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From Isolation to Teamwork: Mississippi's Story of Cultural Change in Child Welfare

Kim Shackelford, PhD, LCS; Kathleen Sullivan, PhD; Maxine Harper, EdD; and Tiffany Edwards, BSSW

Introduction

The Mississippi Structured Clinical Casework Supervision Demonstration Project included the development and implementation of child welfare supervisor learning labs aimed at the improvement of clinical casework supervision. The labs were designed to promote creation of an organizational culture in the child welfare agency in which support, learning, clinical supervision, teamwork, professional best practice and consultation were the norm. Many of the supervisors in Mississippi were isolated and needed connection with their peers to support their professional growth. The learning labs were needs-based and the unique approach allowed the supervisors to determine their own knowledge and skills needs. Based of the group's needs, the design of the labs allowed the supervisors to shape the curriculum presented in the learning labs. The expertise of the participants and peer-to-peer learning were used in problem-solving throughout the lab experience. The aim was to promote participants' responsibility for their own professional development, to make the labs beneficial to the participants, to create a group learning experience that promoted teamwork in the field, and to improve worker turnover and self-efficacy, thereby improving services to children and families in the child welfare system.

The strongest response from the participants in the project was the acknowledgment of a positive change in organizational culture in the two regions involved in the project. The participants resoundingly agreed that the learning labs helped the group become a team, helped individuals achieve growth, and led to implementation of a clinical casework supervision model and improvement in social worker self-efficacy. Prior to the labs, the participants reported feeling alone in their work as a supervisor, as they did not identify with a peer group. Soon after the lab experience began, the participants reported feeling as though they now had a support group of peers that they could call upon for help. The participants claimed to have entered the project wondering "what is in this for me?", but moved to "what is in this for us?" The quantitative data showed a significant positive change in the supervisors' perception of organizational culture. The Mississippi model was deemed a success by the participants. This article examines the project goals, design, intervention strategies and teaching methodologies that led to teambuilding and organizational culture change and discusses the outcomes and results of the project in these areas.

Goals of the Mississippi Project

The purpose of the Structured Clinical Casework Supervision Demonstration Project was:

- To create an organizational culture in the child welfare agency in which support, learning, clinical supervision, teamwork, professional best practice and consultation are the norm.
- To create an environment in the child welfare agency that promotes lifelong learning, self-education, and recognition that application of ideas learned in training and other educational experiences is important for positive change in practice to occur.
- To determine the elements of supportive supervision.
- To determine the competencies needed to be a supportive supervisor in the field of child protection.
- To determine a model of structured clinical casework to be used in the field of child protection.

Kim Shackelford, PhD, LCSW, is Associate Professor at the Department of Social Work, University of Mississippi.

Kathleen Sullivan, PhD, is Professor of Leadership and Counselor Education at the School of Education, University of Mississippi.

Maxine Harper, EdD, is Associate Director Center for Educational Research and Evaluation, University of Mississippi.

Tiffany Edwards, BSSW, is Evaluation Project Director, Center for Educational Research and Evaluation, University of Mississippi.

- To allow participants to develop needed skills and to grow professionally in the area of child welfare supervision.
- To promote a positive learning environment for the individuals involved.
- To add to the body of knowledge regarding good child welfare supervisory practice.

Project Design

The literature review on child welfare supervision conducted for the Southern Regional Quality Improvement Center by Crystal Collins-Camargo (2002) revealed a lack of knowledge among professionals regarding the special needs of child welfare supervisors. For the purpose of this project, structured clinical casework supervision was defined as the well-defined series of activities purposefully conducted in the supervision of Child Protection Service workers designed to enhance workers' abilities to think critically and make good decisions regarding the assessment of their cases and application of information gained in their intervention, and to promote empirically-based practice. No existing model of clinical casework supervision was found to be specifically tailored to child welfare supervision. The learning lab model, therefore, was designed by the supervisors involved in the project to improve clinical casework supervision in their districts. The model that evolved was one that supervisors could adjust to fit their own unit's needs. Throughout its implementation, the learning lab leaders rewarded and recognized applied knowledge and skills and peers in the supervisory groups supported each other and recognized learning lab participants' application of what was learned. The model also promoted the participants' interdependence, encouraging them to rely on each other for expertise and experience in the field of child welfare supervision and to conduct their own research when information was needed.

