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HAS THE SONG REMAINED THE SAME?:
PERCEPTIONS OF EFFECTIVENESS IN FAMILY SAFETY WORK

by

DEBRA MARSHALL
M.A. University of Central Florida, 2004
B.A. University of Central Florida, 2002

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ABSTRACT

National and international research on governmental privatization efforts reflects myriad successes and failures. However, little is known about the effectiveness of family safety privatization efforts in the state of Florida. In Brevard County, Florida, family safety privatization efforts have been underway for several years now, and while evaluations are taking place, they do not reflect one key piece of information—the perceptions of family safety workers. A snowball sample was obtained from former and current child safety workers and open- and closed-ended questions were administered with a total of 15 former and current family safety workers who work or worked for several different public and private family safety agencies within Brevard County, Florida. Information was obtained regarding perceptions of privatization to adequately and more efficiently do the work of public entities. The results show two primary areas of interest. The model of care which has been instituted post-privatization (CARES) has been perceived as more effective than the former state model; the strongest problematic themes that developed concerned power, control, and the perception of unfairness. These themes are explored using a backwards mapping approach and recommendations for continued growth and cohesion are explored.

A special thank you is necessary for my husband, Mark. Your quiet patience and unwavering support played a critical role in this work. Without your guidance it would not have been possible.

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LIST OF ACRONYMS/ABBREVIATIONS

BFP	Brevard Family Partnership
CARES	Coordination, Advocacy, Resources, Education and Support
CBC	Community Based Care
CPI	Child Protective Investigator
FAP	Family Assistance Program
FDCF	Florida Department of Children and Families
FP	Family Partner
FSC	Family Services Counselor
FSMO	Family Services of Metro Orlando
FTC	Family Team Conference
NCANDS	National Child Abuse and Neglect Data System
OPPAGA	Office of Program Policy Analysis and Government Accountability
PB	Performance-based Budgeting
PRWORA	(The) Personal Responsibility and Work Opportunity Reconciliation Act
WFL	Wraparound Fidelity Liaison

CHAPTER ONE: INTRODUCTION

>   A caretaker for Rilya Wilson, the foster child whose disappearance four years ago exposed serious flaws in Florida's child-welfare system, was indicted Wednesday on charges of murdering the girl, who was 4 years old when she vanished. The [FDCF] has said it failed to notice Rilya's disappearance for 15 months because a caseworker lied about visiting her home… Rilya's body has never been found.
>
> —The New York Times, March 17, 2005

Many ways exist in which to think about and assign responsibility for the issues that surround the welfare of children. In particular, state-run agencies which have been charged with keeping children safe have been criticized as inflexible, categorical, cumbersome and costly. Due partly to perceptions of state agency ineffectiveness community based care (CBC) agencies have been identified as the new model of program effectiveness with regard to child safety. It is hoped that CBC agencies in Florida will not only meet the parameters of federal and state laws, but also provide flexible, comprehensive services at the local level—services which can be better managed and delivered to achieve enhanced outcomes for vulnerable children (CBC Final Report 2001:1-3).

With respect to budget concerns, the area of family safety has long been problematic for the Florida Department of Children and Families (FDCF) to effectively administer. Due to the nature of the work of ameliorating issues of family safety, the

State of Florida budget in this area has been steadily increasing, often far surpassing

allotments. The 2008-09 State budget for family safety programs was approximately $1

billion dollars, with nearly a third of that funding going directly toward "child protection

and permanency" (The People's Budget Services List). In child protection circles, the

goal is to achieve permanency of placement in the most appropriate setting for the child

in the shortest amount of time which is reasonable and safe. Although it is not standard,

many child protection cases can take months, if not years to wind through the system.

The seed for one method of controlling this budget—privatization—was planted

by State law several years ago. For myriad social, political, and economic reasons,

placing the responsibility of child safety in the hands of private agencies is an appealing

notion for state politicians and budget planners, as it could be one form of controlling the

ever-increasing expenditures of the FDCF while serving to refocus the spotlight of

difficult (and mishandled) child abuse cases away from the government and onto private

entities.

The purpose of this research is to examine the efficacy and efficiency of the

privatization of some of the major child safety initiatives within Brevard County, Florida.

How effective has the implementation of private agency child safety programs been?

What are the drawbacks and benefits to this system of care as opposed to that of the

prior public agency program administration? Using one-on-one interviews I examine the

perceptions of child safety workers who have worked under both systems of care. I use

a variety of qualitative techniques, primarily semi-structured interviews with closed- and

open-ended questions. Interactionist theory is used to examine micro level concerns, and feminist theory assists me in examining some macro level issues. My research also relies upon the work of Dorothy Smith, specifically, her use of "Standpoint" as a methodological framework lending reflexivity and fluidity to the interview process.

I use a backward mapping methodological approach, which rests on the premise that "policymakers have a strong interest in affecting the implementation process and the outcomes of policy decisions" (Elmore 1979-1980: 604). Using backward mapping, I start my research at the lowest level to examine the specific behaviors and beliefs of workers at the field level and those who are at the lower end of the administrative hierarchy, continuing my analysis in an upward structural direction in order to answer my primary research question: is this system of care working?

Caseworker/family safety worker assessments and opinions of pre- and post-privatization efforts shed light on the effectiveness of the new systems and procedures. I believe their commentary attests to the ability of private agencies, which deal directly with one of our most vulnerable populations, to do the work of public programs. A thorough "before and after" picture is essential, and program changes must be fully explored, not only for their motivations, but also for their impacts as they have been implemented.

Because many of the current Brevard County family safety workers are veterans of the FDCF, their perceptions of private program effectiveness as compared to their experiences with the FDCF are relevant. Often changes in systems are analyzed at an

administrative level with an examination of aggregated data from a "top-down" perspective, which ignores the perceptions and concerns of field-level workers (Elmore 1979-1980). Thus, backward mapping helps to "close the loop" by providing additional relevant information as to the day-to-day issues that may arise among workers who have firsthand experience with implementing agency mandates.

One small study conducted by Withorn (1999; 2000) did explore changes in welfare systems post-privatization by using human services caseworkers and administrator interviews, and I utilize it as a frame to help conceptualize my research. At times Withorn clearly opposes the idea of privatization, while at other times, she makes the assertion that the problem is not with privatization; rather, she asserts, problematic changes to social service systems that began with the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) have had the most devastating and dramatic impact on how caseworkers do their jobs. Her argument is that regardless of the system in place, welfare reforms have posed the most significant barrier to caseworker success. The implication that Withorn makes is that there may not be room for successes in the myriad private programs due to the restrictions imposed by PRWORA—the restrictive "reforms" of PRWORA may work to influence failure rather than success.

Withorn's research method is somewhat similar to mine and her foundations and observations are important to my approach. The differences, however, are significant. Withorn interviewed 40 people in 2001, when privatization fears were sweeping through

the family services community nationwide. Her sample was drawn from caseworkers and administrators from around the country (her criteria for inclusion in her sample is unclear). She acknowledges that her work is a work in progress, and defines her essay as speculative rather than as a presentation of findings (2001). Having collected data from a sample of 40 participants at the national level and across myriad agencies, she is not in a position to make any clear statements about any one agency, individual efforts to privatize, or successes and failures of local models. This is a drawback that I avoid by collecting data from all available workers in one geographic location. An in-depth analysis of one model of care sheds light on what works and what does not work in one local community and is a starting point for future comparative analysis. This is an important place to start the analysis with regard to program and worker effectiveness and with respect to the ability of the front lines to apply top-level mandates and directives.

Withorn comes to several conclusions in her research. She expresses each of these conclusions as "worries (112), and outlines seven key worries: lack of federal oversight, growth of new providers, shifts in the focus of family safety, changes in conditions for poor families, job worries, and the roles of religion within the social service community.

One most relevant caveat which separates the work of Withorn from my work is the focus of the research. While Withorn seems to have centered her research on welfare workers (who fall to the broader general category of "children and families"

caseworkers) my work will concentrate specifically on family safety workers. While both pools of workers are drawn from the same general areas of work, the differences are significant. Welfare workers have a primary focus on getting their clients to work. Family safety workers have a primary focus on the welfare, well-being and safety of children. There are overlaps in the jobs: often a welfare worker might find that there is neglect going on in a household, and likewise, often a family safety worker will have to help stabilize a home by assisting a parent with finding a job or with locating job training. These job classifications are at once intimately linked and clearly separate.

In addition to interview data, I have collected general information such as caseloads before and after transition, differences (and similarities) in types of cases considered for program inclusion, exclusion, or other specific intervention, and job satisfaction issues. My research explores issues related to whether private agencies are able to better control and allocate their expenditures at a local level and whether their presence has benefitted not only vulnerable children in Brevard County, but has also served to reduce cost overruns and State budgetary concerns. My findings will be used to generalize to macro level issues related to the picture of family safety—primarily, the background for evaluating State agencies that privatize.

The last purpose and main goal of this dissertation is to be practical. I have uncovered information which can be helpful to local agencies with respect to the work they do with vulnerable children and families.

CHAPTER TWO: LIERATURE REVIEW

Examining Welfare Trends: Welfare Policy since the 1970s

Nixon spoke of a "Family Assistance Program" to help guarantee an income to working parents as far back as 1969 (Jencks 1992). Of course, this program never came to fruition. Supplemental Security Income (SSI) ensured a minimum income for elderly people in the United States, however there was still no guarantee of a minimum income for working parents (Beland and Hacker 2004). However, some programs moved toward the concept of guaranteed income: Medicaid, the Food Stamp program and Section 8 subsidized housing were a few. While these are not income transfer programs, they can help to level the playing field for lower income adults and children by supplementing the family income with "vouchers" for services, freeing up the family's income for other living expenses and emergences. The unfavorable effect of these programs was to create a partial safety net on which government spending was at an all time high with regard to social welfare policies (Jencks 1992), while only minimally helping the poor. Nixon's FAP attempted to eliminate this bureaucratic heaviness by orchestrating direct cash payments to the working poor and those without jobs who lived in poverty. The program was overwhelmingly disliked by all concerned, regardless of political leanings, and just before his 1972 re-election, Nixon allowed the program to expire.

In support of Jencks assertion, look at the current Section 8 housing program in Brevard County which has a waiting list of over 640 families (Section 8 Outreach). How did this happen? By the late 1940s, most players involved in social welfare came to a "general vision for housing as providing a 'decent home and a suitable living environment' for all American families" (Guthrie and McQuarrie n.d.:7). For the thirty years that followed the implementation of the Housing Act of 1945, federal funds were the integral component of programs to build low-income housing.

However, by the 1980s, federal programs virtually disappeared when the federal government extricated itself from the Section 8 New Construction program and moved toward allowing corporations tax-credits to build low-income housing. We could argue that this was a definite shift toward privatization. One of the increasingly problematic dysfunctions of this shift has been to allocate more and more federal dollars toward satisfying mortgage payments to private corporations which have invested in the low-income housing market while practically halting the building of new public low-income houses (Guthrie and McQuarrie n.d:8-9). Coupled with this trend is the movement toward "mixed-income communities" which are geared toward households which have incomes which are higher than most current housing residents can afford (Vale 2002:3-4). These trends are apparent at the local level, where the list for subsidized housing is so deep in Brevard County that it is common to have month long periods of time where no applications are being accepted.

In 1902, Jane Addams conducted groundbreaking research into the housing conditions of the poor in Chicago, and she uncovered that a considerable amount of political and social apathy surrounded the tenuous circumstances of housing for the poor. According to Addams, "this apathy can only be explained on one of two grounds, either that we do not know the housing conditions which exist, or that we are so selfish as to have no sense of responsibility in regard to them" (Addams1902:103).

Child care services in Brevard County illustrate a similar problem:

> [T]he Coalition had a waiting list of 255 children for School Readiness services [school readiness services are child care arrangements for pre-K children which are often utilized by lower-income working parents as a means to have adequate care arrangements so that they can meet requirements for welfare]. As of September 20, 2007 this number had grown to 620. It is important to note, this number is never a true reflection of the need for School Readiness services. When a waiting list is in place, many families do not inquire about services (FY 06.07 Annual Report of the Early Learning Coalition of Brevard 10).

This means that on the surface we can point to the existence of social services to assist the poor, but that the actual success of these programs to assist adequate numbers of the poor in moving up the social ladder over time is questionable. The problem is not one of quality; rather it is a problem of inadequate quantity of services to meet the needs of the community.

This inability to move up the socio-economic ladder coupled with growing social inequality serves two purposes. First, when inequality increases "extreme incomes, occupations, and amounts of wealth (high and low) become more prevalent and fewer people occupy the middle of the distribution (Beller and Hout 2006:21). Second, "the

probability that someone who starts life in extreme privilege will stay there…
(simultaneously) increases the probability that someone whose parents were poor will
also be poor" (Beller and Hout 2006:21).

The apparent economically limited and short term repercussions of these
programs adds to the debate about exactly how to best assist the poor and helps to
cement inaccurate and devastating attitudes and stereotypes about the poor in the
minds of many Americans. An undercurrent runs through much of the discourse about
welfare in the United States leading many to believe that children who grow up
"dependent on welfare are… more likely to adopt this lifestyle themselves, thus
perpetuating the cycle of poverty" (Reintsma 2007:2). This stereotype of the poor is
what eventually led to the crafting of welfare reforms in the late 1980s and the early
1990s.

During the Reagan presidency, ideas about welfare services in the US began to
radically swing toward a "new" notion about what it meant to be "on welfare" (Marwell
2004). Taking over the Whitehouse from Jimmy Carter, who faced increasing
disapproval from the public toward the end of his term, Reagan was able to bring his
"new" ideology about the welfare state to the American public. Reagan's argument that
"public assistance should only be given to the 'truly needy'" (Hudson and Coukos
2005:7) was a success, and, while the distinction goes back for centuries, the public
again began to categorize the poor as "deserving" and "undeserving" (Hudson and
Coukos 2005:11). Further, Reagan was able to mount "an assault on welfare

dependency itself as the root cause of many problems of the poor" and "welfare dependency was blamed as a source of moral and socioeconomic pathology" (Corcoran et al., 2000:243-4). By subtly assigning poverty to the category of "perversity," Reagan was able to create a change mechanism for how the public viewed poverty's relationship to the administration of welfare policy and was further able to craft policies which placed the responsibility (and causes) for poverty on individual behaviors and shortcomings rather than on the failings of our economic and political systems.

The Personal Responsibility and Work Opportunity Reconciliation Act

Perhaps one of the most sweeping social policy changes of recent years was The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), passed in 1996 by President Bill Clinton. This reform is often viewed as a "watershed moment in the restructuring of the US welfare system" (Morgen and Maskovsky 2003:315-6). In response to historically high welfare caseloads in the early 1990's (Ribar 2005; Corcoran et al., 2000), there were significant provisions to the PRWORA, including giving individual states more power and authority over how they distributed funds as well as over how they decided eligibility for programs (Dias and Maynard-Moody 2006). The PRWORA was supposed to "end welfare as we know it" (Ribar 2005:514). Along with this decrease in federal authority to design and administer funds (now called TANF funds for Temporary Aid to Needy Families), recipients were required to either work or be in work preparation programs. States were also incentivized to reduce out-of-wedlock births. Finally a five year limit was set for recipients of TANF

funds, and while it was a very small number of people, the first welfare recipients who

reached that five-year mark did so in 2002 (Hill 2005; Grogger 2004; Grogger and

Michalopoulos 2003; Blank 2002). Concentrating on the effects of welfare reform:

> The most recent wave of welfare reform began in 1992 when the
> Department of Health and Human Services started approving state "waivers" that
> gave welfare recipients more incentives to seek work… During this period
> Congress also expanded the Earned Income Tax Credit (EITC), strengthened
> child support enforcement, and made more money available to states for
> subsidized childcare and health care. These changes in social policy were
> followed by a dramatic decline in the number of families receiving cash welfare
> benefits (Winship and Jencks 2004:3).

