe we can help people make better decisions and create better business organizations” (p. 741).

Conceptualizing Organizational Culture and Structure

The current section gives operational definitions for the terms organization, organizational culture, organizational climate, and organizational structure. After a review of the
literature, it became clear that the bulk of what has been written on these topics is still centered on defining and debating the meaning of each term, rather than on linking each to organizational performance. Ouchi and Wilkins (1985) state, “the equations and statistics are few, the attempts to capture an ineffable essence are many” (p. 459). Two decades later Schein (2006) somewhat humorously echoes this common frustration: “Deep down I think organization studies is in a pre-Darwinian state of development. We do not yet know what the key categories of variables are around which to build our field, but the search for them is great fun” (p. 299).

Organizational culture is often used as an umbrella term for organizational climate and structure. While the terms are synonymous, culture is often said to be operationalized by structure (Yoo, Brooks & Patti 2007, p. 68) and climate (Marcoulides & Heck 1993, p. 209). For this reason, the three terms are grouped together to discuss theory and effectiveness research, although findings specific to each are delineated where possible.

Only one article within an expansive literature review operationally defined the term organization as the “social form defined by goal-oriented instrumental rationality” (Batteau 2001, p. 727). Organizations differ from families in that they do not involve kinship or domesticity per se. Batteau also mentioned that armies were some of the earlier organizations referred to in society.

Organizational culture. Culture, to an anthropologist, broadly means a collection of artifacts habits, ideas, symbols, and values (Kamsteeg & Wels 2004, p. 10). Edward Tylor (1924) states, “culture is that complex whole which includes knowledge, beliefs, art, morals, law, customs and any other capabilities and habits acquired by man as a member of society” (p. 1). Heroes and rituals also play a significant cultural role. Heroes are the individuals, dead or alive, that possess the characteristics that are most treasured in a specific culture. Rituals are activities, group or individual that are largely unnecessary but socially essential to reinforce that which is important to each culture (Hofstede, Neuijen, Ohayv, & Sanders, 1990, p. 291).
Although some theorists believe the term culture, used for both cultural and organizational studies, is confusing and somewhat misleading (Wilkins & Ouchi 1983, p. 479), the term organizational culture remains popular. Schwartzman (1983) defines organizational culture as “patterned and reoccurring beliefs and practices that order and give meaning” (181) to the daily operations and individual staff employed by an organization. Schwartzman suggests examination of the specific contexts in which staff interact such as staffing, classes or therapy sessions and observation of how such encounters reinforce a cultural system. She also explains that many of the beliefs that make up organizational culture are implicit or assumed and gives an example of a social service organization where staff makes certain judgments on the efficacy of the treatments given to clients. In this example, what Schwartzman found to actually be occurring was that staff were making judgments about individual clinicians being good or bad, as well as individual children being problematic or easy, rather than on a case to case basis looking at whether a treatment (e.g., play therapy for preschoolers) helped each child improve on specific measures of functioning. Finally, the manner in which staff judge whether the agency succeeds or fails its clients, what criteria are used, and who makes final decisions regarding performance are also a component of organizational culture.

Organizational culture has been operationally defined as a set of values that include acceptance of risk-taking behavior within a business context, the degree of emphasis a company places on employee safety, integrity or level of professionalism, the level of emphasis placed on worker productivity and efficiency, desire for innovation and support of research and development activities, community service, public image and marketing and advertising campaigns regarding an organization’s identity (Marcoulides & Heck 1993, p. 209). Employee attitudes have also been used as a proxy measure of organizational culture. Variables include prejudice or tolerance for equal opportunity policies, belief that professional courtesy and punctuality are important, importance placed on dedication and commitment to the company, and how involved in decision-making employees feel (Marcoulides & Heck 1993, p. 209). The
underlying assumptions and expectations employees hold are considered part of an organization’s culture (GAO, 1992, p. 1).

Hofstede, Neujen, Ohayv, and Sanders (1990) assert that while a uniform definition of organizational culture is likely unrealistic, it is realistic to put forth that the organizational culture concept should be holistic, historically determined, grounded in anthropological theory, socially constructed, and challenging to alter in any one concerted effort (p. 286). Finally, culture has been studied as both a process and a product. As a product, culture represents the accumulated knowledge, wisdom, and beliefs of the predecessors of current staff. As a process, culture is consistently and dynamically renewed and reborn through new hires who learn the values and belief structures and eventually come to teach them (Bolman & Deal, 1997).

**Organizational climate.** Owens (1987) describes organizational climate as the outcome of the socialization or organizational values deriving from the organization’s culture and the perceptions held by staff regarding their organization. According to Marcoulides and Heck (1993), these types of perceptions normally have to do with how well the organization’s work environment is functioning. For example, elements of a work environment that are often important to employees include quality of social interactions and ties among employees, recognition for accomplishments, adequacy and access to technology and other resources, modes of communication available to employees (e.g., cell phone, mobile technologies), and the demands of the job and corresponding stress. They also suggest that management plays a role in impacting climate via “buffering” or shielding employees from potentially stressful or distracting influences (p.212).

Marcoulides and Heck (1993) have quantified some of these variables, such as the perceived ease at which communication and resources flow among an organization’s components, the degree to which staff perceive recognitions and bonuses as adequate, the extent to which employees feel that their individual needs are of concern to administration and
the greater organization, the extent to which staff perceive the company as being amenable to and capable of adopting new ideas and innovations, and the ratio of perceived pressure an agency places on its workers to perceived concern for the amount of stress any individual staff is under at a given time (p. 224).

Glisson, Dukes, and Green (2006) and Glisson and James (2002) have attempted to make several distinctions between organizational culture and climate within social service organizations, in contrast to the common approach of speaking about them somewhat interchangeably (Schneider, 2000). The first distinction they make is historical: organizational climate has been studied since the 1950s, while organizational culture did not surface until the late 1970s. Second, they have operationally defined climate to pertain more to the psychological impact of the work environment on the worker, as opposed to the culture relating to behavioral expectations of employees and the manner of doing business, and they have shown these two constructs to be empirically distinct (Glisson and James, 2002, p. 767). Third, they view climate as occurring at both the individual level (e.g., “how does this job impact my own well-being?”) and the organizational level (e.g., the aggregate of the former, if perceptions are shared among group members), while culture is said to occur only at the organizational level (e.g., workers may comply with behavior norms, but they do not necessarily internalize them) (Glisson, Dukes, & Green, 2006, p. 857-858).

**Organizational structure.** Organizational structure can be viewed as the platform for all organizational activities and decision-making, as well as the framework that determines how well organizational goals and outcomes are met (Hall, 1996). Understanding the structure of an organization allows for a better picture of their “daily” practices and procedures, as well as the barriers or facilitators that influence those practices and procedures.

One important component of organizational structure is complexity. Complexity refers to how much difference exists in the various tasks, procedures and practices in the organization (Fitzgerald, 2002). The degree of complexity in an organization is measured by the amount of
horizontal differentiation, vertical differentiation, and spatial dispersion (Hall, 1996; Fitzgerald, 2002). Knowing the level of complexity of an agency is important because it can dictate how communication and interaction occur throughout the organization, the amount of effort, administration, and standardization needed to perform the activities of the organization, the behavior of the employees, and the organization’s relationship to external environments. Complexity is positively correlated with the size of the organization, the number of position titles, and the number of departments or sections in an organization (Hall, 1996).

Horizontal differentiation indicates subdivided responsibilities and activities often represented by the number of various positions and specializations across the organization or the number of divisions and departments that segment the organization (Fitzgerald, 2002). The level of job training/education for a specialization is an indicator of the level of horizontal differentiation and therefore the complexity: the greater the number of jobs in an organization that require special skills, the more complex the organization will be (Robbins, 1987). Vertical differentiation refers to the number of employees, or hierarchical levels, from the very top level of the organization to the lowest level and represents the degree of this arrangement in the organization (Hall, 1996; Robbins, 1987).

Common reasons for differentiation or grouping into many departments include the following: 1) knowledge and skill level of employees, 2) work process or how the actual work gets done, function (e.g., clinical treatment versus program evaluation), 3) time (e.g., when the work is done, shift work), 4) output (e.g., what products or services are delivered), 5) the client (e.g., some agencies may serve children with developmental disabilities, while others may focus on teaching parenting skills and stress management to caregivers), and 6) geographical area (e.g., child welfare offices are organized by zones and regions). The breadth and depth defined by horizontal and vertical differentiation is also referred to as organizational sophistication (Marcoulides & Heck, 1993, p. 223). Generally, the greater the differentiation, the more dispersed decision-making will be (Glisson & Martin, 1980, p. 24). Finally, spatial dispersion
refers to the number of offices not located in the immediate presence of the “main” operations of an organization (Robbins, 1987). In subsequent findings of this dissertation, child welfare agency structures will be contrasted taking these variations into account.

**Historical Context of Organizational Inquiry from a Management Studies Perspective**

In the following two sections I detail the contributions of management studies (for purposes of the literature review psychology and management theories are grouped together) and the social sciences (e.g., anthropology, sociology) to the study of organizational culture and structure. Each field examines these concepts from either an individual, systemic or interactive perspective and level of analysis, with psychologists leaning toward individuals, anthropologists and sociologists examining systems, and management theorists focusing on the interactive level that may lead to a cultural change (Schein 2006, p. 288). These are generalizations of each field’s contribution, thus, specific theories and concepts are detailed.

**Changing organizational culture.** Much of the corporate world’s preoccupation with the term culture is the hope that it refers to variables that can be manipulated to increase an agency’s performance. Historically, corporate culture has sometimes been viewed by management as softer, and more malleable than the “hard” aspects of finance and political control (Batteau, 2001, p. 726). Thus, the emphasis is placed not on understanding culture per se, but in figuring out how to manipulate it. Schein (2000), a psychologist affiliated with MIT’s management studies department, argues that this pursuit will likely be haphazard and unsuccessful because culture is not a particular problem that can easily be solved. He argues for a more simplified approach to change management. For example, if teamwork is the problem management would like to address, he suggested examining the history of social interactions between subgroups to try to better understand why there might be a sense of competition among staff. He argues that this is much more logical than taking on every aspect
of a company’s culture. In addition, he advocated for concentration on tasks that might be changed within daily operations rather than viewing culture as malleable by management (p.2).

Interestingly, in a 2006 article in which Schein reflects on his 50 years of study, Schein is more concrete about lessons learned in the change management process. He suggests that scholars who want to help organizations must think like an anthropologist, have the skills of a therapist, and trust their instincts. He explains that thinking like an anthropologist means guarding against bias and trying to understand the “native point of view”; however, it also means “using the strengths of the culture to change those elements that have become dysfunctional” (299). Some of his lessons learned include organizational factors being stronger than individual influences, change being different from learning something new in that it involves unlearning something old, motivation to change having to do with psychological safety where in an individual feels comfortable enough to embrace a new value without feeling a loss of self, and change occurring through a process of cognitive redefinition starting with change in semantics, progressing to adaptations, and ending in a newly justified meaning (p. 292). He also argues for an increased emphasis on process in theories pertaining to organizational structure (p. 295).

Companies from Federal Express to Johnson & Johnson to Ford are all aware of change management theory and are actively either trying to reinforce their cultures or change them at any given time. A GAO report that surveyed experts across several fields relevant to organizational studies emphasized that cultures could be changed but that this process often takes up to 10 years to complete. Other researchers examining culture exchange specific to child welfare organizations stressed the same long-term perspective, estimating five to seven years (Nunno, 2006, p. 852; Glisson, Dukes. & Green, 2006, p. 860).

A combination of the following change management techniques is often used by change management consultants either to reinforce or change a corporate culture. Techniques are listed in order of importance or perceived merit in effecting organizational culture change:

- Display top management commitment and support for values and beliefs.
• Train employees to convey and develop skills related to values and beliefs.
• Develop a statement of values and beliefs.
• Communicate values and beliefs to employees.
• Use a management style compatible with values and beliefs.
• Offer rewards, incentives, and promotions to encourage behavior compatible with values and beliefs.
• Convey and support values and beliefs at organizational gatherings.
• Make the organization’s structure compatible with values and beliefs.
• Set up systems, procedures, and processes compatible with values and beliefs.
• Replace or change responsibilities of employees who do not support desired values and beliefs.
• Use stories, legends, or myths to convey values and beliefs.
• Make heroes or heroines of exemplars of values and beliefs.
• Recruit employees who possess or will readily accept values and beliefs.
• Use slogans to symbolize values and beliefs.
• Assign a manager or group primary responsibility for efforts to change or perpetuate culture. (Schein, 1992, p.3)

Emphasis is most strongly placed on leadership and employee training to reinforce or change the organization’s culture.

Another trend in organizational theory is the discussion of stages or ages an organization moves through as it matures. Schein made this popular in his book *The Corporate Culture Survival Guide* (2000), where he discusses how organizational culture differs at three stages of development: start-up, midlife, and maturity. For example, start-up organizations often run into trouble when the founding director begins to become dysfunctional, which then
precipitates a culture change with the advent of new management. The older the company, the stronger the culture due to years of reinforcement (p.2).

**Dimensions of culture based on national influences.** Other management theorists emphasize culture as a system of behavior patterns that link individuals to organizations, organizations to communities, and communities to ecological settings (Denison & Mishra 1995, p. 204). Interestingly, Hofstede, a psychologist, is best known for emphasizing how national cultures impact the cultures of their respective corporations. Hofstede (1980) outlines five dimensions of organizational culture that reflect national values: 1) power distance (the degree to which power differentials in companies are expected and socially acceptable), 2) uncertainty avoidance (how comfortable a population is with the concepts of risk and uncertainty), 3) masculinity versus femininity (subscribes to the idea that there are traditional male and female values which resemble, in my opinion, stereotypes such as men are more ambitious), 4) long-versus short-term perspective (also referred to as a time horizon, or the importance placed upon past, present and future events), and 5) collectivism versus individualism (are employees expected to defend themselves or does everyone act for the good of the group?). Hofstede believes that these dimensions differed via national cultures and then secondly by organization type.

A frequently mentioned hypothesis in the literature has to do with strong and weak organizational cultures. Strong cultures are thought to contain staff members who respond to events based on their affinity or alignment to the company’s values. Weak cultures contain increased bureaucracy and rules and regulations due to the perceived need to control employees who do not agree with or behave in a way that is congruent with the agency’s mission. The theory is that stronger cultures that maintain a well-integrated set of shared values, beliefs, and corresponding behaviors of employees will perform better as an agency and maintain higher levels of productivity (Dennison, 1984, p. 10; Marcoulides & Heck, 1993, p. 209). Strong cultures also encourage employees to feel a sense of responsibility and even
belonging to their company (Alvesson, 2002, p. 22). Additional dimensions found by Detert, Schroeder, and Mauriel (2000) via a scan of the literature published during the 1980s and 1990s include the following: 1) truth and rationality in an organization, 2) issues pertaining to time, 3) motivation, 4) stability versus change and receptivity to innovations, 5) orientation to work tasks and coworkers, 6) individualism versus teamwork, 7) issues related to control and personal responsibility, and 8) internal versus external locus of control (p. 854).

Finally, Henri Fayol (1949) was one of the classical management theorists around the same time as sociologists such as Weber. Fayol outlined the following fourteen principles of organizational inquiry. Several pertain to culture, climate and structure: 1) specialization of labor, 2) authority, 3) discipline, 4) unity of command, 5) unity of direction, 6) subordination of individual interests, 7) remuneration, 8) centralization, 9) lines of authority, 10) order, 11) equity, 12) personnel tenure, 13) initiative, and 14) cohesion or camaraderie among coworkers. He placed emphasis on command and authority in understanding organizational process (Parker, 1999, p. 47-57).

**Organizational effectiveness research.** As previously mentioned, the bulk of what has been written on these topics is still centered on defining them and debating the meaning of each term, rather than linking each to organizational performance. In addition to the conceptual and theoretical issues regarding organizational culture, climate and structure, there are corresponding measurement challenges. This section outlines these challenges and subsequently details what effectiveness research is available, with emphasis on social service organizations.

**Measurement challenges.** One problem is that researchers are still debating whether or not the relationship between organizational culture and performance is one of cause and effect (Saffold, 1988). This is largely due to the fact that the definition of organizational culture is still quite nebulous across fields, and the specific variables by which it might be measured are not agreed upon. Much of the culture/performance literature comes from researchers suggesting
new variables and frameworks and using case study data to test their hypotheses. There is certainly nothing wrong with this, but there is little, if any, building on an established base of knowledge. There are several groups of researchers linking their definitions of culture to outcomes, but a meta-analysis across such works would really fall short given the basic disagreements over what organizational culture means (Marcoulides & Heck, 1993, p. 210; Schein, 1990). Detert, Schroeder, and Mauriel (2000) state, “we seem only to move farther away from a cumulative body of theory or empirical evidence that would benefit practitioners and theorists alike” (2000, p. 850).

Another challenge is that even if a definition of organizational culture could be agreed upon, many theorists argue that culture should not be studied as a bound object, idea or set of variables with specified outcomes (Denison & Mishra 1995, p. 205; Siehl & Martin, 1990). Alternately, other researchers argue that attempts to measure culture help us bring clarity to a confusing concept and begin to build a useful knowledge base. Hofstede, Neuijen, Ohayv, and Sanders (1990) explains:

*The usefulness of an approach that quantifies is that it makes a fuzzy field at least somewhat accessible. We do not want to deny that organizational cultures are gestalts, wholes whose flavor can only be completely experienced by insiders and which demand empathy in order to be appreciated by outsiders. However, in a world of hardware and bottom-line figures, a framework allowing one to describe the structure in these gestalts is an asset* (p. 313).

However, those who do attempt measurement must also beware of the tendency to group cultures and structures into “good” or “bad” categories based on their correlation to organizational achievement and performance. While specific dimensions of organizational cultures and structures may be more or less desirable given their relationship to certain outcomes, what may be an asset for one company may be a liability for another.
Finally, and this is particularly the case with child welfare agencies, environmental factors, such as level of funding and political support, will complicate any examination of organizational variables and their influence on agency performance (Yoo, Brooks, & Patti 2007, p. 67). For example, two child welfare agencies may have nearly identical organizational structures and climates, but one may suffer from historical inequities in funding that hinder it from providing services to families at a similar level of quality compared to the other agency.

Findings: organizational performance. This section discusses findings regarding the impact of: (1) organizational culture, (2) organizational climate, and (3) organizational structure on organizational performance. At the beginning of each of the three domains, findings across organizational types are reviewed, and then findings that specifically pertain to human service organizations and child welfare staff where available. While specific studies do exist on social service organizations, much remains unknown at this point and there is a tendency to focus on retention studies rather than other indicators of performance (Yoo, Brooks, & Patti 2007, p. 65). As recently as 2006, Nunno stated in an introduction to some of Charles Glisson’s work, “one can speculate that the workforce issue affects the safety and the permanency of children involved in the child welfare system, but whether the effect exists and its magnitude is not immediately known” (p. 849). Additionally, it is useful to keep in mind that child welfare work is historically fraught with problems regarding role conflict, worker burnout, and turnover rates that often exceed 50%; in other words, culture, climate and structure are challenging topics alone, and the study of them may be further complicated by a field that sometimes seems to be bursting at the seams from exhaustion and conflict (Nunno, 2006, p. 850).

Findings specific to organizational culture. Denison and Mishra (1995) found that four cultural traits (e.g., adaptability, consistency, involvement, and mission) were positively correlated to perceptions of performance, where performance was operationalized as returns on assets and sales growth. Two of the traits (adaptability and involvement) were tied to flexibility, responsiveness, and openness to ideas. These traits were the strongest predictors of growth.
The other two traits (mission and consistency) were linked to direction, vision, and integration and more strongly predicted profitability. All four traits were also positively correlated to employee satisfaction and quality of service (p. 204). Denison (1984) had also previously linked the concept of perceived involvement and participation on the part of employees to positive organizational financial performance (p. 4).

Expanding slightly on this theme of inclusivity in decision making, Kravetz (1988) found that management practices that supported employee creativity, autonomy and participation were positively correlated with organizational performance. Likewise, Hansen and Wernerfelt (1989) showed that such internal factors were stronger predictors of positive organizational performance than the positioning of an agency within a certain economic market. Building on the concepts of strong versus weak cultures, Gordon and DiTomaso (1992) surveyed 850 managers using a Survey of Management Climate in 11 American insurance companies. They defined organizational performance as asset growth over a six-year period. Results showed that culture strength and adaptability were both predictors of short-term organizational performance (p. 783). Additionally, Kotter and Heskett (1992) surveyed 600 managers across 207 companies, defining organizational performance increases in income, investment and stock price. They found that there was a somewhat positive correlation between culture strength and long-term fiscal performance (p. 57).

Scholars examining the organizational culture of child welfare agencies often raise the issue of the importance of leadership. A child welfare agency head is tasked with creating and sustaining an organizational culture and climate that are congruent with child safety, permanency, and well-being while maintaining quality of care and achievement of specific quantitative outcome measures. Organizational congruency is a term used to refer to the degree to which leadership is able to support staff practices that contribute to this shared mission at each level of the organization such as case managers, supervisors, and foster parents (Nunno, 2006, p. 852). The intelligence, maturity, and participatory management style
of social service agency leaders has been positively correlated with decreased absenteeism (Malka, 1989, p. 60-63), job satisfaction (Grasso, 1994, p. 89), and organizational commitment (Glisson, 1998, p. 99; Yoo, Brooks, & Patti, 2007, p. 59-60).

Virtuousness is another theme in the literature specific to the performance of social service organizations. Virtuousness is a value found in and enabled by some organizational cultures regarding employee activities that perpetuate transcendent, elevating behavior specific to human impact, moral goodness, and social betterment (Cameron, Bright, & Caza, 2004, p. 768-769). These researchers believe that virtuousness has an amplifying effect among employees due to its association with positive emotions, pro-social behavior, and accumulation of social capital (p. 771). This is an interesting concept, especially given that many social service organizations are faith-based, such as Catholic Charities and the Salvation Army. Virtuousness has also been found to buffer an agency from effects of disasters (e.g., hurricane, bad publicity) via a positive correlation with staff levels of resiliency, a sense of efficacy, and employee solidarity (Masten et al., 1999, p. 143; Weick, Sutcliffe, & Obstfeld 1999, p. 120-122).

Finally, performance indicators, such as creation of innovative services, decreased staff turnover, quality of care, and profitability have all shown some positive correlation with the presence of virtuousness within an organization’s culture (Cameron, Bright, & Caza, 2004, p. 781).

Johnson and McIntyre (1998) found a positive correlation between job satisfaction at a government service agency and “quality culture,” as defined by empowerment, involvement, and recognition. They also suggest that based on this finding, policies and procedures that increase job satisfaction may lead to a positive impact on the quality of services offered to children and families (p. 848-850). Aarons and Sawitzky (2006) surveyed approximately 300 publicly-funded mental health providers across 49 different agencies, controlled for certain provider-specific characteristics, and found that a “constructive” culture was positively correlated with openness to using evidence-based practices within children’s mental health. They contrast this
constructive culture with one whose culture and climate were poor. They define constructive culture as being characterized by promoting achievement, encouraging individualism and motivation, and supporting employees (p. 61-62).

**Findings specific to organizational climate.** Heck and colleagues (1990) found that school administrators that focused on clarity in tasks among staff and developing a positive climate in their school were able to link aspects of the organizational climate to positive outcomes (p. 94). Wagar (1997) found that a positive organizational climate, as defined by increased interaction between union and organization management as well as perceived fairness in employment practices, was positively correlated with improved perceptions of productivity, quality of service, and client satisfaction (p. 101).

Regarding human service organizations, issues related to role clarity and conflict are covered in the literature. Glisson, Dukes, and Green (2006) found that the climate of child welfare agencies was positively correlated with a decrease in emotional exhaustion on the part of case workers, role overload and conflict, and depersonalization within case management teams (p. 855). Interestingly, Jimmieson and Griffin (1998) found that the more role conflict, demands and conflicts of interest that existed among public sector health care staff, the less satisfied clients were in both the specific department and the entire organization. In a three-year longitudinal study, Glisson and Hemmelgarn (1998) found that, while improved inter-organizational coordination among child welfare organizations was negatively correlated with positive outcomes, a positive organizational climate as evidenced by role clarity, low levels of conflict, employee cooperation, and personalization was positively correlated with and the primary predictor of improved service quality and increased psychosocial functioning of children served by the organization (p. 401).

Job satisfaction and employee retention are common themes found in studies on organizational climate in social service organizations. In a study of 70 supervisors in an urban area, Silver and colleagues (1997) found that a high level of trust among staff was positively
correlated with supervisor satisfaction with their own jobs (p. 16). Additionally, Rycraft (1994) was able to correlate a sense of mission and a sense of personal and professional investment in child welfare with case manager retention (p. 79). Johnson and McIntyre (1998) found that organizational climate, as operationalized by promotion of creativity and innovation, formal goal setting, participatory decision making, and good communication, was positively correlated with job satisfaction in a government service agency (p. 848-850).

Another interesting theme in the literature regarding child welfare organizations is the link between organizational climates that are “closed” or prone to secrecy and child maltreatment incidences perpetrated by staff or institutional abuse (Parkin & Green, 1997, p. 82-85). Nunno (1997) emphasizes that the extent to which supervisors can perpetuate a climate of openness that is capable of responding to new information, the more satisfied workers will be and the safer clients will be as a result (p. 37-39). Parkin and Green also found in their study of residential placement settings that workers who did not feel empowered were less likely to report when they witnessed a coworker abusing a child (p. 83).

Findings specific to organizational structure. Although structure is somewhat more visible and concrete than culture and climate, it does not lend itself to survey measurement, as culture and climate do. I hypothesize that this may be why structure has not often been linked to organizational performance, and rarely so to the performance of social service organizations. However, structure variables that have been examined include organizational size, complexity of administrative hierarchy, and agency policy or control mechanisms. These variables have been linked to increased productivity, employee attitudes, and administrative practices (Blau, 1979; Heck & Marcoulides, 1989).

In one of Glisson’s earlier works on human service organizations, he and Martin (1980) found that a highly centralized authority structure was most conducive to worker productivity and efficiency. They define productivity as the amount of services provided and efficiency as cost per unit of service provided. The concept of centralization is defined as the degree of
concentrated versus dispersed authority and decision-making within an organization. They describe a highly centralized administration as one in which workers are free to focus on direct service delivery and spend more time with clients, and not often given a voice in administrative decisions such as human resource policies or promotion procedures. It is fairly straightforward then that increased time with clients equates to increased productivity (e.g., number of service hours) (p. 21-23). However, they also stress that the inherent conflict of increased productivity versus participatory decision-making is quite common to human service organizations. For organizational well-being and sustainability these agencies must stress efficiency and productivity, but for staff satisfaction and effective services agencies must stress quality and engagement. Glisson and Martin state, “conflicting demands from their organizations’ multiple constituencies force human service administrators into the political arena in the mere execution of their jobs” (p. 35). They conclude with the suggestion that as long as social service organizations receive their resources from external entities, they are likely to place the organization’s well-being at least slightly ahead of worker satisfaction and quality of services provided to children and families.

In conclusion, while specific studies do exist on social service organizations, much remains unknown at this point and there is a tendency to focus on retention studies rather than other indicators of performance (Yoo, Brooks, & Patti 2007, p. 65). Yoo and colleagues go on to make the point that if organizational context does impact case manager recruitment and retention, that organizational variables are in fact impacting the work these case managers do in between these two employment events: “if the organizational context is sufficiently meaningful to drive away workers, it must almost certainly influence worker performance and, in the end, client outcomes” (2007, p. 66).

**Historical Context of Organizational Inquiry from a Social Science Perspective**

According to Bate (1997), organizational theory originated from anthropology. Bate cites a social anthropologist, W. F. Whyte (1969), as actually authoring the first textbook on
organizational behavior. Additionally, the journal Human Organization was the first journal to focus on studying organizations and is associated with the field of anthropology (1997, pp. 1147-1148). Culture as a concept is thought to be most fully developed by the field of anthropology (Spradley & McCurdy, 1975, p. 4). However, according to Ouchi and Wilkins (1985), the study of organizational culture is most strongly tied to sociology, with important contributions from scholars such as Durkheim and Weber. Both sociology and anthropology contributed to the theoretical development of organizational studies. Whether one field studied organizations before the other may not be as important compared to the influences each had on current research.

Both Weber (1968) and Durkheim (1893) wrote on differentiating explicit and implicit aspects of social groups and activities. Myth and rituals, somewhat concrete or at least observable, were used to get closer to deeper, structural issues and forces at play within any given culture. Since this time, sociologists continue to discuss cultures in terms of both objective and subjective elements (Ouchi and Wilkins, 1985, pp. 462-462).

Emile Durkheim (1858-1917) was a French sociologist and philosopher, commonly thought to be one of the three primary founders of the social sciences along with Weber and Marx. Durkheim, considered to be the most classical theorist of culture (Emirbayer, 1996), believed that culture was a series of representations that determined social structure (Lincoln & Guillot, 2004, p. 2). These collective representations encompass values, beliefs and symbols. They are widely shared, emergent, and not imposed. Unlike Marx and Weber, Durkheim’s view of culture was not tied up in vested interests, control and power. Durkheim was viewed as conservative in the sense that he examined ways that culture impacts social cohesion and moral consensus in the face of modernization (Bottomore, 1981). Durkheim’s concern over division of labor impacting social cohesion runs parallel to studies of organizational differentiation and complexity leading to strong versus weak culture, as well as problem solving
around organizational problems of communication, coordination and integration of different levels or subgroups within an organization (Galbraith, 1973; Lincoln & Guillot, 2004, p. 7).

Durkheim believed that society drives culture rather than culture determining society or social structure. For this reason, one of the tenants of Durkheim’s theory is that culture should be studied holistically. That to understand culture, one must examine all of the social mechanisms impacting it. The current dissertation attempts to take this type of holistic and sweeping approach to understanding a philosophical or ideological shift within an organizational culture. This type of organizational inquiry that focuses on macro level factors is much less common than inquiry focusing on individual actors. Durkheim was vehemently opposed to reductionist theorizing. Durkheim believed that “the causes of social facts are other social facts, not the motives, abilities, or behaviors of individuals” (Lincoln & Guillot 2004, p. 14). More specifically, through mutual influence, groups of individuals internalize a set of commonly held values and beliefs. Their shared belief system then acts as an externalizing force on others to constrain their behavior, so that culture both comes from individual consensus and is also an external social mechanism impacting behavior. This leaves room for freedom to think differently from predominant belief systems of one’s group, but to still behave in a way in which one is constrained by dominant ideologies (p. 22).

Max Weber (1864 – 1920) was a German sociologist. Weber differed from Durkheim in that he believed the actions of people, or the micro-sociological perspective, needed to be examined before culture could be understood (Ritzer & Goodman 1996, p. 227). Weber believed that all knowledge derived from cultural studies was subjective and based on each individual’s perspective, and that no objective hard and fast truth or reality existed.

Weber (1948) wrote on the subject of administration’s values and how they transferred into the daily behaviors of employees. This remains somewhat of a unique contribution to the literature as most studies in the last few decades lump together the beliefs and values of managers and staff (Warner, 2007, p. 1023). Weber states, “When the organization of authority
becomes permanent, the staff supporting the charismatic ruler become routinized” (p. 297).

Schein (2006), though a psychologist by training, built on Weber’s theory of leadership, referring to the relationship between the employer and the employed as a type of psychological contract where individual and organizational autonomy are in a perpetual, dynamic struggle (p.296).

Weber (1968) also attributes the term “rationality” to bureaucracies, stating “the purely bureaucratic type of administration . . . is . . . capable of attaining the highest degree of efficiency and is in this sense formally the most rational known means of exercising authority over human being” (p. 268). Weber often wrote on bureaucracies containing a set of characteristics concerning division of labor, written records, a chain of command, formalized training, stable and consistent rules, and the separation of work and private matters, stating that all of these qualities contributed to the rationality of organizations. Heyman (2004), an anthropologist, points out how issues of power and dominance can infiltrate every facet of Weber’s qualities, for example, what is kept in a bureaucracy’s records, what is made available to the public, and what is kept secret (p.2-4). In challenging Weber’s notion, Heyman is advocating for the idea that bureaucracies are instruments of power more so than set rationality.

Karl Marx (1818 – 1883), a 19th century German philosopher was best known for his published works The Communist Manifesto (1948) and Das Capital (1867-1894) where he articulated key principles of political economy. Political economy theory may be utilized differently across disciplines in understanding organizational culture. Social work groups political economy with organizational theory (Lawrence-Webb, Field, & Harrington, 2006, p. 294). However, political economy is widely used by sociologists to understand behavior within group settings and it is germane to anthropology in understanding the larger forces at play within any given culture.

Regardless of what field lays claim to the theory, political economy has been used in the literature to explain the larger, environmental forces that affect an organization’s culture and performance. For example, within the field of child welfare, researchers have used this
perspective to discuss the political and economic forces (e.g., highly publicized child deaths, community protests, and budget crises) that are at play among public child welfare workers and administrators, government officials and state legislators, federal monitoring agencies, and local communities and citizens (Embry, Buddenhagen, & Bolles 2000; Field, 1996; Lawrence-Webb, Field, & Harrington, 2006, p. 293-294). Marxist views on poverty coincide with poverty as a structural issue rather than an individual or cultural variable (Chubb & Moe, 1996; Tobin, 1994).

Ouchi and Wilkins (1985) link the early emphasis within sociology on authority and rationality to the making of the first computer in the 1940’s and to the general development over the following decades within social science of quantitative measurement and computer analysis of explicit variables. In this way, the rational organization became an information-processing system rather than a ritualistic or symbolic system that was problematic to measure. For this reason, although Weber is mentioned often in studies of organizational structure, Ouchi and Williams argue that the field of sociology had as much or more to do with the development of methods and analysis technologies (1985, p. 465).

Much of the organizational theory work arising during the 1980’s captured the spirit if not the exact details of the functionalist tradition within anthropology. Both Radcliffe-Brown (1952) and Malinowski (1961) stressed viewing groups as a whole with various cultural elements that functioned to support a society’s structure. They discussed employment practices as well as rituals and ceremonies in structural-functionalist terms, although certainly not with the goal of changing an organizational culture for increased productivity. Benedict (1934) and Mead (1949) also looked as cultures as wholes, but compared them to a large, complex personality that was the unique combination of an infinite number of possible traits and relevant patterns (Ouchi & Wilkins 1985, p. 460).

Systems theories emerged from both Western and Marxist contexts and have been applied to many different fields including epidemiology, organization theory and anthropology (Rodin et al., 1978, P. 747). Systems Theory came about in the social sciences in the 1940s
with British anthropologist Gregory Bateson (1972). Both he and wife Margaret Mead applied systems theory to their work during the decade following World War Two. Systems theory is an interdisciplinary framework used to explain both nature and social systems. It first came about in the natural sciences in the 1920s where scientists discussed ecosystems and the inner relationships between animals, plants, weather patterns, etc. Human groups are then seen as human ecosystems. Systems were a complex dynamic of relationships among elements. To better understand complex phenomenon involving a system, it is beneficial to examine patterns, behaviors and properties. This may also include cultural norms, history, resources and external events or influences (Wulczyn et al., 2010, p. 8). Austrian biologist Karl Ludwig von Bertalanffy first fashioned the term General Systems Theory (GST) shortly after Bateson moved the study of systems into the social science arena.

Contingency Theory derives from structural functionalism (Thompson, 1967) and Systems Theory (von Bertalanffy, 1956, pp.1-10). It attempts to explain how differences in organizational structure are contingent upon economic forces, available technologies, number of employees, and power relations. In this way, it becomes an appropriateness of fit discussion between certain environmental factors and organizational processes (Yoo, Brooks, & Patti, 2007, p.62). Contingency Theory differs from some of the work of classical sociology theorists, such as Weber, whose work tended to focus on one correct way of establishing an organization’s structure or certain predetermined and defined organizational characteristics and qualities.

Some interpret this theory as explaining why culture becomes a more important form of regulation than more traditional forms of control in organizational settings such as supervisions, operating procedures, overall budgets and compensation (Agbenyiga, 2005, p. 52). In addition, this theory supports the notion that there are no good or bad structures per se, but rather ideal fits between certain models and all of the context specific factors (Donaldson, 1996, pp. 57-59). This issue is discussed under challenges to measurement, as some funders of applied research
may be mistakenly in pursuit of the ideal organizational model across diverse markets and geographies.

Systems theory within a social context “transcends the limitations of simple, functional cause-and-effect models and portrays human adaptations in terms of well specified webs of mutual causality” (Rodin et. Al, 1978, p. 747). Systems theory is aligned with the principles of anthropological holism in that each of the parts of a system give meaning to the whole, each part cannot be understood in isolation from the other system components, that meaning derives from interaction and relationships, and that external drivers and key events and influences as studied over a longer period of time are critical to understanding the change process within any systems.

Understanding how change occurs is an important part of modern systems analysis. Initial social systems theory was considered conservative, too static and did not match up with the realities of change in the real world. Whereas initial systems theory focused on an achievable set point or equilibrium, modern systems theory understands this is not the norm and that systems are inclusive of ongoing, dynamic process. Systems theory quickly evolved to include assumptions about feedback loops, nonlinear changes processes, and discontinuous relationships more reflective of everyday life. It also describes inherent tensions in relations, such as conflicting needs and contradictions, opposing or conflicting external events or constants, and in this way also is inclusive of structural inequalities considered critical within Marxist theory (Rodin et. al, 1978, p. 748). While systems theory has been criticized as being too all encompassing to be a theoretical approach at all, Rodin and colleagues (1978) state, “a systems perspective provides a promising way for social anthropologists to understand social and cultural change…institutional elaboration, and the relationship between cognitive and biological bases for human thought” (p. 750). Systems theory offers to social scientists a common language across disciplines that moves beyond ethnographic description of many co-
occurring phenomenon to depicting their coexistence in a more linear type of organizing construct and/or depiction.

Systems theory has also been prominent within social work research and has been applied to child welfare contexts. Social work is well known for looking at the family as a system, but there have also been a number of studies that have incorporated a macro level perspective. Mulroy (2004, p. 77) uses systems language to explain how the environment surrounding organizations was in constant flux and that agencies needed to have adaptable functions and structures in order to deal with conditions as they changed within a given environment. Mulroy’s study examined how an organization functions within different levels of the external environment – for example, the local community, governing policies, and the idealism of a social justice perspective. An organization in environment model was developed that incorporated themes of vertical and horizontal linkages, collaboration, and dimensions of organization versus environmental relatedness, advocating for a long term commitment to a social justice perspective.

Ivery (2007, p. 7) uses an organizational ecology framework informed by systems theory to explain how cooperation, coordination and collaboration are each unique but interrelated within the context of social service organizations working together to apply for a housing grant. Similar to Mulroy (2004), Ivery discusses how the wider environment and context of other organizations in the community impact organizational culture in terms of function, structure, goals and activities and stresses that level and type of partnership among agencies is a fluid and ever changing process. Ivery also describes the different priorities of each agency and how these form tensions when engaged in cross agency collaboration.

In 2006 Freymond and Cameron published a book containing many different systems level approaches to looking at child welfare systems across cultures and nations. A common theme was philosophy of care and how that impacts a child welfare organization’s operation. The authors address from a cross cultural perspective several fundamental issues child welfare
systems face such as parental rights versus children’s rights, what constitutes child abuse and neglect, when a child welfare system should intervene in the family system if at all, localizing services versus government regulation, the tension between individual agency versus community empowerment for change, how the child welfare system interfaces with policymaking, and to what extent the child welfare system in each country should interface with the welfare system dealing with employment status and poverty.

Rothery (2007, p. 91) in his book chapter on ecological systems theory talks about the embeddedness of both individual within a system and systems themselves within larger environments. Rothery reviews how ecological systems theory is intimately tied to the roots of social work practice and touches on many important ideas to systems theory such as reciprocity among components of a system, understanding the function of each component within a system, and taking a strength based approach to these component functions. Rothery goes on to discuss the importance of a social justice perspective and looking at a system’s past and future in addition to current conditions in order to develop a more informed understanding of the system as a whole (p. 92).

Commissioned by UNICEF in 2010, Wulczyn describes child welfare systems as having structures, functions, capacities, and other related system components (p. 18). Wulczyn argues that in order to understand a systems approach to child welfare, the components of a system need be understood. These components or features are that systems are a collection of different interacting pieces that must be examined collectively to understand the performance of a system (p. 10); systems are made up of nested structures that are in a constant state of fluid interaction (p. 11); these interactions reverberate across components and influence one another in a reciprocal fashion interplaying with and reinforcing the boundaries inherent to other systems (p. 11-12); system work is accomplished through capacities, functions and structures that ideally are aligned with system goals (p. 12-13); systems exist in a larger environmental context that carries heavy influence necessitating the need for systems adaptation (p. 13-14); cooperation,
collaboration and coordination are all important among individual actors within a system in order to impact system performance (p. 14-15); process of care being as much or more important than structure of systems in determining the quality of a systems functioning (p. 15); systems are comprised of different forms of accountability such as financial, performance, and political (p. 16); and, systems must balance governance at many levels that maintains flexibility within uncertainty and change (p. 17).

Additional contributions of Wulcyzn's (2010) application of systems theory to the child welfare context are twofold: discussion of a relevant normative framework (p. 18) and the important role and impact of externalities and emergencies in systems theory (p. 3). A normative framework is a collection of social values and beliefs that arise form a specific culture and are often impacted by religion and government. This type of framework influences a child protection system's goals overall. It is also impacted by what are referred to as externalities and emergencies. According to Wulczyn (2010), these are important to a normative framework in that they are “contextual in the sense that they alter the operating context of the system in ways that affect the ability to protect children” (p. 20). It is also stressed that this pattern of influence was bi-directional in that the system shapes its external environment that shapes it. At a practice level, the goal is for actors within a system to respond to externalities and emergencies in a cooperative fashion that furthers the strength and resiliency of a system. The key system components and properties identified by Wulczyn as applicable to child welfare will be further discussed in the final chapter of this dissertation.

Perceptions of Poverty and Child Neglect

The anthropological literature on family structure, notions of family, and the demonization of poverty within Western industrial societies discusses the role that the media play constructing public representations of social issues such as poverty and neglectful families (Connor, 2012; Hall & Smith, 2012; Peterson, 2003; Morgen & Maskovsky, 2003; Murcott, 2012;

As mentioned earlier, child neglect is 44 times more likely to occur among families earning less than $15,000 per year compared to families earning $30,000 per year (Sedlak & Broadhurst, 1996). Issues of poverty, such as not being able to pay for food or clothing or having to work three jobs and leave a child at home, may influence reports of neglect. However, popular beliefs regarding poverty, family structure, parenting, and even the idea that parents (heterosexual couples specifically) are solely responsible for their child’s care are all socially constructed. These beliefs, largely shaped by those in power within a capitalist society, impact child welfare policies and procedures. Rates of children coming into our child welfare system are more often determined by such policies rather than changes in parenting across generations. Just as the child welfare laws of the 1850s called for removal of children from poor immigrant families, our society may be holding onto notions of appropriate family structures and pathologies existing within the culture of poverty that impact children and families’ lives today (Janko, 1994).