Berg and Kelly (2000) described the challenges faced by child welfare workers.

> *The child welfare system in the United States is overwhelmed by the complexity of family situations, the volume of cases, the high turnover of staff, the lack of appropriate resources, and the pressure of not letting children fall through the cracks. Child protective services as a system requires fast-paced decision-making, critical thinking, and appropriate judgment calls. (p. 37)*

The complexity of the issues as well as the responsibilities and pressures are known by child welfare supervisors. The Mississippi model integrated human services supervision skills and knowledge into the model but allowed child welfare supervisors to describe the specific needs of supervisors in the unique environment of child welfare. The learning labs allowed for continued discussion of issues and problems faced by child welfare supervisors that were indigenous to this field of work.

Berg and Kelly (2000) reported that although case consultation and feedback to workers are needed in child welfare and supervisors want to support workers in this manner, child welfare supervisors often "don't have the time or they just haven't thought of a way to do it effectively" (p. 39). The Mississippi model allowed supervisors and regional directors to determine the need for clinical casework supervision and to determine their own skills and knowledge needs to effectively conduct clinical casework supervision. The labs were then designed on an on-going basis to meet the knowledge and skill needs of the supervisors.

The "team approach" required that the regional director of each region join with the supervisors in that region as an equal participant. Case scenarios were offered by the participants in the projects as real situations in which they were struggling in their supervisory role. This required risk-taking in the supervisor's admission that he or she was not equipped to tackle the expressed problem. A solution-based focus was maintained and supervisors were challenged to apply the solutions to problems in their own supervisory units. The supervisors were held accountable by their peers and were expected to report on the success or barriers to success experienced. The participants often "re-grouped" and

analyzed barriers to success. The advantage, expressed by the group members, of having the regional director as an equal participant was that the entire region was trying out new skills and the director was also expected to use the knowledge and skills learned in the labs when supervising the supervisors. It was accepted that risk-taking involved some failures. Partial successes were applauded as an issue had been addressed that before had been left to fester. By including the regional directors in the group, directors were aware of the issues being addressed by the supervisors and how they were being addressed.

The two intervention groups consisted of one region of 10 counties (10 supervisors with one regional director) and one region of 11 counties (nine supervisors with one regional director). The comparison group — a group from which data were collected but no learning labs were conducted — was matched as closely as possible; it consisted of one region with 10 counties (nine supervisors with one regional director) and one region with 13 counties (nine supervisors with one regional director). The four regions in the project were rural areas with one larger city in each region and the four cities were of comparable size. Caseloads were close to equal in most of the counties as social workers were expected to carry a caseload of at least 40 cases each. The number of social workers in each region varied with changes in staff, but the numbers hovered between 30 and 45 social workers in each region. The number of supervisors mentioned above reflects the number of supervisors who completed the project. Supervisory changes within the agency presented a problem in the implementation of the program as some retired and others resigned. Supervisors changed areas and one supervisor became the regional director. Even though there was continuous and full participation of the supervisors, the group members changed. New supervisors joined the group after the project began. The design of the project allowed for the new supervisors to pick up where the group was and still benefit from the labs. The project leaders determined it was important to have full participation of all supervisors in a region.

Twelve modules, which included 19 days of learning labs, were conducted with each region separately over a two-year period. Two one and one-half-day joint conferences attended by participants from both intervention regions were held at the end of each project year. Joint learning labs occurred quarterly for the two intervention regions during the last year of the project and the two regional directors jointly planned and led the combined labs. This was done in an effort to promote the continuation of labs after the project ended.