From the start however, this reform was controversial, and though signed into

law by President Bill Clinton, earlier it had been twice vetoed by him (Blank 2002).

When he finally did sign this bill, several of his top administrators and advisors resigned

in protest. It should not have come as a surprise however that Clinton might sign a bill of

this type. As far back as Clinton's bid for the Arkansas governorship, he had advocated

for what he viewed as a shrinking *working*-class (Skocpol 2000:3). With the institution of

the PRWORA, Clinton could build and attend to the working class on whom he had

focused much of his gubernatorial and presidential campaigns. "The PRWORA

responded to concerns that AFDC encouraged joblessness" (Corcoran et al.,

2000:245); the assumptions of PRWORA fit nicely with Clinton's campaign promises.

First, PRWORA was designed on the underlying premise that "almost all recipients can

get and keep jobs," and secondly, that "regular work will eventually lead to a living wage

and self-sufficiency" (Corcoran et al., 2000:242). In essence, the PRWORA is designed

to do less "to support the welfare poor and more for the working poor" (Ellwood 2000:196; Morgen and Maskovsky 2003). In a "handwriting on the wall" moment, in 1972, Herbert Gans wrote about the positive functions of poverty:

> …the poor subsidize, directly and indirectly, many activities that benefit the affluent… by virtue of the low wages which they receive… [They] subsidize the governmental economy… Poverty creates jobs for a number of occupations and professions which serve the poor, or shield the rest of the population from them (Gans 1972:278-79).

The Clinton reforms stood unobstructed for a period of several years until in 2006, President Bush signed the Deficit Reduction Act of 2005 (DRA). This Act added to the already existing PRWORA with even more stringent work standards, including an increase in the percentages of welfare recipients who were required to work (from 50 percent of a welfare worker's caseload to 70 percent) while maintaining the requirement of part time work for single parents who had small children (Reintsma 2007:3). It is important to note here that the requirement to work for welfare recipients has been a part of the public welfare policy equation since the early 1960s. At that time, in part due to rapid social shifting in perceptions of women in the workforce, Congress began requiring welfare recipients who did not have children to register to look for work in order to receive their benefits. However, no real effort was made to enforce this rule as the welfare rolls stayed stable throughout the first half of the nineties. Only with the rapid increase in rolls at the end of the 1990s did the federal government begin to take notice of how the states were implementing policies related to welfare and work (Reintsma 2007:4).

As Jencks (1992:20) asserts, if we want to create a net of workable social welfare policies, both conservatives and liberals will have to "give ground." He suggests that conservatives will have to "abandon the pretense that all single mothers could get along without government help if only they had jobs," while liberals will have to "abandon the idea that single mothers have a right to government help even if they are not willing to take a low-wage job" (1992:20). This is clearly the main idea behind the PRWORA. Echoing the assertion of Jencks, Reintsma (2007:12) states, "there will always be a fine line between providing for the truly needy and preventing abuse of the system by those who could work… the balance between these two will be reflected in policies that are the result of a combination of prevailing ideological beliefs… and economic conditions."

In a more pointed discussion on the failures of contemporary welfare reforms, Morgen and Maskovsky (2003:325) assert that there is "extensive evidence that most jobs the poor get provide neither living wages nor the health insurance or job stability that are essential for a modicum of economic security." Relying on the work of Korpi and Palme (1998), Jesuit and Mahler (2004:8) assert a "paradox of redistribution" whereby "the more we target benefits to the poor… the less likely we are to reduce poverty and inequality." One of the reasons why this occurs is that "highly targeted programs have the support of a small and isolated political base [that] offers "no rational base for a coalition between those above and those below the poverty line" (Jesuit and Mahler 2004:8-9).

The assertion that the PRWORA has worked, therefore, is very premature. Because states were given increasing latitude regarding how they distributed federal welfare funds, disagreement of a clear definition of poverty ensued. Where the federal government had utilized the Orshansky Poverty Thresholds since the 1960s (Fisher 1997), and prior to PRWORA had used these guidelines to distribute federal funds to states, with the passage of PRWORA, states were given the discretion to redefine what poverty meant and how it would be managed.

While welfare rolls dropped from the period of 1994 through 2004 (Ribar 2005) we cannot point to only one reason. Grogger (2004:405; Grogger and Michalopoulos 2003) asserts that the drop was an "anticipatory response to time limits." Supportive of Grogger's earlier research, there is increasing evidence that many individuals are living "between the cracks" of work and welfare, meaning they make too much money for welfare assistance, yet not enough to lift themselves out of their economic circumstances. For many of these families, there is a convergence of "credit constraints" coupled with "substantial earnings uncertainty" (Grogger 2004:406). In conjunction with time constraints, as state welfare caseloads (possibly as a result of the lack of a cohesive definition of what exactly constitutes a welfare "case") plummeted the economy boomed (Blank 2007). While there is some research exploring the theoretical implications of welfare reforms, to make an assertion at this time based on statistical analysis of "hard" data would be reckless. One question that this conversation does not

address, however, is paramount: are former welfare recipients better off now that they are in the labor force? Evidence points toward an answer of "no."

Difficulty in making meaningful comparisons across states is a product of the PRWORA. Reintsma (2007) adds to the increasing body of research which points to how difficult any comparative analysis of a "before reform" versus "after reform" type will be. Not only do we have to contend with front and back end changes, we also have to factor in new state definitions of what exactly constitutes a "case." As one example of the complexity of aggregated analysis in the face of decentralization she states:

> The dramatic decline in… TANF caseload from 1994 to 1999 was touted by many as a sign of the success of the 1996 welfare legislation. This decline has since slowed to a near halt, and following the 2001 recession, caseloads rose… Care must be taken in interpreting this data… The definition of what comprises a caseload has become increasingly murky… states are increasingly placing individuals and families ineligible for the federal TANF program into separate state-funded programs, with the result that these persons no longer appear on the official caseload figures… Among these groups are recipients that have exceeded the… lifetime five year limit, and groups which are ineligible under federal rules… (Reintsma 2007:11).

Reintsma (2007:11) goes on to assert that some states have created "parallel programs" which serve to keep people off of federal GAO reports. The numbers of Americans living in poverty began increasing again in 2000 yet success has still been claimed by the proponents of the PRWORA (Schram 2005). In light of the Census data about poverty rates and the number of Americans living in poverty, however, a direct causal relationship cannot be asserted about the success of the PRWORA in

decreasing poverty. It is important to note that while the PRWORA can claim success in decreasing the welfare rolls, this does not indicate a reduction in poverty overall.

Perhaps more weight should be given to the relationship between the robustness of the economy and the drop in welfare recipient numbers (Corcoran et al., 2000). It would seem that the health of the economy may be more of an indicator of dropping welfare rolls than reforms undertaken in the 1990s. As Ribar (2005:517) asserts, there is support for the notion that "a strong local economy [improves] employment and earnings for low-skill women and men." His analysis shows that local labor market conditions are a significant determinant with regard to the use of welfare and the economics of single mothers (he further shows that access to child care is also significant). As new data begins to appear within the body of research, attention will surely be paid to whether the decentralization of welfare and the impacts of the PRWORA have been successful to date, and whether they will be successful over time.

It is clearly difficult to know exactly the extent of the latent and manifest functions (or for that matter, dysfunctions) of current welfare reform. As mentioned by Winship and Jencks (2004:4), current reforms have changed the rules at the front end of welfare (for those who are attempting to receive) and at the back end of welfare (for those who are leaving welfare programs) and this indeed makes it difficult to form a useful empirical "before and after PRWORA" test. When nearly all of the variables have changed so significantly pre- and post-reform analysis can become meaningless. Further, Hayden (2006:1) asserts that often, the tools by which we analyze policy are

inadequate, and this type of inappropriate analysis can lead to a misunderstanding of

"complex socioecological and sociotechnical systems leading to wasted resources,

policy failure, and frustration." Morgen and Maskovsky (2003:324) attest that "new

welfare policies have undermined the strategies many poor families had developed to

survive when welfare "work" requirements interfere with informal sector revenue-

generating activities and mutual aid of kin."

We can see then, how the decentralizing of myriad social service programs has

made it more difficult to make pre- and post-welfare program comparisons. Coupled

with decentralization, retrenchment of policy may be inevitable. Hacker assesses US

public social programs as largely having been able to avoid radical attempts at

retrenchment, but further asserts that there are two less visible tensions inherent within

the retrenchment paradigm:

> First, in policy areas that rely substantially on public-private or intergovernmental cooperation, the shifting aims of benefit sponsors and administrators has transformed the ground-level operation of formally stable policies, at times quite radically. Second, and perhaps even more important, recent decades have witnessed an accelerating process [called] "risk privatization" in which stable social policies have come to cover a declining portion of the salient risks faced by citizens (Hacker 2004:243-4).

Supporting Hacker, there is an increasing amount of literature which shows the

number of single mothers living in poverty (neither working nor on welfare) is increasing

(Blank 2007). In essence, welfare in America is in a state of flux, with countless

changes that point to a need for continued diligent analysis over time and across

programs to determine the impacts of state administration as well as the benefits and drawbacks of federal reforms.

<div align="center">Social Policy Theories and Themes</div>

There are centuries-long debates about the appropriate role of government with regard to economic affairs at both the macro and the micro levels. In *Wealth of Nations*, Adam Smith (1776:129) argues that individuals will be led as if "by an invisible hand" in order to best serve the interests of the public. Smith asserts that competition will lead not to the unequal distribution of scarce resources, rather that it will lead to efficient allocation of economic resources (Reintsma 2007:35). Smith's work gave rise to the Pareto model, which states that if an economy changes by making one person better-off while making no one worse-off, then social welfare has improved. Smith and Pareto have served to influence modern day economics and by association, modern welfare policy.

More contemporarily and perhaps with a nod toward progressive social welfare policy, in the early 1900s, Addams (1914:3) asserted that "governments all over the world are insisting that it is their function, and theirs alone, so to regulate social and industrial conditions that a desirable citizenship may be secured."

Although logic-of-industrialism theories were once considered accurate to predict the efficiency of welfare programs, research since the early 1980s points to a different mechanism (Skocpol and Amenta 1986; Korpi 2008). Borrowing on the early work of

Korpi, Skocpol and Amenta (1986:140) define social policy to include "in principle, all of the ways in which the state enters into the distributive process of the capitalist democracies." Korpi (2008:4) states that in this type of arrangement the dominant assets are economic ones which can be concentrated to small groups who tend to prefer "distributive processes in the context of markets." Skocpol and Amenta go on to interpret Korpi's early work to state that social policy is crafted without regard to whether or not the market has allocated prior income to individuals.

Finally, Skocpol and Amenta utilize the work of Korpi to show that the allocation of social policy is one characteristic of the institutionalization of social democracies, with that pattern including "programs to prevent social ills from arising in the first place; a predominance of universal and progressively tax-financed social benefits, rather than selective, contributory, or regressively financed social benefits; programs offering better than minimal benefits to citizens; and a high degree of social provision directly through the state rather than through private organization, yet without bureaucratic controls over individual conduct" (1986:141). These characteristics point toward a discussion of power resources theory and one could certainly argue whether this profile fits the current welfare ideology of the United States.

Power resources theory asserts that with a stronger political left and heavier concentration of union organization, more egalitarian social welfare policies will be crafted (Korpi 2008; Kellerman 2005). The idea underlying power resources theory is that the "level of inequality in a society and the accompanying degree of redistribution

by the state are functions of the organizational resources of the working class" (Kellerman 2005:3, relying on Korpi 1983 and Stephens 1979; Beland and Hacker 2004).This means that, during times of a strong conservative right, stronger retrenchment is likely to occur and conversely with a strong and organized left, more progressive outcomes will be achieved.

The Marxist orientation of power resources theory is not to be overlooked. According to Kellerman (2005:3), this model is "firmly rooted in a class-based conception of politics in which capital and labor have opposite preferences over the level of inequality and where "the absence of organization through either labor unions or political parties representing their interests… allows capital owners to control the vast majority of power resources in the economy." In a comparative study of municipal service delivery in Canada and the US, it was found that Canadian cities and towns provide more services than their American counterparts, even while the Canadian cities sampled have a higher rate of privatization of municipal services. It is theorized that the reasons for these differences are somewhat linked to the strength (and converse weakness) of organized "labour opposition" (Hebdon and Jalette 2008). This indeed appears to be a workable theory with regard to contemporary American welfare policy.

The "poverty to perversity" theme is one that not only appears cyclically in our research literature on welfare and welfare policy reforms, it also appears to be a popular conservative political tool that can be utilized to gain support from the public. Even more alarming is how the perversity theme helps to shape the reality of minority groups in our

society. Because the United States has been free of any recognized history of feudalism, this "denies most Americans a default class based way to think about the conditions of the poor," (Shaw 2007:xvii) and instead fosters the use of an individualistic lens which in turn "tempts many Americans to label the poor as deviant."

According to Skocpol and Block (2005:266), the process of traveling "from poverty to perversity" needs three external conditions. An impending crisis of the current regime is the first step in reframing social policy issues. Second, a publicly fought battle must occur between the existing regime and the new ideas/ideals. Finally, once the extreme ideas of the newcomer are established they gain mainstream legitimacy and can be established as the only solution for the existing malfunctioning regime. If we accept Skocpol and Block's assertions, then it is possible that the seeds of social policy change grow from the ability of charismatic politicians to utilize and/or repurpose the perversity thesis to reframe the way we accept, view and think about welfare.

Thinking back on the Reagan administration's ability to reframe structural issues related to poverty into individual shortcomings, we can see how this process works. And, as Hudson and Coukos (2005:6) have pointed out, "the clinical verdict is in—the poor are not only lazy, they also suffer from "low impulse control." And for those who are foolish enough to squander their meager earnings on cable television, Suze Orman is there, urging them to repent, five nights a week." Reagan's reframing, it appears, has been successful.

If we are able to frame the structural issues of welfare as the perversity issues of individuals, then it is a short hop to a "residuals" theme which begins to emerge, garnering popularity with an otherwise seemingly prosperous nation who can then point to the poor and state "There's something wrong with *you*. You must work harder, longer hours. You must save every extra penny and stop squandering the opportunities of the American Dream!" It is asserted that the problems of poverty are somehow "a consequence of [one's] own moral failure" (Hudson and Coukos 2005:7).

Individualizing the structural issues of poverty is a problem of extremes. It manifests itself in the beliefs of many Americans that "the continuing problem of racial [and by extension gendered and class] inequality is one of individual weakness" (Poole 2006:2). Rather the same as "poverty to perversity," by moving toward a residuals approach to welfare, we have ignored the history of structural racism, sexism and classism in favor of a view which places the onus of responsibility for issues relating to poverty on struggling individuals.