There are three main theories relevant to poverty. One is that poverty is an individual characteristic or sickness and that the poor will remain poor no matter what policy or aid given to them (Herrnstein & Murray, 1994; Rainwater, 1970; Gwartney & McCaleb, 1985; Asen, 2002). The poor are poor because of bad choices they have made, because they are cognitively inferior, or lazy and not wanting to work. This conservative approach to understanding poverty is pervasive within our country’s history and culture. It is rooted in the American dream that if you work hard enough you can become wealthy and prosperous no matter what one’s circumstances. It is closely aligned with most popular self-help programs, particularly those tied to financial success. It is also rooted in neoliberalism, as discussed earlier, and the notion of introducing competition into the equation to encourage people to work more effectively. Examples of social programs that have internalized the poverty is individual theory are welfare
reform, term limits on benefit programs, drug rehabilitation programs, and counseling. At the heart of these programs are the ideas that we should not do the poor any favors, that the poor should take responsibility for their own poverty, and that if the poor make better choices, they can change their life circumstances (Maskovsky, 2001; O’Connor, 2001; Quigley, 2003).

Specifically, the Federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) enacted in 1996 and Florida’s Work And Gain Economic Self-Sufficiency (WAGES) embody a work first mentality in that they enforce mandatory employment hours for cash assistance with few exclusionary criteria (e.g., only three months paid assistance without work for mothers of newborn babies) and limitations to duration of time receiving these types of assistance (Armstrong & Boothroyd, 2008, p. 345; Gomez, 2000, pp. 37-38). Other important aspects of this type of work first reform and philosophy is that people who have multiple needs and responsibilities should be able to balance them all and keep work and child care, for example, separate. Additionally, work is something done for an employer for a specified wage rather than raising children or keeping up a home (Gomez, 2000, p. 38).

The second theory is that poverty is cultural, that there are specific behaviors tied to poverty that are learned and embedded within certain sub-cultures and neighborhoods, such as inner city Harlem residents. Through a combination of peer influence, learning from the experiences of close friends and family, and a lack of different information from communities outside one’s own, dominant traits are reinforced (Lewis, 1965; Moynihan, 1965; Murray, 1984). These theories on the surface appear sympathetic to the individual and do not blame the victim, as individual theories of poverty blatantly purport to do. However, there is a thinly veiled element of racism dominate within the notion that poverty is cultural (Valentine 1968). Programs geared toward ending poverty as culture have to do with relocating the poor, redistributing them to nice areas in the hope that they form newer culture that helps them move out of poverty (Greenbaum, 2008; Goetz, 2003). Another group of programming targets youth, trying to get
them to stop the perpetuation of certain cultural traits associated with poverty. Head Start is one example (Zigler & Styfco, 1996).

The third theory is that the poor are poor because some other force (e.g., big business, capitalism and neoliberalism) stands to benefit from it. This theory gives individuals the benefit of the doubt and rests on the assumption that everyone wants to succeed, but that there are larger forces at play that prevent that success. Examples of these larger forces include racism, gender bias, inequality in educational opportunities (Chubb & Moe, 1996), job opportunities (Tobin, 1994), hiring practices, inequality in wages (Jencks, 1996), housing, transportation, and access to and funding for medical services. Marxists theorize that the ruling class with political advantage perpetuate and extend their opportunities while reinforcing dominating structures that do not value or help the poor. Responses to poverty originating from this perspective focus on amelioration of social inequalities and injustices, such as civil rights and women's rights movements via community organizing (Rank, 2004) rather than reforming the individual.

Thus, the critical question is whether poverty is a central personality characteristic, an inherent feature of culture, or a social construct. I argue in favor of the latter, and detail how arguments have developed on each side of the poverty debate and how anthropologists have contributed by refuting the notion that neither culture, family structure nor the poor themselves are pathological. These three models will be described at length in the text to follow, with specific examples from the literature to highlight each side of the debate.

**Notions of Family and Kinship**

One of the major problems in understanding the poor resides in policies that assume that individual level variables such as family structure are at fault. However, what anthropologists describe both globally and locally through ethnographic fieldwork on kinship negates the superiority and naturalness of the nuclear family (Noel, 2006; Peletz, 1995; Rivkin-Fish, 2007; Vaccaro, 2010). Mullings (2001) states, “we need to ‘denaturalize’ (Rapp 1987) the
family: to understand the nuclear family as a historically particular form, characteristic of a minority of humankind for a relatively small proportion of time” (p. 48).

Kinship is the acknowledgement of a relationship based on marriage or descent, involving at least two people that heavily dictates or influences rights (e.g., to property) and obligations (Schneider, 1979). Kinship helps to form social groups that most humans need to survive (Stone, 1997) and it entangles resources across generations (Stack, 1996). Kinship can also be defined as a system of social relatedness or the “array of key social relations that engage production and reproduction and remain embedded in practice” (Peletz, 1995, p. 360).

Anthropologist Lewis Henry Morgan is known for his work on kinship typologies (Morgan, 1987). His work attempted to identify and describe six different patterns of kinship terminologies: Eskimo, Iroquois, Sudanese, Hawaiian, Crow and Omaha. One of Morgan’s basic assertions was that these terminologies reflected different distinctions members of each group made regarding sex, age or generation, and blood versus marriage. For example, brother versus sister demonstrates male versus female, and parent versus child demonstrates the differences between one generation and another. Morgan also focused on the language used to describe kin, identifying that there are classificatory (e.g., one term such as “cousin” that applies to many types of relationships) and descriptive (e.g., one type of relationship between two people such as “brother”) terms. The six kinship patterns, according to Morgan, used classificatory and descriptive terms differently (Fortes, 2013; Read, 2013).

Historically, structure in anthropological studies of kinship can be traced back to Levi-Straus who examined what structural significance marriage had in terms of alliances and tracing descent (1969). Levi-Straus has been criticized for having too many rules and static principles of social structure, but commended for his insistence that we examine social ties and alliances that occur when women from one group marry men from another, beyond just focusing on decent patterns, thus forever changing the boundaries of kinship inquiry (Peletz, 1995, p. 350). The static nature of Levi-Strauss has been critiqued by many different anthropologists as not
giving credit to individual actors within a number of different sociocultural contexts for how we interact with one another, come into or exchange goods and services, and develop shared meanings (Peletz, 1995; Weiner, 1976; Weiner, 1992). Models such as Bordieu’s (1977) different forms of capital are more specific to the acquisition of resources and creation of meaning and social order at the local level on a day to day basis.

After Karl Marx’s death Engels worked to publish *The Origin of the Family, Private Property and the State*, largely based on Marx’s notes. This text was a response to Morgan’s research on the six kinship patterns. Engels became famous for comments regarding “the world historical defeat of the female sex”, arguing that women have had declining status as we have moved from a kinship based society to societies with class stratification and state institutions (Peletz, 1995, p. 353). Engels discusses how the ruling class in a state based society used the nuclear family as a means for social control and inheritance of wealth.

The static principles of Levi-Strauss, along with the traditional kinship studies by Morgan and Engels’ idea that matriarchy had been overthrown via an evolution from kinship to state based societies, have been heavily challenged by Marxist perspectives, which place emphasis on themes of gender and power and the role of the state and capitalism in kinship structures. In the Marxist perspective, kinship structures are impacted by state policies. States that have industrial capitalism need labor power which comes from people who must be reproduced and educated/trained. Because women are the only ones who can actually guarantee such reproduction, states intervene and are dogmatic in how they set up their kinship structures, for example through health education, medical care access, access to family planning, and both child care and child custody policy (Ginsburg and Rapp, 1991). Hence the United States puts emphasis culturally on the nuclear family because it keeps women in the domestic sphere (Fraser, 1990). Thus kinship structure is not based on static principles, but rather combinations of dynamic variables such as the influence of the state and modes of production (Peletz, 1995, p. 354-357).
Ideas and opinions regarding how children are raised and by whom are complex and directly tied to social and cultural renewal. Within kinship and marriage, power is both structured and enacted; social arrangements pertinent to child bearing and rearing are inherently political in nature. This political nature has to do with the power of the state and capitalism, as well as powerful national and multinational corporations with vested interests such as governments with ideologies and policies that connect population control to economic development, as well as the global business of pharmaceutical sales (Ginsburg and Rapp, 1991, p. 314).

Anthropologists have added to Engels’ emphasis on production and reproduction of human life/labor by stressing the dynamic nature of kinship, marriage, and child rearing and how sensitive it is to fluctuations in domestic economies and power structures. For example, there have been many medical developments that enhance choice in women’s lives such as access to reliable and inexpensive forms of birth control and prenatal care, but at the same time technologies have advanced, with them comes different strategies of social surveillance and stigma (p. 315). Women are constantly negotiating and renegotiating these different and sometimes contradictory forces that promise to be forever embedded in the trajectory of their lives. Ginsburg and Rapp (1991) state, “throughout history, state power has depended directly and indirectly on defining normative families and controlling populations” (p. 314). Another example is within the United States there has been tremendous effort to decrease infant deaths as well as help women through infertility, however, alongside the innovations are normative beliefs about what a pregnant woman or new mother should or should not do (p. 315).

**Poverty and Family Structure**

Anthropology has also played a pivotal role in the evolving debate around poverty being tied to family structure or a certain culture. That poverty is more prevalent among certain cultures has been misconstrued throughout our nation’s history to mean that there are fundamental aspects of culture or family to blame rather than societal disparities.
In 1965, President Johnson commissioned Daniel Patrick Moynihan at the Department of Labor to write the now infamous *The Negro Family* (1965). The report came on the heels of school desegregation and the Civil Rights Act of 1964. Moynihan believed that even though Blacks now had similar freedoms as Whites, outcomes (e.g., employment, incarceration, family stability) for Blacks would still be very poor in comparison, and the family structure of urban Blacks was and would continue to be to blame for their poverty. “Most Negro youth are in danger of being caught up in the tangle of pathology that affects their world” Moynihan wrote (1965, p. 30). Moynihan even went as far as to suggest that our government engage in activities to support or reinstate a “stable” family structure for Blacks and that all other efforts to end injustice were fruitless without fixing the family. He went on to write, “It was by destroying the Negro family under slavery that white America broke the will of the Negro people. Although that will has reasserted itself in our time, it is a resurgence that is doomed to frustration unless the viability of the Negro family is restored” (1965, p. 30).

Moynihan presents a lot of data in his report to support these notions, but it is all steeped in value laden terms regarding the right way to compose a family. For instance, he talks about the percent of Black children living in “broken homes.” He disparages women who never married, were divorced, separated, or deserted by husbands, and claimed that far fewer Whites have this problem (page). He brings up “illegitimacy rates” increasing disproportionably among Blacks. Female headed households (said to be twice as common among Blacks) are his measure of family disorganization. He ties this disorganization to an increase in welfare dependency, writing that if the government expands welfare benefits, it is supporting the disintegration of Black family structure: “The steady expansion of welfare programs can be taken as a measure of the steady disintegration of the Negro family structure over the past generation in the United States” (1965).

Moynihan ties Black family roles to slavery, theorizing that American slave families were pulled apart, men forced to be submissive, and women forced into a more dominant role for
family relations. Moynihan portrays single motherhood and divorce as pathological rather than as adaptations to current conditions and environment. He believes that male unemployment causes persistent poverty because it destroys family structure by forcing the wife to work and a female case worker to help. When this happens, according to Moynihan, children lose respect for the authority of their father, which in turn leads to divorce. He also states that wealthier families are more stable with less illegitimate children.

Moynihan talks about a cycle of poverty where young Black girls with babies do not finish high school and their low education level translates to low income with the cycle repeating itself across generations. According to Moynihan, Blacks have been forced into a matriarchal family structure and, because this is different than mainstream America, it retards their development and places them at a severe disadvantage. He goes on to say that Black men feel inadequate because Black women more easily attain education and jobs, so Black men run away or develop a pathology such as substance abuse. He links broken homes to crime by stating that the lack of a father produces children who cannot delay gratification. He ties this destructive ghetto culture back to how bad American slavery and Jim Crow discrimination was (Moynihan, 1965). Nowhere in Moynihan’s work is there a working definition of family. The White, middle class nuclear family ideal is so entrenched in his point of view that it is never directly addressed within his report. What is abundantly clear is that those who do not reflect his view of what a family should be (the nuclear model) are stereotyped as dysfunctional and in need of repair.

While Moynihan’s report is an interesting representation of racism and value judgments in the name of the war on poverty, there was also widespread reaction at the time, and for some time to come. Release of the report happened at the same time as the riots in L.A.’s Watts ghetto, so the public watched as angry Black people burned down buildings, which merely validated in their own mind the tangle of pathology among Blacks they had been reading about in Moynihan’s book. However, many were critical of the report. Some feared it was the
Johnson administration’s explanation for urban riots. Others critiqued its inherent racism. Specifically, the message that Blacks were inferior and not yet ready for their freedom (Martin & Martin, 1978). It was at this time that the two main theories on the cause of poverty started to go head to head. Poverty was either an individual problem having to do with pathologies (Moynihan’s theory), or poverty was related to a flawed system that needed to be changed. Two activists at the Congress of Racial Equality (CORE), McKissick and Ryan, stressed this latter theory: that family issues were of little concern compared to systemic discrimination. Ryan, who published *Blaming The Victim* in 1971, criticized Moynihan for relegating poverty to family and cultural issues while ignoring structural inequalities. Ryan pointed out that there were fewer White babies out of wedlock due to greater access to abortion, birth control, and adoption, and critiqued Moynihan for victim blaming (Hymowitz, 2005). Ryan (1971, p. 6) writes, “the growing number of families receiving welfare are fallaciously linked together with the increased number of illegitimate children as twin results of promiscuity and sexual abandon among members of the lower orders.”

However, Moynihan was not alone in his condemnations of the poor during the 1960s. Kenneth Clark’s *Dark Ghetto* (1965) outlines psychological pathologies of ghetto life and Black self-hatred. Oscar Lewis’s *La Vida* (1966) introduced the catch phrase, “culture of poverty,” and provided a list of cultural traits that were subsequently popularized within the social sciences. In addition, Lee Rainwater’s *Behind Ghetto Walls* (1970) claimed that ghetto residents were socially and psychologically abnormal. Collectively, these labels placed on the poor position them as social outsiders with less agency, according to a popular sociological theory known appropriately as labeling theory (Raybeck, 1988, p. 371). Labeling theory asserts that social groups create sets of rules that they apply to others. When others break these rules that are created by a social group with a set of values and beliefs, they are labeled as deviant. Labeling theory specifies that deviance in this context actually reveals more about the rule makes than
the outsider’s behavior. In other words, labeling is more about judgment than explanations of primary deviance in a society.

Anthropologist Oscar Lewis (1966), widely criticized for his overgeneralizations and victim blaming, believed that poverty was a subculture with 70 distinct economic, psychological, and social traits that predict a certain way of life and are passed down through each generation. The major categories of these traits are: 1) attitudes, values and character, 2) nature of the family, 3) nature of the community, and the relationship between culture and society (Coward et al., 1974, p. 622). Lewis also wrote that these traits originate as a reaction of the poor to their low position within a class-based, capitalistic society, and that many of the traits are solutions to problems originating with the state not providing for the poor. Unfortunately, this does not seem to be the aspect of his work that was popularized.

Lewis also believes that children were enculturated by age six and not psychologically capable of taking advantage of better opportunities, even when offered. He argues that a key element in all of this is the poor’s inability to participate in larger societal institutions such as politics, law enforcement, government, property ownership and marriage. According to Lewis, poor people do not marry because men cannot provide for their children, and women see these men as unreliable. He states that primitive people are more evolved and socially organized than the poor, and linked female-headed households to poverty, psychological pathology, and poor impulse control. These attitudes and traits are passed down from generation to generation and perpetuate a vicious downward cycle according to Lewis (Rogers, 2000). “Poverty of culture is one of the crucial aspects of culture of poverty” he wrote (p. lii). Critics expressed frustration at the notion that just because Blacks are not marrying at the same rate as Whites or following the nuclear family model that they are devoid of culture. Lewis’s theory is a psychological notion of culture, devoid of historical and socioeconomic factors, and ignorant to both in-group variation and individual agency. Fortunately, since Lewis published La Vida,
anthropological theories on culture have shifted from his static model to a more dynamic one emphasizing agency, contradiction, change, variation, and practice (Foley, 1997, p. 122).

The culture of poverty theory became so popular because people wanted (and still want) to believe that actually helping the poor and raising their median income would not help them anyway. This gets those in power out of doing anything about widespread poverty and of possibly sharing their own wealth. The attitude has become that if you give poor people money, they would just waste it. For example, welfare policy has blamed recipients who do not enter the work force for having an inferior work ethic learned through the culture of poverty, rather than acknowledging the reality that it may simply be too costly to put one’s children in daycare and pay for transportation to a minimum wage job (Leacock, 1977; Morgen & Weight, 2001, p. 153). What is keeping the poor in poverty has nothing to do with intergenerational transmission of a deficient culture. The culture of poverty concept is deficit-based and blames poverty on the individual, family, and community. Many of the features Lewis used to describe individuals in poverty, such as unemployment and overcrowding, were intended to blame the victim without acknowledgement of the large socioeconomic forces at play. Rather than determinants of poverty, they are symptoms of poverty (Ryan, 1971).

Jumping into the poverty debate throughout the 1970s were feminists who stressed that the nuclear family and marriage were oppressive to women and that the poverty of single mothers had to do with patriarchal dominance. For example, in 1978 Diana Pearce talks about the “feminization of poverty” and argued that single women should receive more government support. Additional scholars emphasize the positive attributes of extended Black families and female-headed households. Andrew Billingsley in Black Families in White America (1968) stresses the resilient and adaptive nature of Black families to harsh economic conditions, and cited racism for any lack of comparable advancement. Joyce Ladner in Tomorrow’s Tomorrow (1971) criticizes preoccupation with the deviancy model and discusses how Africanisms (e.g., cultural traits associated with African origin) such as a close mother child bond have helped
Black families cope and adapt to unhealthy conditions. Ladner writes that Blacks should be commended for “the way they have adapted to poverty and racism, and yet emerged relatively unscared” (1971, p.) Additionally, Herbert Gutman in *Black Family in Slavery and Freedom* (1976) attempts to refute Moynihan’s claim that slavery was the root of Black family disarray by recounting naming practices, marital and family records that demonstrated the Black family remained intact throughout the time of slavery.

Most notably, anthropologist Carol Stack in her 1974 *All Our Kin* contrasts lifelong social networks among Blacks to American individualism and talks about the positive nature of mutual aid. Stack discusses how Black families have been inadequately grouped either under a nuclear or matriarchal family model and viewed as deviant and in need of repair. She found alliances regarding the trading of goods, child care, other resources and strong domestic cooperation among blood and non-blood relatives. Letting a child stay with someone else not only helped the child’s mother but was also seen as a symbol of group membership. The families in her study could not meet their daily needs and expenses on their own. As Stack claims, people adapted to their poverty by setting up these mutual aid networks—they did not set up these networks because they were Black. In addition, when families were evicted due to urban renewal projects or falling off of welfare rolls due to changes in eligibility rules, their family and friends would take them in (Stack, 1974, p. 29). The unique contribution made by anthropologists such as Stack is a view of poverty from the perspective of the poor themselves rather than defining the problem from the perspective of Whites and those in power.

During the 1980s, several urban anthropologists published pieces on family structures divergent from the nuclear model. Modell (1986) critiques Schneider’s emphasis on kinship via birthparents, arguing that there is more inherent complexity to perceptions of blood versus law in cases of adoption, and that both the social and biological parent exist in adoptive situations. Modell explicated that the presence of birthparent advocacy groups and their relative small numbers would seem to indicate that blood is only considered paramount in our culture when
the law deems that it is to a child (p. 649). Lewin (1981) looks at the lives of women who were lesbians and mothers, arguing that both lesbian and heterosexual single mothers had constraints around their situation because they were single parents, rather than their sexual preference. Lewin then reviews judicial rhetoric for custody determinations that lesbian mothers were less fit parents advocating for a reassessment of this trend in custody disputes (p. 6). Rapp (1988) examines new technologies, such as sperm donation and in vitro fertilization, to produce children that did not necessitate co-parenting or heterosexual parenting. Finally, Newman (1986) looks at divorced women and those caring for husbands who could not work. She identifies a series of adaptive strategies employed by the women to handle loss of income and parenting their children. Anthropologists have provided academia and the public with many examples of successful alternatives to the nuclear family across class structure.

In contrast to this exploration of diversity, several conservative reviews of poverty and welfare programs occurred in the 1980s. Becker's A Treatise on the Family (1981), touches on the idea that institutions such as social security and welfare funding come about in response to people's reactions to socioeconomic changes, and that the increased prominence of government assistance has discouraged reliance on family (p. 15). Becker's narrow lament over the decline of the family is and his connection of this decline to women's increased economic role outside the home has been criticized as being reflective of antiquated gender norms. Bias is exuded in his lack of clarification that the “family” to which he referred is nuclear and his assumption that this is the gold standard. He mentions that the Western family is on the decline as female-headed households become more common (p. 3).

In the same vein as Becker, Charles Murray at the Enterprise Institute argued why welfare reform was needed. In 1984 he published Losing Ground, in which he argues that welfare policy did not incentivize marriage and called for change. He places emphasis on changing the poor's behavior rather than the system. During the Reagan era, politicians refocused the dialogue and research agenda on how to prevent dependency on welfare
programs rather than on how to eliminate poverty. Murray played an influential role, arguing that welfare programs do not help the poor but actually facilitate further entrenchment of poverty by removing negative economic sanctions for divorce, teen pregnancy and unemployment. Once again, the poor were pathologized, and criticized for their lack of a desire to work, while ignoring that a minimum wage job will not help a woman acquire transportation, child care, or health care for her family.

Another conservative review of poverty in the 1980s that had widespread impact was Wilson’s *The Truly Disadvantaged* (1987). Wilson is the contemporary spokesperson for the culture of poverty theory. He argued that a single-parent family cannot raise children to succeed and emphasized the pathological culture of the poor. Wilson’s work supports family values rhetoric in the African-American community. Wilson blames poverty on the lack of appropriate role models for children rather than on all of the economic and political forces at play. This overall idea ignores the diversity that exists in these urban areas, and Wilson has been criticized for not backing up his claims with historical and ethnographic data.

Wilson did not draw on any of the strength-based research pertinent to the urban poor, referring to these types of studies as celebrations of Black achievement that only serve as a smoke screen to the real problem of ghetto pathology. He lamented even in earlier works that “serious scholarship” was curtailed for many years following the Moynihan report because people were trying to be politically correct (Wilson & Aponte, 1985, p. 240). Subsequent to critiques of the underclass, he has acknowledged that his theory could be applied to any ethnic group or society, but quickly clarified that the White poor seldom suffer from the extreme poverty that afflicts Blacks (Wilson, 1991). Wilson’s attempt to de-racialize the underclass may lend more surface credibility to his theory, but it also makes it inherently more racist.

As with the Moynihan report, scholars published critiques of this popularized underclass notion. In response to one of Wilson’s arguments that deindustrialization has led to fewer jobs for Black men and women are not marrying them as a result, anthropologist Catherine Newman
(1992, p. 7) presents census data showing that only one third of families with children in Harlem are female-headed, and therefore this form of family structure, even in a poverty stricken urban area, certainly is not the norm or majority. Newman also contradicts Wilson’s claim that inner cities are made up of one lower class and are socially isolated (Wilson 1991-1992, p. 641). According to Harlem census data, over half of adults are employed or in school. And according to Newman’s own fieldwork, there are many religious institutions in poorer neighborhoods such as Harlem that serve as positive opportunities for socialization as well as a lively business district. Newman states, “There are hundreds of churches visible along the streets of Harlem… the church continues to provide a major form of social life in Harlem… It is simply incorrect to assume that this important component of the community’s social structure is dead” (p. 14-15).

An additional problem with Wilson’s work is his reliance on quantitative data and his lack of fieldwork and qualitative data. He does not account for what it means, for example, to give birth or parent within the African American community as Stack does in her ethnographic accounts of The Flats (1974). Indeed, Wilson completely overlooks the idea of positive social capital existing in the form of mutual aid networks, and he ignores the claim that men are entirely absent from children’s lives. Per Stack’s work (1974), it is sometimes more common for Black men facing poverty to give more support to the children produced on the side of his mother’s family than to his father’s side of the extended family. This is a different, adaptive family pattern, not a mass exodus of male role models.

Welfare reform subsequent to Losing Ground and Wilson’s idea of an underclass unfortunately went from being paternalistic to absolving itself of the situation almost entirely (Abramowitz & Withorn 1999, p. 156). One of the interesting things about welfare reform is that both Democrats and Republicans were in favor of it. Reed (1999) believes that this happened in the 1990s because Democrats were afraid of falling out of favor with voters for supporting “special interests” (e.g., the poor and Blacks) and not mainstream American values (p. 1). Specific to this welfare reform discourse, there are three major themes worth further
examination: the family values nostalgia surrounding the 1950s, the uproar and scapegoating occurring around the topic of teenage pregnancy, and the pathologizing going on regarding female-headed households and single mothers.

Most people use the 1950s White nuclear family as an argument against welfare and government help, but after World War II, mortgages were fixed at two to three percent, there was free education on the GI bill, roads were subsidized, and so on. Suburban Whites were seen as independent and hardworking even though they received a lot of government assistance (Williams, 1999). In reality, a lot of people in these families felt suffocated. For example, women were torn between work and domesticity, with pressures either way making them feel badly. The theories for certain kinds of mental illness, such as schizophrenia, at this time also backed up traditional gender norms of the nuclear family. For example, it was supposed that people become mentally ill if they had a passive father or a cold, domineering mother. This theory even took on a popularized term of “refrigerator mother theory” (Severson et al., 2008, p.65). The mentally ill were locked up and denied civil rights. Basically, in the 1950s, anyone who threatened the nuclear family was seen as pathological and not worthy of civil rights. In contrast, Blacks in the 1950s were seen as grouped together supposedly regardless of social class, where marriage was common, people went to church, and parents taught their kids to obey authority. Urban areas with Black residents were characterized as happy places, but in reality there was illness, lack of sanitation, rundown buildings and highways going over and through people's neighborhoods, as well as overcrowding (Williams, 1999, p. 79).

Many anthropologists perceive that in Western industrial societies there is a pre-occupation with labeling teen pregnancy as a social problem (Barcelos & Gubrium 2014; Ginsburg & Rapp, 1991; Gubrium et al., 2013; Lancaster & Hamburg, 1986; McMichael, 2013). Black teen girls have become the scapegoats for the collapse of family structure, when, in reality, they are not the ones who have changed their child bearing habits so drastically from the
idealized 1950s. Twice as many teen girls gave birth back then. What has changed is that White women have increased access to abortion, contraception, employment, and educational opportunities and thus are delaying child birth. Cross culturally and historically, contemporary America has an abnormal delay between menarche and perceived social adulthood or marriage. In addition, expecting teen fathers to take responsibility for their children is atypical. Poor teens are choosing pregnancy as a transition to adulthood because other transitions, such as education and employment, are not available, and they have supportive extended families (Dunn 1988; Stack 1975; Winters & Winters, 2012). The problem is when traditional patterns of African American kinship and community are disrupted by dislocation and unemployment (Laakso 2013; Saegert 2011; Stack 1974). For example, urban renewal or revitalization projects often mean relocating long-term residents of a city block or district to newer housing in suburban areas where they may not know anyone or be able to find a job.

Within the United States, the stereotype of the lazy welfare recipient is pervasive, but seems to fall hardest on women and single mothers. The phrase “welfare queen” became popular in the 1980s and was used to refer to women who supposedly sat around and focused on their appearance and having more children in order to obtain more resources from the state. In addition, the related stereotype that poor families are usually much larger than middle-class families remains pervasive (Clawson & Trice, 2000, p. 54).

Culture dictates in each society what behaviors are appropriate for the male and female gender, as well as alternative genders. In Western culture, serial monogamy is practiced, and there is much bias toward paternal rights to a child. However, in some nonwestern cultures, such as the Bari in Venezuela, there is the belief that more than one man fathers a single child. From a cultural materialistic perspective, the nutritional value of a pregnant mother’s and prenatal infants diet increases if the female takes on more than one sex partner because they bring twice the food (Small, 2003).
The way social policy encourages some segments of the population to reproduce while sending the clear message that low income Black women need to be contained is referred to by Mullings (2001) as stratified reproduction. Households headed by women are increasing around the world in most industrialized and developing countries due to unemployment, war, genocide, apartheid, and so on. Black women may be making adaptive reproductive decisions by having more children and aborting less of them. They are replacing all of the family members who have died an early death due to AIDS or crime or drugs (Williams, 2013; Stack, 1974). In addition, the infant mortality rate for Blacks living in poor communities is over twice the national average in part due to disparities in access to and quality of both pre and postnatal care (p. 43).

As some are calling Black women inadequate mothers, these same women are employed by upper class White mothers to serve as nannies to White children (Straker, 2012, p.240), and in these situations their parenting skills are rarely questioned. In the end, decisions women make to be single parents are probably very often complicated, with a mixture of individual preference and imposed circumstances, but either way we should not be valorizing the nuclear family model over alternative family structures.

The notion of appropriate gender norms and family structure has become very relevant during investigations of mothers who have been reported as neglectful or abusive. Urek (2005) details a case study of a woman named Ana, who in Urek’s opinion as a former case worker, was characterized as an inadequate mother due to a child abuse incident. Subsequently, the details of the original report were lost by staff, and as the child remained in foster care, Ana transitioned from the inadequate parent to the inadequate person to the inadequate woman (e.g., the case worker repeatedly professed entrenched values that women should be married and involved in home life rather than in the social sphere), and did not regain custody of her child. At each step, moral judgments regarding appropriate behavior were made by various professionals that determined the custody of Ana’s daughter. For example, Ana was told that
“her life and behavior must be put in order,”; however, she received increasingly less concrete assistance as to how to do this or what exactly was wrong with the way that she lived her life. Second, it was suggested that she would be a better mother and regain custody if she found herself a husband: “you see, you can’t make it alone, you need someone to support you” (p. 458). Finally, although it was originally cited as a problem that Ana drank beer at a bar alone, it was later clarified that it was not necessarily the drinking that was the problem, but rather her “unstable relationships and frequently switching partners” (p. 459). Were Ana male, it is unlikely her single status would have been called into question or challenged to the extent that it was (2005, p. 458-459).

There have also been attempts to link family structure to outcomes for children—specifically children raised by single mothers. The popular perception is that female-headed families are creating a lower class in society filled with misbehaving children in need of father figures (McLanahan, 1985, p. 873). However, what research has found has more to do with family process than structure. For example, involvement of a father in a child’s life, and their relationship with their father, is correlated to psychosocial outcomes among African American adolescents, while parent marital status and persons living in the house is not related to such outcomes. This study also identifies several ways that fathers can be active in a child’s life without necessarily living with the child’s mother, challenging the popular assumption that being raised by a single mother immediately and directly impacts a child’s development in deleterious ways (Salem, Zimmerman, & Notaro, 1998, p. 331). Finally, McLanahan (1985) found that poverty and its impact on a child’s functioning did correlate to the distress of family disruptions such as a father moving in or out of a house, but functioning was not tied to the long-term status of being raised by a single mother (p. 873).

**Agents Benefiting From and Reinforcing Poverty**

Socialism and capitalism are two alternative economic systems of production and distribution that occur in industrial states. Socialism is based on the idea that there should be
shared wealth and power (rather than conflict over vast inequities), and that the state should control production. Capitalism, characterized by marked differences in wealth, has at its core the philosophy that hard working people can become wealthy, or at the very least, work themselves out of poverty (Martin & Voorhies, 1975, p. 371).

Within a capitalist society, those in power that impact the poor include, but are not limited to, the profit motive, the welfare system, the employer, the landlord, the social service agency, schools, doctors, health clinics, and city services (Stack, 1974; Cobb, 2015). Stack (1974) states, “cultural differences are structurally imposed by the workings of the stratified, national social-economic system” (p. 26). Stringent eligibility requirements inherent to welfare policies conspire against the poor making a good salary, building equity, inheriting money, owning a home, or investing money. Keeping the poor unemployed helps some benefit because it does the following: 1) keeps a source of ready workers on hand if economic expansion comes too rapidly, and 2) it helps keep low paid workers from demanding too much because there are plenty of people to replace them (p. 128).

Often policies, including subsidies that are designed to help those in economic need, come with labels and stigma attached, as well as the requirement that the individual must both seek out help (as opposed to being contacted by the government through an outreach activity) and prove how much they are in need of it (and not just initially, but repeatedly throughout the time they receive assistance—sometimes forcing parents to turn down certain jobs in order to maintain, for example, consistent Medicaid coverage for their child’s health care). Medicaid is a federally funded program that provides health care coverage to children and families, pregnant women, the elderly, and the disabled. It traditionally pays for services such as immunizations, preventative screening and treatment (Allen, 2015, p. 3).

A related issue is that parents are often given temporary financial assistance but not really given the proper tools or training to help them in the long-term sense. Public policy toward this target group is viewed as being more paternalistic (e.g., granting permission for aid
to be distributed), as compared to policy directed to those segments of our population that possess power or social status (Mariner, 2015, p. 46). Policies geared toward more powerful groups tend to focus on technical assistance, capacity building, and long-term growth or maintenance of existing lifestyles and resources (Carter, 2015), such as taxation policies (Stark, 2015) and home ownership policies and insurances (Forrest & Hirayama, 2015). In further contrast, policies directed to substance abusers and those deemed deviants via criminal activities normally offer help in exchange for rehabilitation and changing the individual rather than ever attempting to help solve the larger structural inequalities that are the bases of such problems (Mariner, 2015, p. 47).

Traditionally poverty has been equated with a lack of capital, but in reality many poor people, though lacking in economic resources do have social capital in the form of relationships with friends and family that help each other. Unfortunately, the bulk of theorists examining social capital have tended to differentiate between good and bad or negative forms of social capital, much the same way that some have differentiated between the deserving and undeserving poor (Susser, 1996, p. 412). Bourdieu (1986) introduces four types of capital: economic (money, material goods), social (position within a social network), cultural (educational attainment, lifestyle), and symbolic (use of symbols to legitimize capital). Specific to social capital is the belief that it reflects and reproduces class, so that useful social capital is a relationship with someone higher in the social hierarchy. Cultural capital has to do with accumulated cultural knowledge that over time confers power and status on the individual within society. Economic capital refers to level and extent of command over economic resources such as assets. Symbolic capital refers to individual resources that are based on esteem, reputation, and standing in a society (p. 242).

Wilson (1987), in his theory of the underclass, believes that the poor are socially isolated from the forms of social capital that could serve as positive role models. In his popular work *Bowling Alone*, Putnam (2000) suggests that the poor can move up the social hierarchy by
forming the correct social contacts. Finally, Wacquant (1998) explicitly calls relationships among the poor negative capital that only serves to keep them down. Anthropologists have countered these categorizations of social capital, arguing that they do not give enough credit to the social relationships poor people have, nor do they illuminate the forces that purposely break these ties in the name of progress and reform such as public housing initiatives and urban revitalization (Greenbaum, 2008). Lyon-Callo and Hyatt (2003) state, “social capital as contextualized in this manner has encouraged a micro analytic perspective among researchers, which has produced a decontextualized tallying of formal organizations and their memberships at the expense of considering the larger political economic environment” (p. 179). Greenbaum suggests that social capital be reconsidered to include personal agency and the “networks of support and affection that poor people fashion in order to survive” (2008, p. 52).

The social capital of the poor could be used to mobilize and prompt change, but neoliberal policies such as urban renewal (i.e., the reinvesting of resources into a city that often leads to the relocation of poorer residents by way of beautification projects) often break up mutual aid relationships by relocating residents. Such policies serve as an “organized and sanctioned theft of social capital” (Greenbaum, 2008, p. 44). During the decades following World War II, government policies were in place that restricted subsidies in the suburbs to Whites. When downtown real estate became valuable, for example in Washington D.C., Blacks were forced to leave. Their property was condemned for various reasons, or they were evicted. Williams (1999) refers to this as “capitalizing segregation” (p. 80). Blacks were forced into paying higher prices to be excluded from the suburban areas because suddenly urban areas became trendy and housing prices skyrocketed. Still others were forced to admit to such things as mental problems if they found themselves homeless and in need of a bed at a local shelter (Lyon-Callo, 2004). Thus, Blacks were forced both to live with large numbers of people inside one house and to pay increased rent under the guise of urban renewal. Approximately 90% of homes destroyed as part of urban renewal projects in the 1950s and 1960s were never
replaced, and two thirds of the people displaced were Black or Puerto Rican. In addition, real estate agents helped “White flight” by encouraging White residents in urban suburbs to sell their homes once a Black resident moved in (di Leonardo, 1999, p. 42-3).

Scholars have traditionally focused on the pathology of people in slums, but have ignored the pathology and crimes often committed by those with vested real estate and corporate interests. Urban revival into mixed income neighborhoods only disperses the poor; it does not cure poverty (Greenbaum, 2008). Often, it makes the problem of poverty worse by cutting valuable social ties and leaving people homeless if they are unable to meet the new rules to live in their old neighborhoods. This dislocation also diffuses Blacks’ capacity for collective protest by making communication and collective meetings more difficult and by making poverty less visible (Greenbaum, 2008, p. 46-51).

Another reform effort within the neoliberal agenda is privatization. Privatization has been marketed as the solution to all of our social problems (Maskovsky, 2001, p. 471). This moving of services from public to private hands has occurred alongside the dismantling of welfare programs, and has led to increasing polarization of wealth and poverty in the United States. Coupled with the spirit of privatization, lower costs and increased efficiency, is the encouragement to the “deserving poor” that they embrace entrepreneurship and help themselves. The “bad poor” are seen as those people who remain on welfare. Privatization often valorizes profit over service, while leaving poverty completely unaddressed (Goode & Maskovsky, 2001, p. 7-9). The community input rhetoric of the privatization of social services talks about giving voice or empowering citizens, but this may not be realized as providers hold issues close for fear of agency scrutiny and failure. Kingfisher (2001) is particularly critical of the empowerment movement within Neoliberal reform, arguing that it seeks to improve incomplete, dependent women rather than changing the gender-based hierarchy that is imposed by capitalism (p. 278). More efficient service provision, increased cultural competency,
and better communication are all good goals for the privatization of social services, but it still leaves the goal of ameliorating poverty unaddressed.

**Impact and Influence of the Media**

Social construction theory springs from sociology and seeks to explain how social phenomena evolve within sets of social circumstances. It is one potential theoretical framework that can be applied or coupled with theories presented thus far regarding notions of appropriate family structure and ideas like the culture of poverty and the underclass. Most things we think of as fact or reality, such as family or gender norms are more often cultural inventions, or changeable based on the economy, politics, and so on. Social construction theory is the opposite of essentialism. In other words, concepts are not static, immutable things devoid of any historical context, but rather the constructions are an ongoing and dynamic process (Berger & Luckmann, 1967). The idea that something is inevitable, biologically determined, a law of nature or “just the way things are” can normally be tied to a concept that is socially constructed with few, if any, exceptions. Thus, social problems and perceptions of them form an interdependent relationship in which we—all of us—participate every day. Institutions such as languages, folklore (urban legends), our education system, politics, and so forth help these socially constructed ideas look more like objective fact, or at least long entrenched habits and beliefs (Berger & Luckmann, 1967). The media is an important institution, and one that which anthropologists have contributed to the analysis.

News media purports to describe reality to the public, displaying different realities to audiences in each country. News is a form of “cultural meaning making” (Bird 2010a, p. 1). While there is no one truth, there are many ways truth is negotiated through the news. Individual perceptions are steeped in culture, and the news media operates under the shared assumption with the audience that what is portrayed is reality. What or which persons are not portrayed is of much less importance (Bird 2010a, p. 5). Most of what the general public knows whether it be about international relations or child abuse, they know from the media rather than scholarly
publications or firsthand observation of events. This carries serious weight and consequence as we as voters and those in positions of serving vulnerable populations or reforming policies regarding child welfare, have all constructed their perceptions, opinions, and desire for action based largely on the news media.

The news tends to present issues such as child abuse and child deaths as individual stories about the experiences of one family, one child, and one case worker. Reporters do not usually cover structural inequalities critical to decreasing the number of child deaths, such as inadequate housing, unemployment, lack of transportation, and lack of affordable and quality child care or health care. As a consequence, policy decisions are often reactive and geared toward addressing failings at the family, child protective investigator, or case worker level rather than tackling more widespread and encompassing social problems such as poverty.

In the field of journalism, reporters normally are in a position of power over those they are conveying information about. The mass media tend to reinforce a society’s dominant ideologies, legitimizing inequities and maintaining the status quo (Adoni & Mane, 1984, p. 330). Depending on the narrative selected and the images used to perform that narrative to a viewer audience, different meanings result (Gilens, 1996). The media continues to become an increasingly important informational lifeline to most people via twenty-four hour access to worldwide news on the Internet, not to mention newspaper, radio, and television programming. While media carries the potential to educate and raise awareness for certain issues, more often it creates or supports stereotypes of specific populations and controversial issues. Clawson and Trice (2000) states, “the visual representation of a political issue is an integral part of the definition of that issue” (p. 54). Many times media coverage, in absence of the public’s time or interest in first hand research and information, becomes a viewer’s only and main source of “facts” regarding a particular topic, thus shaping viewers’ social realities and meaning attributed to world events, whether global or locally occurring (Bullock, Wyche, & Williams 2001, p. 230).

The mainstream press plays a role in reinforcing the American ideal of a heterosexual
nuclear family by speculative comparisons and sensationalizing. The media also engages in backing certain politicians. For example, a news story titled “Dan Quayle was Right” focused on how single mothers care more about themselves than about their children. The media also works to promote very narrow social science and loose correlations, such as the state with the lowest number of two parent families does the worst on math scores. While there have been studies linking single parent families with lower school achievement, family involvement is more complex than co-habitation or parental marital status (de Lange et al., 2014, p. 329). Journalists and news staff often present far reaching conclusions, such as taking some evidence that says single mothers have children who are more likely to act out and then extrapolating this to mean that children whose fathers have died are better off than children of divorce because at least there is a legacy of an authority figure (Popenoe, 1996). Finally, those in the spotlight, whether it be reporters or the politicians they report on, also claim to be victims of political correctness and use this as the basis of speaking out for family values (Williams, 1999, p. 66-67).