Strategies of Intervention

The learning labs were designed to promote participants' lifelong learning and to establish intrinsic motivation to learn, to apply knowledge and skills, as well as to continue to self-assess regarding knowledge and skill needs, and then self-educate or bring the topic to on-going learning labs. Based on several studies, Tannenbaum (1997) concluded that individuals may attend training, but their work environment can determine whether or not the new learning results in changed behavior. Tannenbaum also stated that the culture needs to be one in which individuals who apply new ideas and skills are recognized and rewarded for their changed behavior. The learning labs were designed to promote new ideas and skills being tried in the workplace and to promote supervisory use of outcome measurement related to the supervisors' new practices. Throughout the learning lab experience, supervisors were exposed to studies that discussed generic supervisory practices that have been empirically proven to produce positive results. The supervisors then adjusted the practice to fit child welfare and tried the new skill. The participants were accountable to each other for reporting back the results. Participants also designed individual professional development plans to address the weak areas of their individual supervisory practice. Progress on

individual goals was also regularly discussed during labs. Recognition and praise were given for accomplishments or attempts to work on goals.

The cultural consensus model (Romney, Weller, & Batchelder, 1986) was used to determine initial curriculum needs. This model is a systematic ethnographic technique that cognitively maps the organizational culture and provides a method to measure change in organizations. This model has three underlying propositions. 1) Individuals will have shared values and behaviors to the extent that they share agreement regarding culture. 2) Cultural competence is reflected in the individual's knowledge of the culture, its domains, and the degree to which an individual behaves and thinks accordingly. 3) There is a culturally correct response that is derived from the shared culture. This strategy was used to determine the elements of supportive supervision, to determine the competencies needed to be a supportive supervisor in the field of child welfare, and to determine a model of structured clinical casework to be used in the field of child welfare. Each of these was determined by the work done in the learning labs and through group consensus. The process of determining shared values and behaviors was instrumental in the group's determination that they had a shared culture.

Shulman (1993) proposed that the quality and structure of the interaction between the supervisor and worker parallels that of the worker to the client family. This project was designed such that learning lab leaders modeled quality interaction with child welfare casework supervisors that then would be used by supervisors when interacting with social workers. Through the use of parallel processes, the learning lab leaders displayed leadership skills that promoted the growth of an organizational culture in which support, learning, and clinical supervision and consultation were the norm. Answers and advice were not given freely, but instead participants were involved in the process of problem-solving, determining solutions and making their own plans of action. The interaction strategy also included peer-to-peer learning and sharing. It was determined that the supervisor participants included in the leaning labs had a wealth of information on various topics and some had many years of experience in child welfare supervision.

A very important aspect of the Mississippi model was inclusion of the regional director in the learning lab to raise the expectation that supervisors should be treated with respect and dignity for their knowledge, skills, experience, and resulting work.

Teaching Methodologies

Understanding the nature of a social service agency and the importance of working with staff members as a group is not new. Treckler (1946) wrote "social agencies are made up of various groups of people who must be helped to correlate their separate efforts for the successful operation of the whole" (p. v). Treckler pointed out that staff members do not naturally know how to work in a group. Any educator who has assigned a group project or a committee member for any task knows that this is not a natural skill for most people. It is, therefore, important for the group leader to teach the complex process of group thinking (Treckler). The parallel process described by Shulman (1993) was used to model group leadership skills while also leading the group. Dialogic learning was at the heart of the learning lab design. The labs were created through a participatory democracy. Brookfield (2002) discussed Erich Fromm's ideas regarding conditions and dispositions for dialogic learning. Brookfield (2002) stated that adult learners help each other learn because they regard their peer's learning as crucial to their own development. Brookfield quoted Fromm (1976):

> *They respond spontaneously and productively; they forget about themselves, about the knowledge, the positions they have. Their egos do not stand in their own way. . . they carefully respond to the other person and that person's ideas. They give birth to new ideas because they are not holding on to anything. (p. 42)*

Brookfield proposed that the degree of democracy in the adult classroom is measured by the amount of influence the adults have on the situation in which they find themselves. Learning must be meaningful and useful to the adult learner. It was the belief of project leaders that new ideas would spring from dialogic learning and from respect being given to the adult learner.