Policy feedback theories have gained in popularity over the past few decades with regard to speculating about welfare (Amenta, Bonastia and Caren 2001:221). Feedback policies assert that, as it gained in popularity, the "poverty as perversity" theme served to reinforce the government's retrenchment of social welfare policies under the PRWORA. According to Amenta et al., "The initial form a program assumes may influence its political future by determining whether groups will mobilize around it in support." Relying on the analyses of several researchers, they point out that distributive

programs have greater support than do redistributive programs, and moreover, that "programs whose recipients are confined to the poor tend to gain little support" (Amenta, Bonastia and Caren 2001:221). Simply put, as the shortcomings of contemporary welfare programs came to light coupled with the conservative views of the Reagan era, a withdrawal (or retrenchment) of progressive redistributive programs was inevitable.

PRWORA is a distributive program, a sort of "quid pro quo" welfare, which distributes necessities in exchange for the work of recipients. In conjunction with the "poverty as perversity" theme, policy feedback theory seems to present a reasonable explanation for the retrenchment of contemporary welfare policy.

Postmodernism also has something to say with regard to social policy. Postmodernist theory challenges the foundations of objectivity in social science research. If we cannot implicitly rely on scientific objectivity we must contend with stereotypical representations of subordinate groups which mar our ability to craft solid and meaningful social welfare policy. Katz (2000:117) states that "not only postmodernism but the stubborn persistence of stereotypes about poverty, welfare and race in the face of credible social science calls into question the capacity of research to lead where public opinion and political will are not ready to follow."

Within the last few years, "target efficiency" has also made a mark in the political arena with regard to effective welfare policy making and delivery. This idea, as described by Schuck and Zeckhauser in their 2006 book, *Targeting in Social Programs Avoiding Bad Bets, Removing Bad Apples*, states that a concentrated effort needs to be

made with regard to removing from the equation the few "bad bets" and "bad apples" and their ability to effectively disrupt the delivery of benefits to those truly in need (the authors call those who they classify as truly in need as the "bad draws") (4). They further state, "the basic goal of target efficiency—allocating resources to the individuals for whom and the purposes for which they will do the most good—is straightforward and should not be controversial" (4); however, they go on to assert that politics tend to get in the way of the intentions of target efficiency models, with conservatives fearing that efforts to improve targeting will be costly, and liberals fearing that targeting will essentially result in victim blaming (4-5). While the book goes on to debate the merits of this model and sends out a bipartisan plea for those middle-ground redistributionists to embrace the reforms that target efficiency requires, much of the authors' work is abstract and theoretical. Further, while Schuck and Zeckhauser would have us believe that target efficiency modeling is something new to the welfare issue, there is research dating back to the '90s which shows that targeting some over others with regard to welfare pits groups against one another rather than forging meaningful coalitions which can work together to better the conditions of all (Jesuit and Mahler 2004).

One theme that works well alongside target efficiency is that of decentralization which is another of our contemporary themes framing welfare and social policies in the United States. Decentralization adds one important research caution: aggregated data may not be the way to go for analysis of policy and inequality as it does little to uncover the real experiences and situations of minorities, or for that matter, anyone. For

example, while it is asserted that median incomes for all groups of women in America have increased since the late 1980s, this does little to highlight the fact that for all women, median incomes are still below the federal poverty line (Andersen 2001:188), with some groups of women faring substantially worse than others. Andersen further shows that income growth has been shown in the top 20 percent of all racial groups, while for all other quintiles, growth has not occurred. Aggregating data masks the fact that the lowest fifth of our population have experienced a decline in income growth, with Hispanics and African Americans being impacted the most. Andersen states that "persistent structural inequality is simply less visible to dominant groups" (2001:190). And, aggregating data certainly does not help to fully express the issues related to inequality surrounding race, gender and class.

Winship and Jencks acknowledge that while it is not wise to assume that welfare reform is the cause, or even correlational, it appears that single mothers have fared better since welfare reform than before it (when looking at food security and poverty rates in the US). Their study, however, was only from the periods of 2000 through 2006, when the highest rate of unemployment reached nationwide was 6.0 percent. In addition, food security is only one small measurement with regard to welfare and thus Winship and Jencks' assertion must be viewed with caution. Blank and Schoeni (2003:308) also caution that it is premature to discuss the impacts of welfare reforms, as many states have recipients who are (within the past few years) just beginning to reach time limits. They assert that "it is possible that the positive income effects of

penalties aimed at forcing women into work will be reduced once a large share of women actually hit the time limits and are forced off welfare involuntarily."

Blank (2002:1119) illustrates a decreasing poverty rate from 1979 through 2000 utilizing Census data. The data show that for all groups analyzed (all families, families with single-female householders, Black families with single-female householders, and Hispanic families with single-female householders) the rate of poverty fell from that of 1979. This does not, however mean that that welfare reforms are the cause of the decrease in the poverty rate—again, the data were collected just as the first welfare recipients were being impacted by the five-year limits imposed by PRWORA.

Somewhat contrary to some of his prior research assertions, in a PBS interview Jencks states that "every measure of the distribution of income shows that the rich have gained a great deal more than the poor gained since the 1970s." Further, Jencks and Ellwood (2001:57) rely on Census data to state that from 1967 to 1998, the rich have gotten richer while the poor have not gotten poorer, however, adding that "the gains of the rich seem to influence what happens to those whose incomes do not change." This is a rather Friedman-esque statement. What this tells us however (and in opposition to the ideas of Milton Friedman) is that in a society with increasing economic disparity, one where an increasing level of wealth is concentrated in the hands of a few, the gains of welfare reform (such as getting a job and getting off the rolls) are outweighed and marginal.

Somewhat supportive of the views of Winship and Jencks is O'Connor (2000:548), who, relying on the work of Solow and Parrot, states that the primary result of the PRWORA seems to have been to push "many a dependent family into the already-swelled ranks of the working poor." Okongwu and Mechner (2000:110) state that "…Reaganomics, along with welfare reform in the United States, have given rise to an ever-increasing population of people lacking access to work that provides adequate pay, leading to homelessness." Echoing these statements, Dias and Maynard-Moody (2006:190) state that current research on performance based contracts shows that the contracts awarded to for-profit employment agencies tend to "focus on short term deliverables… at the expense of longer term goals like employment quality and job retention." Ogonkwu and Mechner (2000:110) further state that, "[c]omparing the United States to Namibia… extreme inequality in each society results from policy decisions that lead to the lack of access to meaningful employment and to a high percentage of female-headed households."

Katz (2000:124) asserts that since 1980, the welfare state has rolled back benefits and that this contemporary "redefinition, which threatens African Americans and other minorities, results from three forces… dependence, devolution and markets. A war on dependence, notably but far from exclusively on young unmarried mothers; the devolution of authority from the federal government to states, from states to localities, and from public to private agencies; and the application of market models to social policy: these three forces course through all the corners of America's welfare

state." Further evidence of continued inequality comes from Andersen (2001:185), who states that "those in the lowest 20th percentile of the labor force have experienced a 22% drop in wages since the 1970s." Corcoran et al. (2000:248), assert that while "caseloads are falling rapidly" since PRWORA reforms, it is not clear why this is occurring. They theorize that the drop could be the result of stricter enforcement of sanctions, or because of recipient non-compliance. Preliminarily, their research shows that caseloads are down and more welfare mothers than ever have joined the workforce; they are, however, reluctant to attribute this to the successes of the PRWORA, instead asserting (as other research supports) that the robust economy was a predominant factor (Corcoran et al.,2000: 251).

Myles and Quadagno (2000:157) discuss the "Third Way" approach to modern welfare reforms. Their use of the "Third Way" metaphor, which was popularized by Tony Blair, "emphasize programs that help people to participate and succeed *in the market* through education, training, and programs that sustain labor force participation." Known also as the "New Policy Agenda," this approach is seen to "comprise two principle strategies—marketization/privatization of economic and social sectors and democratization of civil society (Kamat 2004:170). This paradigm aligns nicely with PRWORA reforms as it speaks to "flexible labor markets" while aiming to provide "people with the means to prosper in such an environment through education and training, family support systems (to help people enter the labor market) and wage and tax incentives (to keep them there)" (Myles and Quadango 2000:157).

What comes into focus with this explanation of themes relating to welfare is one thing: the view that many Americans hold of those who need assistance has been, is, and will likely continue to be problematic as reforms are enacted. And as Lindsley (2004:207) succinctly reminds us, "an important point to be understood is that in a regulated economy such as the United States, poverty among a large portion of the population cannot be an accidental or unavoidable phenomenon, but rather is the result of economic or political policies that for whatever reason skew the distribution of the nation's wealth."

While there is support for both arguments (that welfare reforms have helped the poor and that welfare reforms have not helped the poor) one thing is certain: the positions of the poor, much like the positions of women and other minorities in society when compared to the often invisibly privileged positions of white males, are *relational* to the positions of the non-poor. If we view the structural issues surrounding poverty relationally, it is easier to envision how the problems of the poor continue in our society when poorly crafted welfare policies and stereotypes enter the discourse. As of this writing, the national unemployment rate is perilously close to double digits (CPS), and faced with the economic crisis of today will undoubtedly, continue to climb. And, while the impacts of this recession will be felt by all save the very wealthy, the long term consequences will be structurally embedded within the struggles of the less fortunate for many years to come. As Ellwood (2000:193) points out, "a reform designed to support people who are working fails if people cannot find work, even temporarily." My research

will consider the preceding discussions about welfare policy and about perceptions of the needy.

<div align="center">Linking the Welfare of the Family and Child Safety</div>

Just because one is poor does not mean they will also abuse their child. While this seems a rather ridiculous statement to make, there are many who assume that "poor" equals "bad parent." While there are some significant links between poverty and parenting, a closer examination is warranted.

Ms. Heather Howlett, Operations and Management Consultant for the Florida Department of Children and Families, states that the impacts of neglect and abuse with regard to the development of the child are far reaching. Developmental delays in the infant brain are followed by developmental delays in the child's performance at school. During the school years, acting out can be indicated, and these increases in disruptive behavior over time can be overwhelming once a child reaches adulthood; substance abuse often becomes an avenue to dealing with the impacts of childhood neglect.

We do know that maltreatment of children is linked to poverty, but we must be careful to clarify this relationship. According to Wulczyn's 2009 evaluation of data from the National Child Abuse and Neglect Data System (NCANDS), maltreatments occur at a higher rate among the poor than the wealthy, and while this may seem to be intuitively valid, I must place some caution on this statement. What we know about the links between maltreatment and poverty are not necessarily indicative of physical abuse.

Rather, the relationship between class and child welfare is more likely to be indicative of neglect. The parents of poor children work more hours, have less time to spend with children and children of the poor are often charged with caring for their own selves at very young ages (Waldfogel Craigie and Brooks-Gunn 2010; Howard and Brooks-Gunn 2009). Parentification of older children can also be common with older siblings often being charged with the care of their younger counterparts. Wulczyn (42) asserts that maltreatments often occur due to the gap between "what a child needs and what a parent can give as a child passes through childhood."

Children who come in contact with social service systems due to myriad reasons are often children of the poor (Stagner and Lansing 2009). While we do not exactly understand this relationship, there are several ideas which can help us to clarify. Middle-class and wealthy parents can afford afterschool care for their children, while poor children often have to self-monitor their behavior. This can lead to troubles with law enforcement or in school, which often then leads to involvement with child welfare agencies.

The children of poor single parents suffer as single parents are often not able to be as frequently responsive to the needs of their children; they are often at work for many hours, and when home, are tired from working. While single parents may not necessarily have poorer parenting skills than other parents, research suggests that lack of access to resources is a factor (Waldfogel, Craigie and Brooks-Gunn 2010).

Each state in the US has different criteria for reporting and opening cases, which could also be contributing to the gap. One of the most challenging issues facing federal child abuse and neglect clearinghouses is that each state has its own definitions and thresholds of exactly what constitutes abuse, neglect and abandonment of children.

We also know from myriad sources that when the economy is stable, child abuse rates tend to fall (Wulczyn 2009, Finkelhor and Jones 2006). This might mean that when the poor are working, and low-skill jobs are abundant, poor parents experience one less stressor. Conversely, it might mean that poorer parents who are likely to abuse spend less time in the home and more time on the job which would contribute to a decrease in the overall rates of child abuse among this group. It will be interesting to see how, in light of the current mega-recession, child abuse rates will vary from the last several years of relative stability. We can also see a relationship between the economy, access to work and geographic location.

Molnar et al. (2008) conclude that physical neighborhood locations have some connection to children and their involvement with social service and juvenile justice systems. Their research found that neighborhood resources can work in conjunction with family and peer resources to keep children out of trouble. If we understand this information in the context of poor or wealthy communities, it is easy to see why poorer children may have higher incidences of involvement with our child welfare systems.

All of these concerns are very challenging and, from the perspective of those concerned with trying to alleviate these types of social issues, daunting. It might seem

better to simply pass off the responsibility of this kind of work to private agencies. Being able to distance the government from dealing with issues related to child welfare, or any other cost-ineffective state agency for that matter, has become an attractive proposition for many states.

Privatization Efforts: Who is Privatizing?

Kamat (2004:554) asserts that the twentieth century "represented a 'top-down' approach to social and economic growth" and further that we will move away from that model toward one which will sustain "'bottom up growth and social improvement." And while most people with concerns in the area of welfare provisions and delivery are in agreement that some form of government oversight and regulation is warranted, the extent to which they feel federal and state governments should be involved varies (Michaels 2010; Bridkin 2007; Fossett and Thompson 2005).

In one view, proponents of a narrower form of regulation argue for increased roles for market-based privatization. In opposition, larger and more powerful government involvement is viewed as essential. A third focus supports localization of welfare concerns. Dating as far back as the early 1900s, there was acknowledgment in the sociological and political research that "the very crux of local self-government, as has been well said, is involved in the right to locally determine the scope of local government in response to the local needs as they arise" (Addams 1905:427). Regardless of these ideologically opposed viewpoints, "[f]ederal policies of privatization

and devolution, embraced since the Reagan years, have made private, nonprofit organizations the primary deliverers of these services" (Marwell 2004:265). Further, advocates of privatization say that it will make for a "leaner and meaner" government which has the promise of greater efficiency and cost savings (Michaels 718). However whether cost savings and efficiency have become actuality is up for debate.

In 1983, Hatry conducted a review of public and private prisons in Washington DC, and he found that cost-saving results were mixed. He further asserts that public agencies only privatize when there are internal problems, and that this will also be a factor in overall betterment of performance. It is important to note that Hatry also asserts that this happens in the converse—when private agencies experiencing trouble are taken over by the government. Further as one (2004) state-level report asserts, "[a]fter the fact reviews cast doubt on the savings claims made for maintenance [transportation and road repair] outsourcing (Washington State DOT).

In addition to the shift from public to private comes a basic difference in the way in which monies are allocated for the poor and to the poor. Prior to privatization, welfare money was viewed as an entitlement (Hudson and Coukos 2005:1) which meant that regardless of how much money welfare provisions cost the government one need only to apply and meet the requirements to receive their 'entitlement.' In recent years, "NPOs… deliver the majority of state-funded direct services to citizens" that are "supported by discretionary government spending, which is subject to regular appropriations by Congress and state and local legislators" (Marwell 2004:266). This

means that there is room for the amount of money which is allocated to fall short of the

demand, and which could foster an unhealthy competition among local services

providers to 'low-ball' their bids in order to receive a piece of the federal pie (to speak

nothing of contributing to the numbers of poor who may not be able to apply for of

receive assistance when the budget runs dry). It seems that the clients—the poor—may

be an afterthought in the rush to create new agencies for the demand that privatization

has brought on.