Williams (1999) links the emphasis on nuclear families in the 1950s with the time when televisions started showing up in people’s homes. Television supplied fake friends and community, letting nuclear families feel more comfortable isolated from extended kin. The television shows did not depict anyone Black, gay, mentally ill, elderly or homeless, but rather neat and tidy White families. Mothers were always at home and fathers worked during the day and became the authority figures in the evening. Everyone who has watched shows like Leave it to Beaver can remember June Cleaver warning the boys that they would be in big trouble once their father got home. This type of programming brought the nuclear family to an iconic level in America.

Television has also played a role in dictating appropriate behavior norms for women, particularly pregnant women and mothers. Initially, accounts of pregnant women drinking were portrayed as a public health concern in the news media. However, by the early 1990s stories debating whether pregnant women should be served drinks in bars gave way to a crime and
punishment type of situation that was much more personalized and saturated with negotiations of morality and women’s rights. This was done by focusing on personal stories of “bad” women, rather than reporting statistics. For example, Golden (2000) contrasts how alcoholism versus drug use by pregnant women was portrayed on the news, arguing that both crack and the mothers who used it were demonized due to the fact that the drug is illegal, while women who drink alcohol were characterized as having a disease that needed to be treated. Pregnant drinkers were characterized as being out of control and evening news stories in the early 1990s focused on whether or not bartenders were within their rights not to serve these women drinks in order to protect unborn children. The alcohol itself, unlike the crack, was never blamed during these news reports for harming the fetus, even though fetal alcohol syndrome statistics obviously existed (p. 491-492).

Not only does the media influence and reflect ideas of appropriate family structure and gender norms, it also impacts perceptions of poverty. Women receiving public assistance are often portrayed in news stories as disinterested in pursuing an education or career and as promiscuous, particularly African-American women. Although the largest group of welfare recipients in the U.S. is actually children, the public and the media typically view and portray children as deserving, thus mothers bear the brunt of public disdain (Gring-Pemble, 2001). Media accounts rarely tie women’s poverty to lack of affordable child care or lower wages for women, but rather place blame on single mothers for the decline of the nuclear family.

A study of 412 newspaper articles during three consecutive months in 1999 (Bullock, Wyche, & Williams 2001) showed that while challenges facing families on welfare were portrayed in a neutral or sympathetic tone, rarely were factors causing or impacting poverty ever reviewed. This study also contrasted the television shows in which low-income persons were shown. Findings showed that lower income individuals were more often shown on daytime talk shows and reality based crime shows such as Cops. Higher income and Caucasian individuals were seen on most popular evening dramas such as Friends or Ally McBeal and class-related
themes were rarely explored (Bullock, Wyche, & Williams 2001, p. 229-31). While the evening shows give the impression that life is easy for upper class Americans who work hard, the talk shows unfortunately simultaneously give voice to low income Americans while casting a spotlight on their perceived dysfunctional relationships, moral inadequacies, and inability to parent unruly children.

Similar to the Bullock study, Entman and Rojecki (2001) found that the root issues of poverty were rarely addressed on television evening news programs during the 1980s and 1990s. They explain, “it is through the absences of information, implicit comparisons, and visual images that television helps to frame not just poverty but much of America’s racial reality and the politics that arise from it” (pp. 94-95). Such comparisons are often done through image clustering in the news. For example, in a segment regarding a mother who was accused of murdering her young daughter, poverty is linked to violent crime, mental health, and substance abuse via a script that details the crime as occurring in an “abandoned building” in a “drug-infested neighborhood” by a mother with a “history of mental illness.” These verbal stereotypes suggest that poverty is involved without implicitly saying so. Thus, the problem of poverty remains silent and is not addressed. However the equating of poverty to crime, a perceived threat to the average viewer, may actually reduce sympathy for the poor (pp. 96-98).

Entman and Rojecki (2001) also found that images of the poor presented in television news casts fell into the following categories, several of which African Americans figured prominently: 1) African American community or church leaders speaking to a group, 2) African Americans randomly standing on a street corner and sometimes pictured with law enforcement, 3) desolate urban areas with boarded up windows and trash outside, and 4) African-Americans attending church or protest marches (p. 97). These images link the poor to constructs of poverty that either fault individual failings or cultural norms within certain ethnic groups.

Gilens (1996) also found that images of “deserving” poor, particularly African-American “deserving” poor were less frequent. He operationalizes the concept of deserving as the elderly
or working poor, as opposed to those who were younger and unemployed. This fits with the popular notion that people are poor due to their own lack of effort and moral weaknesses, rather than simply a lack of decent employment opportunities (p. 515-516). We saw the notion of deserving versus undeserving poor resurface when the evening news showed images of the Hurricane Katrina aftermath. When food and water was not available, looting of local stores occurred. This looting was at times presented as criminal activity, but at other points was reframed as mothers taking care of their children’s needs (Giroux, 2006, p. 171). The former reinforced notions of a pathological underclass, while the later engendered sympathy from the public.

Inevitably, certain child abuse investigations and accusations are heavily publicized within the news media. These cases become media templates that both the general public and journalists refer to over and over again to make sense of new information and cases that follow. Such templates and the power of the media work together to influence our social realities (Kitzinger, 2000, p. 61). One local example is that in the Spring of 2002 national media seized on the Florida Department of Children and Families (DCF) for losing five year old Rilya Wilson, who without anyone noticing, had disappeared from her foster home in 2001 (Freeman, 2003, p. 449). This event then triggered a series of expose pieces on children suffering in DCF care. The accounts heaped blame on caseworkers and their immediate supervisors, and less often discussed the chronic underfunding and lack of staff. These later problems are not as interesting (or easily solved) as a supervisor who disposes of children’s case files in a storage shed behind her house (Ghere, 2006, p. 426-7).

The Spence Case occurred in 1988-89 in New Zealand. Subsequent to some child abuse statistics being released to the public, greater attention was placed on identifying abuse. Whether the statistics themselves were right or wrong is somewhat unimportant here (though much debated). Concerns were raised that Liselle’s father had abused her during a medical visit where Liselle was assessed for a behavioral problem. The media onslaught really then
focused on the parent’s nightmare of false accusations and attributed blame to feminist, lesbian researchers affiliated with the child abuse statistics that were released (Atmore, 1996). Several news articles presented pristine images of the father, questioning what rights the father has, emphasizing his lack of aggression. Atmore (1996) explains, “the ‘real’ issue of power became the ‘witch hunt’ of this family, and particularly the father, by the state and powerful feminists” (p. 342). Incidentally, the well-being of Liselle, her actual behavioral health diagnosis, and the outcome of the abuse investigation are not mentioned in Atmore’s review of the case, indicating either they were not a focus of the media’s attention (which she does state) and/or they were also not a focus of Atmore’s attention. Regardless, the media and public’s attention was placed on the issue of state versus family, rather than whether or not the child was abused.

A British case, referred to as the Cleveland Scandal, occurred in 1987 when approximately 120 children were placed in out-of-home care in Cleveland County due to allegations of sexual abuse. The children had all been diagnosed by two local pediatricians using a controversial test. Similar to the Spence case but on a larger scale, media attention ensued regarding parents’ rights and malpractice accusations regarding the pediatricians. Whether the diagnostic test was right or wrong, all children were eventually returned home due to pressure placed on the investigators and government on behalf of the families, the media, and the general public. Unfortunately, when the media reported that these children were all returned home, mention of services such as protective supervision and in-home observations were not addressed, so the popular notion at the time was that all of the accusations were false. Ten years subsequent, *Unspeakable Truth* was released. The documentary detailed that in fact, many of these children had been sexually abused. It offered facts that had been “uncovered” and not included in the original media blitz (e.g., children were returned to parents with child abuse records, investigators with clear verbal accounts of abuse from the children themselves were asked to ignore the evidence due to the media scandal, and so forth), effectively altering the Cleveland media template. Over time, the Cleveland Scandal went from
unnecessary state intervention into the lives of innocent families to a lack of intervention to help children experiencing maltreatment (Kitzinger, 2000, p. 61-74).

Atmorre (1996) suggests that these cases reflect the media’s preoccupation with scandal, particularly around issues of sexuality, as opposed to any interest in children’s well-being and safety. She connects the timing of these cases to the increasing popularity of tabloid news, daytime talk shows, and call-in radio shows regarding sexual issues (p. 335). Kitzinger (2000) suggests that these cases are each examples of media templates. These media templates are often used in the reporting of subsequent stories of abuse in order to make sense out of them and provide a meaningful frame of reference for the viewer. They often serve to highlight patterns among social problems (e.g., the rights of the state versus family) and they are normally presented as fact versus an idea to be challenged. However, as can be seen by the Spence Case and the Cleveland Scandal, they also tend to oversimplify and even distort important details of a case, they leave little opportunity for alternative points of view, and they carry significant power when it comes to public perception. Fortunately, at least in the Cleveland case, templates can be occasionally challenged and renegotiated, but it is a rare occurrence (p. 76).

In summary, this section reviewed the anthropological literature on family structure, notions of family, and the demonization of poverty within Western industrial societies. In addition, the role that the media plays in influencing public perception of social issues such as poverty and neglectful families was discussed. Making the nuclear family into an American icon has helped everyone to ignore the larger issues of race and class in the United States. Politicians have ridden this wave for years because they are either connected to larger corporate or real estate interests that profit from keeping the poor in poverty and/or they do not have the political capital to call for additional funding to deal with the larger problems that currently exist. In reality, the families in the United States are composed of same sex friendships, partners, lovers, step children, shared custody arrangements, same sex marriages,
foster children, adopted children, and complex networks of extended kin. Just because some families are unconventional does not mean they are dysfunctional. Rather than supporting a fictitious ideal, government programs and policies should acknowledge and support the families that do exist.

The most common theme found throughout the literature was a discussion around the perception of poverty being an individual problem or being tied to individual character traits rather than to larger structural forces. This then equates to policies and practices of labeling/stigmatizing and treating the individual rather than working toward ameliorating larger problems (Lyon-Callo, 1998, p. 1). Those in power have used the conceptions of poverty to translate the war on poverty to a war on the poor (O’Connor, 2001). And while the poor may not always be vilified, they are more often than not erased under the fervor of neoliberalism. Poverty is a result of capitalism and power exerted by our government via commonly held ideologies, economic theories, and politics (Goode & Maskovsky, 2001, p. 3). Poverty is not a personality characteristic. In a capitalist society, people will have decreased income if they get sick, if they age, if they become disabled, if they lose their job, or if they have to be at home to care for their children. These are not moral failings. Poor people are a diverse group, not a specific subculture. Poor people have agency, respond to poverty in a variety of different ways, and should have an active voice in poverty discourse, policy reform, and media accounts.

Conclusion: Key Concepts and Theory

In conclusion, the review of the literature was beneficial to my dissertation research in three ways. First, it helped deepen my understanding of some key concepts to understanding child welfare policy and practice reform within the context of shared, cultural meaning. Specifically, the concepts found to be most salient from this literature review in shaping the dissertation research and analysis were: (1) the concept that children might be better off with their parents who had been neglectful or abusive to them, rather than in foster care; (2) the greater historical perspective of alternating between a child safety and family preservation
model throughout time and the reasons that go into why approaches to protecting children and families fluctuate, (3) how views on poverty as an individual problem are aligned with policy and practice stressing child safety and views on poverty as structural are more aligned with family preservation and approaches to practice that value partnership with parents; and (4) the importance of the news media in constructing our truth, realities and shared cultural meaning on which policy and practice decisions are based.

Second, the literature regarding holism, the holistic approach, and its contrast to a more common variable based approach to organizational culture studies helped me better articulate and understand what might be a contribution to the field by looking at system change over a decade and the child welfare system as a larger met-organizational culture rather than focusing on one point in time or one agency within the whole. The four key concepts as articulated by Nisbett and colleagues (2001) of field versus object focus, relationships and similarities versus categories and rules as a form of grouping and understanding, dialectics versus the law of noncontradiction, and a focus on continuity versus discreteness helped me legitimize an approach to studying change and collecting data over a longer period of time.

Third, systems theory and its application to child welfare fit with my holistic approach to understanding changes in structure, governance, perception and practice over time, and to approaching the child welfare system as a type of meta-organizational culture comprised of many different nested subsystems and subcultures. Wulczyn's (2010) application of general systems theory to describing a child welfare system was pivotal in my own analysis as I applied systems theory concepts to understanding change processes within child welfare. His discussion of externalities and emergencies, as well as a normative framework in which a child welfare system operates influenced the conceptual model that derived from my data around shifts in philosophy of care, values regarding family preservation, and perceptions of poverty.

In the chapters to follow, findings from child welfare stakeholders during two key reform efforts spanning approximately a decade will be presented using a holistic approach and
anthropological methods within a systems theory framework. The framework allows for
discussion of the interplay and relationships between influences and factors within key system
components and guides discussion of how stakeholder perception and organizational culture
changed over time to affect children and families.
CHAPTER THREE:

METHODOLOGY

This chapter is divided into three sections. The first section provides historical context, both personally and organizationally, in which the research was initially conceived and conducted. The second section discusses the research design, identifies various information sources utilized in conducting the research and process description including pace, sequencing, and timeline elements. The third section describes the analysis process through which the research collected was filtered and concludes with some ethical considerations.

Background and Departmental History

In 2001 I graduated with a master’s degree (MA) in applied anthropology from the University of South Florida's Applied Anthropology Program and shortly thereafter became a faculty member in the Department of Child and Family Studies. I have always worked within the Division of State and Local Support inside the Department of Child and Family Studies. Many faculty members conduct a mix of policy and practice grant-funded research (i.e., through state and federal government and private sources) rather than funded by the USF.

My position was originally created because of a contract that began in 2001 with the Department of Children and Families to evaluate the privatization of child welfare services in Florida. I initially served in the role of Project Director, supporting the principal investigators and coordinating all efforts of the study team. This allowed me to get a good, broad sense and understanding of each research component that had been mandated by the Florida legislature to be addressed by an independent evaluator. I helped coordinate an interdisciplinary team comprised of a health economist, sociologist, statistician, and several social work researchers.
The original evaluation framework included a quality of care, cost, and outcomes analysis that were legislatively mandated as well as a contextual piece on implementation. The quality of care component examined the effectiveness of providing quality services to children to ensure their safety, permanency and well-being. Family engagement, quality assurance, and staffing data were often examined. Type of service and caregiver satisfaction were also aspects of this component which was led by a team of faculty members trained in clinical work.

The cost analysis component examined how well Community-Based Care did at managing resources and costs efficiently. Aspects of this analysis included determining how funds were spent and on what type of services they were spent on, whether federal funding that was available was maximized to the extent possible, what the priorities of each lead agency were by proxy of spending patterns over time, and whether there were any administrative efficiencies that saved the state money during the privatization effort. Data were mainly quantitative gathered from administrative data at the state and lead agency level.

The outcomes analysis looked at child level outcomes specific to safety, permanency and well-being. Indicators such as stability of placement and reoccurrence of abuse were examined initially for privatized areas of the state versus DCF. As privatization rolled out to encompass Florida, this component provided statewide trends while also looking at differences in performance indicators among the lead agencies. Often this component was tasked with identifying lead agencies who exemplified positive data trends so that their practices could be modeled to improve lower performing agencies’ child outcome statistics. Data were quantitative and came from the State of Florida’s administrative database.

These three components are not a part of the current dissertation. I participated in each of these components and their corresponding issues, measure development and data collection, and learned a great deal that informed my own research, which comprised a separate sub-study of the overall evaluation. While I served as Project Director, I took a lead role on designing this implementation/contextual piece. Although the team recognized the value in collecting
qualitative and contextual information alongside performance data that was largely quantitative in nature, we were in the position of proving the worth of stakeholder interview data to DCF, our funder. I advocated that a contextual piece would provide the funder (DCF) with a proper understanding and analysis (of not only the organizations themselves but the local communities in which they were embedded) that was required in order to properly evaluate the implementation of this large, systemic change. DCF agreed with this assessment that qualitative data had to be gathered that would ultimately allow answers to the “whys” and “hows” behind the quantitative data trends. Therefore, as part of a small qualitative team, from 2001 to 2011, I collected qualitative data at the organizational and systems level that directly aligned with my dissertation research interests. From 2003 to 2005, I took the lead on what was referred to as the organizational and community governance analysis component, which addressed issues involved in transferring ownership and accountability of child welfare services from the state to local agencies. The logic model depicted in Figure 2 was used to develop evaluation questions and to determine what method of analysis to use for each. The data collection done as part of the organizational analysis spanned the domains covered in the organizational structure (e.g., sufficient provider network, financial management, and lead agency theory of change) and community factors (e.g., judiciary impact, community resources, and competition) groupings.

In 2006, DCF along with Florida’s privatized lead agencies, submitted an application to the federal government for a Title IV-E Waiver. As discussed earlier, a Title IV-E Waiver waives federal restrictions on child welfare funding so that children can receive services without having to be placed into out-of-home care. The IV-E Waiver was granted and took effect on October 1, 2006 with implementation statewide. The research contract was amended and my role changed to that of Principal Investigator, although I still maintained the sub-study lead regarding research related to the “how’s” and “why’s” of major system change in child welfare.
Organizational Structure
- Three types of organizational structure
- Governance
- Number of counties covered
- Environmental & bureaucratic complexity
- Job specialization
- Sufficient provider network
- Lead agency relationship with DCF
- Financial Management
- Contract length
- Culture and climate
- Lead agency theory of change
- Minimum line staff requirements

Case Mix & Child Characteristics

Outcomes
- Long-term (L) or intermediate (I)
  - Permanency (L)
  - Child well-being (I/L)
  - Placement stability (number of placements per time-length of stay per placement (I))
  - Health needs met (I)
  - Long-stayers (characteristics) (L)

Quality and Process
- Caseworker turnover
- Medicaid comprehensiveness
- Case staffing
- Foster homes over capacity
- Family group conferencing
- Behavioral health assessments
- Monthly visits post-reunification
- Caseload staffing
- Placement disruptions

Community Factors
- Community engagement
- Role of Community Alliance
  - Judiciary impact
- Community resources
- Competition for lead agency contract

Cost per Child
- Spending mix for TOS
- Percent of revenue from DCF
- Spending by type of out-of-home care
- Grant and foundation contributions
- Salary and benefit levels for line staff (adjusted for cost of living)

Figure 2. CBC Evaluation Logic Model

(Armstrong, Jordan, Kershaw et al., 2004)
The Waiver’s implementation was contingent on adherence to specific federal terms and conditions which provided contextual analysis criteria detailed more fully in Table 2.

Table 2. Terms and Conditions Process Evaluation Domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational aspects of the demonstration</td>
<td>The planning process, staff structure, funding committed, administrative structures, and project implementation, including ongoing monitoring, oversight, and problem resolution at various organization levels.</td>
</tr>
<tr>
<td>Role of the courts in the demonstration</td>
<td>The relationship between the child welfare agency and court system, including any efforts to jointly plan and implement the demonstration.</td>
</tr>
<tr>
<td>Contextual factors</td>
<td>The social, economic and political forces that may have a bearing on the replicability of the intervention or influence the implementation or effectiveness of the demonstration (this discussion should note any possible confounding effects of changes in these systems or changes from any other demonstrations or reforms that were implemented during the title IV-E waiver demonstration).</td>
</tr>
<tr>
<td>Implementation Barriers</td>
<td>The barriers encountered during implementation, the steps taken to address these barriers, and any lessons learned during implementation.</td>
</tr>
</tbody>
</table>

(Vargo et al., 2012)
As with the Community-Based Care Evaluation, there were many mandated components to the IV-E Waiver Evaluation. Unlike the Community-Based Care Evaluation, the IV-E Waiver federal terms and conditions mandated that an implementation and contextual variables study take place. I maintained my role as Principal Investigator and Sub-study lead for this implementation component. Data for the current dissertation are drawn from the sub-study that I was the lead on across the Community-Based Care and IV-E Waiver evaluations. Figure 3 depicts how my implementation analysis sub-study fit together with all of the other research components within the larger IV-E Waiver program evaluation study.

In addition to the implementation piece, there was a programmatic outcomes component that looked at child safety and permanency trends longitudinally using administrative data. There was a cost analysis that looked at pre- and post-Waiver implementation changes in expenditures by type of service. Fourth, there was a practice analysis that looked at changes to the types of services being provided to children and families as the Waiver was implemented and matured during the five year period. Fifth, there was a family assessment analysis that was a mixed method examination of factors such as case planning, family engagement and client satisfaction. This dissertation is based on work I completed for the implementation sub-study component.

Research that leads to policy recommendations to improve Florida’s child welfare system is important because it ultimately improves the lives of Florida’s children by helping to keep them in safe and stable family homes (and when that is not possible at least to place them into safe, caring and non-abusive environments). While the primary goal of the CBC and IV-E evaluations was to provide DCF with performance data and policy recommendations, over the years, I tried to interject a more descriptive piece to the work whenever possible and have incorporated these data into my dissertation. While the team tended to report on very specific child welfare issues, many of the barriers interviewees (i.e., child welfare stakeholders from DCF, lead agencies, provider agencies, case managers/supervisors, judges, and community
HYPOTHESES

Hypothesis 1
Over the life of the demonstration project, fewer children will need to enter out-of-home care.

Hypothesis 2
Over the life of the demonstration project, there will be improvements in child outcomes, including permanency, safety, and well-being.

Hypothesis 3
Waiver implementation will lead to changes in or expansion of the existing child welfare service array for many, if not all, of the lead agencies. Consistent with the CBC model, the new flexibility of funds will be used differently by each lead agency, based on the unique needs of the communities they serve.

Hypothesis 4
Expenditures associated with out-of-home care will decrease following Waiver implementation, while expenditures associated with prevention and in-home services will increase, although no new dollars will be spent as a result of Waiver implementation.

ANALYSIS COMPONENTS

Programmatic Outcomes Analysis
Examines the effect of IV-E Waiver implementation on lead agency performance and outcomes for children, based on administrative data analysis. Florida Safe Families Network (FSFN) were used as the primary sources of data, in addition to data reports produced by DCF.

Family Assessment and Services Analysis
Examines the process used by CBC organizations to assess family needs in order to plan for and provide services. Data were collected via focus groups, interviews, DCF Regional Quality Assurance reviews, and the National Data Archive on Child Abuse and Neglect.

Child Welfare Practice Analysis
Assesses changes in CBC lead agency practices since Waiver implementation. Specifically, strategies are identified that are intended to prevent child abuse, neglect, and out-of-home placement, engage families in service planning and provision, and increase permanency and length of stay in out-of-home care. Primary data sources include lead agency survey, interviews, focus groups, and supplementary materials.

Cost Analysis
Examines the relationship between Waiver implementation and changes in the use of child welfare funding sources. Expenditure data were provided by the DCF Office of Revenue Management and lead agencies, and qualitative data regarding changes in the use of child welfare funding sources were collected via interviews with relevant stakeholders.

Implementation Analysis
Examines and tracks the implementation process. It assesses the system-level impacts of the Waiver on Florida’s child welfare system, including key entities such as CBC lead agencies, provider networks, child protection units, local communities, judges, and DCF. Data were collected via stakeholder interviews, document reviews, and focus groups.

Figure 3. IV-E Waiver Evaluation Design
(Vargo et al., 2012, p. 13)

governance partners) raised often went unnoticed or were seen as peripheral within the context of strict program evaluation. These factors—such as public perception, the impact of the media, views of poverty, and so forth, however, were incorporated and expanded on for my dissertation.

A secondary data analysis of child welfare organization documents (e.g., organizational charts and mission statements) and 125 child welfare stakeholder interviews (identities withheld) was performed to explore changes in structure, governance, perception and practice
during the decade in which privatization and IV-E Waiver implementation overlapped in the state of Florida. The corresponding impact on prevention services, residential providers, local communities, and Florida’s families and children was detailed.

Specifically, I addressed the following two research questions:

1) How has privatization shaped the environment in which child welfare decisions are made in Florida?

2) How has implementation of the IV-E Waiver impacted child welfare stakeholder perceptions and approaches to practice?

My first hypothesis is that privatization introduced some important features such as community governance, flexibility and innovation, and shared accountability that fostered the beginning of a gradual change in stakeholder perception via restructuring a largely state run child welfare system to a series of public-private partnerships across Florida. My second hypothesis is that statewide implementation of the IV-E Waiver served as a catalyst to augment additional adaptations in stakeholder perception of poverty and child neglect, and led to corresponding changes in practice over time.

Research Design

Data Collection Methods and Data Source

The current study is a secondary data analysis of qualitative data that I collected during the period of 2001-2011 as part of my faculty position at FMHI/USF. Document review, interviews, surveys, and my own observations were all data collection methods used over the period of time (2001 to 2011) that CBC and the IV-E Waiver were implemented. Stakeholders included 125 lead agency and Department executive staff, providers, case managers and their supervisors, family court judges, community governance partners, and other child welfare stakeholders (Table 3).
Table 3. Number of Interviews by Stakeholder Type

<table>
<thead>
<tr>
<th>Type of Stakeholder</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Agency Administration</td>
<td>40</td>
</tr>
<tr>
<td>DCF Administration</td>
<td>20</td>
</tr>
<tr>
<td>Community Governance Partners (i.e., Community Alliance Chairs n=15 and Boards of Directors n=5)</td>
<td>20</td>
</tr>
<tr>
<td>Provider Agency Leadership</td>
<td>15</td>
</tr>
<tr>
<td>Case Managers/Supervisors</td>
<td>10</td>
</tr>
<tr>
<td>Judges</td>
<td>10</td>
</tr>
<tr>
<td>Other Child Welfare Stakeholders</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>125</td>
</tr>
</tbody>
</table>

As previously mentioned in Chapter 1, all of Florida’s 67 counties were included in the statewide privatization policy reform to move toward the CBC model. As of 2007 there were 20 lead agencies throughout the state holding 22 contracts with the Department of Children and Families to provide child welfare services. For example, the lead agency during the time of data collection for Hillsborough County Florida was Hillsborough Kids Inc. (HKI) headquartered in Tampa, Florida. Hillsborough County began planning for privatization of their child welfare services in May of 1998 under the guidance of the Hillsborough County Children’s Board. A group of stakeholders consisting of provider agencies, community leaders, and child advocates drafted the Hillsborough County Comprehensive Plan for CBC in the summer of 2000. There were several child welfare and mental health provider agencies in Hillsborough County that wanted to be the lead agency. Rather than compete for the contract with DCF, stakeholders decided to form an Administrative Service Organization (ASO) called Hillsborough Kids Inc.
(HKI). In May 2001, HKI signed a start-up contract with DCF and became a lead agency in May 2002.

As an ASO, HKI performed administrative services such as quality assurance, contract compliance and financial management. The child welfare services were provided by a collection of community provider agencies, including but not limited to five partner agencies that bore some level of financial risk for HKI. This meant that these five agencies both provided services like other community programs but also contributed capital to HKI and participated in HKI’s governance structure. Three of the partner agencies (Children's Home, Inc., Children's Home Society of Florida, and Northside Mental Health Center, Inc.) ran a care center in three different geographic areas of Hillsborough County. The leadership and staff at each of the three care centers were tasked with providing child welfare services to all children and families living in their area. A fourth partner, Camelot Community Care, Inc., was in charge of a network of seven foster home and adoption agencies who were collectively tasked with recruiting, training, and licensing adoptive and foster families. A fifth partner, Mental Health Care, Inc., led the Children’s First Response Team, a team of staff who respond to emergency situations with the intent of providing immediate services and diverting families from needing to enter the child welfare system over the long term.

HKI was heralded for the intensive community planning process for privatization and the inclusive rather than exclusive nature of their local system of care design. The model demonstrated that it was possible to award a lead agency contract to a new agency in the community, consisting of experienced local agencies within the context of new partnership. In 2012, HKI was replaced by another local, private and non-profit lead agency, Eckerd Youth Alternatives, who was demonstrating better outcomes for children in care. Specifically, at the time of the contractual change, Eckerd had incurred fewer child deaths. Changes in the lead agency serving a geographic area and contracting with DCF were not uncommon during the decade data was collected.
**Document review.** I reviewed documents such as lead agency organization charts, utilization management plans, community board meeting minutes, and provider network management plans to better understand the various ways each area of Florida structured their system of care differently than the previous state run model. Variables such as horizontal and vertical differentiation, level of complexity within the structure, and spatial dispersion were examined. An assessment of lead agency structure and capacity was conducted via a review of previous CBC and IV-E Waiver evaluation reports from sources including the University of South Florida (USF) and the Office of Program Policy Analysis and Government Accountability (OPPAGA). A synthesis of these materials provided a comprehensive understanding of the impact of waiver implementation on lead agencies and their capacity to direct service system reform. Lead agencies varied in number from three to 22 depending on year of the study. The evaluation began in 2001 with three lead agencies operating. Leading up to 2005, when statewide privatization was complete, more and more agencies came on board. From 2005 through 2011, lead agency contracts varied from 19 to 22 depending on contractual factors specific to each geographic area.

**Interviews.** Between 2001 and 2011, approximately 125 in-depth individual or joint interviews were conducted with child welfare stakeholders on issues specific to the organizational and systems level of implementing public-private partnerships to serve children and families. Questions were informed by the holistic approach, in that questions were extremely broad, and participants were encouraged to bring up additional topics. Questions were also guided by key components and dynamics within a system, as outlined by general systems theory approaches to child welfare (see Appendix A for interview question protocols. Interviews also included discussion about the various facilitators and barriers encountered during IV-E Waiver implementation, as well as the steps taken to overcome these barriers. Participants were selected from CBC lead agency and Department of Children and Families leadership (e.g., Executive Directors and/or Directors of Operations). A convenience sample
was used for this study, in that all lead agency leadership were contacted, but only those choosing to participate completed an interview. I conducted the majority of stakeholder interviews with one additional team member present. Interviews ranged from twenty minutes in duration (e.g., with a busy judge) to three hours in length, with an average interview time of approximately one to one and a half hours. Seventy five of the 125 interviews were conducted in person. The remaining 50 interviews were conducted over the phone, primarily to reduce participant burden and to reduce cost associated with travel to each area of Florida. Interviews were audio-taped with the permission of participants. Recordings were then transcribed for purposes of data analysis.

**Observation.** I visited and observed operations and meetings at lead agencies across the state. I routinely participated in conference calls with the Department and lead agency leadership regarding operational issues and system reform. These meetings provided insight around prioritization of goals and lead agency selection of best practice models. It also afforded me the opportunity to observe the ongoing dialogue between public and private child welfare entities. Observation data were captured via handwritten notes which I returned to within a short timeframe to more fully journal and document key topics. These documents were included in the content analysis. My participation in approximately 80 face-to-face meetings (meetings normally ranged from two to four hours in duration) and 80 conference call meetings (calls ranged from one to two hours in duration), totaling approximately 360 hours of observation across 2001-2011 helped me establish rapport with the child welfare stakeholders that engendered a level of trust that in some cases may have resulted in more candor than might have otherwise been provided. In addition, whenever I did take part, my role as evaluator of these policy reform efforts was disclosed, in addition to the funding agency for the grant (Department of Children and Families) and that I was a faculty member at the University of South Florida working on my doctoral degree in Anthropology from USF.
Survey. Survey data was collected from 2003 to 2005 from lead agency CEOs, community alliance members, and Board of Directors members (Table 4). A convenience sample was used for the survey, in that all lead agency leadership, community alliance members, and Boards of Directors members were contacted, but only those choosing to participate completed an interview. Each year, child welfare stakeholders were sent a 10 to 20 question survey inquiring about 1) community governance (Board of Director issues and community participation), (2) differences in lead agency service systems, and (3) lessons learned in CBC implementation. The number of questions on the survey varied year to year so as not to repeat questions asked in years prior. I also routinely asked lead agency CEOs to provide via email a visual representation of community governance and their service delivery model, and any additional documents they maintained on these topics that they were willing to share. Survey questions were guided by salient aspects of governance within a general systems theory framework. Specifically, questions directed toward community boards included asking members to discuss their roles and responsibilities as Board members, their relationship and types of interaction with the lead agency, and issues regarding membership guidelines and conflicts of interest. The survey data together with the document review helped me determine

<table>
<thead>
<tr>
<th>Agency</th>
<th>2003-2004</th>
<th>2004-2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Agencies (visual representations of organizational structure included)</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Community Alliances</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Boards of Directors</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>40</td>
</tr>
</tbody>
</table>
the different structures lead agencies chose for their system of care and provider networks (see Appendix B for copies of the survey protocols).

**Data Collection Process and Challenges**

Data collection began in 2001 and spanned the course of a decade. I made a conscious choice to collect data over a ten year time span because the critical issues that were raised in terms of structure, governance, stakeholder perception and changes in practice, took time to play out and could not be understood as comprehensively over a shorter time span. The longer time period allowed me to establish a higher level of rapport with stakeholders who participated in being interviewed and observed multiple times across the ten years. The extended duration also afforded the opportunity to witness stakeholders change roles from lead agency leadership to DCF leadership to independent consultants or technical assistance specialists, and I was able to incorporate this role history in my observations of communication and power dynamics at community and state level meetings. Third, the longer period included many external events and crises as reported by the media that led to varying responses by the state and private agencies over time. Finally, I also made a conscious choice to take time after my data collection period to become a parent myself, impacting the lens and personal value base through which I viewed the data.

Themes from the original stakeholder protocol I utilized included roles and relationships, perceived standards and objectives of CBC, involvement in implementation and decision making, understanding of privatization, inter-organizational communication, performance, monitoring, quality improvement, child safety, and involvement of the community, among others. Protocols for the implementation analysis were largely developed by myself with feedback from the larger research team and our funder, the DCF. Stakeholders were identified both by obtaining lists of stakeholders who made up different roles (e.g., lead agency CEOs and family court judges) and snowball sampling (e.g., each time a key stakeholder was interviewed, they...
were asked if they had any recommendations on who to talk to or domains to include in our research).

In the case where lists of individuals were provided, I attempted to contact everyone on the list either all at once or in a staged fashion, as time allowed. Respondents over time represented those stakeholders interested in participating, and the voluntary nature of the research was always stressed, particularly due to the politicized field of child welfare and given the fact that many of the interviewees' jobs were contingent on contracts with the evaluation's funder, DCF. To ensure the integrity of the data being gathered and in light of the possibility the content of any particular interview could be, in theory, manipulated for political purposes, I tried to always conduct interviews with one additional member of the larger research team present. This was helpful in ensuring that if a particular tape recording did not work or a stakeholder did not consent to being tape recorded, there was always a second research team member to confer with on what to validate was said during the course of the interview. Whenever possible, interviews were tape recorded and transcribed.

Interviews were scheduled via email after sending an introduction and conceptual overview of the study. Occasionally DCF sent letters of support to the lead agency directors to increase the likelihood that they would view the research as important to the overall process of system design and mid-course policy corrections. Surveys were sent via email to the lead agency CEOs. For example, CEOs were e-mailed an 18-question survey that covered: (1) community governance (Board of Director issues and community participation); (2) differences in lead agency service systems; and (3) lessons learned in CBC implementation. As part of this protocol (see Appendix B), lead agency CEOs were asked to identify their Boards of Directors members and to describe their roles as well as any potential conflicts of interest encountered in the Board member selection process.

For the community governance component, I developed a Board of Directors email survey that requested members discuss their roles and responsibilities as Board members, their
relationship and types of interaction with the lead agency, and issues regarding membership
guidelines and conflicts of interest. Twenty-nine Board members from ten different lead
agencies responded to the survey. In addition, as part of the lead agency email survey
described in the organizational analysis section, each of the lead agency CEOs was asked to
discuss issues specific to their Boards of Directors and additional community stakeholder
groups, such as the Community Alliances.

**Challenges and Limitations**

There were several limitations and challenges to the study. The interview data were
only collected from participants who were willing to be interviewed. Despite a good rapport,
there was always a chance that leaders were not completely candid when speaking about their
organization since the interviews were done as part of a program evaluation. Early on, the
research team held forums with stakeholders so that they could ask questions about the team’s
work. These early forums, coupled with the fact that the team shared its findings with
stakeholders over time and never revealed interviewees’ identities when deliverables were
provided to DCF, helped solidify the perception that the team was independent from the
Department.

Second, 50 of the 125 stakeholder interviews were conducted over the telephone rather
than in person to both decrease participant burden, but also to stay within a set travel budget for
the grant and still be able to collect stakeholder data from across the state each year. Where
possible, I tried to conduct face-to-face interviews with individuals with whom I had not
previously met or established working rapport. I did not find that people were less revealing in
their responses to interview questions over the telephone, but the most significant drawback
was not being able to see body language and nonverbal cues.

Third, the data analysis of the qualitative data is secondary. The data set is fixed and
emergent themes cannot be re-addressed through ongoing data collection. However, because
the pieces of the program evaluation were very similar to my dissertation topic, it was possible to develop and evolve protocols and interview questions over the ten years of policy changes.

Fourth, there was only one coder of the qualitative data. While in anthropological dissertation research, one coder is both common and acceptable, it may be of benefit to return to my coding to establish inter-rater reliability with a second person prior to dissemination of my findings within the field of social work and child welfare, where inter-rater reliability is expected. I also conducted a re-coding of the documents using Atlas.ti for my dissertation analysis, where as I conducted the original coding for the program evaluation activities with similar codes, but without a qualitative analysis software program. In this way, I had a self-check on consistent and reoccurring themes from the data.

Finally, there are several ethical implications for working as both researcher and policy evaluator. The first issue was the nature of my relationship to those I was collecting data from, and my disclosure of and interest in using my sub-study data for my dissertation. When I interviewed stakeholders I reviewed, through an informed consent process that I was serving in the role of an independent evaluator working for USF. I also clarified what my specific interests were in terms of being in the Anthropology doctoral program at USF and my dissertation topic. What I found to be present among stakeholders was a consistent and shared belief that system reform was an ongoing learning experience (Nierse et al., 2012), and that we were all engaged in a type of mutual learning process over time. I believe we also employed this framework as a larger research team, and sought to learn from the data and findings across each other’s sub-studies.

A second aspect of serving in the role of program evaluator was that it is easy to become pulled into what are commonly referred to in the literature as the “politics of program evaluation” (Thompson, 1992, p. 35). As a program evaluator, one must collect and analyze data to assess the merits of something. This can be qualitatively different than collecting data to understand the principles behind a change process or social phenomenon. In evaluating the
merits of something, individual actors, even funders of the research, have a vested interest in the proven success of a program, and have a tendency to put pressure on the evaluation to market their product rather than assess or make more general statements from it. This was certainly true of our funder’s (DCF’s) view of the role of evaluation. It was less problematic when findings were positive, and tenser when findings were negative. Because the research topic was politicized, I also made a decision not to collect demographic data from stakeholders because it did not add to the value of my data. This further assured interviewees that data would be aggregated and the identities of individual respondents kept confidential.

Data Analysis Process

Qualitative Technique

Qualitative research is a value-laden process of inquiry that seeks to answer questions about meaning and feeling. For example, this dissertation examines the child welfare system as a culture that experienced a change in values and perceptions regarding parenting, poverty, and child safety. It is an inductive form of research in that generalizations and patterns are generated from the specific data, which are collected from a variety of sources. As with the triangulation of quantitative data, this study used “bricolage” on different sources of qualitative data to refine the concepts being studied (Kincheloe, 2001).

A grounded theory approach (Glaser & Strauss, 1967; Strauss & Corbin, 1990) was applied to the analysis, with the intent to develop a model or explanatory framework that represents the value and perception shift, and corresponding impact on practice over the ten years of systems change. As required in order to perform a valid grounded theory analysis, data were collected from a sample greater than 30 individuals to realize enough “saturation” on key themes. Interviews were conducted “cold” (e.g., stakeholders were called at a scheduled time, or the interviewer arrived to their office at a scheduled time without recent or ongoing time spent with the individual) in a certain sense, although I had a positive ongoing working relationship with lead agency and department leadership that was consistently maintained.
Interviews were semi-structured with several areas of focus, and interviewees were informed in advance of the general topics to be discussed so they were as comfortable as possible with the interview process. Narrative data were analyzed using the three levels of coding described in the section below—open, axial and selective. Finally, the theoretical model is local in nature—specific to the state of Florida, with some uniquely co-existing system reforms. As is common with a grounded theory approach, it is not meant to be generalizable to a larger audience or meant to signify an overarching meta-theory.

**Content Analysis**

Content analysis of the documents, open-ended survey questions, observation notes, and interview transcripts was completed with Atlas.ti qualitative data analysis software. This software allows the researcher to mark words and phrases within a large amount of qualitative data, assigning the marked sections to codes and families of codes. Content analysis involved reviewing qualitative data to identify common themes and trends. The primary goal of content analysis is to condense a large amount of qualitative data into a list of variables that can be examined for correlations, patterns and themes. Prior to coding, a list of key themes mentioned while conducting interviews was developed, and this was used to code transcripts and qualitative survey responses, as well as notes. Open coding was conducted through an iterative process, identifying other codes as they emerged and clarifying definitions of the codes, differentiating them from each other. Axial coding was then used to group codes into families and to see how they grouped into clusters of ideas and themes (Strauss & Corbin, 1990) (see Appendix C). After families were identified and codes clustered around them, selective coding was applied to identify examples from specific transcripts that would be illustrative of key points (Neuman, 2003).

**Ethical Considerations**

This research reflects many of the guiding principles set forth by the Society for Applied Anthropology (SfAA), including full disclosure of research goals, voluntary participation in
research, confidentiality of data, respect for participants, timely and accurate reporting of data, and dissemination of research results to the public. I also abided by all rules set out by the University of South Florida Institutional Review Board, received a letter of support from the Department of Children and Families (Appendix D), maintained IRB approval of this research (see Appendix E), and have annually renewed my human subject protection certification (most recent training date was in 2014).

Throughout this time I played the dual role of employee of the University of South Florida conducting research as part of my faculty position and a graduate student collecting data for my doctoral program and dissertation. I made sure that our grant funder and those stakeholders we collected data from were always informed, at least verbally, of my dual role. I was never met with concern and always welcomed. As I was not using identifiable data, particularly child-specific administrative data, issues regarding the protection of data from vulnerable populations was not an issue. Most of the stakeholders I interviewed considered their positions ones of public domain, as well as the topics they were addressing. While the issues of confidentiality across stakeholders were obviously important to them, no one felt bothered by my interest in using the aggregated qualitative data for my dissertation work.