Building a Team within the Child Welfare Agency

The overall goal of the Mississippi project was to instill clinical casework supervision in the regular practice of child welfare supervisors and in doing so positively change the organizational culture. The idea that the supervisors would begin to view their units as a team was interwoven in the desired outcomes. The regional group began to work as a team and identify themselves as a team earlier in the process than might have been expected. Knowledge of the qualities and characteristics of highly productive teams described by Brody (2000) were incorporated into the learning labs. The combination of treating the participants with respect and dignity and conducting the groups through the use of a democratic process that used adult learning theories allowed for participants to achieve trust, open communication, equality, and comfort with each other. Decision making was accomplished through consensus and the interdependence of the team members was highlighted and emphasized. The group determined the rules and boundaries, which included not discussing another supervisor's issues outside of the group. The participants knew that the group's tasks included determination of how they could conduct clinical casework supervision and determination of the competencies needed to be a supportive child welfare supervisor. The goals of the project were shared among group members and consensus was achieved regarding the goals. The individual gave input regarding the individualized tasks involved in the person's professional development plan and the group defined other group tasks during the project. Feedback was constantly provided by group leaders as well as group participants.

The achievement of a shared vision came from open dialogue about the culture of the individual units as it was and as the supervisors wanted it to be. The use of visual art was a valuable exercise in the determination the current culture and in the determination of shared values, beliefs, and behaviors of the group members. The participants were asked to build a sculpture of their supervisory units and then explain the sculpture to the group. The supervisors rate this exercise as important in their understanding of the work they needed to do to change the culture of their unit to a more positive culture. The use of visual art enabled the supervisors to create a picture in their minds of what needed to change. The supervisors also drew their professional development path and discussed the values, beliefs and events that had led them to child welfare supervision. The shared values and beliefs began to emerge during this exercise. In each group, the trust began to build and one supervisor in each group was first to take a risk by sharing a situation in which they did not know how to handle a problem. When the group focused on solutions without criticizing the supervisor's lack of knowledge or skills, other supervisors began to risk sharing their own dilemmas. The high level of commitment and ownership of the work of the team began to emerge and soon the supervisors were volunteering to help each other and share resources.

The team-building carried over to working on the relationship between the child welfare supervisors and the community partner organization included in the project. The organization that worked with the project was Family Crisis Services of Oxford. This agency served all of the counties involved in the project by offering forensic interviewing for abused children, counseling for children and families, and court preparation for victims of abuse. This agency also formed the multidisciplinary teams designed to coordinate efforts for prosecution of perpetrators of abuse of children.

Staff members involved in the leadership of the multidisciplinary teams were brought into some labs as participants. Relationships were built and more effective multidisciplinary teams were reported by staff members of Family Crisis Services and by child welfare supervisors and regional directors.

Outcomes

The evaluators used the Professional Organizational Culture Scale (Ellett, Ellett, and Rugutt, 2003) to examine the project's effectiveness in accomplishing its overall goal — positively changing the organizational culture in the participating regions. Supporting improved practice on the part of social workers supervised by learning lab participants was another major goal of the Mississippi project. The Social Worker Self-Efficacy Scale (Ellett et al.) was used to measure the self-efficacy of social workers reporting to the participating supervisors. Results obtained on these measures demonstrated the project's success in helping supervisors improve the organizational culture of their regions and increase the levels of support they provided to social workers. Results of a social worker turnover analysis provided further evidence of positive changes in the intervention regions.

The project's principal investigator administered the Professional Organizational Culture (POC) instrument to supervisors in the Mississippi Department of Human Services intervention and control regions in three waves. Baseline data were collected prior to or in the early stages of the intervention. The second wave of data was collected after the first year of intervention in the fall of 2004 and the third wave of data was collected at the end of the project in the fall of 2005. A total of 28 supervisors participated in both the first and third administrations of the Ellett scale. The Center for Educational Research and Evaluation (CERE) compared grouped data from the two intervention regions and the two control regions to analyze changes in supervisors' perceptions from the first to the third administration. A series of repeated measures ANOVAs with one within-subject factor — wave (first vs. third administration) — and one between-subjects factor — group (intervention vs. control) — was conducted to examine changes in the perceptions of the two groups. One variable, length of time employed in the agency, was entered in each analysis as a covariate.