Kamat (2004:160) states that the assignation of contracts to not-for-profit

organizations (NPOs) non-governmental organizations (NGOs), community based

organizations (CBOs) and grass roots organizations (GROs) represents a "franchising"

of the state whereby state-level structural changes to policy coupled with decreased

spending has led to a proliferation of NPOs, NGOs, CBOs and GROs. And Nightingale

and Pindus (1997) assert that this can be problematic as privatization brings along with

it cost-savings efforts which could impact service delivery and service interruption as

agencies compete for contracts.

As Blank (2000:C34) states, "as part of U.S. welfare reform states are giving

contracts to for-profit firms to run job training and placement programmes… advocates

have called for increasing privatisation of elementary and secondary education… and

the U.S. debate over Social Security reform includes a variety of proposals to 'privatise'

Social Security." Marwell (2004:267) asserts that "privatization has been applied at the

federal state, county and city levels to a wide variety of service, from road maintenance to weapons development to human service provision."

Because there are myriad ways in which public and private sectors can intersect and interact to deliver a countless variety of welfare programs, it is difficult to provide an exact definition of what exactly is meant by "privatization." As Marwell (2004:266) points out: services can "vary greatly in their quality and effectiveness, depending on the skills and practices of the service providers." While this is not preclusive to private versus public delivery, it is an area which needs to be explored with regard to any differences which might be present between private and public agency care.

Essentially, privatization is the process of contracting public services to private agencies which either work in profit or in nonprofit capacities. Adjunct to this definition then, there are some basic questions that should be addressed with respect to privatization of social services. According to Blank (2000:C36) they are: "1) What are the problems faced by the private provision of social services? 2) What are the alternative models of public sector involvement? and 3) Under what circumstances is government management and ownership likely to lead to a superior provision of social services?" We can add some additional pertinent questions: 1) Is private provision less expensive than state provision of social services? 2) Does the quality of service suffer when administered by private entities?

Coupled with decisions to privatize, come concerns about devolution, which is the "transfer of decisions regarding the details of spending public funds from the federal

government to states, counties and municipalities" (Marwell 2004:268). In essence, due to the sheer numbers of differences in agency models, privatization and devolution make it, at best, difficult to understand the delivery, quality and impacts of private social service provision as compared to public administration of the same programs (Kamat 2004:156).

Blank (2000:C43) makes the assertions that regardless of whether delivery is public or private, administration of programs which are successful relies on professionals who are able to do their jobs well. Further, Marwell (2000:267) asserts that the assignation of state contracts to NPOs determines "where services are available, how individuals access them, and ultimately who benefits from public spending for the poor."

As an example, in Brevard County, privatization occurred with nearly all public family safety/child welfare employees being usurped into the hierarchy of the private agencies who procured contracts with the lead agency, and by default, the state. In essence, the same public employees became private hires. What is at debate is whether the functions of their jobs remained the same. Some questions that we can ask are: 1) How have occupational roles changed with the switch from public to private? 2) Have caseworker perceptions of program efficiency changed with the shift to privatization, and if so, how? and 3) What are the repercussions of the change to private agency management?

To understand the implications of privatization within the sphere of public/social safety work, and to answer the questions above, we must have the ability to define and measure outcomes as well as the capacity to employ workers with specialized expertise (van Slyke 2003).

There is some evidence that community based organizations tend to depoliticize some issues through a process of moving away from the traditional global effort to raise the consciousness of people about the particulars of a social problems toward a more individualized approach which requires the local CBO to understand the issue from a local perspective and to apply innovative solutions to the problem at the local level (Kamat 2004).

There is also some evidence that the historical models we have used for child abuse prevention/intervention in the US are not particularly good at prevention, and are marginally good at intervention. Howard and Brooks-Gunn (2009:119) suggest that "overall researchers have found little evidence that home-visiting programs directly prevent child abuse and neglect" however, their findings also support that home visits do help to re-educate parents who are lacking positive parenting skills (119).

Attempts by myriad researchers have fallen short of adequately and inclusively defining maltreatment (Stagner and Lansing 2009), and this places a strain on models which rely on reaction rather than prevention. Localized models of care may be able to better predict maltreatments as their understandings of their clientele are deeper and more contextual than a statewide model of care can be.

In all cases however, "the question is whether one can trust individuals in the market to make appropriate choices of whether there is a role for a more omniscient (and thereby more powerful) government to intervene actively in [these] decisions" (Blank 2000:C42). My study will build on the "public versus private" debate and will explore the innovations of local applications of federal and state mandates by examining the ways in which caseworkers do their jobs.

Successes and Failures

Berry, Brower and Flowers (2000:339) wrote that, beginning in the early 1990s, "the Florida Legislature responded to a citizen-led initiative demanding a better return on their tax dollars." Performance-based budgeting (PB) was incorporated by the Legislature as a response to the public outcry for agency reforms. With this shift, the Legislature was able to set up budget controls which included mission statements, and measurements of program success which were based on specific objectives. This type of management is clearly results oriented, and the public perception of this framework is that it is more efficient than "traditional" government oversight of taxpayer monies. It is possible that the push for agency accountability and reforms was the spark that led to decentralization and then to privatization.

Tied closely to PB initiatives is the concept of decentralization, which can be thought of as an initial step toward privatization. By the mid 1990s, the Legislature agreed to require a move to privatization for key government agencies. The key question that we must ask with regard to privatization is whether or not it is successful.

The answer that we find is dependent upon many factors. According o research done by Chi, Arnold and Perkins (2003:12), "many state agency directors surveyed seem to have no clear ideas as to how much has actually been saved from privatization." By his count, any expected savings have been marginal, and in many cases, there has been no cost savings at all.

With regard to the state of Florida, several state-level agencies have privatized with mixed results. Florida has been at the forefront of privatization, with a staunch conservative political base, legislators have been able to jettison many agency functions to private for profit and not for profit groups. The Florida Department of Corrections boasts six privately run prisons (about 10 percent of the total prisons).

Why Privatize Family Safety?

Several arguments have been asserted as to why the FDCF was slated to "privatize." Additionally, arguments can be made about whether this paradigm shift from public to private market welfare management has been positive or negative for one of the State's most vulnerable populations—abused and neglected children. Most concerned would probably agree that it is too soon to tell. Since most private family safety agencies have only been operating for a few short years, a review of the "hard" evidence at this time would certainly prove to be premature. However, as Marwell (2004:265) points out, "Federal policies of privatization and devolution [delegation of authority to a substitute and a transfer of power to local entities from a larger

governmental unit], embraced since the Reagan years, have made private, nonprofit organizations the primary deliverers of these services." Further, as Breaux, Duncan, Keller and Morris (2002:92) point out, there has been a strong "movement toward the devolution of federal policy to states" in recent years."

Somers and Block (2004) state essentially the same idea; however, they extend Marwell's ideas to relate private family safety agencies to the rise of market fundamentalism, culminating in 1996 welfare systems reforms and continuing with the privatization of associated government agencies. Somers and Block (2004: 268) rely on work by Osborne and Gaebler (1993) and Teles (1998), and state that "central to a broader bipartisan movement toward 'devolution' of government programs, TANF [Temporary Aid to Needy Families] block grants ended the legal recognition of public assistance as an entitlement—" an attitude which could have potentially fueled the further devolution of TANF funding toward allocation of State funds to private agencies. Paralleling the research of Marwell and Somers and Block, Nancy Jurik (2004:1) states that "we now live in a society characterized by hyper-privatization that is reconstructing everything from non-profits and government to community, family, and individual life— all in the image of the market." Foreshadowing the market-like restructuring of welfare systems in Florida, Myles and Quadagno (2000:156) perhaps asked the quintessential question: "Who needs a welfare state when we have markets?"

Every state is charged with the responsibility of administering programs which address essential needs of abused and neglected children, and those programs must

comply with Federal guidelines in order for the state to be eligible for Federal funding

(Child Welfare Information Gateway 2009:1). The purpose of the State of Florida's Child

Protection Program is "to provide for the care, safety, and protection of abused or

neglected children in an environment that fosters healthy social, emotional, intellectual,

and physical development" ("Justification Review of the Child Protection Program

2001").

Linking Child Safety to Privatization

While the movement toward privatization is not contained to family safety,

government enthusiasm for child saving efforts has not historically been a valued

component of our government services sector. Framing social and family services as

"charity" for women and children has not been an uncommon historical practice (Gordon

1988). Private agencies are not new either, with a history of private agency

empowerment allowing workers to "legally intrude upon working-class households with

little regard to family privacy or parental rights" (Vandepol 1982:225).

The problematic charity label serves to influence public perceptions about what

exactly it is child saving agencies do. Efforts in the mid- to late 1800s were aimed at the

"cruelty of parents," as expressed in the charter of the Massachusetts Society for the

Prevention of Cruelty to Children—one of the first large metropolitan child saving

agencies in the United States. The purpose of the agency was to awaken an "interest in

the abuses to which children are exposed by the… cruelty of parents" while also

assisting law enforcement in the imposition of existing laws (Pratt Fairchild 1913:556).

Gordon (1988) brings up a parallel point: the establishment of child saving

agencies also fueled the perception of eroding away at the patriarchal "right" of males

within the family sphere. This all occurred prior to significant academic references to

sexism, ageism, or feminism and was defined by powerful businessmen and community

leaders in a negative light. It continues today, according to Katha Pollitt (2011), in the

form of "federal, state and local government cutbacks [aimed specifically at women and

children], touted as neutral and necessary belt-tightening." Gordon (1988:56) further

reinforces this line of thought by asserting that "the new sensibility about children's

rights and the concern about child abuse were signs that the patriarchal family

expectations and realities had… been weakening."

Along with gender (and explicitly, childhood) I believe that there are some

important connections between race and class and the privatization of family safety

programs which speaks to the government's willingness to jettison such a crucial social

service agency. Women's and children's concerns are not top government priorities,

and the chance to increase the distance between the government and the needs of

women and children might seem to some to be a logical way to control spending while

also deflecting responsibility for minorities. It has been the women's right movement that

has championed governmental action against family violence (Gordon 1988), and with

the movement now in a period of relative calm, minimizing the government's role is less

challenging.

As the history of the child safety movement grew along with the feminist reform sensibility of the day (Gordon 1988), an interesting phenomenon ensued. Powerful women within some of the major child saving agencies in the 1900s were subordinated to men who believed the roles of women should remain in the domain of home organization, domestic skills, and moral sensibilities. As Gordon (1988) asserts, women in the movement in many large metropolitan areas were told to "stay out of 'politics,'" and instead concentrate on organizing and cleanliness rather than management and public speaking. Summarizing the 1976 work of Hartmann, Dressel (1987) asserts that the problems of social welfare are indeed gendered, as our patriarchal system continues a gendered division of labor in society which allows the problems of women to be subverted.

At the Federal Level

Aside from the various technical differences between publicly and privately administered child safety programs, it appears that at the federal level, child abuse recurrence rates have diminished somewhat in recent years. According to a report commissioned by the U.S. Department of Health and Human Services titled *Child Welfare Outcomes 2002-2005*, sixty four percent of states "demonstrated improved performance on [maltreatment recurrence] from 2002 to 2005, compared to twenty-six percent exhibiting a decline in performance (2009:iii-iv). It is important to note that this report also states that the decline in numbers may have been impacted by "alternative response" approaches to maltreatments and the accompanying allegations (2009: iv). In

other words, since the inception of private agency care, there may have been a higher rate of "screening out" or referral for family assessment, not necessarily requiring a formal response or disposition of child abuse or maltreatment.

The authors of the report go on to state that "child maltreatment recurrence is more likely to involve neglect than either physical or sexual abuse, a finding that is supported by the results of multiple research efforts" (2009:iii). The implications of this statement are that recurrence of child neglect is a more challenging problem for CPIs and FSCs. Further, measurement of maltreatment recurrence rates does not necessarily measure program success.

The assertion of neglect as a recurring paramount concern allows us to imagine the correlation between child abuse and poverty. The Child Welfare League of America reports that economic security and stability, proper nutrition, adequate housing, access to proper healthcare and basic education are all social factors which impact poor children (The Effects of Poverty on Child Well-Being; n.d.). And though none of these is specifically an issue of child abuse or neglect, each of these issues factor into how neglect can present itself in the home environment. It is possible that as a significant number of child abuse cases involve recurring cases of neglect, CBCs may be in a better position to assist locally than publicly administered, centralized programs.

Initiatives within the State of Florida to Privatize Family Safety Functions

The State of Florida's basic model for dealing with issues of child abuse and neglect is straightforward: calls are received by a central call center and screened by

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trained employees. If abuse or neglect is suspected, a report is initiated and is then sent

to the appropriate local (district or county level) child protective investigator (CPI). This

investigator may be a State of Florida employee or may be a private agency employee.

The suspected victim is required by the State Legislature to be seen within the first 24-

hours of receiving the call, and in instances where egregious abuse is suspected, must

be seen immediately upon receipt of the report. Once the CPI has completed the

investigation, several outcomes can occur. Either the report can be closed as

"unfounded;" the abuse can be verified and the child(ren) removed by court order with a

variety of potential outcomes to be achieved; or the child may remain in the home with

the case being transferred to a family services counselor (FSC), who will supervise the

child in the home while also initiating services to help ameliorate the issues that

surround the case. In the past, this entire process was implemented and managed by

the State of Florida Department of Children and Families (FDCF).

In the mid-1990s, the Florida Legislature mandated that the FDCF establish pilot

privatization programs:
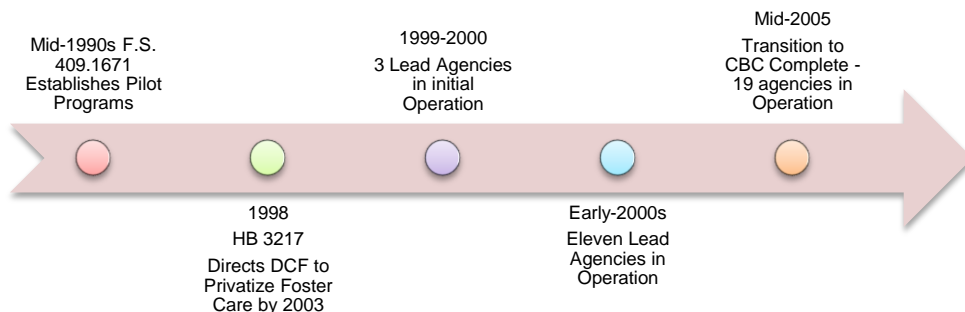
Figure 1: Privatization Timeline

The task of privatization would happen by contracting family safety services with community based care (CBC) agencies (Progress Report January 2003). In 1997, the US Congress passed the Adoption and Safe Families Act (ASFA), which included guidance to strengthen states' efforts to protect vulnerable children by emphasizing the safety of children as the paramount concern of child welfare service agencies. By 2000, the State of Florida's Legislature had expanded the privatization effort, and required the FDCF to establish a test region which would provide services through CBCs. In early 2003, Florida's child protection programs, including the test regions, were reviewed by the Office of Program Policy Analysis and Government Accountability (OPPAGA). The 2003 report pinpoints some issues with some counties which privatized early. Some of the more pressing issues include untimely responses to child abuse calls; not seeing victims face-to-face as required by State Statute; inability to prevent reoccurrences of child abuse and neglect; neglecting to provide safe, permanent and stable living arrangements; and high turnover of employees (nearly one in four family service counselors terminate employment with the State within the first year).