Additionally, I did not collect data specific to any one individual’s age, race, ethnicity, gender, education level, or time accrued at their job because it was not critical to understanding the child welfare policy reform efforts or changes at a systems level. This decision was also made to afford participants, who were in positions of public domain but speaking to politicized topics, an additional level of confidentiality. When reporting results I delineated what type of agency, for example DCF versus a lead agency or provider agency, that the stakeholder worked for, but within the context of this dissertation I specifically chose not to link quotes to a specific lead or provider agency. In contrast, for the program evaluation work I did per my employment, I did talk about specific lead agency examples of performance because I was tasked with doing so by the Florida Legislature and the Department of Children and Families.
I also disclosed my role as a doctoral student with an interest in tracking changes in organizational culture and views over time to my coworkers who were a part of the research team. These faculty members focused for the most part on other topics within the grant, such as child safety outcomes and a cost-of-services analysis. We were not working with the same data, so there really was not a sense that I was borrowing from their own work for my dissertation data, and ethical issues were not at play. However, we also had the policy of not conducting stakeholder interviews on our own, and we designed our data collection strategy so that two team members normally took part in each interview. Mary Armstrong, a member of my doctoral committee, was present for many stakeholder interviews and also helped code and write up stakeholder data for our evaluation reports. We also employed at least one additional staff member or graduate assistant to help complete these activities. All team members were always aware of my role in terms of both faculty researcher and doctoral student. I maintained a leadership position over my specific research component because of my interest in guiding all phases of the research from identifying stakeholders, developing protocols, collecting data, coding, and analysis.

**Disclosure and Consent**

At the beginning of each interview, each stakeholder was asked to consent to participate in the research study and to be interviewed. If it was a face-to-face interview (n=75), they were handed a consent form to sign that detailed the purpose of the research, the total number of interviews to be conducted, methods used, confidentiality and limits thereof, risks/benefits to participants, and so forth. I read through the consent form with them and offered to answer their questions before any data collection began. If it was a telephone interview (n=50), I emailed the written consent form to them, read it to them over the phone, and obtained their verbal consent per IRB regulations.
Respect and Reciprocity

Stakeholder participants incurred the minimal cost of one to two hours away from work. There were minimal risks and/or side effects (physical/psychological/social) to the participants in this research. Again, stakeholders could discontinue the interviews at any time. The policy recommendations that we made in written reports to the legislature were based on the team’s data and not altered by DCF. The team also made every effort to propose changes to policy and procedure that would not in any way be harmful to those interviewed or the communities which they serve.

Utility and Dissemination of Findings

I reported the data that I collected to DCF at regular intervals during each contract year via written reports that were considered public documents, which were shared in a timely manner with the legislature, local government, and those stakeholders that participated and/or were interested in the research. While the reports were reviewed by DCF and lead agency leadership before widespread dissemination, and they (e.g., Assistant Secretary at DCF, directors of family safety and child welfare offices at DCF, Director of Quality Assurance at DCF, staff at DCF knowledgeable of administrative and cost data, and CEOs of lead agencies across Florida) were welcome to provide minor edits and suggestions, I had final authority over any suggested changes and always worked alongside the other members of my research team to maintain academic integrity as a research institute responsible to the community at large.

My research has been made available via written technical reports (Vargo et al., 2006a; Vargo et al., 2006b; Vargo et al., 2011), policy briefs, conversations with stakeholders, journal articles (Yampolskaya et al., 2004; Yampolskaya et al. 2007), and presentations at the local, state, and national level. I have taken part in state level briefings in Tallahassee, as well as national conferences such as the University of New Hampshire’s International Family Violence Research Conference, the American Professional Society for Abused Children, and the Society for Applied Anthropology.
I worked alongside clinicians, social workers, statisticians, and economists. There were many complementary components to our work. For example, Neil Jordan, a health economist and member of my doctoral committee led the cost analysis component of our project. While both Neil and I were exploring the same policy initiatives, his component dealt directly with quantitative expenditure data, including changes in funding categories and spending patterns year to year. In contrast, my work was entirely qualitative and dealt primarily with stakeholder survey and interview data to determine views and perspectives on policy and service system change. In addition, the work I was paid for, while very similar to my dissertation, was also different in that the primary goal of our contract with the Department of Children and Families was to collect data and identify key themes and findings that could help the Department institute midcourse corrections to implement the policy change more effectively and positively impact children’s lives. So within the work I did that I was employed to do, there were the pervasive questions of how things were going and how things might be improved. And the reporting I did to DCF was incremental, rather than longitudinal. The work I did for my dissertation was not program evaluation so much as a more explorative examination in organizational culture and philosophies of care over a longitudinal period of time.
CHAPTER FOUR:
FINDINGS ON STRUCTURE AND GOVERNANCE

This chapter details emergent themes from stakeholder interviews and key organizational documents regarding the privatization of Florida’s child welfare system and changes to the structure and governance of child welfare agencies and decisions regarding structuring private public partnerships. Prominent themes addressed include the history and pace of implementation, establishing roles and relationships, accountability, organizational flexibility and variance, and enhancing community involvement and governance.


In Florida, the 1996 legislature mandated the privatization of child welfare services (known in Florida as Community-Based Care) through the use of a lead agency design. The term, lead agency design, generally refers to a newly created administrative agency in each local area that procures and manages services via a provider network to all children and families within a specified geographic area. It is a model that centralizes this type of governance and responsibility for children largely to each localized area rather than relying on state government for service delivery or management of service delivery. The intent of the original statute was to strengthen the support and commitment of local communities to the “reunification of families and care of children and their families,” and increase the efficiency and accountability of services. Statewide expansion of CBC was mandated in 1998 and completed
in 2005. Currently, 20 lead agencies with 22 service contracts (in Florida’s 67 counties) across the state are serving children and families in their designated geographic area.

**Structuring Public/Private Partnerships**

**History and pace of implementation.**

*Privatization came out of a sense of just, ‘we are tired and we can never get there from here’*

*Child welfare stakeholder interviewee*

According to one interviewee, the mandate to privatize statewide was passed the year prior to Jeb Bush becoming Governor of Florida, and was done in advance so that the Governor could work on privatization as a prominent part of his gubernatorial agenda. Immediately on taking office, Governor Bush established a separate Office of Community Based Care within the Department of Children and Families to give CBC a higher perceived status level within state government.

The Florida legislature passed the initial pilots (Chapter 409.1671, Florida Statutes) and later statewide privatization because of the pervasive and widely held opinion by both politicians and constituents that the Department of Children and Families was simply not performing at an acceptable level of competence. “No matter what it does, things keep getting worse, they can’t do anything right and we keep throwing money at the problem and nothing gets better,” articulated one stakeholder. Another stakeholder shared this perspective: “Enough is enough. We need to figure out a better way to deliver this system and we no longer think that there is anything about the Department that is going to make this system functional”. Even within the Department, there was a desire to improve the quality of services provided. One DCF stakeholder explained their vision for Community-Based Care as “a systemic change in practice away from a very autocratic hierarchical child welfare model to one that is strength-based and engages families.” Another DCF administrator described his vision for CBC as, “we broaden the level of community understanding and support for the protection of children beyond the single
state agency to a broader base of support and understanding within the community”, indicating that the draw of privatization for some in state government had more to do with inclusiveness and shared responsibility for the solutions to problems, more than a specific practice issue.

During the 1990s, the Florida legislature became increasingly conservative, and there was burgeoning political support for the idea that the private sector could do a more competent job than DCF. The sense was that almost anywhere in Florida where there was a public interest, even beyond the social services arena, the legislature’s preference was to involve the private sector whenever possible. “The Department is basically an inept organization; we just have a lot more faith in the private sector’s ability to pull off any complex set of service delivery,” stated a female respondent with legislative experience. Another stakeholder explained that although the original thought was cost efficiency and an increase in the quality of care, “whether they can do it cheaper, even whether they can do it better, unless there are strong arguments to the contrary, that [the private sector] is where it ought to be.”

Initially the privatized pilots did not perform better, and four of five sites had their contracts with the Department terminated. The original pilots that were not continued were 1) the Children’s Home Society/Homeward Bound Project in Santa Rosa and Escambia Counties (1997-1999), 2) the Family Services Coalition in Duvall, Clay, Baker, St. John’s and Nassau Counties (1997-2000), 3) a for-profit provider in Palm Beach County that was part of the original legislation but never got going, and 4) The Bridges Program in Lake and Sumter Counties. The shining star of the privatization movement within Florida’s child welfare arena was the Sarasota County Coalition for Children and Families pilot program (1997-1999) in Sarasota County. This pilot evolved over time and remains a lead agency today.

The goal of the original pilot projects was to determine how each private entity dealt with bearing financial risk for all children in their care. Previously, privatized agencies had served Florida’s child welfare population, but normally had the option of falling back to the Department to handle children whose situations proved unusually difficult to care for or resolve. Therefore,
the ideal test of each privatization pilot would have been to have each pilot serve all children in their area for a finite amount of money, to see how they handled the uncertainty and risk the Department had previously bore. The question at hand was twofold – could the agencies handle the financial risk without bankruptcy, and could they employ innovative work practices that would shelter them from the impacts of this risk that the Department had experienced such as high caseloads, staff turnover, and infrequent family engagement? Each pilot project is detailed in terms of scope in Table 5.

Table 5. Primary Differences across Privatization Pilot Projects

<table>
<thead>
<tr>
<th>PROJECT LOCATION</th>
<th>DATE IMPLEMENTED</th>
<th>POPULATION(S) SERVED</th>
<th>SCOPE OF SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escambia and Santa Rosa Counties in District 1</td>
<td>1/1/92</td>
<td>Birth to age 18 in substitute care for first time, and children previously in program who have returned due to placement disruption</td>
<td>Foster care and reunification; some support services to extent that Department funds are available</td>
</tr>
<tr>
<td>District 4</td>
<td>1/1/97</td>
<td>Children in foster care ages 12 to 17; youth 18 and over in independent living</td>
<td>Admin. svcs., assess., group care, specialized and therapeutic foster care, and clinical svcs.</td>
</tr>
<tr>
<td>Sarasota County in District 8</td>
<td>Three phases - 1/1/97 (adoptions), 3/1/97 (foster care), &amp; 6/2/97 (protective services)</td>
<td>All children in Sarasota County needing protective services, foster care, and adoption services</td>
<td>All services following investigation</td>
</tr>
<tr>
<td>Lake and Sumter Counties in District 13</td>
<td>Three phases - 1/1/97, 2/1/97 (Sumter County added), and 3/31/97 (adoptions added)</td>
<td>All children entering care for the first time through the Department’s shelter care system</td>
<td>Assessment, family foster care, therapeutic foster care, group care, home-based services, protective services, reunification services, and adoptions.</td>
</tr>
</tbody>
</table>

(Peacock, 1998, p. ii)
It is most interesting to note that Sarasota County is the only pilot project with a broad enough scope to be a genuine pilot of a statewide privatization effort. Therefore, in addition to all of the other reasons the Sarasota project was unique, it was not only selected as a success because it did well, but because it mirrored the roles and responsibilities of the Department as assumed by the private sector in a way the other pilot projects, before they had even had a chance to fail, had never been tasked to do. It should also be noted that the Sarasota pilot was the only pilot project with a capitation payment for all services, which varied significantly from other types of financial models, such as fee for service.

Of the four terminated pilot contracts, one garnered significant public attention because of the highly publicized death of a six-year-old named Kayla McKean, who had been in the care of the program and was subsequently killed by her father in 1998. Another issue the program faced was that the agency that ran the pilot program was indicted for Medicaid fraud and Grand Theft in 2000 due to over and double billing (Miller, 2004, p. 135).

Statewide privatization followed the Sarasota County model. Sarasota had several advantages: a low child population, high level of income and wealth, high level of community fundraising, activism and community involvement, and a CEO who was a friend of Jeb Bush and a champion for change via privatization. This was enough, over time, to create a successful privatized, community-based services program that other areas of the state could model as communities and resources were mobilized.

The Florida legislature and Governor’s office placed much emphasis on implementing CBC statewide within a very short time frame. The initial completion date in the 1998 legislation was set for January 1, 2003; however, it was extended to June 2004, and then again to June 2005 due to increased recognition of the time it takes to implement such intensive system change. Authorities realized the importance of taking the necessary time to establish lead agency infrastructure and thus avoiding setting up the newly privatized system for failure. Stated
one stakeholder, “I never in a million years thought they could pull it off by 2003; that was ludicrous from the beginning.” Another stakeholder at DCF in a leadership role during the years covering the initial 2003 deadline explained,

“There continues to be openly expressed concern from members of the legislature about whether or not we are moving too quickly and I would have to tell you quite candidly…from a practitioner and clinical perspective…, I have had the opportunity to have oversight and to review case records and case decisions all the way through … and we are moving too fast.”

Until the time extension was granted, there was some animosity that arose from time to time between the first few lead agencies and the Department. A DCF administrator confirmed,

“The lead agency has had a very demeaning, demoralizing attitude toward the Department that has contributed to the Department’s response and demeanor with the lead agency…it hasn’t been a healthy dynamic from the beginning…I blame the Legislature and the way they shoved this [privatization] down people’s throats.”

This stakeholder went on to agree that professional reciprocity was a work in progress and was undergoing improvement.

The initial CBC pilots paved the way for a more standardized implementation process. It was important to spend time on the pilots and cultivate lessons learned within major systems change. Because privatization of social services was a divisive, politically charged issue, there were some who jumped to criticize it when the 2003 deadline was not met, but there was enough local interest and planning throughout the state that the criticism did not significantly set the movement back. As time passed and Florida’s economy went into recession and tax dollars tightened, the fear that there would not be enough agencies to take the lead and manage services in the various counties gave way to competition for lead agency contracts and solidified privatization as an acceptable means of addressing areas previously within the government’s purview. In some areas competition was even purposely avoided by several key organizations.
within a community coming together to collaborate on a response to the state’s bid for a lead agency in their area. Both state level and statutory allowance for variations in composition and structure of each geographically specific lead agency facilitated this collaboration process.

Interview data were collected throughout the time of the privatization statewide rollout and the years thereafter as well. One trend that emerged from the data was that stakeholders felt the system as a whole had to focus on implementation of the privatized system rather than, or at the very least alongside any clinical practice issues. Stakeholders fell into two groups – those that felt privatization was the vehicle that would get the system to serve children with better quality services, and those that felt privatization, or at least the pressure to implement it within a tight timeframe, was a divergence from a focus on improving practice and quality of service. A DCF administrator articulated the first concern,

“There was not a good process when we started down this road…to really think more broadly about ramifications of privatizing child welfare and there are a lot of things now we are saying wow, this should have been addressed five years ago. The focus is pretty overtly on developing business relationships and getting the contracts out the door, and what we are doing now is going back and addressing performance and practice as afterthoughts. That’s not good practice when you’re dealing with child safety”.

A specific example of this is the desire to have a consistent process of child safety assessment and quality of case management service delivered to all children and families, whether they live in the Florida panhandle or in Miami; whether they are served by one lead agency or another. “This is one of those things that keeps me awake at night”, stated a DCF administrator toward the end of the statewide roll out. She went on to explain, “we need to have a continuous assessment of child safety, permanency and well-being throughout the lifespan of the case and there is no structure in place for this unless it is being developed locally [at the lead agency level].”
This concern regarding consistency in care across geographic areas expressed by DCF stakeholders was also expressed by front line staff: “We see night and day differences from one county to the next. Honestly, it’s like it could be the same situation, same type of child, same everything, and one will remove and the other ones won’t. One will just put the kid back and the others won't. It’s really night and day based on counties.” This stakeholder was referring to geographic specific trends in whether or not a child was initially removed from their parents following an investigation, but also differences in how quickly and what types of cases lead agencies chose to return children (reunify) to their parents.

Another trend that emerged from the data was the necessity of the state to maintain staff with savvy contract negotiation and quality assurance skills within a politically charged service arena. “Our major task is negotiating [lead agency] service contracts. There has never been a service contract that was really easy to negotiate…they are requiring great skill in closing multi-million dollar gaps between initial results on the part of the providers and the resources available to their district.” To complicate this picture, at the same time as the Department was closing deals with lead agencies, they were also restructuring themselves internally, with the promise of internal job cuts and a reallocation of funds to the private sector. Convincing organizations who had never been a lead agency to accept financial risk and be accountable to serving all children who came into care, to be managed by a governmental entity that was in the midst of reorganization and changes in leadership, and to ask them to accept simply a promise that there would be more funds to come, was a lot to ask of the new lead agencies. Additionally, quality assurance at the state level was initially pared down to one FTE position for the state, which was uniformly thought by interviewees to be inadequate over the long term.

Roles and relationships.

_The private sector does not hold all the answers. There is tremendous potential for failure out there. Some of the problems in the system were not and never were strictly owned by the Department._ -Child welfare stakeholder interviewee

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Key themes that emerged from this category were role clarity, determining who is involved in decision making processes, perceived over-monitoring by DCF, and the inherent tension between locally driven child welfare systems and state desire for consistency in standards of care provided to children and families. Operating under the assumption that families will be more accepting and trusting of local community agencies than services operated by a state entity, the state set out to subcontract child welfare management and service provision to a series of lead agencies spread across Florida. The intent of the lead agency design is to reduce the need for families to negotiate a maze of individual agencies, improve the match between needs and services, and increase access to services (McCullough & Schmitt, 2000; U.S. General Accounting Office, 2000). The responsibilities of lead agencies, as defined by the statute, included the ability to do the following:

*Coordinate, integrate, and manage all child protective services in the community while cooperating with child protective investigations, ensure continuity of care from entry to exit for all children referred, provide directly or through contract with a network of providers all child protective services, accept accountability for achieving the federal and state outcome and performance standards for child protective services, have the capability to serve all children referred to it from protective investigations and court systems, and be willing to ensure that staff providing child protective services receive the training required by the Department of Children and Families. (s. 409.1671, F.S.)*

Lead agencies create provider networks that should include case management services, post-placement supervision, services for child abuse victims, emergency shelter options, kinship care, foster care, residential group care, therapeutic foster care, independent living, adoption services, and mental health and substance abuse treatment for both children and their parents. Lead agencies must train and recruit providers, in addition to working with law enforcement, the state attorney’s office, and the courts. Lead agencies must be able to maintain their own
eligibility to draw down federal funding from sources such as Title IV-B (Family Preservation and Support Services) and Title IV-E (Foster Care).

It is also important for lead agencies to be a part of the decision making process with the Department. From the DCF perspective, including the lead agencies in policy decisions has gone well: “the participatory nature of policy development and the resolution of complex problems is pretty remarkable. The CBCs have been at the last two monthly district administrator meetings and they are going for three in a row, you can’t get much better than that. That is significant.” To the extent the Department was able to include lead agencies, the Department felt that they were increasing lead agency confidence in DCF’s willingness and interest in seeing privatization and private agencies succeed over the long term. Early in the implementation process lead agencies felt that sometimes they were included in state level decision making and sometime they were not. One lead agency CEO explained,

“Sometimes we get asked for input before a policy decision is made or created, other times we just get policy and they say implement it. We do have a clause in our lead agency contract that stipulates we may review and develop our own policy, but until we get that done we have to use the one we are given.”

Lead agencies felt that they were being brought to the table more as their advocacy base increased and more lead agencies came on board, but that it was a work in progress: “we believe you are going to get it right and you are going to listen to us in the process, but let’s make sure we get it done.” Another lead agency CEO reiterated, “As more places go to CBC and the group grows larger, our voice will get louder and it will be heard more clearly.”

With the implementation of CBC, DCF switched from being a provider of services to a purchaser of services from the lead agency. Since the transition to privatization subsumed an entire decade (1996-2005), DCF needed to continue to be involved in direct service management in some areas of the state, and in contrast move into the role of contract management and compliance in other geographic areas. Wearing two very different hats put a
strain on DCF during this time. In stakeholder interviews with staff working for the private organizations, DCF was often criticized for being slow to change its existing internal infrastructure. This often forced lead agencies to coordinate with both the DCF regional/district office in which the lead agency was located and the DCF statewide central office, where the CBC Office was housed. This sometimes led to confusion as to where a lead agency should go for what. Although most local issues were directed to the regional/district office, the regional/district office was often overruled when the specific issue had implications for the entire state child welfare system (e.g., legislative mandate or federal audit as will be discussed in the following section). The central office was concerned with setting precedence, while the region/district was more familiar with local circumstances.

The District/Regional Office had a much closer day to day working relationship with each lead agency because the changes were supposed to be occurring at the local level, at least in terms of services. One DCF Central Office stakeholder explained, “I think the hardest work is in the communities and the hardest part of the transition is in the communities…our relationship [with DCF District/Regional Offices] is one where we struggle to support implementation efforts and I don’t think they are necessarily real satisfied.” Another DCF Central Office staff member voiced a more negative opinion:

*We ask the simplest questions and the District does not feel empowered to demand accurate information. It is mortifying – mortifying what we have gone through to get information. In all honesty, I lay a lot of this at the Governor’s feet when you have a Governor who tells lead agencies and providers to come to him with their problems and allows them to come into his office. He does not do a good job of empowering the Secretary [of DCF].*

There was reportedly much variation District by District in how each DCF District Administrator dealt with local challenges and facilitated a positive working relationship with DCF Central Office staff. Central Office explained in interviews that there were some District Offices whom they
worked with on a regular basis and had great communication, while there were others that they
did not hear much from. Another DCF Central Office interviewee distinguished between the
types of problems dealt with at each level:

“The issues will tend to break at the local level first so you know, they are transforming
their local service delivery system, they have to make something happen every two
weeks really to keep this going and there is something about that that they will
occasionally look to us for help and support or resolution and a lot of times we [DCF
Central Office] end up working on the problem areas.”

There was also much debate as to whether the lead agencies considered themselves
equal business partners with DCF or merely subcontractors (extensions of DCF). In all
communications with the lead agencies, DCF had to balance flexibility required at the local level
with standardization requirements at the state level—a balance not always easy to achieve. A
DCF administrator explained,

“I don’t see us as being prescriptive of the how to … CBCs have responsibility for
delivery of services systemically; we [DCF] have responsibility for the consistency and
continuity in practice and outcomes. It definitely won’t work if we are overly prescriptive.
There is absolutely no way that it will. So it is a careful balancing act.”

Another major issue was that there were few other examples elsewhere in the country
with a comparable level of privatization to the CBC sites. While the CBC sites were seen as very
important by DCF, they were initially only a small part of the agency’s overall operation.
Consequently, policies, procedures, and structures evolved as the need arose through a
negotiated process rather than as a more organized “roll-out” that might be required in a
statewide effort. This created an added burden on DCF policymakers who had to consider every
policy from two perspectives—that of DCF operations and of the CBC sites. As a greater
proportion of DCF operations fell under CBC, this dual role became even more stressful and
complex, requiring adjustments to the way DCF organized and conducted its business. It is
important to recognize that DCF was not only providing services to a vulnerable population in a highly volatile political environment, but it was also simultaneously making enormous changes to the structure and culture in which it operated (Paulson, Armstrong, Brown et al., 2002).

Toward the end of the privatization roll out statewide, an Implementation Team structure was put into place at DCF Central Office. The meeting was intended to be a cross-functional management team that addressed all issues relevant to CBC implementation from contracts, financial matters, data base infrastructure and technology, etc. It was run by an assistant to the Deputy Secretary of DCF and was intended to augment collaboration between deputy secretaries, the Department of Child Welfare and the CBC Office. The CBC Office reported to the Director of Child Welfare within the Department, who then reported to a Deputy Secretary of Child Welfare and Community Based Care, reporting to the Secretary of DCF. A DCF administrator described this team meeting: “I think the structure enhances the opportunity to be more successful and I also think it really enhances something we focus on at every meeting, and that is to communicate, communicate, communicate.”

The group was also intended to address the idea that multiple system reform efforts were needing to take place at once, and that it was not simply a transfer of services from one sector to the other. A DCF stakeholder described, “We are talking about an accountable, results-driven system that really supports the goals of the Adoption and Safe Families Act, and we are connecting this work to the Child and Family Service Reviews, so it is all connected. We are not transferring, we are transforming.” This was a step toward integration of previously compartmentalized program improvement efforts.

These organizational issues were further complicated by the fact that child welfare was only one of the Department’s functions. The Department also handled domestic violence services, mental health and substance abuse services, child care screening and regulation, service and programs for homelessness, refugee services, and the economic self-sufficiency program at a statewide level (www. dcf.state.fl.us/general-information/quick-facts/).
Accountability.

*I don’t think the Department gets enough credit for the effort it takes on their part to get these providers up and running and keep them up and running.*

- Child welfare stakeholder interviewee

The implementation of an outcome-based delivery system sets standards for each lead agency and provider network via contractual language about child-level outcomes. An outcome-based delivery system is a system that supports equality of services provided to all children in a specific area, showcases individual efforts (i.e., one lead agency compared to another), gives policymakers specific information on strengths and weaknesses of the current system, and may pave the way to a more systematic quality improvement program rather than just adjusting funding based on anecdotal evidence. In addition, an outcome-based system, such as CBC, arguably created a baseline from which to measure improvements and conduct more in-depth analysis of trends in the data.

The state entity must ensure that a quality assurance process is in place at each site and that lead agencies are meeting all state and federal regulations. In Florida, lead agencies undergo both state evaluations and regional/district monitoring several times a year. There was a general concern that the existing information systems were not user friendly, were duplicative, and that there was too much inconsistency in how providers could enter information into DCF’s system. This led to the termination of the state’s existing administrative database, the Client Information System (CIS) and the birth of HomeSafenet (HSn), funded through a federal effort to standardize state information systems.

However, HSn also was cumbersome for lead agency case managers to enter case level data and still have time to engage with families. For example, one lead agency CEO had his organization develop a more user friendly webpage that case managers could interface with rather than the state system, and then hired data entry staff to enter the duplicative information
into the state data system. This lead agency CEO stated, “the only thing case managers go into HomeSafe net for traditionally is to do their progress notes.” As lead agencies developed their own technological adaptations via varying interfaces with the state system, HSn gave way to yet another state-run administrative database known as FSFn or Florida’s Safe Families Network.

Although different systems with different names, each served as the State Child Welfare Information System (SACWIS). SACWIS systems house administrative data for social service agencies in each state. Providers are required to input changes in a child’s placement or legal status within short order. The intention is that FSFn be used to support consistency in child safety and family assessments, case planning and monitoring, home studies, and any decisions regarding placement or permanency. However, over time interviewees also expressed concerns about FSFn. These included repetitive and redundant data field requirements, lack of a cut and paste function, time spent entering data instead of working with families, required assessment modules not being helpful in assessing child safety, and the system timing out and not allowing workers to save their work.

One of the most fundamental and pervasive disagreements within the first five years of implementation interviews that surfaced was the nature of the relationship between DCF and the lead agencies. Specifically, were the lead agencies an extension of DCF or were DCF and the lead agencies business (or service) partners? In the latter case, the purchaser sets the specifications, purchases the services, checks to see that the supplier has the required mechanisms in place to ensure quality control (without specifying what these mechanisms must look like), and then monitors the outcomes.

Concern was expressed that the lead agencies were encouraged to design each of their local systems with increased flexibility, creativity and efficiency, but the state at times still treated them like they were a part of state government, which was known to operate more slowly and inefficiently due to cumbersome policy, procedure and oversight. One stakeholder articulated, “As we grow together and try to make it a better system, we are also standing on top
of them [lead agencies] with our thumbs [firmly pressed on them] saying you must, you must, you must.” There would be little to no point in privatizing a service if the new providers were expected to act in the same manner as government employees.

Another facet of this problem sorting out roles and relationships between state and private partners was that some lead agency leaders came from a social service background in their previous employment and others came from a private sector business background. To this end, the business background leaders were more likely to take a black and white perspective to only doing what was written in their contract language with the state, where as the social service background leaders were more likely to prioritize child well-being and realize that the more important issue in responding to a sudden mandate was that it would serve children better – not that they were weak by agreeing to what the state asked them to do. One DCF administrator explained,

“we are running into conflict with CEOs who have been hired form a business background. They are not from a child welfare background… there isn’t a good practice foundation or a good understanding of what the role or relationship and responsibility is for [DCF Central Office]. They are wanting to manage a business and a contract and they do not have an understanding of the risk and liability associated with the practice and kind of work that we do.”

Finally, the stage of privatization each lead agency was in often impacted their willingness to partner with DCF. A DCF administrator explained, “as some of our CBCs are becoming more mature and are really feeling comfortable exercising control over their own model, we are running into some conflict there. We are also running into conflict with the emergent CBCs that are in transition to services.”

It was clear that the major source of confusion about CBC, or any lack of confidence in one party’s ability to carry out its role with respect to CBC, centered on these different views of the nature of the relationship and how they impacted the implementation of CBC. However,
there were three major caveats to the evolving nature of this public-private partnership and its existing role confusion. First, when dealing with vulnerable children, it makes the relationship a more complex issue. More importantly, under Florida’s constitution, DCF still retains ultimate responsibility for the safety of all children in its care. This greatly complicated the “business relationship,” since no matter how much of the service delivery was not directly under the control of DCF, the Department was still held responsible if something went wrong. A DCF administrator stated, “there is a health and safety issue, we do have the right to direct, particularly with children in our legal custody, what needs to happen.” Another DCF administrator stated, “I am just still very surprised this was not addressed a long time ago and should have been. The whole privatization approach is from a business perspective. Let’s privatize a practice without really looking into what the complications were from a practice perspective. So we are picking up the pieces after the fact.”

The contradictory nature and tension in this relationship also played out in the contracting and contract monitoring process. On the one hand, DCF viewed the Lead Agencies as a partner in a partnership with the state, on the other hand they were an independent contractor and were held accountable for the contract terms and conditions that they entered into. A DCF administrator stated, “I can tell you that there are some CBCs that have been pretty blatant in their open statements that they just don’t want us there period. We don’t need you; you can’t tell us what to do; you can’t even recommend what to do.” Another DCF staff member reiterated, “we go through hell every month to get the simplest information from the lead agencies.”

There were also widely held beliefs among the majority of stakeholders that contract monitoring during the rollout of privatization was overdone and duplicative. A DCF stakeholder admitted, “We need to iron out the duplication of effort on the part of the Department and then we also need it to be much more meaningful for the providers so that the feedback they get can be applied on a working level.” It was a common sentiment across lead agencies that they
weren’t given enough credit for being able to undertake quality improvement efforts themselves. One lead agency CEO explained,

\begin{quote}
We are going on our sixth year as a lead agency and we have had wonderful outcomes. We have handled things I think very appropriately and professionally even when there have been things that we had to take a hard look at or address with the State, and it just seems like we don’t get much credit for that, that we are continually having to defend ourselves through monitorings and procedural kinds of things.
\end{quote}

Third, beyond contract monitoring, DCF was also responsible to the federal government and state legislature if mandates were made to address specific issues. This posed a problem. Mandates and audits were not known in advance, and therefore not included in the lead agency contract language developed by the state. Two examples from the data better illustrate this dilemma. The first situation was a federal tax audit from the Food and Drug Administration (FDA) regarding children in foster care and their medical care and prescriptions. DCF was required to compile information regarding the medications, physician referrals and, corresponding evaluations of children in state care. To ease the burden on lead agencies, DCF compiled a matrix that accounted for every child and where to find them, what prescriptions they were taking, and who their physician was. They asked the lead agencies to complete one portion of the matrix for each child in their jurisdiction. While it did involve a case by case review of files at each local level, the Department felt that they had done as much work as they could, and that the lead agency should share in the responsibility of meeting the audit requirements. “We could not have done much more… [but] at least one CBC, actually there were two of them, sent email messages back saying, we are literally not going to jump every time Tallahassee tells us to do anything and we will do it this time, but don’t expect us to ever do it again”.

The second example that emerged from interviews was a state legislative mandate regarding a specific target population of children coming to the attention of the child welfare
system receiving a child care referral. DCF is required each time there is a legislative mandate to report back during the next legislative session on what they did to address the situation and move into compliance with the directive. In the past, DCF at the state level would have simply told their staff at a regional level to implement and document the directive (e.g., in this case making sure every child within a specific target population had a documented referral to a licensed child care program). However, there was awkward tension at the uncertainty of whether the Department should tell or ask each lead agency to comply and submit proof of such compliance. A DCF administrator stated, “There was discussion this morning in my leadership team … how with the CBCs are we going to do this, how do we ask them politely to follow through on proviso language without [the ability for us to enforce it]…so we are literally going to have some delays in action until we get this figured out.”

Third, DCF itself came under frequent criticism by lead agencies for overreacting to isolated incidents across the state over time, such as a child death. A lead agency CEO articulated some of the challenges agencies routinely faced with DCF under these types of circumstances:

You are going to have isolated incidents of bad things happen, it is just the human nature part of the system, you can’t stop it. People are human beings and they make mistakes. You should not penalize everyone in the state for something that happened in one place. If you want to take a look, great, come and take a look but don’t send out mandates about doing more of this and doing more of that which just creates more pressure on the people that you are trying to help to the work right. Make sure there is a problem before you implement a corrective action; there may not be one. You just don’t need to fix what is not broken.

In these cases, DCF did have the ability to decide timeline and scope of corrective actions to address a child death or incident while a child was in the child welfare system.
Organizational flexibility and variance. One of the hallmarks of CBC was that lead agencies developed different models of service delivery to meet the needs of local resources and culture. The Department of Children and Families encouraged and supported flexibility in how community stakeholders structured (and continue to structure) their CBC lead agencies. Each newly created lead agency had to figure out for itself such issues as whether to contract for or provide services, how quickly to start operations, and whether to centralize or decentralize certain functions. Within several areas of Florida, the lead agency contract was awarded to a new organization with no prior experience in child welfare services (often referred to as an Administrative Services Organization or ASO). In urban settings where there are multiple strong agencies, awarding the contract to one agency can have major political consequences and create strong antagonism between the lead agency and those not chosen. Even with this type of situation, newly created agencies were successful in creating a collaborative partnership amongst provider agencies historically in competition with one another. Florida had CBC lead agencies with previous child welfare experience and sometimes retained certain functions such as case management. While there were advantages and disadvantages to each model, the fit between the design of the lead agency, local resources, and context was cited as a crucial factor in their success. Historically, the lead agency provide administrative structure (e.g., maintains all case records) and reports back all budgetary and program information on a regular basis to provider network and stakeholder groups.

In regard to provider network structure, five models visually depict the way in which lead agencies can arrange their provider networks (with slight variations across lead agencies). These models represent 1) those agencies with a parent organization involved, 2) agencies comprised of partner organizations, 3) the traditional perspective that does not involve partner/parent organizations, 4) a model that includes the use of service centers, and 5) a lead agency that is run by a county government. See Figures 5-9 respectively. The differences in
provider network structures indicate that CBC lead agencies developed their provider networks based on the availability of resources in their individual communities.

Agencies with a Parent Organization (Figure 4) were local agencies affiliated with a much larger, national organization. Operating under a parent company garnered attention from child welfare stakeholders and the Department as having an increased potential for conflicts of interest. For example, Boards of Directors, prior to the mandate that members be comprised 100% from the local community, were often comprised of parent organization staff. Perhaps because of these various relationships, some community members expressed confusion about the relationship of lead agencies to parent organizations: As one interviewee noted, “You know, sometimes that gets a little fuzzy to me on which one is which.” One beneficial aspect of a parent organization was fiscal protection of the lead agency. The parent company to an Orlando

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**Figure 4: Model of Provider Structure with Parent Organization**

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based lead agency, for example, provided working capital, consultation, system of care support, and leadership development. Ongoing technical assistance also included consultation in fund development, marketing, as well as financial and HR administration.

In contrast, the several lead agencies consisting of partner organizations (Figure 5) provided either all, or part, of the services related to case management, foster care, adoption, and crisis intervention, in addition to contracting with community-based organizations for the provision of services.

The primary benefit associated with this model is that the partner agencies share financial risk. For example, one lead agency in northern Florida had three partner organizations, two of which were full risk bearing partners loaning $100,000 to the lead agency. The third agency was a limited partner and did not bear risk, but loaned the agency $25,000 for capitalization. When asked to describe the advantages and disadvantages to this model, one lead agency CEO explained, “it provides strength in the sense that two organizations guarantee lines of credit and have agreed to pay debt should it occur”. Weaknesses identified included a favoritism toward providers who were partners when it came to Board of Director membership and a lack of representation from the community on the Board.

Another benefit to lead agencies that are set up as administrative service organizations with case management organizations as partners (Figure 5) is that the lead agency can focus on goals of a managing entity and hold provider agencies accountable. Proponents of this model believe this structure allows for stronger accountability within their provider agencies, as well as the ability of the lead agency to focus on its core competencies of quality, utilization, and network management. A lead agency interviewee explained, “We are a “pure” lead agency – meaning that we do not provide any services. Our role as a managing entity allows us to be more responsive to our community because we are not focused on day to day operational concerns and more focused on the bigger picture and managing the system. The case management organizations are responsible for services like case management, foster home
recruitment, training and support, and for placement of children in those foster homes. The case management organizations also are contracted to provide supervised visitation and family-centered services. In addition, the lead agency has specialty providers to provide either highly specialized services or low economy of scale services (e.g., emergency shelter, medical case management, drug screens).

Figure 6 depicts a more traditional provider network that does not include parent or partner organizations. This model could include a primary service center that primarily provides system oversight, finances, contract and operational management. Case management service agencies might compromise a limited provider network. This model tended to be popular in
smaller population areas. Figure 7 depicts a provider agency network structured around geographically based service centers. For example, one lead agency under this model had a mix of direct service staff as well as administrative positions. They retained intake and placement as there was financial risk in the management of this function. This lead agency CEO stated, “To me it is critical that the lead agency perform some direct functions so that they are seen as part of the system of care rather than just an ASO [Administrative Services Organization].” The agency had utilization management staff that facilitated family team conferencing and authorized services. The lead agency retained Care Center Management positions to ensure a team atmosphere and cultural shift (versus a corporate culture) would be promoted in case practice and to provide on-site quality assurance.
Figure 7: Model of Provider Structure with Service Centers

The final provider network structure that was utilized was a county government based model for CBC (Figure 8). One lead agency was a department of the local government under the umbrella of the Board of County Commissions, and was under contract with the State Department of Children and Family Services.

Strengths of this arrangement included being under the umbrella of the BOCC (Board of County Commissioners). This afforded staff use of peripheral services, such as a central
recording system, human resources, and maintenance. Potential weaknesses of this model included being under the umbrella of the BOCC, to the extent that it added an additional layer of rules and regulations staff to be followed beyond those required by DCF. Additional barriers included lack of adequate funding and staff and the relative small size of the agency itself. One
lead agency stakeholder explained, “Fluctuations in children coming into out of home care can really impact us”.

The other county-run model in the analysis included the County Social Services Department, the county-run Behavioral Health Department, and all of the independent agencies (24 total) received county funding for Health and Human Services, including Primary Care services, as well as the Sheriff’s Department, the Health Department, and the Department of Juvenile Justice. The lead agency reported that the public structure circumvents some areas where other lead agencies met with barriers. A lead agency interviewee stated, “we have successfully worked with the County to facilitate alternative methods to achieve our needs without compromising the county structure.” For example, risk management and authorization checks were not problematic due to the close relationship with the county government.

It should be noted that over time, the county run model for lead agencies was discontinued. Counties that fell into these catchment areas where a county based model had been were subsumed within other lead agency jurisdictions over time. The reason for this actually had little to do with performance, as the agency run by a BOCC actually was ranked number one statewide for performance on adoption measures when their contract was voted to be discontinued within 30 days by the County Commissioner's office. In short, there were concerns about confidentiality specific to adoption cases and how decisions were being made. As a county run organization they were subject to open meetings and public record laws, but dealing with child welfare they needed to simultaneously ensure the privacy of their clients on sensitive issues with a vulnerable population. In the end, the County felt that these two goals were at odds with each other, and that child welfare systems were best managed by a private entity. In a May 2007 interview with The Florida Times Union, the commissioner stated, “This has become bigger than all of us. We don’t have the expertise to do this. These kids deserve more professional care than I know how to provide them. I don’t want to put this county into the liable state that I fear we’re going to get into” (www.Jacksonville.com).
A consistent theme across lead agency structures and relationships with stakeholders in the community and at the state level were regularly occurring meetings, where communication and collaboration regularly took place. One of the biggest shifts from the state run system was that child welfare was discussed more at the local level and the idea that DCF was keeping secrets decreased. This also had to do with leadership changing at the Department level and encouraging transparency. A DCF stakeholder described, “I think one of the things that has probably helped is a sense of purpose around Community-Based Care and the move toward being as inclusive as possible; the opening of the doors. There is far less of a sense that there are things happening in secret – I don’t know how else to say it.”

The Florida Coalition for Children was formed as an advocacy organization comprised of lead agency leadership, and delegates routinely interfaced with DCF on important issues. Also of great importance, the Coalition meetings gave lead agencies a chance to network among themselves, to share best practices, best business approaches, and collaborate on items they wished to address or ask for more uniformly from the Department. A DCF stakeholder described, “the CBCs have become better organized as a statewide entity. The Coalition allows them to share more, I think they are learning from one another and that is a strength to the system.”

Another consistent area of interest and debate related to the privatization of child welfare services is whether lead agencies should serve primarily as an Administrative Services Organization (ASO) contracting out case management functions, as the majority of lead agencies in Florida had done up until that time, or whether they should retain some service provision – such as the provision of case management services. Stakeholders were asked about the advantages and disadvantages for lead agencies retaining case management versus subcontracting out this service. Consistent with the theme of flexibility inherent to Community-Based Care, there were no views that advocated for one right way of doing business, but rather suggested careful assessments of both approaches.
Advantages of contracting out case management services. The benefits of contracting out case management services expressed by stakeholders included a shared financial responsibility, a feeling of community ownership of child welfare problems and successes, the diversion of personnel issues from lead agencies to case management organizations, and shared accountability for child-level outcomes.

The economic climate in Florida at the time was (and almost always) has been a challenge for agencies serving the child welfare population. Budget cuts over the years have put added stress on lead agencies. While a lead agency that provides case management services has to make cuts to its own budget, a lead agency that contracts with one or more case management organizations can spread the budget cuts out so that the financial impact is diffused. This also works better in cases where lead agencies hold contracts with case management organizations that are often larger organizations than the lead agency itself. “They are normally bigger organizations than you are as a lead agency, so you just kind of pass that stuff on, you have less to worry about,” said one stakeholder, “It makes a big difference when you go to worry about health insurance premiums going up annually and cost of living adjustments.” Another sentiment expressed was that “the state continues to fund us without any kind of escalator clause in these contracts and expects us to keep doing it every year for the same price.” For this reason, it was thought to be an advantage to lead agencies if case management organizations had to absorb some of the funding cuts rather than have the lead agency solely face this economic burden.

The second most often mentioned advantage to contracting out case management services was facilitating an increased sense of community ownership of the local child welfare system. In this way, local providers that may have existed in specific geographic areas long before the move to privatize child welfare remain included in the formal resource safety net that was used to help children and families. One respondent explained, “I believe the more agencies we have involved, the more accountability that we share, the more ownership we share, the
stronger the dependency system will be. I personally think it is a stronger system with diverse accountability and responsibility to get as many parts of our community engaged and involved in caring about kids who are abused or neglected."