Supervisors' Perception of Profession Organizational Culture

The extent of change in supervisors' perception of the professional organization culture from the baseline administration to the fall 2005 administration varied significantly by group (intervention group compared to control group). The mean POC score for the intervention group supervisors increased from 3.22 to 3.51 over the two-year intervention period, but this increase was not statistically significant at the .05 level. During the same period the mean POC score for control group supervisors remained constant at approximately 3.0. The difference in the extent of change for the two groups, known as the interaction effect, was statistically significant. The significance of the interaction effect for wave by group is critical in this study because the test of this effect examines the difference in the two groups' degree of change from the first administration of the POC to the third administration. The effect size for this interaction is in the low to medium range.

Significant results also were found for wave by group interaction at the POC subscale level for Quality of Supervision and Leadership and Collegial Sharing and Support (CSS), with effect sizes again in the low to medium range. Supervisors in the intervention regions perceived significantly higher levels of quality in supervision and leadership at the close of the two-year intervention than at baseline. Although intervention group gains in collegial sharing and support were not statistically significant, the intervention group scored significantly higher than the control on the third administration; the intervention groups' mean

score increased to some extent while the mean for control group supervisors' perceptions declined slightly on the CSS subscale over the study period. On the Professional Commitment subscale, mean scores of both groups increased slightly from the baseline to Fall 2005 and the wave by group interaction was not significant. Table 1 shows the numbers of participants in the project by region. Table 2 shows the POC full scale and subscale descriptive statistics and results of tests of interaction effect for wave (Standard Baseline vs. Fall 2005) by group (Intervention vs. Control).

Table 3 shows the POC scale results of tests of main effect for wave (Standard Baseline vs. Fall 2005). This table shows that changes during the intervention period (wave main effects) were not statistically significant when data for both intervention regions and both control regions were combined. Significant differences were found only when the magnitude of change for the intervention regions was compared with that of the control regions. Table 4 summarizes results on the POC scale.

Table 1: Participants in the Project

Regions I-East and I-West — Intervention
Regions II and IV — Control

Region	Wave 1	Waves 1 & 2	Waves 1 & 3
Supervisors			
I-West	12	12	8
II	9	8	6
I-East	13	5	6
IV	10	7	8
Total	44	32	28
Social Workers			
I-West	29	15	7
II	23	8	6
I-East	30	5	9
IV	12	4	0
Total	94	32	22

A retrospective pretest was included in the final administration (wave 3) of the Ellett scales because there was a concern about 1) declining participation among members of the baseline groups, and 2) the possibility that response-shift bias might mask actual changes resulting from the Learning Lab intervention if participants had overestimated their knowledge and skills on the pretest two years earlier. A retrospective pretest was included in the supervisors' fall 2005 test packets just after the standard form of the Ellett scales. The retrospective pretest was identical to the standard form of the instrument, with the exception of a prompt asking the respondent to "think back to when this project began [approximately 2 years ago] . . . how would you rate yourself using this scale?

Overall, in this study retrospective pretest results tend to support the notion that participants might have overestimated their knowledge and skills in some areas when they completed the baseline pretest prior to intervention. Evidence for this is most apparent in scale areas with the largest increases in scores based on the standard pretest. Specifically, respondents in intervention regions scored lower on the retrospective pretest in areas (scales or subscales) where standard pre-post comparisons showed intervention effects; in areas in which score gains over time were low (based on the standard pretest), retrospective pretest scores were about the same as standard pretest scores. Analysis of retrospective pretest scores generally confirmed results of analyses using standard baseline scores, possibly because intervention participants had learned new skills in those areas and had recognized their earlier limitations by the end of the intervention period, when they took the retrospective pretest. Table 5 summarizes changes in the supervisors' perceptions of professional organizational culture and includes notes on the analysis using a retrospective baseline.

Social Worker Self-Efficacy

Relative increases in organizational culture scores among intervention region supervisors compared to

Table 2: Professional Organizational Culture — Full Scale and Subscale Scores for Supervisors in Both Intervention Regions (I-West and I-East) and Both Control Regions (II and IV): Descriptive Statistics and Results of Tests of Interaction Effect for Wave (Standard Baseline* vs. Fall 2005) by Group (Intervention vs. Control)