Pilot projects proved difficult to administer, and two had their contracts terminated (OPPAGA Progress Report 2003). The OPPAGA saw significant limitations and flaws within the privatization initiative and recommended that the State revise the applicable Florida Statutes to allow for more flexibility at the community level. The suggested changes to the Statute were implemented by the State Legislature; however, it was noted that there was still a lack of data, and program efficiency could not be

evaluated (OPPAGA Progress Report 2003). In addition, the OPPAGA identified two significant issues seemingly outside of anyone's control: the lack of a lead community agency to step in and take over child protection functions in a given area, and the local community's reluctance to allow private agency administration of child protection functions due to the FDCF functioning smoothly in that local region.

Even as recently as 2006, the OPPAGA has determined that many of the lead agencies in Florida are found to be in non-compliance with their contracts (2006: 8). Further, the OPPAGA asserts that FDCF has not been punishing those agencies in many cases. In some cases, the non-compliance has been found to be repeated, and still many times, FDCF fails to take action (8). In the 2006 report, which examines data from FY 2003-4 and FY 2005-6, the actual numbers of violations in several key areas increased substantially.

According to an OPPAGA (2001:55-56) review, more than half of the states in the union were, at that time, in various stages of privatization utilizing myriad approaches. This decentralization of process and procedure makes it difficult to assess program efficacy, however, the avenues chosen by the State of Kansas have somewhat matched those of the State of Florida. Kansas began privatization efforts earlier than did Florida. There have been some issues with the implementation and management of Kansas' programs over time. The main issues surrounding Kansas' privatization initiatives include cost overruns (based on unrealistic or inaccurate estimates), high staff turnover and inexperience, and inadequate training of employees. All of these factors

have contributed to mixed client outcomes. A recent report from the Florida Coalition for Children in fact touched on many of the same measures, requesting several millions of dollars to be infused into several child welfare arenas within the State of Florida, including an additional $16.6 million to augment the "funding for child welfare worker salaries in order to provide workforce stability" (Cusick 2009:1).

In Brevard County, while child protective investigators (CPIs) remain State employees and still fall under the direct purview of the FDCF, family services counselors (FSC) are employed by contracted private agencies who report to the Brevard Family Partnership (BFP), the lead agency charged with the provision of child safety measures in Brevard County. BFP was established in 2003 as "a non-profit organization in response to the Legislative mandate to privatize foster care and related services… the Agency was subsequently awarded the contract, through the Florida Department of Children and Families, to manage Brevard County's child welfare system" (BFP of Brevard 2009). A recent name change from Community Based Care of Brevard (CBCB) to Brevard Family Partnership was intended to highlight the shift in focus of community based care ideals away from "bureaucracy for bureaucracy's sake" and toward strengthening the family unit by encouraging cooperation between agency personnel and clients. Each county in the State of Florida has instituted its own model of community based care, some with more success than others. Highlighting the various ways in which private agencies can administer family safety programs, there have been two primary models of delivery. One (which is the BFP model) provides for a central

agency which manages and oversees the functions of other contracted service providers. Contracted service providers employ caseworkers and field personnel and report back to the central agency, who in turn reports to the FDCF. The second usurps all roles, including administration and field operations and reports directly to the FDCF.

In general, privatization efforts in the State of Florida have encompassed a broad array of functions, from prison facility building and maintenance to toll-booth management to environmental protection agency tasks to family safety initiatives. The results of privatization efforts are mixed, with some privatization initiatives being too new to draw meaningful comparisons and with others, for example, the State of Florida Environmental Protection Agency preliminarily showing some promise (OPPAGA 2005).

Florida has long been at the forefront of state privatization efforts, with strong state-level and federal support. Former Florida Department of Management Services Secretary Bill Simon has been quoted as saying the "timing [is] right for an outsourcing revolution" in the state of Florida (as qtd. in Segal 2004). Drawbacks however have been noted, and among the most challenging problems are related to a common analysis which can help to illustrate the efficacy of private agencies functioning within a state bureaucracy. Because each contracted agency is able to have its own hierarchy, processes and procedures, making meaningful comparisons across agencies difficult. In addition, cost savings have been called into question.

Florida Statutes direct the OPPAGA to "complete a program evaluation and justification review of each state agency that is operating under a performance-based

budget" (Justification Review December 2001). These OPPAGA reviews serve several purposes, including assessment of performance measures and standards, evaluation of agency performance, and identification of whether or not a program could be more efficiently administered by government or private entity (Justification Review December 2001). Some agencies, when reviewed by the OPPAGA, fare better than others. For example, The State Department of Environmental Protection (DEP) has worked well under privatization initiatives, and in the past the OPPAGA has recommended that additional DEP functions be privatized.

Conversely, in some regions of the State, child safety functions have been problematic at various times and in various stages of the privatization process. In the past year, the lead contracted agency in Orange and Osceola Counties, Family Services of Metro Orlando (FSMO) has been replaced during an open bidding session by Community Based Care of Seminole, giving the latter agency control over three central Florida counties. While Community Based Care of Seminole has declared that the administration of functions in Orange County will remain a fully-staffed separate entity from Seminole County, some question if the "tri-county" model can be effective at the local level, and whether it mirrors some of the problems that a larger agency might have regarding responding to local concerns (Santich 2010).

In addition to the privatization and decentralization of child safety functions, Chapter 2006-30 of the State of Florida Laws provides for additional outsourcing of program oversight. This means that not only have contracts been awarded to private

agencies to care for abused and neglected children, but also contracts were in the offing

for the State to further distance itself from the administrative duties of monitoring those

private agencies which had already been awarded contracts. According to a report from

the OPPAGA, the "pilot project transfers fiscal, administrative, and program monitoring

responsibilities from the Department of Children and Families to independent, non-

governmental third-party oversight entities" (Outsourced Oversight for Community-

Based Care 2003:1-2).

While there were several setbacks during the implementation phase of the pilot

project, overall it was reported that the project "helped the department and lead

agencies improve their quality assurance, quality improvement and performance

measurement systems," however, it also created "several challenges for the

department" (Outsourced Oversight for Community-Based Care 2003:2). Chapin Hall,

an independent child welfare research institute attached to the University of Chicago,

was contracted to conduct preliminary program monitoring and to assist in the

development of new performance measures. Initially some discrepancies were found

between the reports of the pilot lead agencies and the final reports of Chapin Hall, but

ultimately, these disagreements led the state to improve its quality assurance system

(Outsourced Oversight for Community-Based Care 2003:3).

Interestingly, the relationship between the state and Chapin Hall appeared to be

one which benefitted all concerned parties, yet the OPPAGA recommended that the

pilot oversight program be terminated due to "several ongoing challenges" (Outsourced

Oversight for Community-Based Care 2003:5). Some of the challenges cited include a weakening of the relationship between the FDCF and the contracted agents which ultimately reduced the FDCF's ability to understand the intricacies of each individual agency, a reduction of the FDCF's control and oversight, and a lack of agencies which can perform child welfare program monitoring (the OPPAGA report states that Chapin Hall lacked expertise in specific, essential types of case file reviews). This last challenge was significant: it effectively allowed the few agencies engaging in this type of work to set prices outside of the range that the FDCF was willing or able to pay. In January of 2009, George H. Sheldon, Secretary of the FDCF, concurred with the recommendations of the OPPAGA, and the program was terminated with the exception of a few very limited pilot program functions Chapin Hall would continue to monitor for an undisclosed amount of time (Outsourced Oversight for Community-Based Care 2003:7). To date, the FDCF continues to monitor the bulk of the lead agencies' performance in the State of Florida.

Effectively, the jury is still out regarding privatization of child safety programs in Florida. Overall, child abuse and neglect rates continue to be problematic, as does the yearly draw on State funding. Is child safety an issue on which a dollar sign can be placed? Is it possible that a budget can be set which adequately serves the needs of each and every (known) member of this vulnerable population? These questions plagued the FDCF and will likely remain bothersome to contracted service providers.

To help clarify, it is important to understand the types of clients that the agency and its workers are likely to serve.

How Inequality Plays a Role

Sociologists concentrate their research with regard to inequality under the umbrella of "class, race, and gender." It has been asserted that these three factors intersect to help shape and define what social inequality is in America. What is perhaps more interesting is that nearly a century of social policy aimed at these groups has not helped to level the playing field; rather, it may have helped to perpetuate unequal treatment and stereotypes. Intriguing is the idea that politicians, thanks to social scientists, now have the ability to accurately gauge public sentiment and opinion to craft their rhetoric to fit the mood of the American people (Skocpol 1994). Okongwu and Mechner (2000:110) explain that "[i]deology and public policy are critically linked" and Katz (2000:118) sums up that "[i]t has been politics, of course, much more than social science that has shaped America's welfare state…".

Dating as far back as the late 1800s, there was acknowledgement of the link between public sentiment and social policy, as Jane Addams (1893:1) expressed it, "The policy of the public authorities of never taking an initiative, and always waiting to be urged to do their duty, is fatal…" Reflecting on the plight of Blacks in America in the year 1900, W.E.B. Du Bois (1978:282) wrote, "In political life we had… been

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disenfranchised by violence, law and public opinion." Today, just as in the past, politicians understand they have to react to public sentiment.

In recent decades, politicians have had a much more sensitive and accurate method with which to measure public sentiment—the field of public opinion research. With regard to public opinion and inequality then, we must ask, how does public opinion shape social policy with regard to social welfare?

As Christopher Jencks (1992:23) points out there is one serious flaw that must be noted with respect to allowing public opinion to influence the shaping of public policy discourse and welfare reform, and that is that the public are not always the best indicator of the "real" consequences of being poor in America; nor should they have the sole job of influencing politicians or shaping public policy toward the poor. The government and elected officials must take some responsibility in shaping how the public view the poor, and in assisting the public in understanding what programs and policies might be best. At issue are the long term consequences of well-thought (or poorly crafted) ways to ameliorate social problems.

The idea that a societal safety net is needed for working parents is not new (Shaw 2007). In the United States, dating back to the early 1900's, the work of Jane Addams argues for an American welfare state which could address the many social problems that were forming in urban areas:

> It is constantly said that because the masses have never had social advantages they do not want them… This divides a city into rich and poor; into the favored, who express their sense of the social obligation by gifts and money,

and into the unfavored, who express it by clamoring for a "share"—both of them actuated by a vague sense of justice (Addams 1914:2).

From her feminist roots, Addams further argues that since a social welfare net would primarily benefit women by helping to ameliorate care-giving tasks, then it would also make sense for women to benefit by moving into the public sphere (Kivisto 2003:166). At the same time that Addams was making her statements about women and the welfare state, Du Bois was highlighting "the need to anchor research on poverty and the welfare state (as well as on race) in history" (Katz 2000:116).

As Lindsley (2004:201) states, "social reformers during the Great Depression struggled to alter dysfunctional social arrangements…. Bold and imaginative leadership was called for." In the aftermath of the Great Depression, our political leaders stepped forward with a sweeping plan to help the country out of the crippling grip of an ailing and dysfunctional economy and to set the country on the path to recovery—a plan which garnered strong support from the public. According to Katz (2000:116), welfare policy was crafted from Elizabethan poor laws, and instituted itself in the form of almshouses, reformatories, orphanages and the like. By the 1930s, social insurance had entered the picture, and by the end of WWII, employers and unions had worked together to form the basic structure of a private welfare state.

For sixty years, from the end of the Great Depression until the mid '90s, the United States had a welfare entitlement program embedded in the Social Security Act—Aid to Families with Dependent Children (AFDC). During the gendered and racial social

shifts that occurred in the late 1960s and early 1970s, the nation's welfare rolls

dramatically increased and the proportion of children covered skyrocketed (Corcoran et.

al, 2000), leading to a shift in public sentiment about the government's role in welfare

concerns and to the eventual dismantling of AFDC in favor of current reforms. This shift,

which took nearly half a century to complete, took the administration of our federal

welfare programs from public to private and coupled them with increasing

decentralization and retrenchment which occurred en masse in the latter part of the

twentieth century. As this shift gained momentum, it became increasingly more difficult

(with regard to making comparative sense of aggregate level data) for researchers to

accurately determine the ability of myriad local, state, and federal programs to help

people move off of welfare rolls toward more stable, long-term economic positions.

Schram (2005:254), in response to Morgen and O'Connor, now calls for "new

poverty research that goes beyond the limitations of mainstream methodologies by

recognizing the normative standards implicit in statistical measurements." Morgen and

O'Connor argue for less aggregation of data, and more localized case studies which will

expose successes and failures rather than mask them in potentially skewed norms. To

clarify, Schram argues for an increased role for research interpretations at a more

intimate level while pulling back on isolated empirical findings. As an example,

Reintsma makes just one small assertion here of how difficult aggregating data would

become with the decentralization of welfare programs:

> …among the major recurring issues in the US are the increase in the
> number of single parent families, who comprise a significant proportion of welfare

recipients, the perpetuation of welfare dependency from one generation to the next, and concern about the development of an underclass… In addition to these universal issues, specific issues that have gained prominence in the US as a result of the most recent welfare legislation include the definition of welfare caseloads… (Reintsma 2007:1)

Without agreement on a concept as essential as what determines a worker's caseload, it is easy to see why meaningful aggregate measurements under existing welfare reforms would prove to be challenging. Indeed, perhaps this complexity works in favor of the decentralization of welfare programs—if we cannot agree on what "welfare" is, then how can we examine whether current reforms may or may not be effective?

My research will assist in clarifying new mandates, procedures and definitions by examining local level actions to establish a sort of "baseline" of the new model of care in Brevard County, Florida. This is an essential first step if there is to be any subsequent meaningful comparative analysis among agencies and states.

Welfare Policy and Intersections with Race, Class and Gender

While understandings about our welfare system are not just about race, class or gender, none of these can be extricated from the study of welfare policy. Korpi suggests that we often forget that:

> …class was a central concept for thinkers as different as Emile Durkheim, Karl Marx, and Max Weber. The class concept is however, controversial and is used in several different ways. It is thus often conceived in terms of membership in groups with which individuals indentify and the specific subcultures and norms of such groups. A more fruitful research approach is to define class in nominal terms as categories of individuals who share relatively similar positions, or situations, in employment relations and on labor markets (2008:8).

Indeed, "the welfare debate in the United States is both gendered and highly racialized" (Hudson and Couros 2005:19). Relying on the work of Sklar, Orloff (1996:60) states that historically "in the United States, gender substituted for class as the organizing principle of welfare politics as organized middle-class women played the role of welfare champions elsewhere undertaken by organized labor and working-class parties." Morgen and Maskovsky (2003:328-29) report that "class analysis is conspicuously absent in much of the literature on welfare" where the foci of analyses have been on definitions of caseloads rather that the reduction of poverty; they assert that researchers must understand "that US urban poverty is produced by the dynamics of class under advanced capitalism, combined with the… mutual constitution of gender, race and class relations."