Another issue that has historically plagued the field of child welfare is the retention of case managers. Some stakeholders stressed that lead agencies that contract out case management services do not have the same turnover rates in their personnel as lead agencies that do not attempt to keep the case management function within their organization. One respondent explained, “that is another big pro why people don’t want it in-house, they don’t want to deal with the HR issues, constant hiring, the constant turnover.”

One competing argument expressed, however, was that for lead agencies that are at the point of re-procuring or have been through a re-procurement process of their case management organizations, these lead agencies may decide to end contracts and employ new or different case management organizations. Re-procurement occurs every few years, wherein a lead agency revises and puts out a bid for agencies in their geographic area who would like to apply to provide services under contract to the lead agency. While providers may end up being the same as before, the opportunity is there for significant changes in the provider network as new agencies form in a community or the lead agency perhaps does not want to continue having a contractual relationship with a provider agency where there has been conflict or low performance. If case management organizations were replaced, the concern was expressed that case managers would change for a large number of children in the system and break any consistency in case management that existed. In contrast, if case management services were retained by the lead agency, this type of sweeping change in personnel would be less likely to occur. One lead agency proponent of retaining case management summarized, “we have found that doing our own case management is necessary to give us the control needed to assure the sound overall operation of the system.”
There were mixed views regarding whether or not contracting out for case management services led to shared accountability. Some stakeholders viewed lead agencies that contracted out as closer to the monitoring role played by the Department. “It is much easier to armchair quarterback than it is to be the quarterback, and you got more time to react or you are not ultimately the one that made the decision, you are criticizing someone else’s decision. It is very similar to the role that DCF plays with the lead agency. They are not doing it anymore, so they can sit over there and say, ‘But why didn’t you do this, this, and this?’” However, other stakeholders viewed contracting out as a step away from the problems the Department has faced in the past: “DCF had a big bull’s eye on their chest. If something went wrong, you knew exactly who to blame. We have the Sheriff’s Office, the lead agency, case management organizations and on and on and on and we make up the dependency system and we share ownership and accountability.” Interestingly, a DCF stakeholder reported a slightly different view: From their perspective, if something goes wrong with a child, the lead agency is still responsible for the case management contract.

Disadvantages of contracting out case management services. The disadvantages of contracting out case management services expressed by stakeholders included duplication of administrative costs, an “us versus them” dynamic, additional complexity of the organizational structure, and conflicts in the organizational identities and operating procedures of lead agencies and case management organizations.

The most commonly cited disadvantage to contracting out case management services was the duplication of administrative overhead. One stakeholder pointed out, “DCF has an HR Department and IT Department, the lead agency has an HR and IT Department, and the CMO has an HR and IT Department—we all have those administrative services at each layer.” There was a feeling expressed that historical inequities in funding may have impacted or influenced to some degree the development of lead agency provider networks. More specifically, resource availability affected whether or not a position or positions could be financed at the lead agency.
to oversee case management contracts in addition to the direction of resources to the case management organizations to oversee the delivery of case management services. One respondent noted, “It is working well in the places that have a bigger piece of the pie, who have got the money.”

Another potential disadvantage to contracting with another agency for case management services was that the agency may not be as immediately forthcoming regarding emerging service level problems due to an “us versus them” dynamic with the lead agency. In contrast, if a lead agency conducted case management “in-house,” staff may feel more comfortable alerting their supervisor to emerging problems, which can then be solved before they create a larger problem for a child, family, or the service system. One respondent expressed it this way: “My fear is that if I have a subcontracted agency, they are not going to give me the frank true story so we can really work on the issue. They will give me the political, ‘we’ve got it covered’ and they don’t and it becomes a scare later from an operations standpoint.”

Third, even if agencies are openly sharing problems with the lead agency, the very act of sub-contracting adds another layer of complexity to the organizational structure of the service system. One respondent stated, “I would never want it contracted out because it is one more headache to get to the person to talk to that needs the help or has an issue; I would not want it and I have been on both sides.” Additionally, it was expressed that when case management services are retained and staff are co-located, problems are solved more easily because everyone can meet in one room in person and quickly develop a solution before a problem becomes a crisis. As one respondent put it, “We talk to whoever needs to be involved and resolve it. It doesn’t go into days of well, so and so needs to get back to you and so on.”

As previously mentioned, there are some case management organizations located in Florida that are larger than some lead agencies and that contract with more than one lead agency at a time. When this occurs, employees of the case management organizations may be following more than one set of operating procedures depending on which lead agency service
area each child they are serving falls, and this can obviously get quickly complicated. A respondent detailed, “I think from an employee standpoint it is very difficult given the fact that there is such oversight in this business. These case managers often have two masters.” Further complicating the picture is the reverse situation that coincides with the first issue: Lead agencies often contract with two, three, or more case management organizations with different policies and procedures of their own. One stakeholder stated, “The more case management agencies you have involved, the harder it gets.”

In summary, there are both advantages and disadvantages to contracting out case management services, and to say that one way is right or wrong does not fit our qualitative data, nor does it fit with the hallmark of flexibility in local system design inherent to CBC. While several lead agencies came into being or business when CBC came to Florida, others stepped forward from the existing service array and had case management experience. This historical dynamic, along with local philosophies of care and values, as well as funding issues have all shaped to some degree, each lead agencies’ decision to contract out or retain case management services.

**Enhanced Community Governance**

Respondents consistently emphasized the importance of local ownership of child welfare issues. As long as members of a community felt that child welfare was “the state’s problem,” they lacked a willingness to assume leadership, problem solve, and provide resources to better address the problem in their community. One legislative stakeholder explained, “the Department has not had the expertise or necessarily the incentive to generate other sources of revenue for example. Or necessarily to involve the community in any meaningful way in the delivery of services.” Interviewees said that it was this local ownership that allowed them to mobilize local resources more effectively and was a critical factor in their success. An upper level administrator at DCF explained,
“My vision for Community-Based Care is that first and foremost, if the model works, that communities will take ownership for what is happening to children and families in their communities … we should see expanded resources come to the table above and beyond what the state can provide… people will understand that they need to be there; they need to be a part of the process.”

Interviewees pointed out that it was quite beneficial to have a community agency (e.g., lead agencies are located and run within local communities not state run in Tallahassee) approach a community program about helping out with donations or complementary programming rather than for the state approaching them. Since most potential donors were either involved as subcontractors or on the advisory board of quality improvement groups, they had a direct interest in the outcome of CBC.

The interest in participating was also enhanced by the sense that the lead agency was directly accountable to the community. A lead agency interviewee explained:

I think it gives them the known quantity – everybody involved in this was already here. We were already members of this community. We are all known in this community. People feel the freedom to speak to us about their issues, their concerns, their needs and I think they see us as representing the community, so I don’t think there is an issue of who we work for. We work for the community.

Focusing on the community in terms of leadership and governance is one of the vital components of CBC. Community building, which involves bringing together those community stakeholders involved in children’s issues, and child protection, community officials and citizens, and so on, allows for the community to guide decision-making for better outcomes for children and families. With the use of innovative, empowering, collective community partnerships, communities can better understand the needs of their own children and families, creating community goals for child protection that will generate positive results (Barter, 2001).
One platform for organizing community partnerships that can have significant influence on child and family outcomes is the development of a governance partnership in the form of a Board of Directors, a legislatively mandated entity such as the community alliance, or a locally created independent stakeholder group. Through these cooperative partnerships, initiatives and programs for children and families can be planned more effectively, monitored more efficiently, and have the capacity for change as the needs of the community change. A lead agency CEO stated, “I think we have more [resources] based on what we found the needs to be, not necessarily what somebody told us they wanted to fund. We flipped it around and said, this is what we need now and where are we going to find the money to do it; not, here is some money to do this and try to fit into something whether our community needs it or not.” Likewise, a DCF administrator reiterated, “they [lead agencies] are in a position where they can be more creative and bring more dollars to the table so they can create someone who can just support foster parents, for example. I think that is highly desirable.” In this way, lead agencies can tailor their service array to the needs of those they serve.

However, making such an impact on the lives of children and families in the community requires power. The governance boards or independent entities created within the community must have the power and backing to be heard and respected in the community. To do this, partnerships must establish their legitimacy early on and be credible in the eyes of the community. For many governance partnerships, this includes government mandates that support the formation and continuation of the joint venture, or, ensuring that high profile community individuals serve in the partnership (CSSP, 1998).

**Boards of Directors**

**Boards of Directors: roles and responsibilities.** Twenty surveys were returned form Board of Director members and five interviews were completed. Length of service ranged from approximately one to thirteen years. Members who were part of a Board of Directors for a newer lead agency tended to be the ones with shorter lengths of stay on the Board, indicating
that once actively engaged, Board members tend to consider their role in the community as an enduring one. To clarify, those responding that they were Board members prior to a lead agency existing were those that had served on the Boards of parent or partner organizations prior to the lead agency being established.

Members were asked to describe their role and function. Functions included providing policy direction for lead agency staff, monitoring lead agency performance, acting as an advisor to lead agencies, as well as ensuring goals, objectives, and contractual agreements are met. Three overlapping but unique perspectives from Board members were evident. First, Board members stressed practice level issues. One BOD member described, “The first role of the board is to protect the children we serve, to insure the lead agency is a good steward of public monies, to insure proper case management, and to provide permanent placement as quickly and safely as possible.” Second, BOD members described their role as pertaining to fiduciary responsibilities and policy development: “The role of a board member is to be knowledgeable of the program and operational and financial matters of the agency. The Board must contribute and assist in the development of agency policy. The Board should question and comment on the direction of the agency on a policy level. The Board should not be involved in the day-to-day operation of the agency.” Third, other BOD members placed emphasis on the importance of community building. For example, one BOD member stated, “As a Board member it is my responsibility to attend Board meetings, to support policies as approved by the Board and to familiarize myself of child welfare theories and practices. My role as a Board member is to establish connections in the community and make the lead agency visible in a positive way.”

As can be seen from the above quotes, different Board members have different roles and aspects of the child welfare system and lead agency that they focus on. While a few lead agencies that are smaller, more rural, or only covering one county maintain smaller Boards that function as a whole, the majority of Boards are subdivided into several standing committees with
different, but complementary agendas. Table 6 outlines each type of subcommittee found across Boards, and the responsibilities of each group.

**Table 6. Board Subcommittees and Responsibilities**

<table>
<thead>
<tr>
<th>Subcommittees</th>
<th>Responsibility</th>
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<tbody>
<tr>
<td>Executive Committee</td>
<td>Address issues on an interim basis between meetings and prepare the full board for review.</td>
</tr>
<tr>
<td>Finance Committee</td>
<td>Oversee budgeting and financial performance. Insure all funds are being used in line with state and federal guidelines and that the lead agency has adequate funding.</td>
</tr>
<tr>
<td>Planning and Program Committee</td>
<td>Keep the Board informed with monthly updates of the various programs, for overseeing and making program recommendations related to service design, and quality assurance policies.</td>
</tr>
<tr>
<td>Nominating/Membership/Board Development Committee</td>
<td>Select new Board members and officers to be recommended for election by the full Board of Directors. Provide new members with access to training.</td>
</tr>
<tr>
<td>Legislative Committee</td>
<td>Assist in identifying strategies for presenting the needs of the agency and clients (children and foster parents) to the legislature.</td>
</tr>
<tr>
<td>Community Relations</td>
<td>Ensure positive image of lead agency and community support. Networking with local stakeholders.</td>
</tr>
</tbody>
</table>

Board members most frequently mentioned their role in making sure the lead agency was fiscally responsible and viable. “Beyond contractual oversight and governance, I feel we truly have the responsibility. If [lead agency] was to do something onerous, I would think you would hold the Board accountable for that. Others may have accountabilities [e.g., DCF and Community Alliances] but I don’t think it’s the same type of ethical and financial accountability” stated one BOD stakeholder. Several Board members who responded to the survey mentioned that they were directly responsible for the review of the financial records of the lead agency, as
well as directing the lead agency CEO if problems were identified. While overseeing the lead agency and reviewing its records, Board members examined the following aspects:

- Organizational responsibility (ensure that the organization is operated in a manner, financially and otherwise, to ensure its long-term viability)
- Responsibility to population served (ensure that children are receiving the highest level of care available to promote safety and permanency in their lives)
- Responsibility to taxpayers and government (ensure that lead agency is a good custodian of federal and state money, and is in compliance with acceptable financial regulations), and
- Responsibility to avoid conflicts of interest (ensure careful selection of qualified members).

In order to carry out these responsibilities, Board members reviewed balance sheets, account summaries, and projected spending on a monthly basis, in addition to funding an independent annual financial audit of the lead agency. In addition some Boards must approve all contracts and contract amendments with the Department of Children and Families, must review and approve the lead agency annual budget, and have the authority to hire and supervise the President/CEO of the lead agency. To clarify, Board members did not generally serve in this capacity prior to privatization as the lead agency itself was created for the privatized contract in each area, however some respondents had previously served as Board members to parent or partner organizations of the lead agencies. Therefore, a comparison of survey respondents’ perceptions of governance before and after privatization was not possible.

**Boards of Directors: working relationships and collaboration.** This section elaborates on stakeholder relationships that Boards of Directors have.

* Boards of Directors and lead agency. Board members reported positive working relationships with their respective lead agency CEOs. Teamwork, trust, and respect were
common themes that emerged. A BOD interviewee stated, “we have the utmost respect and admiration for what [lead agency CEO] has been able to accomplish and what she brings to the leadership of the agency. She is a dynamic powerhouse. She has incredible management acumen, real strategic vision, and an uncanny eye for talent.” This interviewee went on to describe the CEOs ability to find very strong administration for her leadership team at the lead agency level. Another important aspect is that the lead agency CEO responds quickly and thoroughly to any issue surfaced by the Boards. Several Board members mentioned that the lead agency CEO was charged with keeping them informed and up to date on the lead agency’s status, and at least one member indicated that it may be useful to include more stakeholders beyond that of the CEO as local community-based systems of care mature across the state.

The Board, in some cases, also had the duty to hire and evaluate the lead agency’s CEO. The following comments illustrate how several of these themes merge from the perspective of one Board member:

*We have a good working relationship with our CEO. Generally, we work to provide him with a set of mentors to help him perform his job; however, as issues arise requiring Board attention, we serve as a sounding and advisory Board for the CEO. I would say, overall, that we have a quality professional relationship with a CEO that we highly respect.*

Another BOD stakeholder described the CEO’s ability to understand child welfare practice, privatization, and the needs of the local community, “Her dedication to the mission and to the community is sterling. She really gets it in terms of what the point of this drill was to begin with, getting it privatized and really looking for the reunification of families as soon as possible…she has been very instrumental in seeing that the true mission has been instrumentalized.”

*Board of Directors and the DCF District/Regional Office.* Board members reported that a representative from DCF was often present at Board meetings, or that Board members were welcome to meet with or call their district office if a need arose. One Board member described
this as an “open phone policy.” DCF and Boards also come into contact at times during a lead agency’s contract negotiation process, and Board members receive copies of DCF monitoring reports. The Board of Directors was most commonly seen as the fiduciary head of a not-for-profit private organization, while the DCF district/regional office was viewed as a part of the state agency, which contracts with lead agencies. Generally, Board members did not see any overlap in roles designated to DCF compared to those designated to Boards of Directors. Table 7 contrasts these different responsibilities. One of the fundamental differences from the perspective of the BOD members was that Boards were seen as providing substantive governance and District Administrators were relegated to contractual oversight. This was also reflected in the polite but removed relationship described between Boards and Regional/District staff. One BOD interviewee stated, “I know we send her [district administrator] our minutes. I

Table 7. Responsibilities of Board of Directors and DCF District/Regional Offices

<table>
<thead>
<tr>
<th>Board of Directors Responsibilities</th>
<th>DCF Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible for the success of lead agency, as a contracted entity of DCF. Vendor, contracted to provide a service, working in close collaboration with our customer [DCF].</td>
<td>Responsible for monitoring a contract.</td>
</tr>
<tr>
<td>Oversee expenditure of all allocated funds to our clients [children and families] and advise the lead agency</td>
<td>Check/balance review that these funds are handled according to state and federal requirements.</td>
</tr>
<tr>
<td>Clearly understand the obligations the agency has to DCF and to ascertain that all mandates are being met.</td>
<td>Monitor the agency and provide regular feedback on performance standards established by contract.</td>
</tr>
<tr>
<td>Assist staff when needed, assure compliance, be a resource for information.</td>
<td>Assure compliance with contract from a payer source</td>
</tr>
</tbody>
</table>
don’t recall that she has been present at a meeting although she is certainly welcome… from their [DCF] perspective they need to see that we deliver the goods.” This respondent referred to ensuring that the lead agency performed well on child level outcomes.

Boards of Directors: pathways of accountability. Board members were asked if their lead agency experienced problems in operations, financial management, quality assurance, or other areas, what group(s) was responsible for holding the lead agency accountable? The majority of respondents stated that it was the Board’s responsibility in most cases, with DCF being the other entity of authority. In some cases, the lead agency was seen as reporting to the Board, and the Board was seen as responsible to DCF. Only one Board member mentioned the Community Alliance as a group that could hold the lead agency accountable. The following comment from a respondent who had been a Board member for three years summarizes how the various entities must work together to ensure successful operation of local systems of care:

In the case of CBC agencies, there is not one signal entity. The Board of Directors has a responsibility to put in motion a plan of corrective action. DCF has a responsibility to identify problems and to communicate them in a concise and understandable matter to the administration and Board of Directors. In return, the Administration and Board of Directors must communicate to the stakeholders. The relationships between the administration of the agency, the various stakeholders, the Board of Directors and DCF should be such that the issue of accountability can be addressed in a positive rather than a negative environment. In short, the agency administration must hold the stakeholders accountable, Board of Directors must hold administration accountable and DCF has been given the role of holding the entire organization—stakeholders, administration and Board—accountable.

Board members felt that when communication was open between the state and the Board, any problem could be discussed and resolved. Members also made the distinction that
whereas the Board was responsible for any lead agency issue, DCF and the Alliance still have authority over public perception and contract compliance issues.

**Boards of Directors: membership guidelines and conflicts of interest.** Designing and improving CBC systems also means recognizing and reducing the potential for conflicts of interest that could lead to problems for CBC lead agencies. Two types of conflict related to CBC lead agencies were interlocking Boards and a lack of diversity in Board membership.

The phenomena of interlocking Boards of Directors, when the Board members from one organization sit on the Board of another organization, is an example of a relationship between Boards that may be considered a conflict of interest, especially when those Boards are in contractual relationships (Hall, 1996). The lack of diversity of members on the Board of Directors can represent a type of conflict for the community being served. While some lead agencies attempted to include a family member on their Board of Directors, for the most part there were no specific guidelines for racial or ethnic diversity or diversity among roles played in each community. One of the potential outcomes of a lack of diversity on the Boards and interlocking Boards can be a lack of fairness and openness when provider agencies are competing for services. For example, if it is a requirement of a contracted service provider or partner organization to be the sole provider of a service, this can result in a lack of opportunity for other providers and the lead agency. A DCF stakeholder explained, “They will say we have got an advisory group to do this or that, but we all know it as the Board of Directors. So it is much more like a business model rather than bringing in people to represent different ethnic groups or populations plus fundraising… that kind of stuff.”

An illustration of interlocking Boards would be that demonstrated by many lead agencies during the years leading up to complete statewide privatization, where representatives from contracted provider organizations, or partner organizations, serve as lead agency Board members. Either through lead agency partner demand or lack of available and knowledgeable Board members, several lead agencies had contracted providers as Board members. The most
extreme example of this occurring was with a nationally known provider agency that at one point both sat on the board of eight or nine lead agencies, and served as a contracted service provider to those lead agencies. During interviews, Central Office clearly identified this provider and also gave the example of a recent peer review team visit to the Florida Panhandle where the issue was raised (peer review teams consist of members of other lead agencies around the state who go onsite to one lead agency and conduct a site visit to assess quality of service and contextual factors): “the peer review team really laid down the law and said this is not community based, this is Board of Directors based, and they are only here to protect the interests of the two primary partners in this venture.”

Shortly after statewide privatization was complete (2005), the Department made it mandatory for lead agency Board of Director membership to be composed 100% of community representatives rather than lead agency stakeholders. A number of lead agencies initially encountered challenges in meeting this goal. Since they were financially liable, network providers wanted to have a role in the activities of the Board of Directors and were reluctant to maintain funding if not a member of the Board. Some lead agencies had also suggested that they were too small to meet this mandate; citing that most of the community representatives they included on the Board were also network providers. Despite these initial concerns and reactions to the Department’s mandate, Boards became 100% community-based over time.

Board members were asked to give their perspective on membership guidelines and conflicts of interest. Generally, Board members described attempts to maintain a broad spectrum of members from different geographic, ethnic, and occupational backgrounds. One Board member stated, “The most important qualification for Board membership is a commitment to our children.” In addition, Board members stressed that there should be clear guidelines for Board membership that require regular attendance, willingness to serve on at least one committee, and a commitment to educating oneself on the child welfare system.
Regarding conflicts of interest, the majority of members mentioned that conflict of interest statements were signed as part of the Board member application process, and that when these situations arose, whether the potential conflict was “real or perceived,” the Board member in question must refrain from voting on issues under question. There was a general consensus that conflicts of interest would arise from time to time, and if occasional, should not be seen as a scarlet letter. A Board member explained, “Identify the conflict, address it, and handle it on individual basis keeping in mind a single conflict does not negate the value of the member.”

A few stakeholders acknowledged that the requirement of Boards of Directors to be 100% community members continued to be a difficult issue for some lead agencies, which, as risk-bearing entities, were different than a typical non-profit. Lead agencies must provide child welfare services to all children who need them in their geographic catchment area. There are no exclusion criteria. Therefore, if for example a child death in one area causes an increase in reporting and children entering the system, the lead agency has to handle the increase in their target population without additional resources from DCF. One Board member stated, “We solicited leaders from various areas of the county to become members of the Board of Directors. As a private corporation, I do not believe that DCF should be allowed to dictate any guidelines for Board membership. I believe that any requirements for Board membership beyond what is required in statute is intrusive into the workings of a private corporation.”

Table 8 delineates the types of situations where conflicts of interest can occur, the factors that sustain these situations, and the problems that can arise due to these situations.
<table>
<thead>
<tr>
<th>Potential Conflict</th>
<th>Factors that Sustain the Situation</th>
<th>Problems Associated with the Situation</th>
</tr>
</thead>
</table>
| Lack of member diversity on Board of Directors/Interlocking Boards | 1) May be requirement of contracted providers to maintain a seat on the lead agency Board for their best interest.  
2) A new lead agency needs time to develop a more rounded Board; difficulty finding relevant Board members.  
3) The lead agency does not have an individual Board; the parent organization’s Board is used.  
4) May increase the power an agency has in the community by placing respected, highly visible individuals already involved with children and families on the Board.  
5) Interlocking Boards of Directors. | 1) Board can become laden with members that have more face value and potential than actual expertise and action.  
2) An established parent organization Board may not be close enough to the lead agency to provide proper direction and/or influence decision-making.  
3) Lack of community membership on Board may reduce the Board’s ability to recognize community issues and respond to families and children in the community.  
4) The lack of client representatives (e.g., foster parent) on the Board may reduce recognition of client related issues.  
5) Representatives from contracted providers may have difficulty remaining free from conflicts of interest. |
| Lack of Open/Fair Procurement for Services              | 1) Lack of providers/services in the “geographic market” necessitates the use of available providers.  
2) Reduces risk by contracting with known providers. | 1) Non-profit networks (and provider networks) can limit the number of providers allowed access to the network, thus creating an organized monopoly for services.  
2) Forced dependence on providers that may not be performing successfully. |

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### Table 8 (Continued)

<table>
<thead>
<tr>
<th>Potential Conflict</th>
<th>Factors that Sustain the Situation</th>
<th>Problems Associated with the Situation</th>
</tr>
</thead>
</table>
| Lack of Open/Fair Procurement for Services | 3) May be requirement of partner agencies to ensure viability of the lead agency and reduce risk.  
4) Political statement. “Restricted market entry” to those organizations identifying with same community politics.  
5) Certain types of services do not lend themselves easily to a competitive process, and multiple changes in providers require budget increases.  
6) Interlocking Boards of Directors. | 3) Failure of an organization that has been the sole provider of a service.  
4) Potential to drive up costs of services if providers of certain specializations “collectively organize.”  
5) Interlocking Boards of Directors can increase the likelihood that the market will be closed to “outside” organizations. |
One interesting caveat to the changes in composition of the Boards and the mandate to be 100% community membership is a view stakeholders articulated that it may make sense for Boards to have members who are founding partners during the start-up phase of a lead agency as they adjust to new financial risk, performance standards, and contractual expectations from the state. The recommendation was made that as a lead agency matures, the Board members could then transition completely to community members. One lead agency CEO explained, “Having a Board made up of agencies who are financially at risk fostered more of a partnership and shared responsibility amongst our providers. I believe that it is appropriate for a new CBC to start out with this structure, then evolve to a community Board as the CBC stabilizes.” It was believed that this slower transition to a community Board would give lead agencies an opportunity to educate new Board members on the complexities of child welfare so that they could better serve.

As noted in Table 8, the obvious weakness of this proposal is the inherent conflict of interest in the contractual relationship the lead agency has with providers who are as Board members, providing governance to the lead agency. The perception is that certain providers would somehow profit unfairly and not be held accountable. Lead agencies stated that if the providers on the Board had a vested financial interest in the success of the lead agency that they would actually be more involved and conscientious than the average contractor. A stakeholder reiterated this by saying, “partner agencies who are at risk have a higher degree of accountability than mere contractors”. A Board member from a Parent organization of a lead agency also agreed stating, “I thought we handled that responsibility with great ethical concern and with also a great deal of benevolence… I think [lead agency] has benefitted greatly from the expertise and resources that [Parent Organization] has been able to share with it [lead agency].”
Regarding the mandate from the state that community representation be all or nothing within a short time frame, some resentment and concern was expressed by exiting Board members. One stakeholder responded, “If you’re asking me my opinion, I think the State may have, unfortunately, taken a position of throwing out the baby with the bathwater.” In other words, lead agencies and child welfare systems at the local level may have benefitted from a small portion of Board seats or even one remaining seat being filled by a parent or partner organization due to both their financial investment and their substantive expertise. While reactions varied, sometimes within one stakeholder, the hurt feelings were clear:

*I’d like to think we’ve contributed to the success of the [lead agency] in significant ways...there are two ways we responded when they made the change and one of them quite candidly was sort of emotional. It felt like a slap in the face. It’s like ‘Holy Cow! You mean after all that work and everything we were put through, you don’t want us?’ That hurt. There’s no other way to say it. The other side was the intellectual side, and that was sort of weighing out, well, you know, maybe not every provider has treated it [Board seat] with the same degree of ethics as we have.*

Everyone interviewed and surveyed did realize the importance of community members being on the Board, but there was clear concern over the loss of some members having the field expertise blended with financial investment.

**Community Alliances.**

*If the Community Alliances are taking on a strong role, representing the funding community, leadership in the community, then that is news to me. I don’t know what they are going to do.*

-Child welfare stakeholder interviewee

This section includes data from the 17 surveys and 10 interviews conducted with members of the different Alliances. The Community Alliances were mandated by the state of
Florida to “provide a focal point of community participation and governance of community-based services” (s. 20.19(6)(a), F.S.). The alliances, although unique to each community, were designed to consist of a broad spectrum of community stakeholders. The alliances’ duties were to include needs assessment, setting priorities, planning for resource utilization, determining locally-driven outcomes to supplement state–required outcomes, and community education. The scope of the community alliances was designed to include CBC issues, in addition to broader human service areas.

When privatization was initially legislated, Health and Human Service Boards (HHS Boards) were in place. When a new secretary of DCF came into office, she desired to do away with the HHS Boards. There had been a historical struggle over how much authority the HHS Boards had versus the Department in decision making. The old administration had given the Boards the idea that they were ultimately in charge and to hold the Department accountable. The new DCF secretary thought the HHS Boards had become more trouble than they were worth, according to stakeholders. The decision-making authority of the HHS Boards had never been codified by statute, so it was largely exercised at the discretion of the current administration of the Department. Many of the active members stopped participating because they felt if they were to be acting only in an advisory role, it was not worth their time. One lead agency stated, “power and control are the big issues with the Community Alliance. It is a blend of providers and business people with no statutory authority”.

Ironically, Community Alliances were not an immediate replacement for the elimination of HHS Boards until there was an uproar from a few of the old Boards regarding CBC being implemented across the state while community voices were being silenced. This is how Community Alliances, with support from the Florida Senate, were established through legislation. However, HHS Board members remained in each community. “It was a huge challenge”, stated a DCF stakeholder regarding helping Community Alliances get established in each county. Another interviewee explained, “our community resisted the Alliance idea. They
felt that it contradicted the idea that CBC was community driven rather than prescribed form above. The Community was afraid that they would be disempowered by the Alliance.”

One of both the Senate and Secretary’s concerns was over membership, and that there be representation from the private sector who might add additional revenue into local systems of care. Stakeholders’ perceptions of the Alliances and how involved they were in child welfare matters varied by geographic region. A BOD interviewee stated, “It’s an appointed committee, not an elected group, so they [Community Alliance] are sort of watching out for the lead agency and Board to make sure that the welfare and interest and needs of the clients and community are served.”

Additionally, a legislative stakeholder explained that overall Alliances seemed less politically connected than the old HHS Boards. She stated, “When the Health and Human Service Boards were in place we heard from them a lot. I knew who most of the chairmen were, they would come up during session and meet with our members and there was a whole lot of involvement…if the Community Alliances are taking on a strong role, if they are representing the funding community, leadership in the community, then that is news to me.” This stakeholder also articulated that members of the legislature have not seen the lack of communication from Alliances as a notable problem on their end.

*Community Alliance membership and focus.*

*I think Community Alliances see their scope of responsibilities differently. Some are very aggressive and some are passive, broad versus narrow scope. If you look at the legislation it leaves room for interpretation, which I think is appropriate.*

--Child welfare stakeholder interviewee

Alliances generally reported that they contained members specified by statute in addition to members at large from each county within the alliance’s domain. Examples of members’
professional roles include the following: DCF, county government, juvenile welfare, school
district, court system, Criminal Justice, United Way, the Department of Health, the Faith-Based
Community, Mental Health, Housing and Community Development, Substance Abuse, and the
Sheriff's Office.

The majority of alliances focused on issues of child welfare and CBC. Alliances can be
specific to county, lead agency, or both. This makes for creative combinations of geographic
regions and political allies. For example, one lead agency in central Florida dealt with one
community alliance that spanned three counties that the lead agency covered. In contrast, a
lead agency in Southwest Florida provided services to five counties, but worked with only four
community alliances, each of which provided different types of supports.

One lead agency stakeholder explained that technically each Alliance was responsible
for “the entire human service system from the cradle to the grave”. Although Alliances were
tasked with the scope of everything from maternal and child health to elder care, the Community
Alliances most often discussed various issues related to children in the county or counties
served. Primarily, attention was paid to children and families in the child welfare system. The
Community Alliance brought together key stakeholders from DJJ, the school system, the mental
health community, and others. Lead agency staff also could attend the meeting and provide
updates as well as any additional information requested by the Alliance.

Overall, Community Alliance members indicated that they normally had a positive
rapport with DCF and lead agencies, that lead agencies actively participated in meetings, and
that the administration was responsive to requests from the Alliance. For example, an alliance
chair stated, “When issues come up regarding child welfare that DCF should be notified about,
the local DCF office is very responsive to the concerns and issues.” Another chair shared this
view, “We have had a great relationship with DCF representatives since have attended every
alliance meeting. They have consistently stressed the importance of the welfare of children.
They have been extremely helpful, informative and professional in all their interactions with the
alliance.” In many communities, the alliances have assisted new lead agencies with collective experience in areas such as foster care recruitment.

Several activities that promoted the communication process were reported by stakeholders, including regular attendance at alliance meetings. As one alliance chair explained, "The best benefit with our communications is the responsiveness of the lead agency. During a monthly report the Alliance requested a county-by-county breakout of foster homes status. At the next month’s meeting, the lead agency provided a complete breakdown that included the distribution of foster homes among the four counties, the number of new and closed cases by county, number of in-home and out-of-home care services provided by county, etc. This report gave an account to each county as to what had been happening in their communities relating to foster care."

Additional positive facilitators identified were high quality of professionalism and leadership of Lead Agency administration, excellent communication between district administrator and lead agency CEO, when DCF/lead agency is receptive to Alliance Chair’s request for further engagement, when lead agency exceeds community’s initial expectations, when the District Administrator is a member of the Alliance and any other pertinent subcommittees, when the lead agency is responsive to Alliance’s requests for information, and email and/or newsletter updates.

Another stakeholder explained how both sides benefit from a fluid dialogue: “The Alliance benefits from being well informed so that information can be shared throughout the various agencies and communities represented by Alliance members. DCF benefits from having Alliance member input on key issues, such as transition planning, readiness assessment, and resource development.” When Alliance members have the opportunity to discuss any items or concerns they might have with lead agency staff in the context of an alliance meeting, communication is not only facilitated, but a beneficial working relationship is
reinforced. Another Alliance stakeholder reported, “They [the lead agency] have encouraged Alliance members to ask questions and visit them to see how things are working.”

Despite facilitators, problematic issues often came up on statewide issues such as budget or legislative matters impacting CBC and child welfare. One Alliance Chair shared this perspective:

*I feel there is a disconnect between the Department, provider, and the Alliance. My impression is that the Department is not sure what the Alliance should be doing. We do not receive regular reports of the number of children in care from the provider. There is a lack of direction of what the Alliance is responsible for. The Alliance was active and involved during the selection and negotiations of the provider. Since then there has been little for the Alliance to work on. As chair of the Alliance, going on four years, I have not, to my recollection, received any formal communications, from the DCF central office.*

Examples of barriers to communication between Alliances and the Department include: 1) Secretary and Central Office DCF have made it clear that Alliances are “advisory only”, 2) Alliances that cover several counties and multiple lead agencies may lose local authority and momentum in shaping local systems of care, 3) Alliances in less populated areas feel other Alliances are driving decisions at the state level, and 4) No incentives to be an Alliance member, such as administrative support, authority, or pay.

Concerns were raised that all counties did not actively participate in Alliance activities. Several county representatives routinely missed meetings and did not stay in touch with other Community Alliance members via e-mail, phone, or mail outside of meetings. This means that certain counties and certain services within counties were not represented at the Community Alliance. In addition, some Alliance members expressed frustration that the Community Alliance had limited power to effect change. Although many of the lead agencies had been very open and willing to address Community Alliance concerns, Alliances did not always have the authority to require that something be done.
Some stakeholders felt that there was potential for Alliance members to yield power, with or without statutory authority. A DCF administrator stated, “The community united can have powerful momentum. It has a big degree of potential power.” Alternately, one DCF stakeholder reflected that the Community Alliance in their community may have had too much power stating, “Community Alliances are good for public policy to prevent people from making financial deals behind other’s backs, but it prevented people from doing what they needed to do in order to save money.”

One central question raised during interviews was whether a community group could be legislatively mandated. While this problem is more prominent in the few counties where CBC existed prior to or at the same time as the Community Alliance legislation (e.g., Sun Coast Region), many stakeholders still question whether it might be better to let Alliances form in a more natural fashion. One lead agency CEO commented, “I’ll be blunt, I think it’s real hard when there’s a state mandate for a community to do something for that community to buy into it.” It was interesting to note that the majority of Alliances do not keep their own meeting minutes or membership lists, but rather defer this function to a DCF staff person. While in some ways this helps Alliances because they have no funds to support secretarial assistance, it also puts organization and mission of each Alliance at least partially back into government hands.

Another clear and consistent theme from the interviews is that Alliances will continue to struggle to find their role. Several Alliance chairs reported the concern that while the statute grants Community Alliances the authority to make recommendations and guide the lead agencies through community collaboration and consensus, the DCF Central Office emphasized that the Alliance is advisory only. As a result, the outcome has been that most negotiations between lead agencies and their district DCF office have been strictly between DCF and the lead agencies. The majority of alliance members feel they have been left “out of the loop” in choosing and approving lead agencies and the systems of care developed by these agencies.
One chair lamented, “If the Department does have issues with the lead agency, the Alliance does not hear about them.”

The majority of Alliances expressed a strong desire to be involved in this process, but felt further clarification needed to come from the courts and legislature regarding the issue of whether or not they had any authority. One Alliance that had been critical to developing its own community’s response to its ITN, was now feeling left out of the lead agency’s re-negotiations:

*Right now the lead agency is in renegotiations with DCF and the Alliance is not part of the discussions and have no say whatsoever in the process. The lead agency has eliminated the Leadership Council and the status of our newsletter is unknown at this time.*

In sum, many Alliance chairs were concerned that their members did not feel like they were contributing stakeholders. One Alliance Chair summarized:

*I think the lead agency appreciates feedback and input from the Alliance, but I think they do a good job with the delivery of services in spite of the Alliance, not because of the Alliance. I’m very pleased with Community-Based Care and their enhancement of services, [leading to] hands on accountability, seeking community input and feedback. The situation has improved greatly, and I’ve been a part of that, but I don’t think I’ve been a part of that because I’m a community leader through the Alliance. If the Alliance disappeared I still think the lead agency and DCF and the enhanced services and increased coordination would all still be happening because we’ve got a strong CEO and DA.*

Chairs suggested that problem resolution should be shared by DCF, the lead agencies, and the Alliances. In addition, there was a need for more ongoing dialogue, as many alliance members currently only passively receive information. Chairs suggest that lead agencies actively solicit feedback from Alliance members via open-ended questions regarding their system of care. In addition, Alliance chairs requested a small pool of funding or mini-grant allotments from the
legislature. While Alliances would not retain the funds, they would have the control to determine who received the dollars to provide additional supports for children in the local child welfare system. In this way, they hoped to command more respect in a way similar to some local children’s services councils.

Community Alliances and Boards of Directors: governance partners? In the majority of cases, stakeholders indicated that the Board of Directors did not have regular interaction with the Community Alliance(s) in their lead agency’s local area. A small portion of Board members were uncertain as to what group the Community Alliance was. However, one Board reported that the chairperson of the Community Alliance is a non-voting member of the Board and provides updates at every meeting. This Board reported that the relationship has “provided a mechanism for communication and seems to be working well.” An additional Board reported that the Alliance was welcome to attend Board meetings as needed. In contrast other Boards saw no overlap whatsoever and were pleased that individuals were not members of both groups.

Generally speaking, the Community Alliances were seen as having a much broader scope than that of the Board. One member explained, “the Community Alliance’s responsibility extends beyond children and families involved in the foster care/adoption arena. It encompasses the community’s response to all children and family issues.” Board members distinguished themselves from Alliance members in two main ways – they were concerned for the lead agency and they sometimes had a financial investment in the lead agency. With the move to 100% community participation on Boards, this delineation became less striking.

Finally, engaging the local community remains a difficult task in some areas of the state where the perception is that the child welfare system, whether privatized or not, has let families and the greater community down. Newer lead agencies that have more recently gone through CBC implementation have to deal with community sentiment that relates to DCF. Likewise, lead agencies that take over another lead agency contract have to work extra hard to regain
community buy-in from a group that has just had a negative experience with CBC. One lead agency shared this view, “When the lead agency decides to change the way certain things are done, resistance occurs. An example is the strategy of the lead agency to reduce the number of youth court ordered into residential treatment. Some Legal Aid attorneys and judges have voiced opposition to this plan. Most provider organizations have been positive partners.” Another CEO reported, “Early on, defense attorneys were vocal against the idea of inviting families to staffings. They regarded that any discussions with family members must involve legal counsel. We have continued to engage them and highlight the benefits of family conferencing approaches.” Other comments included: “they [judges] are not really ‘for’ or ‘against’ CBC, they just want it to work better and if they see us as making that happen, then they are supportive” and “with system change comes challenges . . . [T]his system will take years to fix.” A sentiment that reflects the central premise of this dissertation: systems change takes a good deal of time and multi-layered steps.

**Summary**

Overall, lead agency Boards of Directors are increasing their representation from community members, foster parent and non-profit organization representatives. Conflicts of interest are now being discussed in an open environment given recent directives from DCF that Board membership should be moving toward 100% community participants.

The Community Alliances represent a potential important community governance partnership for lead agencies; however, in some communities, other local stakeholder groups are or have recently been much stronger. The directive to change Board membership to community members may have a future impact on the longevity of Alliances. The majority of Community Alliances reported that child welfare is a standing agenda item, but several felt limited by their “advisory role” and expressed desire for more involvement in local system of care development. Although interaction between lead agencies and alliances has progressed, communication channels between the Alliances and Central Office DCF remain unclear.
Additionally, many Alliance Chairs felt that their members did not feel like they were contributing stakeholders. Chairs suggested that problem resolution should be shared by DCF, the lead agencies and the Alliances. There is also a need for more ongoing dialogue, as many Alliance members reported to be only passively receiving information on everything from lead agency contract negotiation to child welfare system performance.

Finally, engaging the local community remains a difficult task in some areas of the state where the perception is that the child welfare system, whether privatized or not, has let people down. Newer lead agencies who had recently gone through CBC implementation have to deal with community disenchantment with DCF and new Alliances had to deal with resentments over Health and Human Service Boards being done away with. The potential for strong community governance was identified by all, but not yet actualized in every area of the state.

As the statewide roll out of Community-Based Care drew to a close in 2005, there were two primary conflicts to be addressed: funding restrictions driving practice, and the overall need for practice reform and increased quality of service to children and families. Interviewees spoke about a slightly antiquated notion of family engagement equating to the invitation of families to hear about the case plans that were being created or decided for them, rather than building a family’s case plan around what they perceived their needs to be. “I don’t think we’re doing a good job of engaging the family in telling their own story and identifying the right solutions [to them]”, explained one DCF stakeholder. There was also a sense that there was too much focus on the child in isolation from the family system, and that parents should receive more services to prevent children from re-entering the system. A DCF administrator stated, “The Department still needs to figure out a better approach to behavioral mental health care. The next big frontier for lead agencies is for the community to deal with the family as a whole.”

While there was agreement that privatization from a business standpoint had successfully occurred statewide, there was a pervasive acknowledgement that people were now
taking stock of where things stood from a practice standpoint now that the business side was as stable as could be expected within a difficult economy. One DCF stakeholder reflected:

*I really believed in the principles of family conferencing, individual course of action, mobilizing the family and informal resources and supports and I don’t think that is what we are asking CBCs to do. I think they are organizing armies of professional human service providers to give them a share of the pie. We are not going to get the results we hoped for because I don’t think most of our families need armies and tons of traditional services. This is a nationwide problem in child protection.*

This stakeholder went on to talk about how what was available and could be funded through federal dollars was what determined the services a family received as well as how long their child was separated from them: “So many of our families [just need] counseling. But we will give them parenting classes, substance abuse treatment, and two hundred other things, make them go through Hell for two years and then we are ready to give them their kids back and they still don’t have counseling!”