	Intervention			Control			Tests of Wave by Group Interaction Effect			
	Mean	SD	N	Mean	SD	N	F	df	*p*	η2
Full Scale							5.73	1, 25	0.024	0.187
Standard Baseline*	3.22	0.479	14	3.09	0.378	14				
Fall 2005	3.51	0.315	14	2.96	0.56	14				
Quality of Supervision and Leadership Subscale							7.67	1, 25	0.01	0.235
Standard Baseline*	3.08	0.564	14	2.98	0.564	14				
Fall 2005	3.5	0.337	14	2.77	0.634	14				
Collegial Sharing and Support Subscale							4.19	1, 25	0.051	0.144
Standard Baseline*	3.51	0.413	14	3.5	0.403	14				
Fall 2005	3.68	0.374	14	3.24	0.588	14				
Professional Commitment Subscale							0.004	1, 25	0.948–	–
Standard Baseline*	3.2	0.613	14	2.91	0.488	14				
Fall 2005	3.34	0.46	14	3.07	0.569	14				

** Standard baseline: Data collected in 2003-2004*

scores of control group supervisors were paralleled by improvements in self-efficacy perceptions among the social workers overseen by these supervisors in the intervention regions. As in the previously described analyses, the ANOVAs used by evaluators included one within-subject factor — wave (first vs. third administration)— and one between-subjects factor — group (intervention vs. control). The extent of social workers' experience in the agency was included as a covariate.

As shown in Table 6, the extent of change in social workers' self-efficacy perceptions from the baseline 2003-2004 administration to the fall 2005 administration varied significantly by group. Mean self-efficacy scores for social workers in the intervention group increased slightly, but not significantly ($t(15) = 1.75$, $p = .10$), from 3.02 to 3.24 from baseline (wave 1) to the Fall 2005 administration

Table 3: Professional Organizational Culture-Full Scale and Subscale Scores for Supervisors in Both Intervention Regions (I-West and I-East) and Both Control Regions (II and IV): Results of Tests of Main Effect for Wave (Standard Baseline vs. Fall 2005)

Scale	*F*	df	*p*
Full Scale	0.061	1, 25	0.81
Quality of Supervision and Leadership Subscale	0.292	1, 25	0.59
Collegial Sharing and Support Subscale	1.04	1, 25	0.32
Professional Commitment Subscale	0.911	1, 25	0.35

Table 4: Summary of Changes in Supervisors' Perceptions of Professional Organizational Culture

Scale	Wave by Group Interaction Effect	Interaction Group Change (Wave 1 to Wave 3)	Control Group Change (Wave 1 to Wave 3)
Full POC Scale	Statistically significant	Gain approached significance	Decline (not significant)
Quality of Supervision and Leadership	Statistically significant	Statistically significant gain	Decline (not significant)
Collegial Sharing and Support	Statistically significant	Gain (not significant)	Decline (not significant)
Professional Commitment	Not significant	Gain (not significant)	Decline (not significant)

Table 5: Summary of Changes in Supervisors' Perceptions of Professional Organizational Culture, Including Notes on Analyses Using a Retrospective Baseline

Scale	Wave by Group Interaction Effect	Interaction Group Change (Wave 1 to Wave 3)	Control Group Change (Wave 1 to Wave 3)
Full POC Scale	Statistically significant	Gain approached significance *Retrospective[1] analysis:* *Statistically significant gain*	Decline (not significant) *Retrospective[1] analysis:* *Decline (not significant)*
Quality of Supervision and Leadership	Statistically significant	Statistically significant gain	Decline (not significant)
Collegial Sharing and Support	Statistically significant	Gain (not significant) *Retrospective analysis:* *Statistically significant gain*	Decline (not significant) *Retrospective analysis:* *Decline (not significant)*
Professional Commitment	Not significant	Gain (not significant) *Retrospective analysis:* *Statistically significant gain*	Decline (not significant) *Retrospective analysis:* *Decline (not significant)*

[1] *Retrospective analysis: Analysis in which retrospective pretest scores were used in place of standard pretest scores.*