Myles and Quadagno (2000:158) state that "The postwar welfare state was designed for the male breadwinner family model, to protect families against the catastrophic risks of the sole provider losing his job due to unemployment, illness, or old age." In other words, "treating men as workers… and women as "mothers" entitled to welfare benefits" (Morgen and Maskovksy 2003:322). Partly in response to the radically changing roles of women in the mid-part of the twentieth century, welfare rolls shifted by gender, with women beginning to make up the highest percentage of recipients. In today's American society, over "30 percent of families with children are headed by one parent, almost always a woman" (Ellwood 2000:188).

The structural forces of wage parity, routing of women into "pink-collar" jobs, and bearing the brunt of child rearing activities and home-maker duties all play a part in how single women arrived in this 'place.' Prior to the second wave, women were in a place of extreme marginalization in American society. Hacker (1951:67) succinctly states that women were "torn between rejection and acceptance of traditional roles and attributes. Uncertain of the ground on which she stands, subjected to conflicting cultural expectations, the marginal women suffers the psychological ravages of instability, conflict, self-hate, anxiety and resentment." If this was the plight of every woman, it is not difficult to envision how poor women might have been stereotyped. Stuck between their subservient status and a childlike persona that had been crafted as a byproduct of patriarchy, women were viewed as less than: less than men and less than adult. This view was to linger and the remnants can still be readily found in the workplace and the home, and more importantly to this analysis, in social welfare policy. Not until the 1960s did women begin to really challenge their positions and roles, and for that, they would be put in their place by even more pointed policy restrictions and social stereotypes.

Socially, the shifts in how the public perceived poor women began to foment in the radical '60s, serving to undermine "the public perception of the "deserving" status of single mothers" (Ellwood 2000:188). Ellwood points out that in single parent families, poverty rates still exceed 40 percent, and that "worker support policies still fail to address the biggest underlying source of poverty and insecurity of single parent families: the family must generally rely on the earnings of one person—typically a low-

skilled woman—for support (2000:195). Orloff (1996:51) writes, "Gender relations—embodied in the sexual division of labor… gendered forms of citizenship and political participation, ideologies of masculinity and femininity and the like—profoundly shape the character of welfare states" and for her, "welfare states reinforced pre-existing… gender roles and relations" (1996:54). Particularly hard hit are poor women of color, with emerging empirical research showing that "communities of color have been disproportionately and most negatively affected by the new welfare policies" (Morgen and Maskovsky 2003:330)

Recalling the "poverty to perversity" theme, we can see how it has served to challenge and change the way most Americans see the poor not only in light of gendered relations, but also with respect to ideas and prejudices about race. Relying on the work of Abramovitz (1996), Orloff (1996), and Kingfisher (2002), Morgen and Maskovsky (2003:322) assert that "persistent patterns of "welfare racism" reinforce(s) racial hierarchies and redefine(s) the terms of citizenship to exclude poor families of color even from… meager protections." Schram (2005:261) is more direct: "welfare has historically operated so as not to undermine the racial regime of white-dominated America."

While prior to reforms poor people of color had been viewed as a group who had been disadvantaged *due* to their place in society, by the mid-twentieth century point, most Americans had begun to view poor people of color as individuals who had somehow managed to have great influence over their place in society—who had made

bad decisions which *led* to their place in society. The focus shifted from structural problems within our society which primarily contributed to a loss of opportunity to a view that individual poor people had made poor choices that landed them in the poorhouse. Welfare, for many Americans who did not need it:

> …carried a stigma: those who receive it have failed as individuals and are a burden on society. And that stigma has a color. The welfare state is literally colored by the "black, welfare-dependent underclass, which serves as a pillar of the American cultural imagination [expressing] assumptions about the meaning of both "welfare" and "black"… The specter of the black welfare-dependent underclass has greatly affected society's relationship to all African Americans and to all welfare recipients (Poole 2006:2).

Bane (n.p.:20) asserts that "It may be worth suggesting… that the problem of poverty and the problem of race, though related are distinct. Poverty is not a condition that affects only racial minorities. And [racism] is a legacy that our society ought to be working to overcome even if it were not causally implicated in poverty.

As conservative political interests gained a strong foothold in the Reagan era, (and again with the election of George W. Bush), scholars "posited race as the underlying determinant of partisan division" (Philpot, 2004:254, relying on the works of Campbell, 1977; Carmines and Stimson, 1989; Huckfeldt and Kohfeld, 1989, and Frymer, 1999). What Philpot and others assert is that race is also a factor with regard to the direction of social policy. Schram (2005:254) states that "by the 1960s welfare came to be seen as a "black program," making it politically vulnerable" as calls for its contraction came in the 1990s. Morgen and Maskovsky (2004:318) assert that since

1998, "welfare receipt has become increasingly concentrated in urban centers, particularly among people of color."

As earlier asserted, policy feedback theory tells us that government policies are not crafted in a vacuum; rather they are the result of a tautological relationship between what the public think and what politicians want them to think. Recent studies are indicative that race matters when crafting welfare policy, as it has been shown that there is a relationship between states adoption of "get tough" welfare reforms and the racial composition of their welfare population (Schram 2004:259). Theorizing along these lines and in light of welfare reforms would allow us to see how poor inner-city neighborhoods have become increasingly "encapsulated worlds" (Morgen and Maskovsky 2004:318).

It does not seem to matter that the view of the "average" welfare recipient was (and continues to be) flawed (Hudson and Coukos 2005:19-20). While Blacks are disproportionately represented in the welfare rolls, the overwhelming numbers of welfare recipients are White. Coupled with the remains of racism and sexism, this public attitude served to open the door for a change in political rhetoric.

Relying on the work of Burbridge, Dalla Costa, Dalla Costa and Seavey, Okongwu and Mechner (2000:111) state that, "[e]conomically vulnerable families experience the most deleterious effects of economic restructuring and structural adjustment policies." As evidence for their assertions, the authors point to emerging research with supports the recent divergence of incomes among poor African American and White women after having held steady for decades. Schram (2005:253) points to an

increasing body of research which supports this notion, revealing "racial disparities in client treatment outcomes: whites are leaving welfare faster than blacks; among those leaving, blacks are more likely to be forced off welfare; blacks are more likely to exhaust their time allowed on welfare; and blacks are more likely to cycle back on welfare after having left."

Further, as Beller and Hout (2006:20) point out, when inequality is great, social mobility matters a lot. The advantages of rising to the top are large, and the consequences of remaining stuck at the bottom are much more serious." This is certainly evidence for the continued subservience of women (both white and non-white) in American society; there may also be evidence for the failings of our retrenched welfare policies. In addition to the divergence of African American and White women's incomes, there continues to be evidence that women and men are systemically regarded differently within the institution of the workforce. According to the most recent American Community Survey (ACS) report, women earn on average about 77.5 percent of what men earn in the US (2007:12).

Perhaps the most important part of the puzzle of the "poverty of perversity" theme is its intersection with race and gender. Poverty rates vary quite drastically by race in America, with a range of about eight percent (for Whites) to about 24 percent (for African Americans) (Bane and Zenteno 2005). Further, as is historically supported, the gender picture is skewed in favor of men. Single women with children experience poverty at higher rates than families with two parents, or than families with a male head

of household (Bane and Zenteno 2005). Myriad scholars and researchers assert that the "legacy of racial stigma in the US that dates from slavery persists in stereotyping and discrimination" which persists even with the passage of civil rights laws (Bane and Zenteno n.p.:27; Bane n.p.). This makes African American and Hispanic women especially vulnerable, as they fight the impacts of "double jeopardy."

Clearly with an examination of contemporary theory coupled with the ways in which policy shapes the realities of all segments of society, the debate about welfare in America is going to be a perpetual swing of the ideological pendulum. Ideas, whether from the political left or right, ostensibly attempt to level the playing field—it should be obvious however that the jury is out with regard to the efficacy of current reforms. As Bane (2005:9) points out, "Since 1996, welfare reform has been successful in dramatically reducing welfare rolls and increasing employment of single mothers; it has been less successful in reducing poverty." It will take several years yet to gather enough data to support or refute the successes of decentralization, retrenchment and privatization. Moreover, it may take generations to fully and clearly understand the legacy of contemporary welfare reform.

I believe that race, class and gender have played a subtle but important role with regard to privatization. While it is not likely that these three social factors were a direct motivation for privatization of child safety functions, I assert that these underlying themes were (and continue to be) in the background with regard to policymaker

decisions and served to extend the distance between the state and private entities and to open the door to thinking about privatization of this essential branch of social welfare.

<u>Local Efforts to Privatize Family Safety</u>

As privatization approached in Brevard County, I was offered a position with one of the agencies sub-contracted to BFP (then CBCB). While initially I was interested in the position, I eventually felt that going back to school to work on my graduate degree was the right decision. I did not accept the position. In retrospect, the pilot program that had been running in Brevard County for the two years prior to the full-on dismantling of FDCF had been doing a good job at staying afloat, but it simply wasn't interesting to me. I had been a long-time public servant, and I wanted to continue on working for a state or government entity of some sort. My decision to return to school was a regrouping of sorts.

Further, I had friends and associates who had been working in the pilot, and while they seemed content at their jobs, there were notable differences. Where the state was paying us to work overtime hours, my colleagues working in the pilot weren't allowed to work any hours over forty. This seemed problematic to me as I could not see how to do the job with such a constraint. This is not to say that a forty hour work week was not possible; rather, that it wasn't probable.

My average caseload as a FSC tended toward twenty cases. It's important to note that the number of cases is not equivalent to the number of children in care on a

particular worker's caseload. With each case, I may only have one child in the home, or I may have several. The largest case I worked was a blended family with eight children, ranging from toddler-aged to teen-aged.

The primary functions of my job were two-fold. I was charged, of course, with the safety of the children on my caseload, but the daily functions of my job were primarily to see the children in the field at least once a month, and to manage the paperwork and court proceedings for each case. While these seem relatively simple tasks, the weeks flew by with few dull moments.

Rarely did I visit a family only once a month. While state statutes only required me to do so, I regularly saw my families at least twice a month. My feeling about this was that once a month was not frequent enough to establish the rapport that I needed to build with a family. While not the norm, I did have a few families on my caseload that required me to visit more frequently, and for those cases, I tried to visit at least once a week. I also often visited with other service providers in their offices (such as other counselors, parenting paraprofessionals, etc.) for status reports.

Home visits most often lasted for about one hour, with some on the short side of that figure, and others that would last for at least two to three hours. My cases were from the north end of Brevard County to the south, and because of the geography of Brevard County, having a case on the north end of the county meant that I would have to clear my schedule for an entire afternoon just to make a home visit for one case. I also had occasion to have to travel to several other counties in the state for children on

my caseload that were placed with relatives. At times, I had children placed in Orlando, Crystal River, Vero Beach, and Miami. On one occasion, I traveled to Tennessee to retrieve an infant from a "blown" relative placement. Situations like these, outside of the control of the worker, served to complicate schedules for several days afterward as new placements had to be found, medical appointments had to be made and children had to be enrolled in new schools.

<div align="center">Demographics of the Region and County</div>

Brevard County, in its current shape, was established in 1905. With over seventy miles of coast, it is a long, narrow county, located centrally on the state of Florida's east coast. Covered with marshes and wetlands to the west and waterways and beaches to the east, local, state and federal government have worked in conjunction with regard to preservation efforts. A series of man-made canals assist with drainage and were utilized by settlers for transportation, linking to the St. John's River, one of the state's most traveled waterways.

The county is generally divided into three regions: the north, central Brevard and the south. Populations are unevenly dispersed, with the northern region of the county growing at a much slower rate than the center and the south.

Approximately half a million people live in Brevard County, which ranks it tenth in the state. According to most recent Census data (2010), the racial composition of Brevard does not accurately reflect the racial composition of the United States:

	Brevard County	United States
White	85%	69%
Black or African American	10%	14%
Hispanic	4%	12%
Other	1%	4%

The economy of Brevard County relies on tourism, the space industry, and the military as some of the primary employers. "Snowbirds" are common, with a significant percentage of the population comprised of retirees who spend only part of the year in the county. According to an article in the local edition of the Florida Today newspaper, in 2007 roughly 30% of the population was over the age of 55 (Kim 2007), and the county, as does the United States, continues on a "graying" trend.

According to the Kiplinger Review, Brevard County is a better than average place for seniors to retire, with an abundance of affordable housing, doctors and services for retirees. However, for the second year in a row, Forbes magazine rated the Central Florida area as the worst in which to find a job, with property values rapidly falling and a collapsing real estate market (Walker 2012).

The county seat for Brevard County is at the northern end of the county, in Titusville, but most of the population of the county is in the southern end, toward the fast-growing cities of Palm Bay and Viera. In the past, this often meant a 50-plus mile drive to conduct business at the county seat. This had been a logistical issue for county government, until the county commission decided to accommodate the south with the addition of a county courthouse annex in the city of Viera. Government services are no

longer centralized to the Titusville location; rather they are spread out among many locations county-wide. Politically, Brevard tends to lean more conservative than liberal, as evidenced not only by the graying population, but also by inclusion in a "Republican" state. The last six Presidential elections have seen Brevard County vote for Republican as opposed to Democratic candidates, and the Governor's office has been held by Republicans since 1999.

How Family Safety Looked Then and How it Looks Now

It is important to understand the process of how a suspected instance of child abuse was/is handled by the state as well as understanding how it is now handled by BFP. While there are many similarities in the current and former models, some significant differences exist.

Processes that Remain Intact with Privatization

As with pre-privatization, cases of suspected child abuse are still phoned into a centralized facility using a toll-free number. In the state of Florida, there are two classifications of groups which are required to report suspected cases of child abuse: mandated reporters and professionally mandated reporters. Mandated reporters are defined as every person in the state of Florida who suspects a child is being abused or neglected. Professionally mandated reporters are those in specific occupations who are required by Florida law to report suspected cases of abuse or neglect (Reporting Abuse of Children and Vulnerable Adults 2009-2010). Examples of professionally mandated

reporters include teachers, firefighters, doctors and nurses, and law enforcement professionals.

Suspected cases are phoned into the abuse hotline (1-800-96-ABUSE) where it is determined whether a case can or should be initiated. The workers at the abuse hotline facility are trained by the same agencies that train field workers and therefore have a solid foundational understanding of the criteria required to open a case. Once a case is opened, it is classified as an "immediate" or "normal" case and subsequently channeled to the local FDCF CPI office where an investigator is assigned. For immediate response cases, a four hour window is allotted for the investigator to make contact with the victim. In normal cases (normal meaning cases which are not considered life-threatening or egregious), a 24 response is required by statute. A CPI has this period of time to make contact with their victim and to commence the case.

For the last several years (pre- and post-privatization), most responses in Brevard County have been classified at the local level as "immediate" response cases—even when not classified as such as the state hotline facility—for myriad reasons. This means that Brevard County CPIs have only four hours in which to make contact with their victims. This reclassification is also a prime example of Lipsky's (2000) examination of street-level bureaucracy as this reinterpretation of the state mandate places extreme demands on the local field worker.

Differences in the Models

The most significant difference with regard to delivery of services is the diversion program titled CARES. BFP set up the CARES program as a voluntary prevention program centered on reduction of children entering foster care via a prevention protocol. Families are encouraged to actively participate in the program, working on building their parenting skills and on increasing the family unit's stability (Brevard CARES).