As Florida looked into ways to engage families and improve practice, the solution to federal funding restrictions was fairly clear: Florida began their application for a statewide Title IV-E Waiver. The next chapter details this process and emergent themes from interview data collected during Waiver implementation from 2006 through 2011.

**CHAPTER FIVE:**

**FINDINGS ON PERCEPTION AND PRACTICE**
This section details emergent themes from stakeholder interviews regarding implementation of Florida’s IV-E Waiver (hereafter referred to as “Waiver”) and changes over time in child welfare stakeholder perceptions of family, safety, poverty, and approaches to practice. Prominent themes addressed include the Waiver as a catalyst for positive change, moving from a child safety to a family preservation model, and developing a deeper understanding of the differences between parents not meeting a child’s basic needs due to poverty versus parents intentionally neglecting their child when they have the means to provide for them. Corresponding changes in practice included increasing prevention and diversion services (i.e., voluntary services offered to parents that address problems that if left unattended would cause their child to more formally enter the child welfare system), short-term concrete services and long-term investments in sustainable change for families, and refocusing on parents (families) rather than on children.

Research Question Two: How has Implementation of the Title IV-E Waiver Policy Change Impacted Perceptions of Poverty, Child Neglect, and Approaches to Intervention?

Florida was granted a waiver to certain provisions of Title IV-E of the Social Security Act of 1935, which allowed the state to use certain federal funds more flexibly for services other than room and Board expenses for children served in out-of-home care. As part of the Social Security Act (1935), Title IV-E’s intent was to increase the states’ flexibility in designing services to help parents to care for children in their own homes, rather than have children in impoverished conditions enter out-of-home care. The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) created Title IV-E in an effort to strengthen foster care assistance for children in the child welfare system. In 1994, Congress passed the Social Security Act Amendments (P.L. 103-432), which gave the U.S. Department of Health and Human Services (HHS) authority to approve state demonstration projects pertaining to the “waiver” of certain provisions of Title IV-E of the Social Security Act governing federal programs related to foster care and other child welfare services. The waiver provisions allowed states flexibility in the use
of federal funds to provide services promoting safety, well-being, and permanency for children in the child welfare system (U.S. Department of Health and Human Services, Administration for Children & Families, 2010).

Florida’s flexible funding demonstration targets Title IV-E eligible and non-eligible children under the age of 18 who were receiving in-home child welfare services or who were in out-of-home placements at the start of the project implementation, and all families who entered the child welfare system with an allegation of maltreatment. The purpose of the Waiver is to demonstrate that allowing federal IV-E foster care funds to be used for a wide variety of child welfare services rather than being restricted to licensed out-of-home care, as is normally the case under federal law, will result in improved outcomes for children and families. In Florida, funds are distributed to the private, non-profit community-based lead agencies.

**Changes in Child Welfare Stakeholder Perception**

This section begins with a discussion around stakeholder perception of how the Title IV-E Waiver early implementation and planning for implementation went, followed by stakeholder goals for the Waiver including that it serve as a catalyst for the beginnings of a global shift in philosophy of care. The section then goes on to detail how over time implementation of the Waiver also brought changes to stakeholder perceptions of child neglect and safety, living in poverty, and better approaches to child welfare practice.

**Implementation of the Title IV-E Waiver as a catalyst for positive change.**

*The larger, more important aspect of all of this is does the Waiver and the flexibility it brings serve as a catalyst along with other triggers to move towards the development of a more effective system of care?*

---Child welfare administrator interviewee
First, it should be noted that Florida’s statewide IV-E Waiver was the first demonstration project to be implemented statewide (James Bell Associates, 2006). Furthermore, the planning process involved both public and private child welfare stakeholders (Vargo et al., 2006), and due to this intense planning, Florida was one of the only states to start its Waiver on time (Armstrong, et al., 2007). While lead agencies expressed several concerns regarding their stability as organizations within the current child welfare system, the IV-E Waiver was generally thought of very positively and seen as a vehicle for creative problem solving to be applied to existing system level problems. In addition, the challenges and positive changes that are outlined in this chapter are certainly not all specific to the IV-E Waiver, nor is there a direct causal link as multiple reform efforts and initiatives are at any one time operating in Florida that affect children in the child welfare system.

For example, Medicaid-funded mental health services for child welfare recipients have also undergone reform efforts during this time (Vargo et al., 2007). In 2004, the Florida Legislature authorized CBC lead agencies to provide Medicaid-funded mental health services to children with open cases in Florida’s child welfare database (HomeSafenet). The Child Welfare Prepaid Mental Health Plan (CW-PMHP) was developed as a result of this legislation. Implementation of the CW-PMHP began in February 2007 under the statewide direction of the CBC Partnership, Ltd. (the Partnership). The Partnership is comprised of Magellan Behavioral Health of Florida (the managed care organization-MCO) and Community-Based Care of Seminole (a CBC Lead Agency) as general partners and additional CBC lead agencies as limited partners. This was a massive service system reform effort alongside the IV-E Waiver and may have either facilitated more positive outcomes for children or sidetracked lead agencies as they struggled to meet the priorities of coinciding reforms. One of the primary goals, however, for CW-PMHP was to decrease the siloed operations and communications between child welfare and mental health service systems by bringing mental health services under the management of a Partnership that included lead agencies. To the extent that this was possible,
it would appear that the Medicaid reform through CW-PMHP would facilitate positive outcomes for children and be in keeping with the goals of both the Waiver and Florida’s child welfare system.

The first emergent theme from stakeholder interviews was the sense that statewide implementation had gone very well with one important caveat – the varying ability of lead agencies to decrease the number of children currently (at the time of implementation, October 1, 2006) in out-of-home care to free up resources to focus on prevention and diversion. Several stakeholders indicated that implementation of the Waiver went smoothly because the state and lead agencies had just come off of a lengthy period where they have worked jointly to implement privatization, and there were many communication channels in place with which to take on this new reform effort. A DCF administrator stated, “Everything just went like clockwork. It is unusual in any type of project management. No matter what there is always something…but this one? The stars just lined up.” Another DCF stakeholder clarified that while there were important issues to resolved, the key players in both public and private domains had worked together expediently and gotten things done: “It was unusually smooth and timely and collegial and some of the eligibility and administrative stuff were tricky things to work out. People worked out some pretty tricky stuff in a short period of time and did it successfully.” One stakeholder shared that from a management perspective, the only minor issue is that lead agencies were cautious about the documentation requirements being lifted and were hanging on to the idea of doing paperwork that was no longer required during the first year of the Waiver in a “just in case” sort of mode.

The main “wrench in the plan” with implementing the Waiver during the first year or so was that while it lifted federal funding restrictions on how dollars were spent to help children, it did not add to a lead agency’s budget. Therefore, much of the system reform and practice reform work would lie with each lead agency. The challenge for lead agencies was to be able to shift resources to the front end of the system and divert children from coming into out-of-home
care. However, lead agencies varied in the proportion of their total client population served that was in out-of-home care at the time of Waiver implementation. Those agencies who had lower numbers of children in out-of-home care had an easier time of more expediently refocusing funds on prevention. The lead agencies who had high out-of-home care population at the beginning of the Waiver still had to spend their resources seeing those children through the system. A DCF administrator explained,

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I \text{ think most of the intensive in-home kinds of interventions and family preservation kinds of approaches…people know how to do them. It is not a matter of does the knowledge exist? It is just a matter of can you develop the capacity and sustain it? This is a zero sum game. You got to get your out of home care down a little bit and there is some faith that requires.}
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In this passage the stakeholder used “zero sum game” to refer to the fact that the Waiver did not mean additional funding for the lead agencies. The faith involved would, for example, come into play trying different approaches to reunification and adoption in order to decrease the number of children in out-of-home care. Another stakeholder reiterated, “I think the challenge now is true system change… the Waiver itself really means lifting a funding restriction and doesn’t need to be complicated.”

The second theme emerging from the data were goals for the five year Waiver period. The long-term goal that emerged from interviews was to help children remain with their families rather than come into out-of-home care. Stakeholders also articulated strategies to goal achievement. For example, a DCF administrator stated:

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\text{You more effectively prevent or intervene in children coming into care so that you can prevent children from coming into care who don't need to come into care. You more rapidly reunify in situations where reunification is appropriate or on the other end, you more rapidly and successfully move to permanency primarily through adoption. If you do}
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those things, reduce out-of-home care in terms of numbers and in terms of duration through effective front end and back end activities, then you are a winner.

There was also open acknowledgement and reflection on the fact that Florida’s foster care system (or any foster care system) really was not a good place for any child to be. Another stakeholder described:

There is no magic in our work but I do think that bringing a lot of children into out-of-home care is not a good thing. Even the best foster care system is inadequate. If we can be more effective with families, then there are larger community benefits to be derived from that and to me that is a fundamental thing. If community infrastructure is built up and there is a service capacity that supports a different way of working with families, then I think that is a good outcome.

Stakeholders also spoke to building up each community to serve children differently in the hopes that if the federal government did not renew Florida’s IV-E Waiver, that some of the approach and philosophy of care might stand a chance of being sustained at the local level.

The third theme emerging from the data was a shared perception by interviewees that the Waiver, since it was implemented alongside so many other systemic improvements efforts, is a catalyst for positive change. While stakeholders felt they were working toward systemic improvements regardless of IV-E Waiver implementation, it was generally felt that the Waiver significantly boosted flexibility and creativity. One stakeholder stated,

There were a number of things that we did in implementing the Waiver that we could have done anyway. We could have had a more coherent schedule of funds; we could have undone some of the requirements for eligibility under the old system. The Waiver was a catalyst for creative thinking that went beyond just the statutory provisions.

For example, various practice reforms could have been implemented to improve both quality assurance mechanisms and quality of care provided to children and families. Some of this, as
the stakeholder indicated, could and probably would have been done regardless of the Waiver, however, the Waiver added positive momentum for system change.

According to respondents, separating service decisions from child welfare funding rules is one of the most important benefits of the Waiver. In offering the flexibility that it does, the Waiver should ideally serve as a trigger toward development of a more effective system of care. Stakeholders hoped that the Waiver would inspire their peers and colleagues to elevate the local community debates on the service delivery system (e.g., discussion and planning around more prevention services, reducing stigma attached with receiving help, tackling poverty rather than labeling poor families as neglecting their children). One stakeholder described this type of elevated debate as

An improved appreciation for the relationship between your values and your funding decisions and the kind of notion of alignment. We had some misalignment there in terms of a significant funding source and what child welfare is all about. I think that is a good public policy discussion and one that can bleed over and effect and kind of raise the water level of understanding at the community level of that relationship.

This type of goal alignment with other system components and externalities will be discussed further in Chapter 6. Another stakeholder described the desire that the Waiver might encourage each community to “improve their understanding of where the gaps are and how their investment portfolios jointly either are responsive to what the kids and families in that community need or they are less responsive”. It was interesting to note the business frame this child welfare stakeholder was applying to the idea of the mix of services or service array available to each family within a community.

Also, it hoped that consideration be given to each child’s needs, rather than having decisions being made in a cookie-cutter fashion and driven by perverse funding incentives/disincentives. On interviewee commented, “My experience has been that in most areas of human endeavor, money breeds capacity; if you got the money, there is somebody
who will fill that need.” Another stakeholder commented, “One of the features I like about the Waiver is that it changes the incentive/disincentive scheme for child welfare funding and in my mind, puts the incentives on the side of good practice.” A DCF administrator also explained,

*I would like to see money flow to need, rather than need flow to money and that if you can take funds and use them to provide services that people need rather than say, we got this flavor money, do you have any service that fits that kind of money? Then I think we are moving in a productive direction.*

The idea that the Waiver “introduced the prospect of change” was a sentiment made clear across interviews.

The final theme that emerged from the data in this area was discussion around expected outcomes of the Waiver, at local, state and national levels. At the local level, lead agency administrators reported being able to make more thoughtful, child-focused decisions since Waiver implementation. One director explained this as “the ability to approach casework from a best practice versus survival mode.” In other words, decisions could be made in terms of what worked best for each child in each community rather than in terms of what types of services the available dollars would pay for. Inherent to reflection on what the Waiver has meant for lead agency leadership is concern that the Waiver be renewed after the five-year time span. One lead agency CEO expressed this thought: “The Waiver has meant flexibility to place our resources where they are needed, whether they are in consideration for an individual family or a particular community. I hate the thought that we would ever have to go back.” Others echoed this sentiment, stating that since the Waiver has been in place, their jobs have simply become more rewarding due to fewer obstacles to helping children and their families and a new sense of confidence that what they are doing really does make a difference. Another lead agency CEO stated, “We are no longer just a Band-Aid for the situation . . . [W]e are helping families over the long term.”
At the state level, DCF from the beginning was concerned with proving to the federal government that Florida’s Waiver was successful. A DCF administrator explained, “if at the end of the day we do this for five years and we have more flexibility in funding and things are a little easier administratively, but other than that not much has changed, then I don’t think the Waiver has really fulfilled its promise.” Many of the DCF interviewees returned to conversations within the interviews about how to measure and prove success within coinciding reform efforts in Florida. “Some of this is easy to measure like decreases in out-of-home care, but some of it like the right mix of early intervention and reunification strategies, just is not”, explained another interviewee.

Regarding Florida’s relationship with its federal funder, the Children’s Bureau, there was both hope and fear expressed during interviews. This aligning of funding sources with good public policy decisions specific to the field of child welfare is hoped to lead to changes in how child welfare funding works nationally. If the Waiver shows positive outcomes for children and families over time, the goal was to renew the Waiver in Florida and also to propose that Title IV-E Waivers be made a state-by-state option nationally. A DCF administrator explained:

I would like for good things to happen in Florida and for us to create a case for Congress to change the law so that we can continue this as a state option rather than as a Waiver. I think it is a better way to approach child welfare funding and I would like to see our effort be a part of that change process. Having said that, I have absolutely no perception that there is any movement in that direction.

This is also where fear came into play for many stakeholders throughout the service system. There was a deeply rooted concern that after going through all the steps of overhauling the service system to focus on prevention and serving children in-home, the federal government might at the end of the five year Waiver period say no to an extension. This concern was articulated in the following interview:
Suppose five years later we get to the end of the Waiver and our out-of-home care population is substantially less per capita than it is today, we are more effectively intervening earlier with families, bringing fewer children into care, keeping the kids we have in care shorter and the ones that are not candidates for reunification, we are moving more quickly and efficiently to TPR [Termination of Parental Rights] and adoption. Say it has been by every way we could think of measuring it, a success. Then Year 6, our funding plummets because now our foster care funding becomes a function of the out-of-home care population and our reward for success is that we go back to an old dysfunctional and counterproductive way of doing business.

While the federal government has not done away with the restrictions on IV-E funding to states who do not have Waivers, the state of Florida did eventually receive an extension and then a five-year approved continuation of its IV-E Waiver.

**Child welfare staff’s philosophy of care: moving from a model of child safety to family preservation.**

*More and more I am becoming a believer that kids need to stay with their own families. I don’t care how good a home you put them in, children want their own parents. I have a fundamental problem with [placement stability] as a measure of system failure because the failure is the placement into care, and after that it is all downhill.*

*Lead Agency CEO*

Philosophy of care is the guiding viewpoint that each individual, as well as each culture, maintains regarding ethics, processes, and people involved to affect positive change for a target population. There were five overlapping themes that emerged from the data regarding changing Florida’s child welfare system philosophy of care. These included solidification of the basic principle that families rather than foster care were responsible for caring for children, helping parents keep their children in their own care rather than state care, making strides in handling issues of poverty, that these changes in the approach to child welfare care take a significant
amount of time and are not linear, and these changes must involve many different types of stakeholders who comprise the child welfare system and touch the lives of each child.

The first emerging theme was placing emphasis on the belief that children should be living with their families and not in foster care. Lead agency directors recognized that they were tasked with changing their agency and their staff’s philosophy of care and core beliefs about children and their families. At a fundamental level, the shift was towards believing that children are safer and happier when they are able to remain in their homes rather than entering out-of-home care. In addition, parents who may have hurt their child or had a substance abuse problem deserve a second or fifth chance to regain custody of their children.

A theme that emerged in interviews with both lead agencies and case managers is changes in views about families. Rather than separating a child from his/her family, the focus is on providing in-home services and thus ensuring the safety of the child while keeping the family intact. One respondent contrasted this view with the previous practice, “which was remove and wait until they 100% complete their case plan for reunification.” This respondent further explained that many parents are not “bad people,” rather they are individuals who made “bad decisions.” By providing these parents with concrete resources and assistance with making better decisions including a focus on what their children need rather than what they need in the moment, these families can develop better parenting skills.

At an individual case manager level, this shift allowed case managers to reverse their funding-driven decision-making regarding connecting a child to services. For the first time, service referral decisions could be based on what the child and family needed rather than what current funds could pay for. Additionally, stakeholders stressed that part of the philosophical shift had to do with stepping away from looking at kids in care as purely a number to decrease, and drilling down to reducing length of stay so as to improve the quality of that child’s experience and limit their time away from their family.
During interviews, it was generally acknowledged that philosophy of care and values inherent to a lead agency’s administration and leadership impact decisions regarding practice, and subsequently, child-level outcomes including placement stability. Lead agency respondents discussed examples when they have sided with the best interest of a child and changed a placement rather than maintaining a placement to maintain superior performance on the placement stability measure. For instance, if a child initially had to be placed outside of his or her community or school district due to a lack of local placement options, some participants felt strongly that, should a more local placement become available, it was worth strong consideration to move the child back to familiar surroundings. One stakeholder explained, “I don’t care how many times we have to move them. I will get a child back to their own area and their own school.”

Another example of a common situation is if a sibling group comes into care and the only option at entry is to split the children up in different homes due to lack of capacity. Once a foster home becomes available that is willing to take the entire sibling group, lead agencies often prefer to make this placement change to reunite siblings. Stakeholders who discussed such examples during the interviews expressed that it was unfortunate in these cases that doing what seemed best for the child technically counted against their agency’s performance on the placement stability indicator.

Stakeholders noted that there have been some major shifts in the values articulated by both state and federal child welfare leaders. One participant described the change in DCF leadership as follows: “before it was you sort of had to justify why you did not remove a kid and now you have to justify why you did”. A related theme was an understanding of the challenges around child removal and why it should be avoided, including the trauma experienced by the child and the difficulty of parents who are trying to follow a case plan after they have lost their child. A preference for placement of children with relatives rather than with foster families was expressed, which has led to the implementation of new programs such as Family Finding.
Family Finding is a strategy that was formally developed in 2001 by Kevin Campbell, who has also provided training to a few of Florida’s lead agencies. Stakeholders related during interviews that Family Finding was a strong example of an innovative practice that could be used to keep children from entering out-of-home care or to connect children in out-of-home care with potential social supports and relative placement options they had not otherwise known about. The program itself is based on strategies originally used by the International Red Cross to locate and reunite family members separated by disasters or international conflicts. The approach involves six primary components: discovery, engagement, planning, decision making, evaluation, and follow-up support.

For example, the first part of Family Finding involves working with a child to create a family tree assessment that includes biological parents, family, and friends. From this starting place staff conduct an internet search using people find websites and genealogy databases. The goal is to identify at least 40 people who could be possible connections for each child. Staff contact each of the forty people to assess appropriateness and willingness to be a part of the child’s life, and then the child plays an active role in determining the extent and nature of each future relationship. Ideally, this might mean a long-term placement option outside of foster care for those children languishing in the system. At a minimum, it might provide an informal support that an older teen aging out of care can turn to during early adulthood.

A second emergent theme and value shift that was identified was viewing the parent as the focus rather than the child. One participant noted that during the Child and Family Service Review (CFSR) exit interview in Florida, the reviewers commented that they did not see evidence that anyone was “taking the parent by the hand and showing them what they need to do.” One interviewee noted that all providers with a contract are required to link the family to natural supports so that the family will have sustainable ways of coping through difficult times in the future. There was also a recognition that this paradigm shift will require major system reform, including a review of mandates in statute and code, and a major re-training of case
managers, so that the focus turns from finding appropriate services for the child to a focus on
the parent, specifically what a parent needs to do to keep his or her child at home or have the
child returned. One interviewee offered an example of a case manager who may be
uncomfortable when he/she visits a parent who is doing drugs and has a choice of either: “I am
going to see you like that and I am going to report you to the hotline” or “I am going to see you
like that but let’s talk about what is going on.” Specifically, the case manager will need to work
past their own biases about parents who misuse substances while caring for their children and
realize they may do more for that child by beginning the partnering process with that parent to
get them help immediately rather than initiating an abuse report that will further traumatize the
family long before any help is offered or received.

A third theme that emerged from the stakeholder data was acknowledgement that a lot
of children come to the attention of the child welfare system because their parents are poor.
One child welfare staff person stated,

\textit{We are dealing with generally poor, uneducated rural people who live on dirt roads in
trailers. But it is changing because for a long time I think what happened in your home
unless it was really bad out here nobody knew about it. We don’t deal very often with
the wealthy on the south end of the island; we usually are out in [omitted], dealing with
people who are impoverished.}

Rather than removing children due to poverty or neglect, there is a need to provide services in
the home to stabilize the family and keep the family unit intact. Doing this was partially
straightforward and partially more of an art in engaging poorer parents who had been perhaps
inappropriately referred to the system. Over the time of the Waiver, lead agencies began to
deal with poverty in a more humane way than removing children from parents who were poor.
Relationships with businesses in the local area to encourage contributions of school clothing
and shoes, job training, etc. were forged and will be discussed in a subsequent findings section
in more detail. Interviewees also talked about their own agency not doing harm to parents who
were already suffering through poverty. “Sometimes we put out forest fires and sometimes we create forest fires” stated one CPI who was interviewed. This person went on to explain that it was important via whatever actions were taken on a case to case basis, to make sure further harm was not down to the family system, and to ideally put in place measures that would increase their opportunities to obtain resources and training or education, as applicable to their individual circumstances.

The fourth emergent theme was that changes in philosophy of and approach to care take significant periods of time and are often not linear. “It takes time to shift historical paradigms,” stated one stakeholder. This sentiment was a common theme that emerged from the interviews over time. Everyone involved with implementation of the IV-E Waiver (i.e., Department of Children and Families, the legislature, the evaluation team, and community partners) needs to recognize that the shift from out-of-home care to community-based and in-home services will not occur overnight and will be a gradual process.

From the perspective of case managers, the changes in views about family safety create “a level of worry” for case managers because the children are now at home where the abuse occurred. The case manager needs to be vigilant and in more frequent contact with the family to make sure that the child is safe. In situations where there are multiple risk factors, respondents noted the advantage of a team approach so that it is a group decision. For example, case managers that were part of specialized groups of case managers who only did diversion cases or family preservation cases felt more supported. One stated, “I know there are other people backing me up on decisions and feel less alone.” Another case manager commented that with reunified families, the emphasis used to be on monitoring (i.e., determining the parents’ compliance to certain care standards established by the provider agency). The current approach continues to address monitoring, but also includes communicating to the family that the goal is to sustain successful reunification and address any issues that may arise.
Case manager supervisors participating in interviews commented that with the caseload reduction (e.g., fewer children coming into care because the IV-E Waiver allows for payment of prevention and early intervention services, so that traditional case managers that focus on the out-of-home care population have fewer cases and, therefore, can increase engagement with families because the demands on their time are lessened), there is more time to ask case managers key questions about child safety. Another supervisor noted that now there are “fewer question mark cases”, and that the supervisor spends less time worrying about whether or not the child should have been removed.

A CPI interviewed, however, reiterated the nonlinear nature of changing approaches to care:

*The problem is that there has been a pendulum swing again, and I’ve watched it go back and forth, because of certain cases that come up and children dying … they try to keep all the kids in the home because that’s best practice…and goes with what the best research shows. But once they started getting scared about dead kids in other parts of the state you shelter at the drop of a hat.*

Sheltering in this passage refers to removing a child from their family and placing them on a short term basis in a residential shelter until a dependency hearing determines their long-term goals and placement.

Finally, another emphasis in the interviews was that this shift in perspective about family preservation versus child safety is not only gradual, but that it is further complicated by the great variety of key stakeholders who are important to involve in the reform effort. For example, one respondent commented that some supervisory level staff members in Child Protection Investigator (CPI) units and shelters are not yet focused on helping to stabilize a family while keeping the child safe. One CPI who was interviewed explained the changing dynamic investigators were faced with operating in since Waiver implementation:
The standards for detaining children have changed. We have to be able now when we go out and see these families not just to identify risk, but to show imminent risk and how if we walk out this door this child is going to get killed, basically is what our standard is now. We used to be able to remove for drugs or those kinds of things if a parent tested positive. Now it is what adverse effects have the children actually exhibited. If you smoke crack and maintain the house, it is not a problem [laughing].

Depending on whether one was an investigator, lead agency director, or likely parents themselves, there were very different views on the level risk or harm should reach before a child was removed from a family’s home. Aligning perspectives of all key players and subsystems within a child welfare system was a consistent challenge throughout the five year Waiver period.

Interviewees from both lead agencies and the Department noted that children are, for the most part, safer and happier when they are able to remain in their homes rather than entering into some form of foster care. There was consensus that the Waiver provided a fiscal incentive to change practice and reduce the number of removals. However, for each lead agency that subcontracts case management, this also meant changing the perspective of case management organizations within their provider networks. A lead agency stakeholder stated, “Getting my provider network to not come to me on rate increases or traditional case management . . . but to come to me and talk to me about diversion and in-home service programming as the new area of investments; that takes time.” It was also mentioned that protective investigators would need to start viewing cases differently, although there was not complete agreement as to the extent of knowledge or training they should have on the Waiver. Those at the service delivery level wanted to be informed about the goals of the Waiver. Early on during implementation there was also the sense that policies should not concern front line staff – that they should get families the service they need and not worry for who is paying for what service.
Philosophy of care as it relates to family preservation and reunification plays an important role in each child’s length of stay in the child welfare system and placement stability. Numerous stakeholders discussed how philosophy of care critically affects length of stay and detailed the way that the larger community plays an important role. Specifically, participants explained that the philosophies of stakeholders from the larger community affect decision making, including the judicial system, Guardian ad Litem’s office, district attorneys, and protective investigations. For example, in places where the prevailing philosophy is to terminate parental rights at increasing rates, there has been a large increase in children available for adoptions. This increase at times affects the system of care by overwhelming the adoption units and increasing the lengths of stay of children eligible for adoption. In other communities, stakeholders are encouraging case managers to identify family strengths at the time of reunification and create a connection for families and informal supports.

At the local level, participants explained that the philosophies of stakeholders from the larger community, including the judicial system, Guardian ad Litem’s office, district attorneys, and protective investigations, affect decision making regarding both child removal and reunification. For example, in one community the judiciary and Guardians ad Litem are very cautious about reunification, especially with very young children. This has resulted in very long lengths of stay for infants. In another community, the total number of children in care is down by 25%, but the decline has primarily been in in-home cases (i.e., cases where children are not removed from their parents and put into foster care in order to receive services). Several participants noted the importance of community expectations about “good enough parenting.” Middle class standards about parenting and quality of life are often used in child removal and reunification decisions, although at risk families do not hold the same standards and values. Two participants noted the need to listen to youth in the foster system in order to understand that “people that abuse their children also love their children . . . [W]e are so judgmental.”

Changing judicial perspectives.
You tell me my choice is leave a child in a home that I think is dangerous or remove them and those are my only choices, of course, who is not going to order a removal. You tell me there are some more options out there and that I can have services in place; I can get things accomplished and still have the child remain at home, absolutely fewer children are going to be removed.

-Child welfare judge

All ten judges interviewed had a clear understanding of the Waiver five years post-implementation. As one judge stated, the IV-E Waiver allows judges to finally follow something similar to the code doctors apply to their patients, which is to “first, do no harm.” One judge felt that no longer having to remove children from their families in cases where services could now be paid for avoided causing children the trauma of being separated from loved ones. For example, this judge reflected on his first case after Waiver implementation, when it dawned on all parties that it would cost less money to help a mother pay rent than it would to remove her children due to inadequate housing.

Another judge reflected on what might happen to their local child welfare system should the IV-E Waiver not be renewed:

It would be disastrous to dispense with the IV-E Waiver because it would result in children being brought into care in order to obtain services for those children and it would totally overwhelm our court system. I would have to get another Circuit Judge in this Division if my volume of business suddenly tripled because that is about what it would be and it would be overnight. It wouldn’t be a gradual ramping up of work for the court system. It would be the dam would break, and we would be inundated in a matter of days.

Nine of the ten judges interviewed felt that the Waiver was a very positive step for Florida. In contrast, one judge voiced concerns about underfunding out-of-home care options, commenting that the Waiver was one of a series of reform efforts that “robs Peter to pay Paul” in
that resources are diverted to the front end of the system to prevent children from entering, which is fair and reasonable to do, but if no new dollars are infused into the system at large, then those children who really need quality foster care suffer what the front end of the system reaps. In terms of the Waiver’s impact on Florida, judges repeatedly mentioned that cases primarily due to poverty were usually no longer seen inside their courtrooms.

Another judge mentioned that he had seen increased creativity in service offerings since Waiver implementation. He gave the example of a parent's house being so dirty that the child comes to the attention of the system. The local lead agency contracted with a janitorial service to visit the house three times: The first time the janitorial service would clean the house from top to bottom, the second time they would come back a week later and show the parent how to clean the house from top to bottom, and the third time they would come out they would be to watch the parent clean the house from top to bottom. This solution, in many cases, prevented a child's removal.

Changes were identified in how the judicial system is viewing families, including permanency-related decisions. For example, in the past when children were removed from an offending parent and placed with a non-offending parent, the court insisted on keeping the case open and working the reunification plan. Now the court is allowing closures of cases with non-offending parents granted custody. Another change is when a family is involved with the child welfare system and a new baby is born, previously the new baby would be placed if the family did not have the other children back. Now with prevention and diversion services in place, case managers are able to work with the family and keep the baby at home. In the past, one positive drug screen could have meant removal. Today this is not an automatic decision.

**Poverty versus child abuse: a deeper understanding of the difference.** During any large scale implementation effort, there will always be broader community factors impacting the ease of implementation. One of the most prominent themes from interviews was a misunderstanding of the culture of poverty and an entrenched stigmatization of poverty among
community stakeholders. Prior to the Waiver being implemented, participants stated that child protective investigators, judges, and case managers were more likely to remove a child due to poverty-related issues such as a lack of food, transportation, or child care.

One CEO stated that in their community there was not an understanding of the culture of poverty, and many times just being poor was misinterpreted as neglect. Perceptions of poverty versus abuse and neglect is one of the areas that several lead agencies are working on in their system in conjunction with judges and protective investigators. A stakeholder explained, “PIs [Protective Investigators] and others have taken kids from families because they don’t understand the culture of poverty.” Many lead agencies noted that this culture of poverty is frequently misunderstood within their communities, and some children may be removed too often. It was suggested that a community education and training approach could help to facilitate a change.

With funding restrictions lifted, these more concrete services could be provided in order to allow a child to safely remain in the parents’ care. However, changing both child protective investigators and the local community's perception that poverty was not intentional abuse or neglect was something lead agencies had to work on over the long term. For example, one lead agency set up a separate hotline from the traditional phone number one would call to report child abuse. This second hotline was for people to report family issues related to poverty so that everyone could begin to internalize the concept that not having enough money is not synonymous with hurting children. A stakeholder who worked for this lead agency explained, “We wanted people in the community to not necessarily associate our agency with the child welfare system so that families would call if they had stressors. About 18-20% of our referrals are families calling themselves.”

Second, another lead agency developed a speaker series that was free to the local community that provided information and resources on parenting skills to anyone who wanted to learn more. One of the speakers, for example, was the television actor from the show, Nanny
This lead agency explained, “We are just coming at it from the approach that kids don’t come with an instruction manual and everyone at some point has felt like they could learn something to become better parents . . . without the stigma.”

Another emergent theme from stakeholder interviews was the need for community education concerning at-risk children and families. Community values about issues, such as the difference between symptoms of poverty and indicators of abuse or neglect, impact the decisions of child protective investigations. As described by one participant, “When the news camera goes into that [impoverished] home, the average American says, I wouldn’t leave my child in there.” Stakeholders emphasized that the child welfare system needs to help the community understand family preservation by demonstrating positive examples of how a family can be supported in the community. Another lead agency, in an effort to reduce poverty stigma, funded a community resource center purposely in the middle of the neighborhood with the highest number of reports of abuse and neglect. The goal of the project was to embed connections to resources such as food stamps and parenting classes within the local community itself, so that parents would not feel as embarrassed to ask for help before their situations deteriorated further and impacted their children.

One new element is community values and the related need for community education. Specifically, the ability to expand in-home and community-based services and to reduce out-of-home care will not occur without changes in community values related to views about poverty and about what constitutes “good enough parenting.” For some community members, the distinction between being poor and being neglectful of one’s child is not always clear, and a home with the bare minimums that may not be neat and tidy at all times is interpreted as meaning that a child’s well-being is seriously at risk. The lack of understanding of being poor was also equated with a lack of recognition of the related burdens: “There is no public transportation and to get to the courthouse, they have to give up picking oranges, pay someone $50 each week to bring them into town, sit there all day for their case to be heard . . . and then
According to participants, without education of community members, including educating the media about poverty, the pressures on the child welfare system to remove children from potentially unsafe environments will outweigh support for prevention initiatives to strengthen family and community protective factors.

A second theme is related to community views about “where children should live” and about parents whose children are in the child welfare system. A specific example related to mandatory drug testing of parents, which started at twice a month, went to once a week, and now is sometimes recommended every other day. As a lead agency administrator stated,

_They said to me, if they are not using drugs they should not object to taking a drug screen and I thought, you guys don’t get it . . . What are they going to do to these families? They are already burdened with so many things by our intervention, by our oversight and by all the things that they should legitimately do because it was a court issue that brought them to us. Now let’s slap a drug screen on everybody._

Participants pointed out that the community education process is slow and ongoing.

Lead agencies also reported enhanced staff training as part of IV-E Waiver implementation. Family Services of Metro-Orlando, Inc. reported that the staff receives poverty simulation training based on role-playing poverty scenarios in order to increase awareness and understanding of the unique challenges caused by poverty (Vargo et al., 2007, p. 37). Poverty Simulation Training, as developed by the United Way of Northeast Florida, tries to sensitize and teach participants about day to day challenges of living in poverty. Each participant is given a different type of caregiver living in poverty scenario: one person may be homeless, another recently fired from their job, one may be disabled, another a grandparent caring for grandchildren, and another a single mother working three jobs. The participants are then tasked with providing basic food and shelter to their families over the course of four 15 minute weeks. The second hour of each training day is devoted to debriefing staff and discussion around their own feelings and realizations about the feelings of the families they come into contact with.
(University of North Florida, 2015). According to the Circles National Campaign for Ending Poverty (2015),

Ordinary people from all walks of life can share a very special kind of awakening. The Poverty Simulation can open people’s eyes to the human costs of poverty. The power of this unique training is that it creates an insight into the cause of chronic crisis that consumes so many working poor families.

Another theme relates to the culture of Child Protective Investigations as one that is “working in fear of making mistakes.” As one focus group participant stated, “none of us ever wants a child to ever die on our watch but you got to take some risks with families . . . , to just not take any risk with any family because you are so afraid that a child will die or your career will be over and they are just frozen.” In other words, it may be better for a case manager to work to reunite a child with his or her family and take the risk that they will not be re-abused because languishing in out-of-home care is a traumatic experience in and of itself and may even be more traumatic over the long term than any one incident or chance of re-abuse. In addition to this environment of fear, a training need around the factors related to poverty was also discussed. “The PI goes in and they don’t understand the difference between the two, so therefore it is not neglect, it is just living in poverty and survival and they remove.”

Changes in Practice

This section details emergent themes from stakeholder interviews regarding implementation of Florida’s IV-E Waiver and changes over time in approaches to child welfare practice. Specifically, prominent themes addressed included changes to the market of child welfare providers, increasing prevention and diversion services, providing short term concrete help and long-term skills training, moving from an adversarial approach with parents to one of partnership and support, and an increase in staff morale and job satisfaction facilitating improved practice.
It’s not like there isn’t still a lot of work to do, it is just a different type of work.

- Lead agency CEO

All of these philosophical changes began to occur during the first year of Waiver implementation and took hold as time passed. Agencies sometimes struggled with case management and residential provider agencies, in terms of either encouraging the provider agencies to offer more prevention and diversion services or if none of these types of front-end services had been within the scope of the residential provider, to diversify and/or completely change their type of service provision to target preventing children from needing residential placement. There was a clear change in the market that had to occur alongside a change in philosophy. Residential providers, in particular, struggled with a lack of guidance and preparation for the change. Residential providers are provider agencies that focus services around providing a place for children to live while in out-of-home care. For example, there might be a home for teenage mothers that provides GED, medical, and counseling services, or there might be a crisis shelter that provides a temporary place to stay for a child who may be subsequently placed with a foster family or relative until their parents undergo drug treatment and parenting classes.

As part of this research project, providers were asked what, if any, strategic planning occurred to help them know what to expect with the IV-E Waiver and the corresponding system-wide expectation to reduce the number of children in out-of-home care. One provider explained, “we heard through the grapevine these goals of decreasing the number of kids, but it wasn’t communicated to us in a professional manner.” Another provider suggested that the lead agency call together residential providers and problem solve about what the current needs of the system were and how different providers might be able to help specific target populations so as to stay in business. In another area of that state, however, the lead agency described a very strategic planning process with provider agencies, “we did not want to hurt the agencies by slashing dollars . . . so we very strategically approached each one of them and got them
engaged in the prevention side of the world.” It should be noted that this is probably easier to do when a provider agency is responsible for residential care, case management, and/or in-home services, and perhaps harder to shift focus when solely focused on residential care because of the economic disincentive. If a provider agency has focused on residential care, it may not have staff expertise or the facility to provide different types of services, so getting it to begin to cater more toward the front end of service provision that involves voluntary and in-home services to make sure children stay with their families may not be something it deems affordable or financially feasible.

Whether residential providers had been engaged by their lead agency or not, the majority of those interviewed had experienced a decrease in the number of children being placed with them. For some this meant closing their agency, or at least considering closing their agency. One provider who offered shelter care (i.e., short term residential care for children awaiting a hearing, awaiting placement with a relative within 60 days, and so on; a place to stay, meals, 24-hour supervision, and some social programming is normally provided for school-age children) explained, “we are budgeted for a certain amount of kids and if we don’t have those revenue streams coming in, the writing is on the wall.” Another lead agency stakeholder reflected, “we have seen a lot of group homes and shelters closing. . . I think it is a good development, but it has happened so rapidly.” Providers with a larger capacity to start with were more likely to remain in business than a smaller facility that only had five or 10 beds. Additionally, providers unwilling to diversify their target population in terms of level of need or age were more likely to go under than those willing to consider serving different types of children. For example, two emergency shelter providers in different counties have had to shift from serving young children to serving teenage girls. Providers were also forced to consider changing the type of service offered to clients, normally from residential to providing in-home and prevention-oriented services. For example, rather than providing a residential facility where children removed from their parents care would come to live while a more permanent placement
into foster care or kinship care was determined, a provider might focus more on the front end of services and provide crisis counseling to families in need in an effort to avoid removals from parents in the first place.

**Increasing prevention and diversion services.**

*It used to be all about prevention of re-abuse, but now we’ve accepted the fact that we can’t just settle for that, we really have to be up front and prevent harm of children in the first place.*

-Child welfare stakeholder interviewee

Many of the lead agency leadership interviewees discussed both philosophical and strategic efforts to refocus their resources from the back end to the front end of the system. A philosophical shift is underway in terms of not just thinking about preventing re-abuse once a family has had a substantiated report, but also primary prevention (e.g., sponsoring creative strategies such as community education programs on parenting). Respondents cited the Waiver as the fundamental vehicle and support for this philosophical shift to occur.

More concretely, when faced with budget cuts over the past two years, one lead agency CEO explained, “We prioritized in-home programming . . . and where we had to take programmatic cuts we took them on the back end, traditional case management. That was a tangible strategy on our part to continue the momentum that we think we have created with the Waiver.” When this stakeholder refers to back end services, the idea is to take funds from providing case management services to children in out-of-home care and move them toward diversion services that would prevent the child from ever entering care. Another lead agency spoke in terms of shifting FTE, “We moved about 12 FTE’s from case management to front-end programs last year and will probably move about eight more this year.”

Other agencies have been able to directly increase the amount of money they are spending on diversion. One CEO explained that over the course of five years, their lead agency had gone from investing $1.5 million to $5 million in diversion services. Yet another lead
agency was able to allocate $1.5 million to after school programs, summer and holiday camps, and other community programs located in at-risk geographic areas. Many examples of prevention and diversion services were mentioned during interviews. The definition of prevention, again, is quite broad. Some think in terms of preventing children from remaining in out-of-home care. The Family Finding model has been used to help locate relative placement options for children in care who have often previously been told they had no relatives. An example was given of a teenage girl who had been in care since infancy who was about to age out of the system without any family ties. Family Finding was able to locate both parents in Florida who were interested in reconnecting, in addition to several relatives who flew into the area to meet her for the first time. Corresponding relative and kinship care services have been augmented in some places to handle the increasing number of relative placements. This includes material support (e.g., food, clothing, holiday gifts for the children), legal counsel should a relative or parent become incarcerated, and support groups both for the relative caregivers and the children being raised by them.

Other respondents think in terms of primary prevention of maltreatment, and specific things that can be done to educate and help community members. One stakeholder explained, “A majority of the people we serve are not in the child welfare system—they are self-referrals in the community. Hooking them up to those benefits they didn't even know they were entitled to helps them dramatically.” Respondents talked about reducing feelings of isolation regarding economic strain, and the benefit of people realizing they are not alone. “They start to network with each other, provide respite for each other, pass down clothes to each other. . . . It is neat.”

Still other respondents discussed prevention via targeting older children in the system who are teenage parents, with the hope of preventing their young children from entering the system at any point in the future by providing more wraparound support to the mother. One lead agency has identified the number of adolescent and young adult girls in their system that are parents and have custody of their child. The agency provides individualized support by
making a prevention referral for the babies and looks for creative ways to keep them from entering the dependency system and thereby “preventing them from ever filing on that child.” For example, a teenage mother may not have adequate housing or childcare during her pregnancy. By helping these young women secure safe living arrangements and social supports for themselves and their children, the children are less likely to be the subject of child neglect investigations.