(wave 3). Scores for social workers in the control group declined significantly, $t(5) = 2.91$, $p = .03$, from 2.97 to 2.66 over the same period, resulting in a significant wave by group interaction and an effect size ($\eta^2 = .22$) in the low to medium range (Table 6). The wave by group interaction effect for social workers' perceptions of their efficacy in the area of client assessment and analysis, a Self-Efficacy subscale, also was significant ($p = .05$) A decline in control group scores from the first to the third administration of this scale was accompanied by an increase in the scores of intervention group social workers, although neither of these changes was statistically significant, $t(5) = 1.77$, $p = .14$, and $t(15) = 1.83$, $p = .09$, respectively. For the second self-efficacy subscale,

Table 6: Self-Efficacy-Full Scale and Subscale Scores for Social Workers in Both Intervention Regions (I-West and I-East) and Both Control Regions (II and IV): Descriptive Statistics and Results of Tests of Interaction Effect for Wave (Standard Baseline* vs. Fall 2005) by Group (Intervention vs. Control)

	Intervention			Control			Tests of Wave by Group Interaction Effect			
	Mean	SD	N	Mean	SD	N	*F*	df	p	η2
Full Scale							5.28	1, 25	0.333	0.218
Standard Baseline*	3.02	0.638	16	2.97	0.328	6				
Fall 2005	3.24	0.666	16	2.66	0.525	6				
Client Assessment/Analysis							4.4	1, 25	0.05	0.188
Standard Baseline*	3.04	0.65	16	2.87	0.403	6				
Fall 2005	3.28	0.627	16	2.59	0.514	6				
Effort/Persistence							3.3	1, 25	0.085	0.148
Standard Baseline*	2.98	0.716	16	3.5	0.408	6				
Fall 2005	3.16	0.816	16	3.24	0.66	6				

** Standard baseline: Data collected in 2003-2004*

Table 7: Summary of Changes in Social Workers' Perceptions of Self-Efficacy

Scale	Wave by Group Interaction Effect	Interaction Group Change (Wave 1 to Wave 3)	Control Group Change (Wave 1 to Wave 3)
Full SE Scale	Significant	Gain approached significance	Loss (significant)
Client Assessment and Analysis	Significant	Gain approached significance	Loss (not significant)
Effort and Persistence	Not significant		

Effort/Persistence, the wave by group interaction ($p = .085$) did not reach statistical significance at the .05 level.

Table 6 shows the descriptive statistics and results of tests of Interaction Effect for Wave (Standard Baseline vs. Fall 2005) by Group (Intervention vs. Control) regarding Self-Efficacy — Full Scale and Subscale Scores for Social Workers in Both Intervention Regions (I-West and I-East) and Both Control Regions (II and IV).

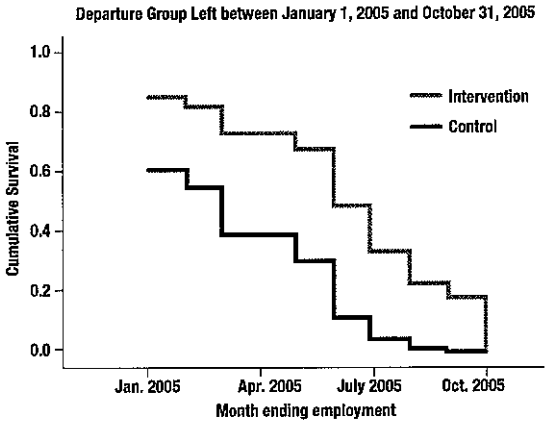
Table 7 summarizes changes in social workers' perception of self-efficacy.

The evaluators and principal investigator used the Cox regression survival analysis procedure to examine differences in turnover rates of intervention and control group social workers. We hypothesized that high quality supervision might be associated with lower intervention region turnover in the long run, but we were able to analyze only short-term changes due to the recency of the intervention at the

time of the analysis. This hypothesis was examined through an analysis of turnover rates for social workers leaving their positions in 2002, the period just before the intervention, and those leaving employment in 2005, the final year of the intervention. Cumulative survival rates of social workers in Regions I-West and I-East (which later became the intervention regions) were found to have been comparable to those of Regions II and IV in 2002. By 2005, cumulative survival rates of social workers who left employment between January 2005 and October 2005 (the final ten months of the intervention period) were slightly lower in the intervention regions, but the influence of the intervention was not statistically significant in this analysis.