The CARES protocol is new to Brevard County, having been instituted with privatization. CARES is unique in that the focus is on the family's strengths as opposed to the administrative needs of the agency. In essence, where FDCF caseworkers were very strongly encouraged to work from a predetermined list of services which may have loosely fit a particular family dynamic, the CARES program tailors its approach to the individual family and their specific needs. What is the same as past models is the need to show success by outcomes.

The CARES program has, by many accounts, been very successful in Brevard County. CARES is a service which provides a centralized location for parents to access wide-ranging community supports and services. CPIs and other professionals involved in the family safety area are also able to make referrals for families in need. Involvement with the CARES program lasts from three to six months, and participation is voluntary, meaning that a family can sever the service relationship at any time. CARES uses what is called a "Wraparound-Family Team Conferencing" approach, and the primary goal is to allow children to remain in their own homes while working with families to maintain

child safety; CARES focus is family strengthening which moves the family toward long-term sustainability.

According to BFP's Performance Review for the third quarter of 2010 (July, August and September of 2010, which is the most recent data published on the BFP website), the CARES program took in 465 referrals.

The CARES program is significantly different that the previous FDCF staffing model in that CARES is centered on family participation. Former FDCF models did not require—and often did not seek out—family participation. This speaks to the inflexibility of a top-down model whereby state level mandates are carried out at the local level regardless of their efficacy.

<div align="center">The Emergence of an Agency</div>

BFP was created in 2003 as a response to the state's requirements to privatize family safety at the local level. They were contracted to manage Brevard County's child welfare system and are charged with oversight of other community agencies and the Brevard County Government.

According to information provided on the BFP website, the agency has "consistently ranked among the top performing CBCs in the state of Florida, ranking among the top three agencies over the course of the past five years in visits to children and families, timely reunification, and exceeding the federal measures for placement stability" The site goes on to assert that "[s]ince the advent of Brevard Family

Partnership, and the implementation of family centered case practice using the wraparound process, Brevard County's child safety has increased by nearly 50%."

BFP is governed by a board of directors who volunteer to serve. The board is comprised of retirees and professionals from the local area, and it appears that most have some sort of ties to the welfare of children. The executive staff of BFP is made up of five individuals, all of whom have significant years of service within the child safety and welfare arenas within the United States. As the agency has aged, the organization has become more complex and more bureaucratic (Appendix C). Dr. Patricia Nellius is the CEO of BFP, and has been since the creation of the agency. She holds a Doctorate in Counseling and has worked in myriad child and family serving agencies in her 25 years of experience in this area. Her vision has been instrumental in the creation and implementation of BFP, and she has been recognized by several national, state, and local entities for her work in family safety/child welfare.

Gatekeepers and Street-Level Bureaucrats

Doing a good job every day was, at best, a tenuous attempt. The best part of the job was the interaction I had with the overwhelming majority of families who were able to heal and progress over time. However due to many additional duties and responsibilities placed on me by my supervisors, systematic mandates and the courts, the best part of the job was also the part that was most often overlooked due to other responsibilities. As I recalled, I was required to see the children on my caseload at least

once a month in the field (meaning, for the most part, in their homes). I am proud to say that I never had a delinquency on my caseload in that respect.

What I did wish for however was extra time—extra time to complete the other tasks that had to be done every day, and extra time to do additional home visits. As we often were allowed to work overtime hours, for my most difficult cases, I could generally visit more than once a month. If not for that overtime, I doubt I would have been able to work those second and third visits into a forty hour work week.

In 1980, Michael Lipsky wrote *Street Level Bureaucracy: Dilemmas of the Individual in Public Services.* His analysis is a detailed account of how applications of administrative mandates are handled at the street-level. He asserts that state and local level politicians will look to street-level bureaucrats to tighten social services budgets (159). As Lipsky explains, the public deserves accountability from public workers, and as accountability efforts increase, decentralization is bound to also increase. I assert that privatization is a *product* of decentralization; it does not however sever the relationship of accountability—it simply moves it to another venue. As we move from a centralized agency model to a decentralized and localized structure, the ability to reinterpret and modify state mandates becomes easier. With easier local reinterpretations, it may become less cumbersome for new local agencies to emerge and subsequently do their jobs. One initial focus of privatization was that it would equal responsiveness in the local community. With a less obvious path for centralized government oversight, the potential for privatization increases.

To apply Lipsky's work in my research, it is not difficult to envision the privatization of family safety as a sort of barrier to accountability at the state level. As the FDCF budget was growing each year, turning over the reins to private agency care was attractive. Not only did this stretch the distance between the public and private work spheres, this decentralization created a high level of local anonymity for these new private, local agencies. Where, for decades, people knew "the Lady from DCF" (the name we were most commonly given in the field by clients and their neighbors), now they knew someone was coming to their home, but they weren't quite sure who this person was or for whom they worked. In the space of one day, workers who had been public employees with offices in a particular location were relocated, given new supervisors, new offices, new telephone numbers, and in many cases, new caseloads. They were no longer public employees. They were now private employees, hired by several different agencies, all under the umbrella of BFP, which served the same functions as the FDCF.

In addition to switching employers within a 24-hour period, many of the "rules of the game" changed for caseworkers and supervisors. Workers who may have had years of service with the state were now functioning under a different set of rules and procedures. Where a particular set of criteria may have been applied in a certain way at FDCF, now those criteria were being reevaluated and new applications were being instituted. It is important to note here that the state statutes that dealt directly with child abuse and family violence did not change, but the statutes driving privatization of family

safety allowed for a less direct governmental role while increasing the power of smaller,

decentralized private agencies. This gave agencies increased control over how they

interpreted and followed state guidelines and mandates while also affording those

caseworkers a level of anonymity that working for the state could not provide.

CHAPTER THREE: ANALYTIC FRAMEWORK AND METHODOLOGY

The goals of this research are: to provide insight into the caseworkers' perceptions of program effectiveness in a privatized climate; to explore worker attitudes with regard to their performance limitations under new positional guidelines; and, to make this research accessible and available to those who could potentially benefit from my study. As such, I will examine mandates and organizational directives as a backdrop for in-depth interviews.

My findings will provide a better awareness for program managers of caseworker perspectives of their jobs, and will increase the amount of credible, reliable information available to researchers regarding the issues surrounding privatization in the welfare and family safety arena.

The Idea for the Project

The idea for this project came about when I began teaching as a graduate teaching assistant in 2006. Prior to entering into the Ph.D. in Sociology program at the University of Central Florida, I worked for several years as a Family Services Counselor (FSC), and later as a FSC supervisor for the FDCF. In the classroom, my experience "in the field" was invaluable; I was able to relate the work I had done to the theory, concepts and ideas of sociology. In some respects, this brought to life the social

problems which people were dealing with day-to-day in the backyard of the college campus. Students responded well, and were engaged with my lecture materials and were interested in the guest speakers who came to speak on a variety of family safety issues. During my tenure as a graduate teaching assistant, I taught a variety of topics: gender, domestic violence, drugs, social problems, and I was always able to explain the "sociology" of the issue by giving examples of what I did on the job for the FDCF. The fit between my job at the FDCF and my teaching life was a good one.

The decision to produce a dissertation on this area of study was not difficult to imagine. Many associates from my days at the FDCF had gone on to work for the private agencies in the local area, and my "heart" was still in the job of family safety. My hopes were to provide something of substance that would be beneficial to vulnerable populations in my own local area.

The unit in which I worked for the FDCF covered Brevard County, Florida, and consisted of a full cadre of eight FSCs and one unit supervisor. Each FSC had an open caseload that varied in size from a low of fifteen cases to a high of well over thirty cases. It is important to note however that case size does not equal the raw number of children for which a FSC is responsible. Since each case is a "family" unit and families may have more than one child, the numbers of children for which each FSC was responsible ranged from a low of fifteen to highs that reached well into the double digits.

The primary responsibility of the FSC was to take over the case from the Child Protective Investigator (CPI) by providing extensive, ongoing services to the family. The

FSC would work alongside the offending parent(s) or caregiver(s) and, if the child (or children) was removed from the home, the FSC would work with the family with whom the child was placed. The job of the FSC primarily consisted of "field work;" that is, the bulk of the essential work for the job was done in the homes of the affected families, assisting with referrals to service providers, listening to the issues that were plaguing the family, and generally attempting to help the family find solutions to their problems.

While the primary role of the FSC was to help ameliorate the issues that brought on the abuse or neglect of the child, the FSC became a sort of "Jill of All Trades." On any given day, I could find myself chauffeuring parents and children, taking frazzled parents and toddlers to doctors appointments, testifying in court, cleaning a dirty home, spending countless hours on the phone in attempts to find other NPOs to assist with the particulars of a case, trying to help the unemployed (and often undereducated) to find a job, on the floor playing with cars and dolls, teaching a new mother how to child-proof her home, and the list goes on and on. My car became a toy shop of sorts, with coloring books, crayons and inexpensive stuffed animals to keep children occupied while I worked with parents. I had a file cabinet in my trunk with pamphlets titled "How to Create a Safety Plan," "What to do When Your Child Makes you Angry," and "NEVER Shake Your Baby!" The language of child abuse—contusions, immersion burns, spiral bone fractures, digital penetration—became "normalized" to me, and conversations with my peers should have been uncomfortable, but they were not.

The job of the FSC was not a regular, forty-hour a week job. While we were charged with a nine-to-five type of schedule, we rarely worked those hours. In effect, we were hostage to the job we performed. Crises cropped up continually, and cell phones rang at all hours and on all days. Holidays with our own families were often attended while sitting on the edge of our seats, waiting for the phone to ring with a client's call for assistance. And, while this might sound like an impossible job, many of the professionals with whom I worked were in love with their jobs. It was understood that this was a "24/7, 365" job, and it was done without grumbling. When a colleague needed time off, we covered those family visits, also. Ten-hour days were standard, and if a case "blew up," we worked well into the night, finding placements for children. It was not unusual to find a FSC in the office in the middle of the night, with a child in tow, making calls to foster homes to find someone willing to take in another child. Topping all of this off were the court dates and the lengthy judicial reviews and shelter petitions which had to be completed without fail. Entire productive field days could be lost with one trip to the courthouse for one hearing on one case.

Rumors about what privatization would bring swirled for several years in Brevard County before it actually came to be. There were pilot programs in the State which were established many years prior to any movement toward private agency care in Brevard County, and some of those pilots were plagued with problems which seemed at times to be insurmountable. Privatization was well behind the original timeline which had been envisioned by the FDCF. In Brevard County, FSCs were not sure what privatization

would mean for their jobs. Would there be substantive changes to the roles that they played? Would their jobs be different when directed and mandated by a private agency? How would the transition take place? Would privatization be "better" or "worse" for them and for the families they served?

By the time privatization did finally occur in Brevard County, I had left my position with the FDCF to attend the Ph.D. program full-time. My ties to my FDCF coworkers remained strong however and I made efforts to maintain those ties over the next several years. Many of my colleagues have since climbed the ladder with the agencies to whom they transitioned and are now in administrative positions.

<u>Sample Characteristics</u>

While I had originally hoped to be able to interview workers who were currently employed with our lead agency and the two primary sub-contracted agencies which employ caseworkers, approval to do so was not granted. Brevard Family Partnership (BFP) is the parent agency which holds the State of Florida contract for administering family safety functions in Brevard County. They in turn, contract to two primary agencies, Devereux Florida, and Children's Home Society (CHS) which employ the former FDCF Family Services Counselors (FSC) in similar positions. These agencies' positions are essentially similar and serve the same functions within the framework of family safety in Brevard County.

In December of 2009, I approached the CFO of BFP to discuss the parameters of my research project. The initial focus of the project was to interview existing employees of BFP, and of their subcontracted agencies. The CFO gave me verbal approval, and at that time I proceeded with my proposal defense. Once the defense was approved in early summer of 2010, I returned to BFP to obtain a letter of agreement, and at this time the project was denied by the BFP Board of Trustees. In the span of time between my initial contact and my request for a letter of approval (a few months), the procedure for research requests with BFP had changed, and my project was subsequently evaluated by the BFP Board of Trustees and denied.

After several meetings in mid- to late 2010, and after discussions with BFP CEO, Dr. Patricia Nellius, it became clear that I would not be able to take the project in its initial direction. While I was able to convince Dr. Nellius to allow me to proceed with my project in a limited capacity with the approval of the agency, BFP wished to retain control over all interviews conducted with their employees, and also wished to retain control over my work product with the ability to redact/screen information prior to my reporting it in this research. Their initial agreement entailed using their facility for interviews, using their audio recording equipment, and allowing them to retain all work products upon my exiting the property. I was not willing to allow such stringent guidelines, and therefore, I decided to interview participants from outside of the purview of BFP. Since the interviews would be conducted with participants who did not work for

BFP, I would retain personal control over the content of the interviews. This however would severely limit the numbers of participants I would go on to interview.

Nonetheless, a working relationship was established with BFP and we were able to come to some agreement about some limited involvement on their part and what that would entail. First, instead of recruiting interviewees from within the BFP hierarchy, my interviews were conducted with individuals who were not known by me to be currently employed by BFP. Secondly, I agreed to share my findings with BFP prior to completion of the project so that they could have the chance to rebut/clarify those findings from their perspective. A letter of agreement was signed by both Dr. Nellius and me in December of 2010 (See Appendix B). IRB approval was also granted in December of 2010 (See Appendix A).

In essence, I interviewed all available subjects who fit the criteria of having worked pre- and post-transition by using a snowball sampling method. It is important to note that my sample size was limited for several key reasons. First, several years have transpired from the initial conception of this project, and many of the available interview pool could not be located. Some potential participants had left the area, and several had retired. Many who are still working in the family safety arena in Brevard County simply could not find the time to participate. Several who continue working in the field simply declined to participate due to concerns over their employers finding out that they had participated, even when I assured them that every measure to ensure confidentiality would be taken. While I initially estimated roughly forty applicants might be available

within the sample, in the end, fifteen agreed to participate, with fourteen of those

agreeing to be interviewed.

I initially contacted four participants who were personally known to me. None of

these four are currently employed by BFP or any of its sub-contracted entities. These

four respondents were interviewed for their knowledge of the family safety system pre-

and post-privatization. At the conclusion of their interviews, these four were given

recruitment instructions to contact individuals who they felt fit the criteria of the research

project, and in turn, those new participants contacted me. This method was employed at

each stage of the interview process, for a cumulative total of three stages and fifteen

participants. While potential participants are still occasionally contacting me, I had to

establish a firm "end" date for the interview process, and therefore, anyone who

contacted me after June 30, 2011 was not interviewed for this project.

Only one participant was not interviewed due to a current employment with one

of the aforementioned agencies. This particular participant was concerned about

employment safety however this individual wanted to participate and was willing to

assist me with finding several additional interviewees who otherwise would not have

been included in the project.