**Concrete help and long-term sustainability.** Another significant change in practice that was made possible by the Waiver was the increased use of flex funds to help families involved in allegations of abuse or neglect by purchasing items or services—such as beds, cribs, and utility or rent assistance—that could decrease the risk level and prevent the need for out-of-home placement. Although lead agencies reported a greater availability of flex funds, the majority also indicated that the capacity did not meet the needs of the community. Agencies described implementing strict eligibility procedures to maximize the efficient utilization of flex funds and make efforts to augment these funds by obtaining donations of goods and services from local businesses and non-profit agencies that are designed to meet the specific needs of a family. An interviewee articulated: “Kids are not going to go without because something can’t be purchased. We get shoes for kids, we get underwear for kids, shampoo, and clothing for special occasions – kids don’t go without because somebody is saying no.”

A lead agency in Central Florida, for example, diverted families involved in an abuse or neglect investigation from out-of-home care through use of the Community-Based Interventions Program. The target population included families involved in an abuse or neglect report where the risk to the child was deemed low to moderate, but where some services were needed. A judicial or child welfare case was not opened and the family was monitored outside of the formal child welfare system. The primary services provided include assessment, linkages, building of support systems, monitoring the family’s use of services, and ongoing child safety assessment.
Another lead agency in Northern Florida reported it used Family Support Teams and Family Team Conferencing (FTC) to improve permanency and safety outcomes for children. Family Support Teams provide wrap-around services to include basic housekeeping, budgeting, parenting skills, community service awareness, and child development. While CPIs (Child Protective Investigators) utilize Family Support Teams as a means of diversion from the child welfare system, the practice was also used for families involved in the reunification process. FTC facilitators located at each FFN service center coordinate the conferencing process.

The practice of incorporating Resource Specialists into the child protection system of care was used by two lead agencies: one in the Tampa Bay area and one in Central Florida. The primary goal of the resource specialist was to provide CPI staff and Case Management staff with information about and linkage to community resources that could assist families involved in a child welfare investigation. The Resource Specialist practice, as it was been implemented by both lead agencies, was a part of a larger system of diversion and prevention services. The program also facilitated bi-weekly Diversion Staffings that were attended by the CPI and the community providers. The Diversion Staffing provided an opportunity for the CPI to present an assigned family’s case to the group of service providers and a representative of the Resource Specialist program in an effort to identify and refer to community services that best fit with the family’s needs. The intended outcome of the staffing was that the “best fitting” community provider accepted the family for services.

The Resource Specialist program also managed the lead agency flex funds that were available to CPIs to assist families with emergency needs in an attempt to alleviate the risk to a child while remaining in the family home. Flex funds could be used to pay electric bills, purchase bedding, clothing, bus passes, and other items or services considered necessary by CPI and the lead agency. In collaboration with the Hillsborough County Sheriff’s Office of Child Protective Investigations Division, the Resource Specialists maintained what was called a “Bundle Closet” that held clothing and toiletries for children and adults. Backpacks (“Love
Bundles"), donated by the Junior League of Tampa, that contained age and gender appropriate clothing, essential items, and a toy, were made available to give to children involved in the child welfare system, as needed. In an effort to increase resources available to families in need, the Resource Specialists networked with companies such as Wal-Mart and Home Depot to assist with clothing, baby items, and home repairs. Resource Specialists also assist with pre-service and in-service training of CPI staff. The Resource Specialist staff presented procedural and resource information about the program during pre-service training, and prepared a packet given to all new and existing CPI staff. Community services and resource information organized by the program in a Resource Library was accessible to all staff. For the CPIs bi-weekly staff meetings, Resource Specialists helped organize trainings and presentations from community providers.

Similar to the program in Tampa, the Central Florida Resource Specialist program established partnerships with companies including Wal-Mart, Home Depot, and Payless Shoes to obtain donations of gift certificates, items and services needed by families involved in the child protection system. The program also coordinated "Resource Road Shows" that included presentations by community providers and organizes trainings for both Child Protective Investigations and Case Management staff.

CBC lead agencies reported that the expansion of prevention and diversion services had been possible due to the funding flexibility of the IV-E Waiver and the reduction in the number of children served in out-of-home care. Under the Waiver, lead agencies reported being able to respond to the concrete needs (e.g., food, housing, utilities) of families without having to file an abuse report or remove children before resources could be considered. One lead agency explained, “we have helped out families that call for help with anything from car repairs to making sure they have all the car seats that they need or exterminations in the home; we really have been able to use funds much more creatively.”
An Ocala area lead agency committed to leveraging new resources to support families through community engagement and outreach, based on the premise that within each community there are individuals and organizations willing to contribute to help support families and promote the well-being of children. There has been a dramatic increase in in-kind and cash contributions, increasing from $13,400 in SFY (State Fiscal Year) 06-07 to nearly $300,000 in SFY 09-10. These contributions included landlords willing to waive deposits to expedite a family’s move into affordable housing, businesses making cash donations to provide emergency assistance, storage facilities for donated furniture and appliances, and volunteer groups sponsoring family-friendly events.

The Ocala area lead agency and its partners embarked on a pilot project in West Ocala, a vulnerable neighborhood of approximately 4700 households and a 45% poverty rate. The project used an asset-based community development model to address the needs of children and families at risk comprehensively. Based on a study of the needs of families with removals in that community, the West Ocala project facilitated resident involvement, increased access to services, and developed new resources in the community to meet the needs of its families. A monthly newsletter, The Voice, distributed to the households in West Ocala provided information on free resources for families. The Marion County Health Department provided a free mobile health clinic five days a week in the neighborhood. The project renovated a facility that was donated by the city of Ocala and will be used as a neighborhood center. Other partners include the United Way (Women of Worth), Habitat for Humanity, and the Green Jobs program of the Workforce Alliance.

Another northeastern Florida lead agency’s prevention and diversion continuum spans from primary prevention to programs intended to stop children involved in the child welfare system from needing to be placed in out-of-home care. In the area of community engagement and outreach, this lead agency modeled Promise Neighborhoods, a federal Department of Education initiative. The goal of the lead agency was to embed in the community so that people
felt more comfortable about asking for assistance. In 2008, the lead agency opened a neighborhood resource center in an area of Jacksonville that DCF and the lead agency identified as having the highest concentration of abuse and neglect reports. The intent was to provide families with the tools to enable them to build and strengthen healthy families, such as financial assistance, food stamps, and parenting classes. In addition to this resource center, the lead agency opened another neighborhood center, located on the campus of Edward Waters College in Jacksonville. The types of services offered at the resource centers include “boot camps for fathers,” a food pantry through Second Harvest, pre-GED support, and STEPS. The lead agency also initiated a job training outreach program with biological parents who were being reunified with their children coming out of child welfare custody. There was a staff person at the local community college who acted as a facilitator for parents who were interested in a trade or certificate program; the facilitator’s role also included making referrals to the financial aid process and counseling services.

If the Waiver is not continued, a Pinellas lead agency predicted that the services traditionally only provided to clients after children were removed from their homes would return to having the same restrictions applied and therefore, rates of entry into out-of-home care would quickly begin to increase. Under the Waiver, the lead agency provided much temporary and immediate help to children and their families so that concrete needs were met and never the cause of a removal. They provided services such as rental and utility assistance, temporary housing, assistance with plumbing repairs or safety issues in a home, pest control and treatment. The lead agency also provided limited financial assistance to relative caregivers if they were willing to care for a child in their home and did not qualify for regular relative caregiver support.

**Refocusing on parents: moving from an adversarial relationship to a supportive partnership.**
They know what they need. They know how to keep us out of their lives forever. These children are not wards of the state. These children belong to these families and so we are giving that power back to the families.

-Child welfare stakeholder interviewee

Interviewees talked both in terms of specific prevention and diversion examples, and how they have altered the way such services are provided. “We view parents as partners rather than adversaries now,” stated a case management supervisor. In this way, communication between parents and case managers improved and parents felt more supported than monitored or threatened. One interviewee noted that the trend to serve more families outside of the dependency system resulted in stronger family engagement because families viewed it as a voluntary and self-directed process. A related impact was an overall reduction in negativity, helplessness, and hopelessness among families, CPIs, and case managers. Case managers talked about the importance of empowering parents to take control over the outcome of their own case. For example,

I try to take away the sense that I have all the power. I tell them my job is to report your success or failure at completing tasks and as long as you are being successful we are going to get along just fine, but when you are not and I am reporting a failure, that’s when you are going to be mad at me, but as much as I am willing to help you today is as much as I am will be still helping you then, it will be your perception that has changed.

This stakeholder was also speaking to a common challenge in engaging parents as active partners that repeatedly came up in the interviews. Many families in the child welfare system have either substance abuse or domestic violence issues. Research shows that many of these parents will relapse up to seven times and some will not recover fully. This knowledge needed to be integrated into child welfare practice. For example, a decision may still be made to reunify a child, but a safety plan including alternative placement arrangements, perhaps with relatives, needs to be in place for these families at the time of reunification.
One challenge related to family engagement, according to one respondent, was that staff sometimes had power control issues and wanted to tell the family what they needed, rather than bringing the family to the table and asking, “How can we help you?” This respondent noted that this shift was a fundamental premise of Community-Based Care—the belief that families make up communities and that children belong to these families. The depth of information and examples given by stakeholders regarding family engagement in all aspects of a child’s contact with the service system strongly indicated that engagement was critical, at times complex, and could be done a number of different ways at critical junctures in each case. Most stakeholders who were interviewed and served as case managers or case manager supervisors expressed the strong desire to have as much time as is possible to engage parents in what they perceived was a significant aspect of best practice in child welfare service delivery.

Respondents discussed working much collaboratively with CPIs in the way services are recommended and provided. One example was of case managers or trained mental health, substance abuse, or domestic violence specialists being sent out on abuse calls with the CPI in order to better assess the immediate needs of the family and expedite services with the hope of keeping children safe in their homes. This caused a philosophical shift among CPIs. One participant articulated, “we understand the fear that PIs have. The fear that they are going to be splashed over the paper or they are going to be fired if a kid dies, but we are actually giving them real time services now and showing up at the home when the kids need the service.” Another stakeholder talked of empowering families to determine and tell the case workers what they needed to get better rather than just having services prescribed to them. Another stakeholder stated, “collaboration and partnership at the early stages of the investigation is the key to move forward with service delivery.”

Another lead agency spoke of this front end process and the importance of having a good family assessment instrument in place to engage families and find out right away what
might be needed to help them. A member of the leadership team from this lead agency described the instrument in this way:

*the Family Assessment Instrument allows the case managers to better understand the dynamics of the family, the nature of the immediate problem that brought the family to the agency’s attention, and decide upon a realistic course of action to resolve the problem.*

Several other lead agency interviewees also shared the perspective that they try to engage families very early in the case at the Early Services Intervention staffings, where child protective investigators sit down with lead agency staff and discuss the process of transferring the family’s case from the point of investigation to recipient of services from the local lead agency.

Another lead agency was using a specific type of staff position called a Resource Specialist to attend what they called an “Initial Case Conference” to help the team identify services that were ideally home-based and community-based for the family to prevent the children ever being removed from their families, and therefore diverting them from out-of-home care. A case manager interviewee noted that the reduction in caseloads meant that case managers now had the time to do much more engaging with families around the substantive issues that needed to be addressed so that children did not need to come into out-of-home care. Case managers also reported that the emphasis on family engagement resulted in new efforts to reach out and make connections with informal supports, “different people that the parents know and are closer to and you utilize them to help them.” These new resources include churches and other community groups.

Second, lead agencies worked during this time on adopting a Family Centered Practice (FCP) model, encouraged by their funder’s interest in the approach (e.g., the Department of Children and Families). The FCP model promotes identifying and encouraging family strengths, as well as giving the family enough voice and power to be their own driver of ideally successful outcomes for their family. The description of the model from one lead agency interviewee was
that FCP “adheres to and promotes Child and Adolescent Service System Program values which include a strengths-based discovery process to engage families as equal partners in the planning process.” Part of the FCP activities include speaking to each family member and child individually so as to collect many different and unique perspectives on family life and dynamics. Case managers work with parents to be able to identify at least some of their personal strengths on their own, so that the plan the case manager creates on paper is an active collaboration with the family. Lead agencies reported that they had received some verbal feedback from biological parents that the FCP case planning approach led to positive experiences and was a drastic change from past experiences they had had with the child welfare system.

Third, many lead agencies used Family Team Conferencing (FTC) to involve parents and make sure they had a clear voice in determining their case plan and pathway through the child welfare system. An interviewee described FTC as “a process used to involve the family in organizing, coordinating, and empowering the change process.” There are a number of different ways to do FTC, as it is an approach that has been around long enough to be trained on by different groups and group specific models developed (i.e., the FTC model developed by the Child Welfare Policy and Practice Group in 2001, the Family Group Decision-making model developed by the American Humane Association in 2008, and models of FTC that are more closely aligned with wraparound approaches that focus on coordinating multiple services for a child).

What the varying FTC models all share is that they seek to help families become an active part of making decisions relevant to their case. FTC was used at critical junctures in a family’s case and also used at different time by each lead agency. The most commonly mentioned times that FTC was used were during the investigation process, during the case staffing where a family is transferred from the investigation team to the local lead agency, and in the months leading up to reunifying a child with his or her family after completion of the parents’ case plan. Another advantage of FTC is that it brings additional key adults in each child’s life to
the table and to hear from them in addition to the biological parents. An interviewee described, “[FTC] brings together each person involved in a child’s case to share his or her views and reach a consensus.” By including diverse perspectives, case managers and supervisors feel another aspect of best practice is achieved for the family.

Fourth, lead agencies tried to consider some different approaches to soliciting family feedback on evolving their local systems of care. For example, as new grants were written and new service initiatives were implemented, lead agencies included parents and youth as part of the team. Some agencies established youth Boards that were active, particularly around issues of independent living. In these cases, lead agencies considered how they might better support such groups (e.g., linking them to national affiliates for increased support and advocacy development). The suggestion was also made that a former foster youth be given a spot on the lead agency Board of Directors. Stakeholders explained, “We have a couple of kids who offer as much feedback as the business guy that sits there in the fancy suit and will be as helpful to us as anybody, so I think it is critical.” Further, it was said that, “I like having the kids around because it is a good reminder to all of us why we are here.”

**Increased morale improves practice.**

*We are not just warehousing kids anymore, we are improving their lives… it is all about the customer and making sure we are delivering something of value to them, and we see that happening now.*

--Child welfare stakeholder interviewee

Two prominent themes from these data are that the reduction of the number of children in care has led to case managers having smaller caseloads, more time to engage families, and thus increased morale of case managers and corresponding increases in staff retention/reductions in turnover.

Lead agency leadership, case managers, and residential providers all spoke to different sides of the varying impacts the reduction in children coming into care has had on them and the
work they do. Regarding the impact at the lead agency level, lead agency CEOs reported shifting their resources more toward the front end of the system. “We have retooled to meet the demands of the consumer,” stated one participant. In addition to the focus on preventing children from ever entering out-of-home care, lead agency CEOs reported having a chance to turn their attention to improving the quality of care provided to those children remaining in out-of-home care. Therefore, the IV-E Waiver is having a compounding positive impact as a lower proportion of children are entering the system, and those that do are receiving better care. Other lead agency stakeholders tasked with management of their local system explained that the Waiver and its corresponding reduction in the number of children in care has both reenergized them and allowed them to sleep better at night. Others described their situation prior to the Waiver as operating in crisis mode without homes in which to place children. With the addition of the Waiver and fewer children in care, lead agencies are finding that they are able to focus on specific populations of children such as teens, and really hone in on creative ways to serve them and find solutions for longstanding problems. Finally, one lead agency administrator concluded, “Overall, the negativity and helplessness and hopelessness that existed in the dependency system is reduced because we are functioning at a different level.”

Case managers described the IV-E Waiver and the reduction in the number of children in care as positively impacting their caseload size, morale, and turnover rates. Much of this had to do with case managers carrying lower caseloads and therefore having time freed up to spend engaging the family more often and more in-depth than ever before. Lead agencies reported caseload sizes ranging from 12 to 20 children (not families) per worker. One stakeholder reflected, “We are doing family-centered practice, we have trained staff on how to engage families, all of our work is strength-based and so the way the workers actually work with families now, the way families are treated, that has all changed.” Another reiterated, “they [case managers] are not just chasing the paper, they are not just meeting deadlines, they are actually
engaging in conversation, communication with the client and putting in life-sustaining opportunities to change the dynamics of that family."

As case management becomes more strength-based, families are treated better and workers feel better about themselves. Additionally, respondents described how case managers can now focus on breaking the cycle of intergenerational problems, such as poverty and lack of education. Another explanation for an increase in case manager morale is that case managers are now able to see the lifespan of a case due to shorter lengths of stay, and therefore may be feeling a greater sense of ownership and accomplishment. Overall, interviewees who were case managers or who supervised case managers, reported less burnout, and a shift toward more positive energy. One interviewee stated, “We all work together from the staff in the field to the CEO. We all work very hard and leadership provides feedback and advocates on our behalf.” Directors indicated that since Waiver implementation, their jobs have felt more rewarding due to fewer obstacles to helping children and their families and a new sense of confidence that what they are doing really does make a difference.

Summary

Stakeholder interview data revealed a shift in how stakeholders are viewing child well-being with an emphasis on the belief that well-being is typically best supported when children are not removed from their caregivers but rather the caregivers are offered the services and supports needed to enhance their parenting capacity. Informants also noted changes in how child welfare stakeholders are viewing safety. The emphasis has shifted towards ensuring that a child is safe while remaining with his/her family rather than removing the child. In summary, both case managers and lead agency leadership have experienced many positive impacts of IV-E Waiver implementation. More importantly, these positive impacts have also reached children and their families.

During some of the interviews, participants reflected on the sustainability of these positive outcomes, and what would happen if the Waiver were not renewed. At a service and
practice level, some respondents felt that losing the IV-E Waiver might set their system of care back by 20 years. Explained one participant: “you would see an over-capacity foster care system where you've got children sleeping on floors, case workers with around 40 or more cases, and a system that really isn't able to work on their quality improvement process.”

All respondents felt that child-level outcomes would worsen without renewal of the IV-E Waiver. Respondents explained that prior to the Waiver, most parents were simply told to take a parenting class and to have a few clean drug screens, and their children would be returned, rather than providing families with the continuum of services they really needed to raise their children. Therefore, if the Waiver were not to be renewed, it is thought that recidivism rates would dramatically increase. Finally, it was believed that the larger community as a whole would suffer should the IV-E Waiver not be renewed. A respondent explained,

What does losing the Waiver mean to a city, to a state? It means you're going to have a large portion of your population that will become even greater have-nots than they are today. The IV-E Waiver has given us the opportunity to provide job training, educational opportunities, and allowed families to re-engage in a process they've been locked out of in the past.
CHAPTER SIX:
DISCUSSION

Introduction

This study has explored changes in structure, governance, perception and practice during a ten-year period in which Florida’s child welfare system implemented two statewide reform efforts: Community-Based Care and the Title IV-E Waiver Demonstration. This chapter will summarize the findings of the research, outlining how principles of systems theory and key elements of organizational culture may be used to better understand Florida’s child welfare system reform efforts. Contributions of this research to the field regarding systems change and changes in organizational culture are discussed. Guiding theories of change and the development of a conceptual model of philosophical shift within the context of holism and systems theory are presented. Limitations of the research, policy and practice recommendations, and directions for future research are also included.

Research Objectives and Questions

Summary of Question One: How has privatization shaped the environment in which child welfare decisions are made in Florida?

In the summer of 2005, as statewide CBC was achieved, the Florida Department of Children and Families went before Congress at a child welfare financing hearing and urged the members to consider President Obama’s FY 2006 Child Welfare Program Option that allowed for a waiver of some of the existing funding restrictions and perceived disincentives for practice that would preserve and reunify families. In March of 2006, the Department submitted an
application to the Federal Government for a Title IV-E Waiver Demonstration. The State was successful in their application, and Waiver implementation began statewide October 1, 2006. The work that led up to the IV-E Waiver application and all that changed under the privatization movement was the focus of research question one. In order to better understand the change process, this section of the discussion that reviews findings and emergent themes from research question one, groups key findings under the following principles of systems theory that were discussed earlier in this dissertation: systems as collections of components, nested and interacting structures, the interplay of function structure and capacity, context and adaptation, cooperation, coordination and collaboration, approaches to care, accountability, and governance. Key elements of organizational culture, such as role clarity, community involvement, communication, and shared responsibility versus operating within a more fear based organizational culture are discussed where most relevant and linked to changes in practice.

**Systems as collection of components.** As identified earlier, systems theory defines a system as a collection of functions, structures, capacities and behaviors among other components that are grouped together around a common purpose or goal (Wulczyn, 2010, p. 10). Florida’s child welfare system went through massive reform and redesign during the period of study, 2001 to 2011. Prior to this period, the State of Florida conducted child protective investigations and provided case management services to children and families. During the tenure of Governor Jeb Bush, Florida went through a staged process of implementing a unique form of privatization of child welfare known as Community-Based Care. The key features of the new model are that services are fully integrated into the landscape of each community and administered by geographically specific and unique lead agencies that are private companies under contract with the State. Each lead agency is governed by a volunteer-based Board of Directors representing key stakeholders in the community, such as law enforcement, faith based organizations, and guardians ad litem. To reinforce community governance, Community
Alliances were mandated in 2000 to focus on community resource development, strengths and needs assessments, and strategic goals for each local system of care.

**Nested, interacting structures.** Systems theory asserts the basic concept that all systems have subsystems nested within the greater whole and that these subsystems interact and influence each other (Stevens, 2008). A child welfare system exists in conjunction with each child’s family system in which they are raised, the community system in which the family takes part, and the larger societal systems in which guiding norms and culture influence respective communities. Additionally, within the services a child welfare system provides, there are different nested subsystems such as adoption, foster care, investigations, legal services, advocacy groups and case management.

One example that emerged from the data of subsystems being nested and impacting one another and the larger reform effort was the mix of providers each lead agency contracted with to provide services to children and families in their area. While there was a clear and obvious change in the market that had to occur alongside a change in philosophy, agencies struggled with case management and residential provider agencies in terms of encouraging them to offer more prevention and diversion services. This was easier or more challenging to do dependent on the variety of service offerings nested within any one provider’s array of offerings. For example, providers who were responsible for residential care, case management, and/or in-home services found it easier to shift emphasis because they were already providing some of each service. Providers who focused solely on residential care were more challenging because of the economic disincentive. Additionally, providers unwilling to diversify their target population in terms of level of need or age were more likely to go under than those willing to consider serving different types of children. Providers were also forced to consider changing the type of service offered to clients, normally from residential to providing in-home and prevention-oriented services.
Functions, structures and capacities. Systems theory stresses that systems accomplish their work through functions, structures and capacities and that the features of each will be determined by the larger context in which the system operates (Wulczyn, 2010, p. 2). Three key themes emerged in this area: (1) organizational flexibility and variance; (2) five different models of provider network structures with variations across lead agencies; and (3) contracting out versus retention of case management services.

An examination of the structure of provider networks indicated that lead agencies developed these networks to adapt to their local circumstances based on the availability of resources in their individual communities while creating ways to reach all of the children and families in their service area. As the implementation of CBC progressed across the state, additional provider network models emerged. Examples of redesign were evident in the early implementation stages at both the lead agency and provider network levels, indicating that the CBCs were willing to revise initial plans when there were indicators that systems and services were not optimal.

Specifically, five models of provider network configurations and their relationship to the lead agency emerged over time after document review. These included a provider structure that answered to a parent organization, a provider structure that maintained a lead agency comprised of partner organizations, a model that depicts the use of service centers in the provider structure, a more traditional provider model that excluded parent/partner organizations, and a provider structure that involved a lead agency run by county government. Retention or contracting out of case management services was cited as one of the most common differences among the lead agencies, and both advantages and disadvantages were put forth by respondents.

The most critical finding in this area is that there was no right way of designing local systems of care to achieve optimal outcomes for children. Over time, there were examples of both good and bad performance on child safety, permanency and well-being indicators across
organizational structures. What stakeholders stressed was not one model over the other, but rather flexibility as a hallmark of Community-Based Care, and that the state agency that they contracted with supported flexibility in local system design.

**Context and adaptation.** Systems never exist in isolation from a larger context that they must be able to adapt to both on an impromptu basis and over time (Rothery, 2007). Local context is critical to broader statewide reform efforts (Lemke & Sabelli, 2008, p. 118). In addition, adaptations to environmental contexts are always bi-directional, in that changes to a system that were the result of the environment will also alter the environment itself (Wulczyn, 2010, p. 3). Key themes in this domain included: (1) the State’s history with privatization; (2) the politicized nature of privatizing child welfare services; (3) slowing the pace of implementation to incorporate lessons learned; (4) the role of the economy in generating market competition; and (5) the notion that although flexibility in structure and system design were highly valued within Florida, federal funding restrictions were still driving practice.

Stakeholder interviews during the first two years of Florida’s privatization effort indicated that the transition to Community-Based Care was more complicated than originally perceived, in part due to the effects of external system changes, such as reforms in the structure of child welfare districts and the addition of Community Alliances to the mix of stakeholders, which subsequently affected roles, relationships, and responsibilities. The Rilya Wilson case and the Governor’s Blue-ribbon Panel on Child Protection were cited as changes in 2003 that profoundly affected two of the newly implemented CBC sites (Paulson et al., 2003). A much more substantial amount of time was needed to fully accomplish change than was initially believed. The initial completion date in the 1998 legislation was set for January 1, 2003; however, it was extended to June 2004, and then again to June 2005 due to increased recognition of the time it takes to implement such intensive system change.

One of the greatest challenges was to change actual practice at the service delivery level, especially as it related to the challenges inherent in changing the way people were
accustomed to conducting child protection assessments, planning, and service delivery. Even the two earliest established lead agencies reported a need for continued progress in this area. Overall, stakeholders responded affirmatively that privatization of child welfare in Florida had increased their financial flexibility. However, during the course of the CBC stakeholder interviews, it became increasingly clear that more financial flexibility with federal regulations would be beneficial to lead agencies.

While a more flexible system of matching a lead agency’s needs with the purpose of the fund, or “trading” categorical funds between sites would be extremely helpful, the state’s options were limited because of the federal requirements. It was clear as privatization matured and was fully implemented in July of 2005 statewide, that it would be beneficial if the state were to apply for a Title IV-E Waiver. At the time of CBC statewide implementation completion, IV-E federal funds were a major funding source that was not in alignment with the goals of the system, nor in sync with the flexibility CBC had ushered into child welfare. IV-E funding emphasized out-of-home care and did not provide for any of the services that could prevent a child from ever being removed from their parents, nor did it help fund services to support reunification, even though the chance of re-entry into the system was still high.

**Cooperation, coordination and collaboration.** Due to the nature of the nested subsystems within structure, communication and working together across agents within one system and even across child serving systems is critical to goal achievement (Ivery, 2007). One characteristic of systems with the capacity to effect change are those that foster active and substantive collaboration and communication among key stakeholders (Wulczyn, 2010, p. 3). Key themes emerging in this domain included: (1) roles and relationships, (2) role confusion, (3) stakeholder involvement in decision making; (4) perceived over-monitoring by the State; and (5) tension between locally driven systems of care and statewide consistency.

The implementation of CBC over time raised some serious organizational dilemmas for DCF. A number of people (including key DCF officials from a variety of different perspectives)
questioned whether the organizational structure of DCF was most appropriate for the massive cultural and organizational changes required for statewide implementation. Respondents expressed concern that, as more of the Department's work was conducted within a privatized environment that the Department needed to confront an organizational structure and culture that was past- rather than future-oriented, and fear-based rather than transparent with shared responsibility for children. For example, the roles of the budget, legal, and human resources needed to change as DCF became a contractor of services. Rather than the traditional role of service provision, DCF needed to adapt to ensure expertise in negotiating politically complex contractual arrangements as well as playing a critical role in quality assurance while respecting the right of each lead agency to design their local system of care to match the community's needs and resources.

Importance was also placed on having regularly occurring leadership meetings and the ongoing nature of determining who is involved in the decision making processes. It was generally seen as being very important for lead agencies to be a part of the decision making process with the Department. From the DCF perspective, including the lead agencies in policy decisions was a success for the most part. To the extent the Department was able to include lead agencies, the Department felt that they had increased lead agency confidence in DCF’s willingness and interest in seeing privatization and private agencies succeed over the long term. Early in the implementation process lead agencies felt that sometimes they were included in state level decision making and sometimes they were not and that it varied in a not so predictable fashion. Lead agencies felt that they were included in decision making with the State as their advocacy base increased and more lead agencies came on board, but that it was a work in progress. Leadership changes at the Department level and within state government also significantly impacted the nature of the decision making relationship and level of communication and coordination between the DCF and the lead agencies.
**Approaches to care.** While structure is a critical element to systems theory, it is equally important to examine the process by which something happens, and how changes in organizational culture may lead to changes in practice. Within child welfare, aspects of an approach to care might be how children are reported to a hotline, how investigations are conducted, case management, treatment planning, and family reunification. An approach to care is normally demonstrated through day to day decisions, but has very important implications for how vulnerable populations are treated and what rights are recognized (Wulczyn, 2010, p. 15).

Four primary themes in this area emerged from the data. The first two themes, an increase in prevention and diversion services and a refocusing on parents rather than children, increased in intensity as privatization matured in Florida. As the privatization of child welfare became more accepted and assumed and all of the contractual relationships with local, nonprofit agencies had been established, the next frontier was increasing quality of care. The second two themes in this domain, the need for short term concrete services and long term investments in sustainable change for families, as well as the notion that increased staff morale may improve quality of practice came about with implementation of the IV-E Waiver in Florida as perceptions of poverty transitioned from individual fault of the parent to parents dealing with problems they needed help with in order to better care for their children.

Increasing prevention and diversion services was done in reaction to a shift in organizational culture regarding the shared value of family preservation being paramount to some level of risk regarding child safety. As a result, those stakeholders involved in designing their local system of care and service array options began a time intensive and long term process of redirecting resources from the back end of the child welfare system (e.g., foster care an adoption) to the front end of the system (e.g., in home crisis services and emergency response teams designed to provide immediate access to care in order to avoid out of home placement of children).
Second, during the initial years of privatization in Florida, the system was focused on delivering services to the child rather than to the whole family, which leads to insufficient attention toward the underlying problems of the parents (e.g., substance abuse, mental health problems, socio economic status, etc.). No matter how many sessions of counseling or other programs you offer a child, if the goal is to reunify a child with their parents, re-abuse is much more likely if the parents still have unaddressed problems that first brought them to the attention of the child welfare system. Therefore, another change in Florida’s child welfare system culture was the shared belief that helping children meant helping their parents, rather than punishing them. Parents were increasingly viewed as partners in the service delivery process as a result of this value shift, and power dynamics between staff and parents were reassessed.

Another way that practice has been impacted by changes in values and beliefs is the prevision of more immediate and concrete services to families. While counseling over the long term or job training for a better salaried job would likely benefit a parent in poverty or struggling with a personal issue, if the parent cannot pay for transportation to the job training or to keep the electricity on and the heat bill paid, that parent and their children are going to have a much more difficult time stabilizing. Private sector agencies used the flexibility in funding and community partnerships and their knowledge and reputation in the local area to pay for and cover a wide variety of supports for children and their families to bridge the gap of what is needed over the short term in order for a family to pursue intermediary steps for sustainable, long term change. This is another example of how privatization helped to facilitate implementation of the IV-E Waiver. Were it not for the relationships lead agencies had within their own communities, a lot of the concrete supports involving donations would have been absent. The Waiver would have still enabled electric and water bills to be paid, but the combination of local contribution and funding flexibility seemed to have a positive, compounding impact on supporting families in need.
Finally, as organizational culture changed over time to emphasize a shared value base of family preservation, there were changes in practice such as fewer removals into out-of-home care, lower case load sizes, and increased family engagement that facilitated an increase in morale, both at the service delivery and leadership levels. Stakeholders related that they were able to sleep better at night, focus on creativity more often than crises, and get to know families and children on a more in-depth level to better help resolve challenges families faced.

**Accountability.** Systems achieve their desired outcomes through holding all of the key players and subsystems accountable for desired steps toward goal achievement. Often these steps are measured via performance standards within child welfare. The state entity must ensure that a quality assurance process is in place at each site and that lead agencies are meeting all state and federal regulations. Key themes that emerged within this domain included: (1) challenges in tracking and monitoring outcomes; (2) tension between the differing approaches of stakeholders with social service versus business backgrounds; (3) navigating state and federal mandates; and (4) ultimate accountability to children and families.

In Florida, lead agencies undergo both state evaluations and regional/district monitoring several times a year. There was a general concern that the existing information systems were not user friendly, were duplicative, and that there was too much inconsistency in how providers could enter information into DCF’s system. State information systems, from the perspective of those interviewed, were cumbersome and not in alignment with best practice. At times as the data systems were assessed, done away with, and revised, it seemed from a stakeholder perspective that they were not useful. As the IV-E Waiver brought a special emphasis on increasing voluntary and prevention services, limits of the state data systems were clear – there was no system wide ability to track prevention services.

Another aspect of accountability is tied more closely to individual stakeholders, the roles they play to one another, and pathways of accountability. One of the most fundamental and pervasive disagreements within the first five years of implementation interviews that surfaced
was the nature of the relationship between DCF and the lead agencies. Specifically, were the lead agencies an extension of DCF or were DCF and the lead agencies business (or service) partners? In the latter case, the purchaser sets the specifications, purchases the services, checks to see that the supplier has the required mechanisms in place to ensure quality control (without specifying what these mechanisms must look like), and then monitors the outcomes.

Concern was expressed that the lead agencies were encouraged to design each of their local systems with increased flexibility, creativity and efficiency, but the state at times still treated them like they were a part of state government, which was known to operate more slowly and inefficiently due to cumbersome policy, procedure and oversight. Another interesting facet of this problem sorting out roles and relationships between state and private partners was that some lead agency leaders came from a social service background in their previous employment and others came from a private sector business background. To this end, the business background leaders were more likely to take a black and white perspective to only doing what was written in their contract language with the state, where as the social service background leaders were more likely to prioritize child well-being and realize that the more important issue in responding to a sudden mandate was that it would serve children better, rather than placing emphasis on power dynamics between stakeholder levels.

Stakeholders also indirectly identified several issues inherent to applying a business approach to a social service. First, when dealing with vulnerable children, it makes the relationship a more complex issue than for example privatizing waste services. More importantly, under Florida’s constitution, DCF still retains ultimate responsibility for the safety of all children in its care. This greatly complicated the “business relationship,” since no matter how much of the service delivery was not directly under the control of DCF, the Department was still held responsible if something went wrong.

Governance. Systems over time face nearly constant uncertainty from the environment as well as predictable change and a need to maintain diversity. Systems with a governance
structure fluid and resilient enough to respond within these dynamics are more likely to be sustained and in alignment with system goal achievement (Lemos & Agrawal, 2006, p. 297; Wulczyn, 2010, p. 16). There were at least two forms of community governance occurring in each geographic area: community alliances and boards of directors. Perceived power, or lack thereof, and conflicts of interest were the two most common themes in this domain. Namely, Community Alliances were legislatively mandated with no real power, and Boards of Directors were initially allowed to be comprised of lead agency provider network and parent organization representatives, which presented a somewhat glaring conflict of interest. Boards were later mandated to be comprised of 100% members of the local community due to the concern that the lack in Board member diversity could result in a lack of community involvement and ownership, and also prevent infusion of new local revenues and/or innovative services.

When asked to describe their role and function, Board members most frequently mentioned their role in making sure the lead agency was fiscally responsible and viable. Additional responsibilities included ensuring the long-term viability of the lead agency, ensuring that children were receiving the highest level of care available to promote safety and permanency in their lives, ensuring that the lead agency was a good custodian of federal and state money. Although Community Alliances represent a potential important community partnership for lead agencies, their role has remained either unclear to many stakeholders or members felt limited by their “advisory role” and desired more involvement in the system of care for child welfare practice.

In summary, data gathered from child welfare stakeholders during the five years leading up through statewide privatization being realized in Florida provided examples of several critical components of systems theory: systems as collections of components, nested and interacting structures, the interplay of function structure and capacity, context and adaptation, cooperation, coordination and collaboration, approaches to care, accountability, and governance. Data also
showed a clear trend in terms of changes in values and shared meaning within the child welfare system’s organizational culture positively impacting practice.

**Summary of Research Question Two: How Has Implementation of the Title IV-E Waiver Policy Change Impacted Perceptions of Poverty, Child Safety, and Approaches to Intervention?**

Stakeholder interview data revealed a shift in shared meaning within the child welfare system’s organizational culture. Stakeholders are viewing child well-being with increased value placed on the belief that well-being is typically best supported when children are not removed from their caregivers, but rather the caregivers are offered the services and supports needed to enhance their parenting capacity. Stakeholders also noted changes in shared meaning regarding views on child safety. The emphasis has shifted towards ensuring that a child is safe while remaining with his/her family rather than removing the child. In summary, there has been a notable shift in organizational culture and stakeholders of varying levels within local communities have experienced many positive impacts of IV-E Waiver implementation. More importantly, these positive impacts have also reached children and their families who are more commonly now remaining together and receiving more timely and appropriate services. Three key aspects of systems theory emerged from the data collected during the five years of IV-E Waiver implementation: capacity, reciprocity and reverberation, boundaries and a normative framework, and externalities and emergencies.

**Capacity, reciprocity and reverberation.** For a system to achieve its goal, it must maintain enough capacity to meet system requirements. Capacity allows a system to compel its resources toward goal achievement. Within a child welfare system, capacity has to do with staffing, funding and infrastructure (Wulczyn, 2010, p. 4). Properly equipping people to carry out their work is critical, and this work is thought to be carried out through a fluid, bi-directional process of reciprocity and reverberation. What one subsystem or agent does impacts the other and vice versa. For example, decreases in Florida’s child welfare out-of-home care population
brought about lower case loads. Having a smaller number of children to focus their time on and being able to spend more time with their families as well, positively impacted case worker morale. When workers began coming to work with feelings that they made a difference and were improving family’s lives, stakeholders reported a synergistic effect with increases to the quality of services provided, and the process is ever evolving. The theme of nonlinear change and reverberation was particularly strong within the data, indicating that changes in organizational culture of Florida’s child welfare system impacted changes in practice and day to day interactions with families.

One specific change in family engagement that emerged from the data was that the anger and frustration parents experienced due to a removal of a child from their home were mitigated because family support services could be offered prior to out-of-home placement of a child. Child welfare staff described situations where parents ended up thanking them, and acknowledging that the system was helpful at a critical time in their lives. Stakeholders believed this shift had generated community goodwill and a more positive attitude toward the child welfare system. A related change is that both child protective investigators and case managers were viewing parents as partners rather than as adversaries; this improved both communication and supportiveness.

Stakeholders also discussed the varying impacts the reduction in children coming into care had on them and the work they do. Regarding the impact at the lead agency level, lead agency CEOs reported shifting their resources more toward the front end of the system. “We have retooled to meet the demands of the consumer,” stated one participant. In addition to the focus on preventing children from ever entering out-of-home care, lead agency CEOs reported having a chance to turn their attention to improving the quality of care provided to those children remaining in out-of-home care. Therefore, although the IV-E Waiver was initially seen as the beacon of change in and of itself, it may have been one part of a system reform effort that enabled several coinciding elements of reciprocity and reverberation among subsystems.
A case manager respondent noted that the reduction in caseloads means that case managers now have the time to do much more engaging with families around the substantive issues that need to be addressed so that children do not need to come into out-of-home care. Case managers also reported that the emphasis on family engagement has resulted in new efforts to reach out and make connections with informal supports, “different people that the parents know and are closer to and you utilize them to help them.” These new resources included churches and other community groups.

Additionally, stakeholders talked about being able to turn their focus to breaking the cycle of intergenerational problems such as poverty, inadequate housing and lack of education. Yet another positive repercussion of children spending less time in care, was that case managers were able to see a child through and out the other side of the system back to their families. This further boosted morale of child welfare staff because they had a stronger sense of contributing to a positive outcome and accomplishing something for a child and family over the long-term. Overall, interviewees who were case managers or who supervised case managers, reported less burnout and a shift toward more positive energy.

**Boundaries within a normative framework.** Systems theory uses a concept called normative framework to talk about socio-cultural context. This normative framework is made up of social values, policies and laws that are impacted by culture and government. It significantly influences what the goals of a system are, and also helps define the boundaries of a system. Boundaries refer to how we differentiate our child welfare system from other formal systems such as health or education, but they also apply to how we differentiate the child welfare system form more informal systems- most notably the family, but also the community. The boundaries emerging from a normative framework have important implications for all of the other components of a system such as accountability, governance, functions and structures (Wulczyn, 2010, p. 3).
The most salient aspect of normative frameworks and boundaries to child protection systems undergoing reform is determination of a systems answer to who is in need of protection. Does the child welfare system help ameliorate poverty while not penalizing families or does the child welfare system see poverty as an individual problem and remove children into out-of-home care under the assumption that they can do better than the biological parent? Indeed, a central theme emerging from the data was the viewpoint about child well-being that emphasizes prevention of child removal from his/her caregivers. This perspective recognized the impacts of removal from a family on a child’s well-being, including changes in bonding levels and family dynamics, and a reduction in the family’s motivation to make appropriate changes. This assumption was related to the statewide reductions in the number of children who were removed from families. During the interviews, this belief was mentioned in relationship to the efforts at various lead agencies to reduce the number of children who are placed in out-of-home care.

For example, one lead agency hired specialists who could facilitate various aspects of child well-being. The agency created educational liaison positions. These individuals were from the educational system and were familiar with children’s educational rights under federal laws; they worked with case managers to advocate for the most appropriate education services for children. The agency also had Care Network Consultant positions. These individuals were mental health experts; four of the positions were co-located with CPIs. The consultant went with the CPI on home visits and offered assistance with assessments of family’s mental health needs and access to appropriate services. Other consultants were co-located with the placement department and assist with placement decisions including the provision of appropriate mental health services.

Changes were also identified in how the judicial system viewed the economical struggles and intergenerational issues with families, including permanency-related decisions. For example, in the past when children were removed from an offending parent and placed with a
non-offending parent, the court insisted on keeping the case open and working the reunification plan. Now the court is allowing closures of cases with non-offending parents. Another change is when a family is involved with the child welfare system and a new baby is born, previously the new baby would be placed if the family did not have the other children back. Now with prevention and diversion services in place, case managers are able to work with the family and keep the baby at home. Yet another example is that in the past, one positive drug screen could have meant removal. Today this is not an automatic decision and efforts are made to connect parents with substance abuse treatment while maintaining children safely in their homes.