To examine the possibility that local availability of other jobs might have been a factor in social workers' decisions to terminate their child welfare employment, we entered local unemployment rates as a covariate in the Cox regression procedure. We found that, when local economic conditions were taken into account, the two groups' turnover rates were comparable in 2002, but diverged somewhat in 2005 (Figure 1). That is, intervention group social workers who terminated employment between January 2005 and October 2005 continued working for a longer segment of this ten-month period than did control group social workers. When the availability of local jobs was included in the analysis, the predictive strength of participation in the intervention was not statistically significant at the .05 level in 2005, but with $p = .08$ the relationship between the intervention and short-term (2005) turnover rates approach statistical significance.

Figure 1: Cumulative Social Worker Turnover Rates for Regions I-West and I-East (Intervention Regions) and Regions II and IV (Control Regions) in 2005, the Final Year of the Learning Lab Intervention, Controlling for Differences in County Unemployment Rates.



Project Impact on Child Welfare Supervision and Organizational Culture

At the beginning of the project, the child welfare supervisors described themselves as a population without a voice, but throughout the learning lab process the supervisors became more empowered. In March 2006, the project director asked the supervisors to write a response to the learning labs. The supervisors wrote that they were thankful to be a part of the learning labs and that all child welfare supervisors should have the opportunity to participate in this type of learning experience. The supervisors discussed the teambuilding and trust building that was experienced as well as supervisory skill learning. Another common theme was the realization that they were responsible for the culture and climate of their units and that case staffings were vitally important for the professional growth of the child welfare worker, the awareness of the supervisor regarding client situations, and for the betterment of client lives through proper provision of services and best child welfare practices.

Conclusion

The supervisors have consistently been positive about the learning labs. They have expressed remorse over the project ending. The lab model continues to be used and even though staff meetings

still often involve directives and "paper" the supervisors have relayed that they discuss more issues and they have a new way to work through issues which involves teamwork and listening to new ideas. They talk about the regions as a team and tell about the two regions that were brought together for part of the intervention being able to work together better. The staff members in the intervention regions talk about the organizational culture in a more positive way and project a feeling of empowerment to make the system better.

The data showed that there were significant changes in supervisors' perceptions of the quality of supervision and leadership in their regions, as well as their perceptions of collegial sharing and support. This suggests that supervision is perceived to be more active and effective in the intervention regions following the Learning Lab intervention. Although intervention group social workers' perceptions of the professional organizational culture in their regions have not changed significantly, more effective supervision resulting in social worker skill-building may have enhanced intervention region social workers' perceptions of their self-efficacy, particularly in the area of client assessment and analysis, as well as their efficacy expectations. No evidence of growth in supervisors' perceptions of organizational culture or social workers' perceptions of self-efficacy or efficacy expectations was found for control group participants, providing support for a conclusion that the effects of the Learning Lab intervention account for the positive changes that have occurred in intervention group supervisors' and social workers' perceptions.

In a comparison of 2005 social worker turnover data with baseline data (January 2002 through December 2002), intervention group social worker turnover rates were slightly lower than those of the control group, but this difference was not statistically significant. When controlling for unemployment rates in the counties and comparing the same data, the difference in turnover rates once again was not statistically significant, but was more favorable for the intervention social workers than the earlier comparison. Further, results that controlled for county unemployment rates approached statistical significance.

Implications for Future Work

Focus group discussions following the end of the project included thoughts on the improvement of the model. Mentoring could be included in the model. Between learning labs it would possibly be beneficial to include individual mentor visits with the supervisors. This seemed to occur naturally with supervisors calling upon group facilitators to discuss application and results of proposed actions discussed in learning labs. The supervisors discussed the desire to have mentoring visits and a mentor that could meet with them and child welfare workers during case staffings, clinical supervision meetings with individual staff members, and group staff meetings. The mentors could give supervisors feedback on supervisory methods used in these settings.

Future research is needed that would include data collection at a later point than at the conclusion of the project. Client outcomes, case review data and worker turnover may not have been affected by the end of the intervention as the supervisors were learning new skills and knowledge that would not have been put into practice by the last wave of data collection. Also, other outcomes may be more appropriate for research as change in supervisory practice and the implementation of clinical casework supervision may affect other variables that were not examined.

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