**Externalities and emergencies.** Systems theory discusses the idea of both externalities and emergencies existing around a system and impacting it (Wulczyn, 2010). Externalities are meant to be long-term and more predictable contextual variables such as trends in politics, history, and the economy. For example, as applied to Florida’s child welfare system, the election of Jeb Bush to Governor and his interest in privatization was an externality that was both predictable and very influential to Florida’s child welfare system.

Emergencies are events in time that are not necessarily foreseen which a system must be resilient to by maintain the capacity to respond and the cooperation of key stakeholders and subsystems. One good example of this is how a child welfare system responds to child deaths, the representation of the deaths in the media, and criticism of policy and procedure in the news media and among the general public. Stakeholders interviewed were uniformly critical of the Department for overreacting to isolated incidents across the state over time, such as a child deaths. The common sentiment was that child deaths were a very unfortunate part of the system and not necessarily avoidable. There was also a feeling that where there was a death in one area or lead agency service sector, then that area should be asked to review their process and procedures rather than blanket mandates being laid out by the State. There was the desire not to further burden the staff that the system is ideally empowering and training to do a careful and coordinated effort at protecting families. While DCF did have the ability to decide timeline
and scope of corrective actions to address a child death or incident while a child was in the child welfare system, the application of corrective actions were often statewide.

As the Title IV-E Waiver implementation occurred with fairly immediate positive outcomes and higher staff morale, resources were sometimes redirected in attempts to more strategically or creatively handle long term problems. Some lead agencies designated a media person to address crises in the news media, and others purposely formed more of a working partnership with local news reporters to provide more positive news stories about children and families to counterbalance the focus on negative events. These seemed like important and helpful first steps toward a more careful response to and relationship with the media, although overcoming the assumptions that news is the truth, or dealing with the general public’s nearly always mediated knowledge of events is very daunting for any child welfare system.

Lead agency stakeholders spoke during the interviews of previously (before either privatization or Waiver reforms took place in Florida) operating on a daily basis in crisis mode without homes in which to place children. The system was over capacity, and children who were in care or coming into care did not necessarily need to be there, separated from their families who were dealing with issues of poverty or borderline parenting skills. With the addition of the Waiver and fewer children in care, lead agencies found that they were able to focus on specific populations of children such as teens, and really hone in on creative ways to serve them and find solutions for long standing problems. One example is the Family Finding program that helps identify (via exhaustive internet searching) connect children in out-of-home care to relatives and family friends they may have lost touch with or never known about who can provide friendship and even potentially a placement option outside of the child welfare system. Other lead agency stakeholders tasked with management of their local system explained that the Waiver and its corresponding reduction in the number of children in care had reenergized them and allowed them to sleep better at night because they were not rushing to put out fires, but rather reinvesting capacity in improving standards of care.
From the perspective of case managers, the changes in views about family safety did create “a level of worry” about emergencies yet unseen. If a case manager was not adequately supported by a team based approach at their lead agency, there was a feeling that in-home cases were riskier for a case manager because children were staying in the home where the original abuse occurred. Case managers in these contexts felt as though they needed an increased sense of vigilance, staying in more direct contact with the family to make sure that the child was safe. In situations where there are multiple risk factors, respondents noted the advantage of a team approach so that it is a group decision, rather than a return to a more fear-based organizational culture.

In conclusion, there were a few clear take away messages from my dissertation research: 1) systems change is complicated, nonlinear and it takes time to sustain real change, 2) externalities and emergencies will always encroach on and impact system change efforts and those engaged in the change process must maintain an awareness of how shared meaning is created by larger forces such as the media when crises occur, 3) poverty is structural but current practice commonly employs the idea that poverty is individual and it takes ongoing effort and training to align practice with more of a social justice orientation regarding poverty, 4) privatization may not be a bad thing for social services if the reform is designed to create a public private partnership where no children or family is excluded from service provision due to complex need, and 5) there is no right way to design local child serving systems – what matters the most for children and families is an appreciation for flexibility and variance in local structures and approaches to care that best match a community’s needs and socio-cultural context.

**Incorporating Systems Theory Concepts into Theories of Child Welfare Systems Change**

Theory of change refers to a plausible and logical explanation of how a program aims to produce changes. It operationalizes the key components of a long-term goal, and is a graphic representation of the path through systems change. Traditionally, theory of change models outline each intervention and tie it to an intended goal, or depict the complexity between several
interventions and outcomes. Put simply, a theory of change is a type of road map as to how to get there from here. Another important aspect of theory of change work is to articulate the key assumptions underlying the change (Hernandez, Hodges, & Cascardi, 1998; McLaughlin & Jordan, 1999).

Figure 9 depicts a model of philosophical shift that emerged from the data collected for this dissertation. On the left is the state of the child welfare system prior to the decade of reform efforts the data derived from. This system represented a safety focused child welfare perspective in which workers felt they needed to justify why children in an investigation should remain in their home, rather than justify why immediate services could not be provided to help the family remain intact. The model also demonstrates that the implementation of Community-Based Care laid the groundwork for further enhanced flexibility in funding and creativity with service provision to children and their families. In addition, it depicts how short term gains such as increased family engagement and staff morale, then lead to critical intermediary outcomes such as beginning to de-stigmatize poverty and see parents as partners rather than as adversaries. The end goal of this model is that children would not need to be separated from their families. While Florida has reduced but not eliminated the demand for traditional out of home care services this was the shared value increasingly articulated as IV-E Waiver implementation progressed over the five year period.

This model is unique in the sense, first, that it depicts a system wide goal and effort to help children remain safely with their parents, not help children remain safe period. Although a simple statement, this has far reaching implications most notably that it values the role of the family over state intervention and possibly also parental rights over those of the individual child. While ideally both are supported within any child and family serving system, these are the tensions and dualities which historically exist and persist.

This model is also unique because it shows a different type of relationship of the normative framework to service system reform. In most logic models of service system reform
Figure 9. Conceptual Model of Philosophical Shift in Florida’s Child Welfare System

**Before Reform:**
- Top down governance
- Large number of children in OOH care
- Low levels of communication
- Fear based work climate

**CBC Implementation:**
- Public Private Partnerships
- Local Direction
- Community Governance
- Strong advocacy base
- Flexibility and variance by geographic region
- Increased professionalism and creativity

**IV-E Waiver Implementation:**
- Lifting financial restriction to align with best practices
- Expanding the service array
- Enhanced flexibility and variance at local level
- Appropriate and timely services
- Catalyst for positive change

**Intermediate Outcomes**
- Understanding the difference between signs of poverty and child neglect
- Supporting families to meet both immediate and long-term needs
- Working with parents as partners rather than adversaries

**Increased Family Engagement**

**Increased child welfare staff morale**

**Decrease in out of home care population**

**Increase in prevention and diversion services**

**Children remain safely with their families.**
efforts, the normative framework is depicted as being an external influence to the system change process. In the current model, changing the normative framework is a part of the systems change process rather than a variable that might have to be contended with as the work is carried out. For example, understanding the difference between signs of poverty and child neglect is an intermediate outcome rather than an external variable such that without work toward changing views on poverty, the goals of the system to keep children safely in their homes with their families is unlikely to be realized.

Third, this model attempts to address how overlapping service system reforms within state government impact each other, and build upon incremental progress over time. Fourth, the model addresses staff morale as a key variable to system reform and how families are treated. In doing so it stresses the individual agency inherent to the change process as well as the importance of ongoing reverberation of subsystems within a change effort to effect the shared goal of keeping children safe with their families. While something like staff morale is usually tied to lower turnover or job performance, this model shows the conditions that might affect higher morale and simultaneously the impact that increased morale has on both intermediate and long term outcomes.

Contributions to Anthropology

This research contributes to the field of anthropology in several ways. First, I contribute to studies by anthropologists who call into question the changing nature the location of fieldwork and notion of the field as a bounded context (Gupta & Ferguson 1997, p. 3). I present one way of using qualitative data sources to examine themes across multiple stakeholder groups and constituencies of varying institutional leverage and geography. Child welfare systems should be studied as a whole consisting of many different interconnected and ever changing parts, and anthropology is uniquely situated to take on both a more complicated meta-organizational culture and a politicized field of many key stakeholders.
My research uses ethnographic data collection methods and a grounded theory approach to data analysis to present two uniquely coinciding reform efforts within a greater historical context. Put simply, it provides an anthropological understanding on subject matter, the child welfare system, and system change, which are not common fields for anthropologists to study. Like all other structures and environments which shape our society, they did not develop in isolation from stakeholder values, politics, prior legislation and clinical practice, and so forth. Historical context is critical to the anthropological understanding of social service systems (Trattner, 1999, p. 1). In order to understand the present, it is helpful to look to the past. This research also contributes to social construct theory and discourse on anthropology and the media in illustrating how child deaths and such crises impact sweeping modifications within the child welfare arena that tend to still be reactionary despite a growing awareness within the field of the media’s ability to control public perception of what is real and known (Bird, 2009, p. 1).

Second, I also add to anthropological inquiry research that finds merit in a privatization effort within the United States, as contrasted to the negative findings on structural adjustment policies and NGOs in other countries. There were some important ways that privatization of child welfare differed from what is occurring elsewhere. First, privatization of child welfare did not mean divestiture of all responsibility from the state government to a private company. At every step of the process, although roles were not always clear and necessitated clarifications along the way, the state government formed a contractual partnership with shared accountability with private agencies serving children. When things went wrong, provider agencies, lead agencies, and the State government were all held accountable by the public, with ultimate accountability for children remaining with the State. Kamat (2004: 156) wrote of the new privatization, “a balanced relationship or partnership between states and NGOs can best serve the interests of society” where initial lack of accountability with divestiture to a NGO had occurred.
Florida is perhaps not a pure form of privatization of social services at all, but a model for public-private partnership. Additionally, DCF did not contract with one private company to serve all children and families in Florida. The Department contracted with twenty lead agencies located inside of Florida communities. This helped differentiate Florida’s child welfare privatization in a few ways. First, as privatization efforts matured, lead agencies could support and learn from another, forming their own advocacy group and learning community. Second, each lead agency was monitored both by the State and an independent evaluator (University of South Florida), and these child level outcomes were contrasted across lead agencies in reports accessible to the public. This created a desire to do as well as possible, not only for their respective community, but also for the longevity of their contract as a lead agency. Third, if a lead agency did not perform well the State stepped in and provided technical assistance. If the technical assistance did not address issues of concern over a longer period, the lead agency lost its contract and service provision was transferred to a new or existing lead agency that had demonstrated better outcomes for children. What seems missing from anthropological accounts of structural adjustment and NGOs, are clear mechanisms by which accountability occurs. Florida has evolved these mechanisms over the past decade to affect accountability for children served, within a public-private partnership.

Third, a common theme found throughout the literature was a discussion around the perception of poverty being an individual problem or being tied to individual character traits rather than to larger structural forces. This perception equates to policies and practices of labeling or stigmatizing and treating the individual rather than working toward ameliorating larger problems (Lyon-Callo, 1998, p.1). My research provides an exploratory study of how one social service sector engaged in reform to help preserve families who face poverty without the immediate economic means or social capital to care for their children.

Finally, applied anthropologists tend to focus their research on acquisition of knowledge that will help disempowered and stigmatized groups. My dissertation examines the interplay in
stakeholder perception of poverty and child neglect as it relates to changing decisions such as whether or not children should be taken from their parents. Charlow (2001) has written about this intersection and confusion between poverty and child neglect needing more inquiry. She states, "Much more work needs to be done to understand the causes and effects of poverty and neglect and how to obviate the negative effects of each on children" (p. 789). In addition, this dissertation talks about supporting parents in poverty who may be experiencing caregiver strain. “When caretakers have fewer resources, it is simply harder to provide children with what they need; there is less margin for error,” Fontes writes (2005, p. 18).

Recommendations and Dissemination of Results

The results of this research support several recommendations regarding child welfare practice and child welfare system reform. Recommendations at the system level include:

- Privatization of child welfare, if considered in other states, should involve a close working relationship and ongoing partnership between the State and private, not-for-profit agencies. Shared accountability between public and private service sectors must be kept in balance rather than a more pure form of contracting out of social services and ultimate responsibility for children’s lives to the private sector.

- State child welfare agencies should remain open to and encourage diversity in local service system design, realizing that organizational structure should ideally emerge from and be matched to a unique composite of local resources, history, and socio-cultural context.

- States considering scope of service contract with private child welfare agencies may want to consider tasking their lead agencies with serving and caring for each child in their geographic area, no matter how great a child or family’s needs, as is the case in Florida. This helps to prevent shifting of responsibility and lower levels of access to services.
• State child welfare agencies considering or in the process of contracting out child welfare services to the private sector may want to consider changes to staff training and knowledge of contract procurement, negotiation, monitoring, and quality assurance rather than immediately cutting staff positions at the leadership level.

• Lead agencies should work with the Department of Children and Families to coordinate planned, and well informed responses to the media when responding to a crisis. Staff awareness and training in the impact of the media on stakeholder perception and shared meaning may prove beneficial.

• Lead agency Boards of Directors, which are now required to be 100% community member based, should also move in the direction of being required to include family and youth representatives (e.g., a parent who completed services and was reunified with their child or a young adult who has aged out of the foster care system).

• Community governance should ideally emerge from and be community driven rather than legislatively mandated. Where Community Alliances are active and thriving in Florida, they should be supported by the public and private child welfare agencies. Where Community Alliances are not well received or inactive, alternative forms of community stakeholder groups should be recognized and incorporated into each local system of care.

• Consideration should be given at a Federal level to implementing the terms and conditions of Title IV-E Waivers in every state, or legislating IV-E Waivers as a policy reform that states must opt out of rather than hope to be granted. Flexibility should still be allowed in how each state crafts and tailors the focus of their state specific IV-E Waiver.
Recommendations at the practice level include:

- Lead and provider agencies should consider providing Poverty Simulation Training to all staff who work with families, and should also consider training or a brown bag series related to unpacking how we form our realities and what role the media plays in determining what we know to be true, particularly as it applies to poverty and child neglect.

- Lead and provider agencies should continue to work with the local community to maintain and increase concrete supports provided to families in poverty, particularly in the areas of safe and affordable housing, transportation, and employment.

- The funding flexibility brought about by the Title IV-E Waiver should continue to be used and encouraged for helping to maintain and bolster each child’s well-being and sense of normalcy as they progress through childhood or adolescence under the challenging conditions of poverty or temporary separation from their families (e.g., participation in sports and extracurricular activities).

- To the extent possible, case managers should focus on positive and sustainable skill development among parents that will combat larger structural issues involved in reinforcing poverty. Open communication and partnership to help parents positively impact their family’s long term trajectory will likely lead to positive safety, permanency and well-being outcomes for children who come into contact with a child welfare system.

- Case managers and mental health counselors serving families in the child welfare system may benefit from trainings that disconnect the commonly assumed linkages between poverty and individual failings. This may encourage
different approaches to care that incorporate alternative strategies to handling
child neglect associated with economic strain.

The results and recommendations arising from this research may be of interest and
useful for four audiences: (1) anthropologists and social work faculty engaged in studying public
policy, including privatization of public services within the United States, (2) agencies and
service providers who work with children and families dealing with poverty and finding their way
through the child welfare service system, (3) child and family advocates (e.g., Guardian ad
Litems and Florida’s Federation of Families), and (4) state and federal child welfare policy
creators and legislators. I will balance consideration of each type of audience in future
presentations and publications of my dissertation research findings.

Study Limitations and Directions for Future Research

One of the limitations of this research is that a concept such as philosophical shift is not
one that can be contained to a discrete, quantitative data set. Second, the data were collected
from those stakeholders who agreed to participate in interviews and share organizational
documents. In this sense, it was a convenience sample, and may not be representative of the
stakeholders who did not want to participate in the research or did not feel they were aware of
the policy changes to be informed enough to speak about them. Third, data were only collected
in Florida, and therefore, particularly due to the uniqueness of coinciding statewide privatization
and a statewide Title IV-E Waiver, it really cannot be extrapolated to be indicative of other
states’ experiences.

In addition, the data set is large and covers many, many years for a qualitative study.
This is both strength and limitation. While it is unique to be able to have collected qualitative
data on the child welfare policy reforms from the same general group of stakeholders over time,
it was a massive undertaking and never done by myself alone. I was a part of an
interdisciplinary team of faculty who each had a unique component of research that paralleled
mine, such as a cost analysis and programmatic outcome analysis. My own research
component was also shared with one to two other faculty members over the duration of the time period and project staff because of the reporting requirements and politicization of the topic—it was safer and more appropriate to collect data in pairs we believed. However, I always maintained the lead role for my data collection component in addition to helping to provide oversight and coordination to the larger study team. This ensured that I was a primary and integral part to all aspects of primary data collection for this dissertation.

There are two directions for further inquiry that are immediately possible based on current programs, policies, and results from this research. The first would be to compare stakeholder interview data with that gathered in other states implementing Title IV-E Waiver Demonstrations. Over the past year, I have been on a research team looking at similar factors among stakeholders in the state of Utah who are in year two of their IV-E Waiver. The state of Idaho has also begun very early implementation, and we will be analyzing process data from this state as well over the next five years. Both states are allowed to focus on specific evidence based practices and interventions, as well as to make different decisions about where to implement within their respective state and whether or not to pursue statewide implementation. However, given this context, key themes and corresponding views on poverty and neglect as well as whether they are using a child safety or family preservation model would make for an interesting comparative study to Florida.

Florida is just now beginning the process of setting up an evaluation plan and team to examine the next five years of the Waiver continuation awarded earlier this year. The literature shows that the paradigm or guiding model tends to shift back and forth between child safety and family preservation; therefore, it would be interesting to track, through ethnographic methods, whether Florida builds on what has been learned about poverty and neglect, or if political and economic forces begin to shift things back toward a more fear-based, child safety perspective with increased removals.
One additional area of inquiry would be to target specific populations of stakeholders who are found to be the most common reporters of child neglect calls that end up being unfounded or diverted due to poverty. One example might be teachers. These teachers might be put through poverty simulation training or some other form of education around identifying signs of poverty and placing poverty within a greater socioeconomic context or social justice perspective rather than associating it with individual failings. After a targeted educational campaign such as this was done, it would be interesting to see if this had a corresponding impact on child abuse reporting and perceptions of families in poverty.
REFERENCES


Abadia-Barrero, C. E. (2014). Neoliberal justice and the transformation of the moral: The Privatization of the right to health care in Colombia.” *Medical Anthropology Quarterly 00(0), 1-18*.


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APPENDIX A:

CHRONOLOGICAL LISTING OF INTERVIEW PROTOCOLS

CBC IMPLEMENTATION INTERVIEW PROTOCOL 2003

Introduction

The Louis de la Parte Florida Mental Health Institute of the University of South Florida is under contract with the Florida Department of Children and Families. The purpose of this interview is to collect current and historical information about how CBC was planned and implemented and how the project has changed over time. Specifically, we need to gather information about the role of DCF Central Office in the project's implementation; the conditions and resources supportive to the implementation of CBC; the obstacles to successful implementation and how these barriers were overcome.

1. Please describe your role at DCF, particularly with respect to CBC.

2. What has been the role of Central Office in the implementation and operation of CBC?

3. Please describe how your organizational structure relates to and supports the implementation and operation of CBC?

4. What impact have the recent changes in leadership and reorganization efforts had on CBC implementation and operation?

5. Have there been any areas of confusion about CBC and how it operates? Could you describe them?

6. How would you characterize your relationship with the lead agencies?

7. How would you characterize your relationship with the District/Regional offices?

8. Is the CBC governance structure clear? Please explain.

9. How are policy decisions made for CBC? Could you go through a recent example for us?
10. Have there been any disagreements or disputes recently about the roles and responsibilities of the various parties involved with CBC? Please explain.

11. What effect did these disputes have on CBC implementation and operation?

12. How were these disagreements resolved?

13. What have been the major problems/obstacles/barriers you have witnessed or encountered during the implementation of CBC?

14. What challenges are you facing related to financial and fiscal system issues?

15. What factors have most facilitated the implementation of Community Based Care?

16. What issues have there been recently in the collection and submission of monitoring data (from lead agencies to the State)?

17. What issues have there been in the collection and submission of this data through HomeSafenet?

18. What systems changes have resulted from CBC?

19. What other system changes do you think should occur?

20. What major tasks remain in fully implementing CBC, and do you anticipate any problems/barriers in accomplishing these tasks?

21. Are there any policy changes that you feel would better facilitate the implementation and operation of CBC? Please explain.

22. Is there anything else you wish to comment on?

Thank you very much for your time.
Introduction
The Louis de la Parte Florida Mental Health Institute of the University of South Florida is under contract with the Florida Department of Children and Families to evaluate Community-Based Care (CBC), the privatization of child welfare in Florida. The purpose of this survey is to collect information about how CBC was planned and implemented and how the project has changed over time. Specifically, we need to gather information about community governance, organizational structure of lead agencies and their provider networks, and financial risk, as well as information on each lead agency’s Board of Directors and Community Alliance.

1. Please describe your organizational structure, speaking to both strengths and weaknesses of that structure, especially pertaining to financial risk, your provider network, and community governance. In addition to a brief explanation, please attach your organizational chart.

2. Were you provided with any guidance through the process of creating your organizational structure, provider network contracts, and community-based system of care?

a. If yes, please explain what assistance was provided and by whom.

3. Please explain how the Community Alliance(s) in your area interact with your lead agency.

4. Please list (or include in an e-mail attachment) all members of your Board of Directors and their professional and community roles. Please share examples of potential conflicts of interest or those you have encountered during the selection process of Board members.

5. What other advisory groups does your lead agency have beyond the Board of Directors and Community Alliances?

a. How does your lead agency receive and integrate their input?

6. What aspects of your agency’s organizational structure facilitate and support implementation and operation of CBC? What aspects exist as barriers to implementation?

7. What is the attitude of other cooperating agencies (e.g., schools, juvenile justice), key community stakeholders, and major provider agencies toward CBC?

8. How flexible has your agency been (and been able to be) in using its financial resources?

9. If it has not been sufficiently flexible, what has hindered financial flexibility?

10. What are your local revenue sources?
11. What challenges is your agency facing related to financial and fiscal system issues?

12. If your agency existed prior to CBC implementation, how would you describe the fiscal impact that CBC implementation has had on your organization?

13. Is your current organizational structure different than what was submitted for the ITN?
   a. If yes, please describe any significant changes in your agency’s organizational structure or administrative staff since CBC implementation and lessons learned.

14. How is your lead agency’s provider network structured? In addition to a brief explanation, please attach your Network Management Plan.

15. How many contracts with providers does your lead agency currently maintain?

16. Please describe each contractual relationship your lead agency has with provider organizations. Please describe the financial arrangements for or within these contracts (e.g., fee-for-service, capitation, case rates).

17. In what way, if any, do separate provider agencies interact with each other? Please provide a few examples of formal interaction (e.g., leadership meetings, co-location, information sharing).

18. Please describe the quality assurance and contract management feedback you provide to your network providers. How often and by what method is it provided? Are there formal patterns for communication?

19. Please describe your methods, if any, of determining that your providers utilize the feedback you provide.
COMMUNITY-BASED CARE EVALUATION 2005-06
Child Protective Investigators Protocol

Introduction

The Louis de la Parte Florida Mental Health Institute of the University of South Florida is under contract with the Florida Department of Children and Families to evaluate Community-Based Care. The purpose of this interview is to collect information on your perceptions of how CBC was planned and implemented in your local area, and how the initiative has changed over time. Specifically, we need to gather information about the role of CBC lead agencies and provider networks; the conditions and resources that are necessary to maintain a thriving child welfare system; and obstacles to successful CBC implementation, as well as attempts to address these obstacles.

1. *If you are a District office* maintaining investigations, how have you changed the way you do Private Investigations since CBC implementation?

2. Do you find that you are better able to specialize and focus resources? Why or why not? Please explain.

3. *If you are a Sheriff’s Office* that has taken over investigations from the Department, what has your Office done that changes the way investigations occur? What challenges have you encountered during CPI privatization?

4. Do you have an interagency agreement?
   a. Between whom?
   b. What does it stipulate?
   c. Does it facilitate more efficient operations? Please explain.

5. What procedures are followed when an emergency/hotline call comes in?
   a. How and when does the case get referred to the Lead Agency?

6. How would you characterize your relationship with Lead Agencies?

7. What expectations do you have of the Lead Agencies in terms of actions/response to your investigations?

8. Do you have any involvement in a case after it is referred to the Lead Agency? Do you find out what happens to the case (i.e., removal of child, case closed, etc.)?

9. Are there issues with respect to the coordination of responsibilities and functions of Private Investigations and Lead Agency services?

Thank you for your time.
Introduction

The Louis de la Parte Florida Mental Health Institute is under contract with the Florida Department of Children and Families to conduct an evaluation of Community-Based Care. The purpose of this interview is to collect information about your perceptions about how CBC has been implemented in your area. Specifically, we want to gather information about the role of the CBC lead agencies and provider networks; the conditions and resources that are necessary to maintain a thriving child welfare system; and obstacles to successful implementation, as well as successful attempts to address these obstacles.

1. To what extent has the judiciary had input into Community-Based Care? Please give examples.

2. To what extent has there been a shared vision, collaboration, and cooperation across the court system and those implementing Community-Based Care?

3. What has been the attitude of the cooperating agencies (e.g., schools, Juvenile Justice), key community stakeholders, and major provider agencies toward CBC?

4. How does leadership of your local Community-Based Care lead agency impact your work specific to children and families?

5. What impact has the transition to Community-Based Care had on your local community thus far in terms of process and outcomes?

6. In your experience, are child welfare case managers well prepared at court hearings?

7. Do you feel that under CBC the professionalization of staff providing child welfare services has improved?

8. Has the lead agency established a sufficient provider network?
   a. If not, what have been the barriers to developing such a network and what type of providers are missing?

9. One of the goals of CBC is that case plans for families will be more creative and more flexible in terms of what services are provided; have you seen this happening yet?

10. Are there any policy changes either at the state or federal level that would make the implementation of CBC easier from your perspective?

11. Are there existing issues around reunification and stability of placements? If so, please explain.

12. How is the process for visitation working? How important is visitation?

13. If you could change one thing about the local lead agency (ies) today, what would it be?
COMMUNITY-BASED CARE EVALUATION 2005-06
Guardians ad Litem Protocol

Introduction

The Louis de la Parte Florida Mental Health Institute is under contract with the Florida Department of Children and Families to conduct an evaluation of Community-Based Care. The purpose of this interview is to collect information about your perceptions about how CBC has been implemented in your area. Specifically, we want to gather information about the role of the CBC lead agencies and provider networks; the conditions and resources that are necessary to maintain a thriving child welfare system; and obstacles to successful implementation and successful attempts to address these obstacles.

1. If CBC has been implemented recently in your area, do you believe that children and families are being served better, worse, or about the same? Please elaborate. What could make it better?

2. In your role as Guardian ad Litem, what has been your experience regarding the effectiveness of child welfare case managers in meeting the goals of child safety, permanency, and well being?

3. How would you characterize your relationship with the case managers of the children you are working with?

4. If CBC has been implemented recently in your area, are your relationships with case managers' better, worse, or about the same?

5. In your experience, over the past six months are child welfare case managers well prepared at court hearings?

6. During the past six months, have there been any disagreements or conflicts about your role and responsibilities, and the role of the case manager? If yes, how have those disagreements been resolved?

7. What are the strengths of the child welfare system in your community vis-à-vis child safety?

8. What are the strengths of the child welfare system in your community vis-à-vis child permanency?

9. What are the strengths of the child welfare system in your community vis-à-vis child well being?

10. What are the areas needing improvement in the child welfare system in your community vis-à-vis child safety? What could be done to make these improvements?

11. What are the areas needing improvement in the child welfare system in your community vis-à-vis permanency? What could be done to make these improvements?
12. What are the areas needing improvement in the child welfare system in your community vis-à-vis child well being? What could be done to make these improvements?

Thank you for your time.
IV-E WAIVER EVALUATION 2006-2007
Stakeholder Protocol

1) Please discuss how the implementation process is proceeding thus far (e.g., training, changes in policy or procedure, specific facilitators and barriers, etc.)

2) What are your views regarding how the IV-E Waiver will impact lead agencies (e.g., changes to the service array, changes in cost allocations and spending, etc.)

3) Within what timeframe do you expect this to occur? Will this differ across lead agencies and service areas? How?

4) Please share your ideas on the IV-E Waiver’s potential impact on children and families.

5) In your opinion, how might the IV-E Waiver impact the larger community’s service infrastructure and dynamics?

Thank you for your time.
IV-E WAIVER EVALUATION 2009-2011
Residential Service Provider Protocol

Introduction
We’re interested in learning what impact, if any, the IV-E Waiver has had on your organization and provision of services to children and families. Florida's IV-E Waiver was implemented in October 2006 through changes in State contracts with Community-Based Care (CBC) lead agencies. The IV-E Waiver legislation was developed as a strategy to stimulate the implementation of innovative child welfare practices, enhance existing services known to be effective, and develop and strengthen prevention efforts. The IV-E Waiver allows previously restricted funds to be used for child welfare services including prevention, diversion from out-of-home placement through intensive in-home services, reunification, as well as for foster care.

1. One of the expectations with the IV-E Waiver was that fewer children would need to enter out-of-home care. Have you seen this trend in your local system?

2. What impact has the IV-E Waiver had on your organization?

3. Has your agency had more open beds since implementation of the IV-E Waiver? If so, to what extent? Please explain.

4. Has the IV-E Waiver directly or indirectly affected staff morale or turnover? If so, please explain.

5. We’re interested in knowing if there has been any strategic planning or discussion with providers in terms of the move to focus more on prevention than out-of-home care? Please explain.

6. Has your agency made any adaptations to increase attention to prevention and diversion? Please explain.

7. Another expectation of the IV-E Waiver is that changes in practice such as increased prevention and in-home services would lead to improved outcomes for children. From your perspective, has the IV-E Waiver had an impact on child safety, permanency or well being? How so?

8. What are some of the challenges that remain to serving children and families?
Introduction

The Florida Mental Health Institute of the University of South Florida is under contract with the Florida Department of Children and Families to evaluate the implementation of Florida's IV-E Waiver demonstration project, effective October 1, 2006. The purpose of this interview is to collect information about how the Florida IV-E Waiver was planned and implemented in your area and how the IV-E Waiver is changing child welfare practice.

1) What is your current understanding of the IV-E Waiver?

2) What type of information, training, or educational materials specific to the IV-E Waiver have you received, if any?

3) Were you a part of any joint planning efforts with the local lead agency regarding implementation of the IV-E Waiver? Please describe.

4) Have you changed the way you make removal, reunification, or permanency decisions since the IV-E Waiver was implemented? Please explain and elaborate on any changes.

5) What are your views regarding how the IV-E Waiver has impacted child welfare practices (e.g., array of services, changes in cost allocations and spending, child and family outcomes)?

6) What do you see as the strengths of the current child welfare system?

7) What do you see as the barriers or challenges of the current child welfare system?

8) In your opinion, how can you and other people in your position help families overcome barriers or challenges within the child welfare system?

9) What, if any, are the issues with respect to coordination of responsibilities and functions of Private Investigations, the Court and Lead Agency services?

10) Do you think that the IV-E Waiver has had an impact on your relationship with the Community-Based Care lead agency?

11) Is there any additional information you would like to share regarding implementation of Florida’s IV-E Waiver or the Community-Based Care system in Florida?

Thank you for your time.
APPENDIX B:
SURVEY PROTOCOLS

Lead Agency Board of Director Members Survey Protocol

Introduction

The Louis de la Parte Florida Mental Health Institute is under contract with the Florida Department of Children and Families to conduct an evaluation of Community-Based Care. The purpose of this interview is to collect information about your perceptions about how CBC has been implemented in your area. Specifically, we want to gather information about the structure and role of the lead agency boards of directors; the conditions and resources that are necessary to maintain a thriving child welfare system; obstacles to successful implementation of CBC and successful attempts to address these obstacles.

1. What is your role as a board member? How long have you been on the board?
2. How would you describe the fiduciary responsibility of the board of directors?
3. Are you serving on any board sub-committees? If yes, what is the purpose of that committee?
4. Please describe your board’s relationship with the CEO of the lead agency.
5. Is there a formal communication process in place between the board of directors and the DCF District/Regional Office?
6. Have the roles of the Board of Directors and the DCF District/Regional Office been distinguished in your area? How do they differ? Are there overlaps in role?
7. Is there a formal communication process in place between the board of directors and the local Community Alliance?
8. Have the roles of the Board of Directors and the Community Alliance been distinguished in your area? How do they differ? Are there overlaps in role?
9. When/if your lead agency experiences problems in operations, financial management, quality assurance or other areas, what group(s) is responsible for holding the lead agency accountable?
10. How would you describe the governance structure for the lead agency in your community?
11. Recently, DCF has made some policy recommendations regarding the composition of lead agency board of directors. How does this new policy about board membership affect your board of directors?

12. What is your perspective about guidelines for board membership? How do you believe that board member conflicts of interest should be handled?

13. What recommendations would you make regarding clarifying and/or strengthening the governance structure of Community-Based Care?

   Thank you for your time.
Community Alliance Survey Protocol

Introduction
The Louis de la Parte Florida Mental Health Institute of the University of South Florida is under contract with the Florida Department of Children and Families to evaluate Community-Based Care (CBC), the outsourcing of child welfare in Florida. The purpose of this survey is to collect information about Community Alliances and their activities as they relate to Community-Based Care. Specifically, we need to gather information about community governance and what type of interaction occurs between Community Alliances and both DCF and CBC lead agencies.

1. Please list all of your Alliance’s voting members, their community and professional affiliations, and whether or not they are a member of a lead agency’s Board of Directors.

2. Please forward to the research team minutes of two recent Community Alliance meetings.

3. Does your Alliance discuss issues of child welfare? If yes, how often?

4. Do you have any committees or workgroups to discuss child welfare? Please explain.

5. Is there a formal communication process in place with the DCF District/Regional office regarding issues of child welfare? If yes, please describe.

6. Is there a formal communication process in place with the lead agency? If yes, please describe.

7. Have the roles of the Community Alliance and lead agency Board of Directors been distinguished in your local area? How do they differ? How are they similar?

8. If the Alliance makes recommendations to the lead agency, do you receive feedback? In what form?

9. What are some of the benefits and challenges to communicating with DCF on issues related to child welfare? Please list specific examples if possible.

10. What are some of the benefits and challenges to communicating with the lead agency? Please list specific examples if possible.
APPENDIX C:

LIST OF CODES

System Change

A1 History
A2 Pace
A3 Statutory
A4 Role of Lead Agencies in Privatization
A5 Role of Lead Agencies in IV-E Waiver Implementation
A6 Role of DCF in Privatization
A7 Role of DCF in IV-E Waiver Implementation
A8 Relationship between DCF and lead agencies
A9 Relationship between lead agency and community
A10 Relationship between lead agency and providers
A11 Relationship between lead agency and judges
A12 Relationship between Child Protection Investigators (CPI) and FCP

Organizational Structure and Operation

B1 Accountability
B2 Data systems
B3 Quality Assurance
B4 Technical Assistance
B5 Monitoring
B6 Flexibility
B7 Administrative Services Organization (ASO)
B8 Parent Organization
B9 Service Centers
B10 Partner Organizations
B11 County Run Lead Agency
B12 Case Management – Contracting Out
B13 Case Management – Retention
B14 Leadership

Community Governance

C1 Boards of Directors (BOD) - Roles
C2 BOD – Responsibilities
C3  BOD – Collaboration
C4  BOD – Relationship with lead agency
C5  BOD – Relationship with DCF
C6  BOD – Accountability
C7  BOD – Membership and guidelines
C8  BOD – Conflicts of interest
C9  Community Alliances (CA) – membership
C10 CA Focus
C11 CA Participation
C12 CA Power
C13 CA History
C14 HHS Boards
C15 CA – relationship to lead agency
C16 CA – Relationship to BOD

Values & Perceptions

D1  Waiver as Positive Change Catalyst
D2  Co-occuring reform efforts
D3  Philosophy of Care – Child Safety
D4  Philosophy of Care – Family Preservation
D5  Views on Parenting
D6  Views on Poverty
D7  Need for Education
D8  PI Fear of Removal
D9  Judicial Perspective (Placement Decisions)

Changes in Approach to Practice

E1  Provider Market
E2  Increasing Prevention and Diversion Services
E3  Meeting Concrete Needs
E4  Support to / Empowering Parents
E5  Morale
E6  Waiver Renewal
APPENDIX D:

DCF LETTER OF SUPPORT

January 8, 2007

Mary Armstrong, Ph.D.
Department Chair
Department of Child and Family Studies
Florida Mental Health Institute
University of South Florida
Tampa, FL 33607

Dear Dr. Armstrong:

I understand that you and your team are in the process of receiving Institutional Review Board (IRB) approval for the stakeholder focus group protocol and caregiver survey associated with the requirements of your contract with the Department of Children and Families. Amy Vargo is the Principle Investigator on this project.

This will confirm for the Institutional Review Board that your plan to interview and survey populations involved in the child welfare system (caregivers, stakeholders, lead agency staff, etc.) is essential to the development of the legislatively-mandated evaluation reports to be produced under contract with this department. Please let me know if I can provide further information.

Sincerely,

David Fairbanks, Ph.D.

Director
Office of Provider Relations

Cc: Betty Strickland
APPENDIX E:

IRB APPROVAL LETTERS

October 20, 2006

Amy Vargo, MA
FMHI
MHSC 2413

RE: Approved Modification Request
IRB#: 100976
Title: Evaluation of Community-Based Care
Study Approval Period: June 16, 2006 to June 15, 2007

Dear Ms. Vargo:

On October 18, 2006 the Institutional Review Board (IRB) reviewed and APPROVED your Modification Request. The submitted request has been approved from October 18, 2006 to June 15, 2007 for the following:

Revised informed consent for email transmission. The revisions involve updating the language to better match the topics addressed through the implementation survey.

Please note, if applicable, the enclosed informed consent/assent documents are valid during the period indicated by the official, IRB-Approval stamp located on page one of the form. Valid consent must be documented on a copy of the most recently IRB-approved consent form. Make copies from the enclosed original.

Please reference the above IRB protocol number in all correspondence to the IRB or the Division of Research Compliance. It is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to the Human Research Protections Program. If you have any questions regarding this matter, please call 813-974-9343.

Sincerely,

Paul G. Stiles, J.D., Ph.D., Chairperson
USF Institutional Review Board

Enclosure: (If applicable) IRB-Approved, Stamped Informed Consent/Assent Documents(s)

Cc: Christy A Stephens, USF IRB Support Staff
July 20, 2009

Amy Vargo
Child & Family Studies
MHC 2420

RE: Approved Modification Request
IRB#: 100976 G
Title: Title IV-E Waiver Demonstration
Study Approval Period: 02/13/2009 to 02/12/2010

Dear Ms. Vargo:

On July 17, 2009 the Institutional Review Board (IRB) reviewed and APPROVED your Modification Request. The submitted request has been approved from July 17, 2009 to 02/12/2010 for the following:

1. Change in title of study from "Evaluation of Community-Based Care" to "Title IV-E Waiver Demonstration" to reflect main focus of study.

2. Revised instruments/materials:
   - Focus group questionnaire revised to include questions relevant to current issues pertaining to the IV-E implementation.
   - Lead agency survey revised to collect data related to changes in lead agency practice and services, and is a combination of prior approved surveys.

3. Change in consent form: Informed consent forms (verbal script, adult, electronic) revised to reflect change in study title.

Please note, if applicable, only use the IRB-Approved and stamped consent forms for participants to sign. The enclosed informed consent/assent documents are valid during the period indicated by the official, IRB-Approval stamp located on page one of the form. Make copies from the enclosed original.

Please reference the above IRB protocol number in all correspondence to the IRB or the Division of Research Compliance. It is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB.
We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-2036.

Sincerely,

Krista Kutash, Ph.D., Chairperson
USF Institutional Review Board

Cc: Anna Davis/cd, USF IRB Support Staff
Mary Armstrong
January 25, 2012

Amy Vargo
Department of Child and Family Studies
College of Behavioral & Community Science
13301 Bruce B. Downs Blvd., MH C 2413
Tampa, FL 33613

RE: Expedited Approval for Continuing Review
IRB#: 100976
Title: Title IV-E Waiver Demonstration
Study Approval Period: 01/27/2012 to 01/27/2013

Dear Ms. Vargo:

On 01/05/2012, Institutional Review Board (IRB) reviewed and APPROVED the above protocol for the period indicated above. It was the determination of the IRB that your study qualified for expedited review based on the federal expedited category number(s) 5, 6 and 7, with waiver of documentation of informed consent.

(5) Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis).

(NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(4). This listing refers only to research that is not exempt.)

(6) Collection of data from voice, video, digital, or image recordings made for research purposes.

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)

Also approved were the informed consent forms (Written Informed Consent, Family Assessment In-Person Consent, Electronic Informed Consent, Family Assessment Telephone Consent, and Verbal Consent).

Please reference the above IRB protocol number in all correspondence regarding this protocol with the IRB or the Division of Research Integrity and Compliance. It is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB.
Please note the USF IRB is moving to a fully electronic system for the maintenance of active IRB protocols by the end of 2012. If you wish to continue this research after December 31, 2012, this historical “paper” study will need to be converted into the electronic system before 12/31/2012. **Historical “paper” studies that are still active and have not been converted into the electronic system by 12/31/2012 will be administratively closed by the USF IRB.** To convert your paper study, please go to [https://arc.research.usf.edu/Prod](https://arc.research.usf.edu/Prod). If you have not yet registered for ARC (i.e., eIRB) you will need to do so prior to converting your paper study. If your participation in this research study will end prior to 12/31/2012, please do not convert the study to the electronic system and instead, submit a final report to close the study with the IRB.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

\[John Schinka, Ph.D., Chairperson\]

USF Institutional Review Board

Cc: Anna Davis/am, USF IRB Professional Staff
ABOUT THE AUTHOR

Amy Vargo is an applied anthropologist and faculty member in the Department of Child and Family Behavioral Health at the Louis de la Parte Florida Mental Health Institute, University of South Florida. She earned her Master’s degree in Applied Anthropology from the University of South Florida in 2001. She has served as a principal investigator for Florida’s Title IV-E Waiver Evaluation, Child Welfare Prepaid Mental Health Plan Evaluation, Child Welfare Specialty Plan Implementation Evaluation, and Child Welfare Privatization Evaluation. She is currently co-principal investigator to Florida’s Title IV-E Waiver Extension Evaluation, and co-principal investigator for the implementation analysis of the State of Utah IV-E Waiver evaluation. Of particular interest methodologically are mixed-method, participatory approaches to program evaluation, and development of measures to assess organizational strengths of provider agencies, leadership capacity of child welfare and mental health administrators, and community involvement in public/private partnerships for child welfare and children’s mental health services.