All participants were assigned numbers based on their interview order and their

actual names were not recorded for purposes of reporting in this research. My decision

to assign numbers rather than names was to protect the identities of the specific

participants. With genders revealed, it would become much easier to identify a few of

the participants from the details of their interviews. With genders hidden, figuring out who was interviewed will be a challenge. The participants were interviewed based on my personal knowledge of their current employment status (meaning I knew that they did not work for the BFP or any sub-contracted agency at the time of the interview); or they were interviewed "blind" (meaning that I did not have personal knowledge of their current employer or their current employment status). Participant 15 chose not to grant an interview however was essential to contact with participants 5, 11, 12 and 14:
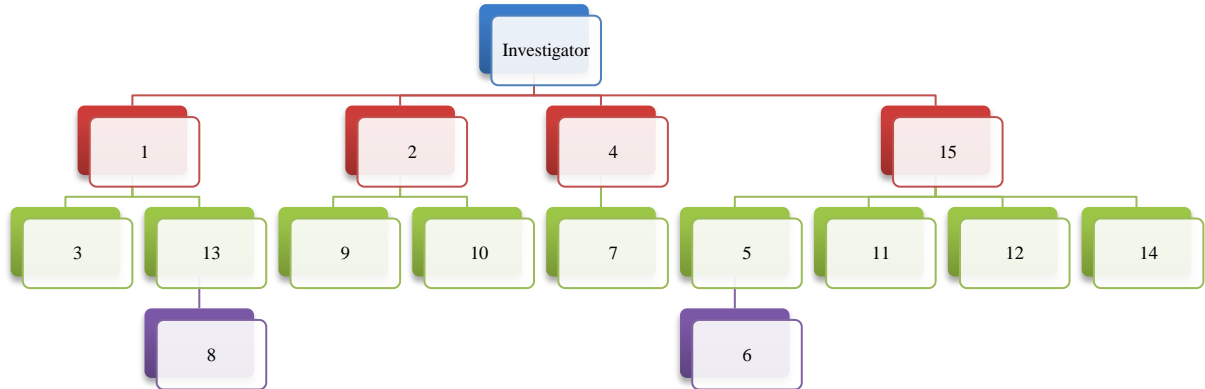
Figure 2: Snowball Sample

<u>Research Design and Methodology</u>

My research involves individual interviews using both open- and closed-ended questioning. In addition some general quantitative data collection occurred with regard to collection of educational backgrounds of the participants as well as public agency records that provide information on caseloads and types of cases accepted/rejected for assignment. I have audio recorded all interviews and conducted the interviews over a period of approximately six months, from January of 2011 through June of 2011.

I have conducted original research for the bulk of my study; however, I also used some existing public records data. Of course, budget information, State laws and regulations are available under the "Sunshine Law," which gives "every person… the Constitutional right to inspect or copy any public record with some exemptions" and "provides a right of access to government proceedings at both the state and local levels" (Government in the Sunshine). A contact at the State Office for Public Information also proved to be very helpful in locating statutes and information on family safety privatization in Florida. In addition, much of the data regarding local successes and failures is available on the BFP website (http://brevardfp.org/).

I did not access any confidential information with regard to the clientele of these agencies. Knowing that confidentiality of child welfare cases is of the utmost importance, this is not an area that I explored.

An interaction approach served as the overarching means by which I approached the interview phase of this research. Interactionism rests on the premise that meanings are essential with regard to human behavior and action (Blumer 1969). It is my assertion that the professional lives of family safety workers must be meaningful in order for them to do optimal work. Further, I assert that it is essential for these workers to "buy into" the systems of care under which they work. The notion of "buying in" cannot be underestimated, as the ways in which caseworkers *view* their jobs must impact the ways in which they *do* their jobs. And, for this work, the meanings that workers attach to their work and to their employers are essential. This is not a job which allows for a numbing of the mind; one cannot do this job by simply going through the motions during a forty-hour work week. A caseworker is always "on," always thinking of the individuals who are impacted by how they *do* their work. In addition, a caseworker is always being impacted by their cases—going into someone's home under the most extreme circumstances imaginable by "normal" standards has psychological and social impacts to the worker which may, over time, serve to infiltrate and change the worker.

Herbert Blumer (1969: 2-3) asserts three main premises with regard to an interactionist perspective. First, he asserts that "human beings act toward things on the basis of the meaning things have for them." Second, he states that "the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows." And third, that "meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things he (or she)

encounters." Blumer further asserts that to neglect the role of meaning as it relates to behavior would be seen by an interactionist as "falsifying the behavior under study" (Blumer 1969: 2-3).

For the caseworker, the premises that Blumer lays out are key, not only to their ability to do their work, but also to their readiness to "buy into" the systems of care in which they work. Family safety workers often identify with their jobs as "callings." Further, they begin to develop definitions of self which are informed by the roles they internalize as caseworkers. This interactionist perspective will allow me to probe the underlying meanings that family safety workers attach to their work and to their definitions of self, while also exploring how important it is for them to believe in the system in which they work every day.

Second to my exploration of perceptions, I discover some macro level forces at play with respect to the movement of family safety programs from the public to the private sector by using a feminist perspective. By focusing on the nature of gendered inequality, I show how the decision to privatize family safety is indeed, as Gwendolyn Mink points out in her 2009 work, a gendered political issue.

Reaching back to the mid-1900s, the concept of "women as minority" begins to appear in research literature. Feminist ideas about the treatment of women help to frame my assertion that women and their concerns (historically speaking, housekeeping and child rearing) served to classify them as less important than men, and therefore allows us, in the current day, to jettison their public needs to private agency care

(Hacker 1951; Stoll 1973; and Cohen 1969). Distancing our government entities from the concerns of women and children adds fuel to the feminist fire. The notion that we live in a patriarchy should not be forgotten. Even in the contemporary literature on the politics of gender, assertions remain that "gender is an institutionalized system of social practices for constituting people into two significantly different categories, men and women, and organizing social relations on the basis of that system" (Ridgeway and Correll 2004:510). My assertion is that even as one of the subtle underlying intentions of privatization was indeed patriarchal in motivation as well as discriminatory in action, the results to date have been positive for the many political and social issues that continue to impact women and children in society today.

Using a backward mapping technique, I was able to conduct my research at an intimate level with those whom are impacted by policy decisions on a day-to-day basis. The consequences of policy decisions—frequently made without the input of lower level workers—are often unintended, but nonetheless have serious consequences on an employee's ability to do her job.

Wildavsky (1988) calls these serious consequences "ubiquitous anomie." He asserts that the situations of public servants are the effect, not the cause of problems within the sphere of public service, problems caused by the politics of the day. I believe Wildavsky's observation to be especially true in the family safety arena; due to several high profile cases, top-level administrators began to set forth myriad mandates and rules under which caseworkers had to function. Many of these rules made sense: within

the first 24 hours of the commencement of a case, the worker had to visit with the family; within the first week of the case being commenced, the worker had to have the victim fingerprinted and photographed. Some of these new mandates however were cumbersome and challenging for the caseworker to accomplish. For example, for children with severe emotional problems, behavioral health assessments had to be completed within a very short time frame, and if not done, caseworkers were held accountable. To get a behavioral health assessment completed, a competent, FDCF recognized and state-certified therapist must be located, the child must be fitted into the practitioner's schedule (while hopefully not impacting the child's school day), and the therapist's report had to physically be in the case (or in the hands of the judge presiding over the case) within a very short period of time. The deadlines that the state set forth for this type of action were rarely met, and when not met, the caseworker was held accountable—even when the reasons were outside of her control. These types of mandates often caused tension as workers struggled to accommodate the mandates set down from the top while also doing their jobs in a manner which worked at the street level.

To get at the problems forced upon the worker in a top-down manner, backward mapping is used to try to tease out the daily strains and stressors that workers deal with as a result of ineffective or unclear policies thrust upon them from above.

Backward mapping relies on the idea that "policymakers have a strong interest in affecting the implementation process and the outcomes of policy decisions" (Elmore

1979-1980: 604). Using this approach, I interviewed those whose positions are/were at the lowest hierarchical levels of family safety work in Brevard County. Examining the specific perceptions of those field-level workers at the lower end of the administrative hierarchy allowed me to gather the broadest perspectives and look for themes within the interviews.

Worker perceptions of pre- and post-privatization in Brevard County helps us to have a complete picture of how this system of care is working in light of new policies and procedures. This type of technique also allows for top level administrators to "hear" what workers are saying, what they believe to be true, and what they believe to be working within a new system of care. These perceptions are relevant, but often overlooked—or unknown—to administrators.

Figure 3: Backward Mapping

When changes in systems are mainly implemented and viewed from a "top-down" point of view, lower-level worker perceptions and beliefs are often ignored or discarded as irrelevant to the bigger picture (Elmore 1979-1980). This technique closes the loop, allowing lower-level workers to feel validated while upper level administrators can better understand the issues of workers who have first-hand experience working within new systems.

This technique compliments the work of Glaser and Strauss (1967), who use grounded theory to extract theory from data. Glaser and Strauss assert that the focus of social science research should be in allowing data to determine the theoretical outcomes of the research, rather than a focus on verification of existing theory. While this method of inquiry is not without issues, in conjunction with backward mapping, it allows for a strong foundation for this project.

In addition, I chose to use Dorothy Smith's Standpoint as a research method and interviewing technique; this presents both benefits and drawbacks. My understandings of how my perspectives impact this research are both crucial and potentially problematic. My having experienced the same workplace actions, tensions and concerns as my research participants gives me unique and different perspectives than that of a researcher attacking the problem from the outside. I believe this to be of great value in that it, perhaps, allows me to have a deeper and more meaningful understanding of the data than a researcher who tackles this kind of research with no "insider knowledge."

As scientific process, the notion of standpoint is generally not acknowledged however, Smith's original intention was to utilize the idea of standpoint as a method of social inquiry rather than a theoretical position. Part of the problem with recognizing standpoint as a method of inquiry and not as theory is in part due to Smith's understandable reluctance to quantify exactly what she means by "standpoint" (Smith 1992). Standpoint as either method or theory has, according to Smith, been simultaneously described as both "correct and… miss(ing) the point altogether" (89).

Utilizing such an approach as a method has foundational issues in comparison to our more familiar and established Cartesian approach to science, however, with regard to this project, I believe the benefits or using it as a method far outweigh the exclusionary statements against using it.

One of my primary reasons for using it is my familiarity with the social service systems in Brevard County. For several years, I worked in a caseworker and supervisor capacity for the FDCF, and I still maintain strong ties to the community. I believe this will work to my advantage, as my "standpoint" will allow me a unique position into understanding the positive and negative aspects of the caseworker's job, both when the FDCF served as the delivery agency, and as privatization occurred.

Standpoint, in conjunction with grounded theory allows both the participant and me to create understandings as we move through the interview process. The context of each interview and my relationship to the participants is essential to the creation of deep

and meaningful collection of data during the interview process as well as allowing for a meaningful understanding of the data in the post-interview analysis.

Impacts of the New System on Family Safety Workers

As previously mentioned, in order to reach the largest population sample possible, I interviewed all available research participants in Brevard County who fit the criteria for my project using a snowball sampling technique.

I interviewed those who have experience as State employees as well as those who only have experience with privatization. These participants were interviewed to garner in-depth information about program effectiveness, levels of personal and professional contentment with the new systems of care, understandings of differences and similarities between the FDCF and private agency care, and levels of job satisfaction pre- and post-privatization.

In total, fourteen interviews were conducted, totaling 654 minutes of audio taped sessions. The average length of interviews is 46.7 minutes, with the shortest lasting 18 minutes, and the longest lasting 62 minutes. The interviews were conducted in the homes of respondents, in my home and at public venues in Brevard County. My efforts were concentrated on those respondents who have/had experience working under both public and private care systems in an effort to draw out differences and similarities in the two systems. As a nod toward future research plans, I also inquired about individual motivations for leaving employment in the family safety arena.

As a caseworker, I was in the field nearly every day. Interviewing all of the key "players" in an individual case entailed hundreds of hours of face-to-face interviews, telephone calls, email exchanges and court proceedings. Interview situations were often less than optimal, with crisis framing the interactions I had with families. Nonetheless, it was my job to defuse the situation and to make some sense of what had happened and why it had happened. Initial assessments were always tense, with resistant perpetrators, angst-filled family members and children whose emotions ranged from guilty to rebellious. Learning how to develop a rapport was essential and learning how to quickly read people to get a feel for their personalities was vital. I learned techniques for taking field notes, and methods for interpreting them at a later date. I filed numerous judicial documents upon which judges and attorneys had to rely to understand cases. Attention to detail became second nature, and as I learned the job, my ability to articulate a case in writing slowly became easier to accomplish.

My years of service as a caseworker, and then as a caseworker supervisor, afforded me invaluable practice at interviewing and interacting with others. I spent hundreds of hours interviewing key players in cases, I observed other caseworkers, attorneys and judges questioning family members, and I eventually moved into the role of teaching new caseworkers the "ropes" by going with them into the field while they worked with families. I learned what works and what doesn't work. I learned that not every interview benefits from the same interview techniques, and I honed my interviewing skills.

The primary goal of my job, in all but the most egregious cases, was to keep the family intact through State intervention which would teach the family new and productive ways to behave. My most valuable asset was my ability to develop a rapport with my clients; to foster a non-judgmental interview environment with them which would allow them to feel that they could open up and tell me about their family's dysfunctions.

The physical environment in which a caseworker does her job is perhaps one of the most challenging interview venues. Most of the time, social science researchers have some control over the places where they conduct their interviews; caseworkers must go into homes that may be dirty or physically hazardous, and which are nearly always emotionally hostile. Aside from the initial investigatory contact of the child protective investigator, the caseworker's job is one that is done without law enforcement presence—regardless of any hostilities which may be present in any home environment. In spite of these less than optimal conditions, the caseworker must develop a rapport with all family members and must convince them that their involvement with the agency is essential.

My work experience taught me about interviewing and the skills I learned in my job have been invaluable to my research—whether closed- or open-ended questions, I feel that I am well versed in how to conduct successful interviews.

Qualitative Methodology: Interviews

Semi-structured interviews were used, allowing for the flexibility to tailor each interview to the individual participant. There were several key questions which were

asked of each participant which dealt with the educational background and the work experience of the individual. This approach allowed me to gather some quantifiable data while also allowing for deep, meaningful responses to open-ended questions later in the interview. In essence, the interview schedule was loosely sectioned into three areas: 1) qualitative data, 2) questions specific to the participant's job and the processes of the job, and 3) feelings and perceptions about the work and about privatization.

I began each interview with questions that asked participants for background information regarding their length of employment, educational backgrounds, and other pertinent basics about the particular jobs they perform (or performed) while working in family safety. I then moved to semi-structured general questions about their occupation and work settings ("Why did you become a caseworker?" "What do you think the role of a caseworker is?" "What is the most difficult aspect of your job?" "What is the most rewarding?"), as well as more probing questions that focused on privatization ("How would you characterize your workload post-privatization as compared to your workload before privatization?" "What do you think are/were the biggest obstacles that you face in meeting your client's needs?" "Has your ability to meet client's needs been altered since the agency became privatized?" "How do you feel about the work you do now?" "How do you feel privatization is working?"). All interviews were tape-recorded and transcribed for analysis. As noted above, my analysis examined the interviews for common themes with regards to work-related issues, administrative expectations, and worker perceptions of program effectiveness regarding privatization. Interviews were

anonymously transcribed utilizing a professional transcriber. That is to say, the names of interviewees were not provided to the transcriber, and the transcriber was not provided with any background information regarding the research.

My analysis uses what Altheide (1987) calls an ethnographic content analysis (ECA) of interview data. ECA is the best fit for this project as while it is "systematic and analytic" (Altheide 1987: 68), it will also allow for my experiences as a caseworker and as a researcher to be central to my project. Reflecting on the work of Withorn (2001:116), my project differs by using ECA to present findings, rather than simply presenting a speculative essay about the impacts of privatization. Further, as Sandelowski (2000: 336) asserts, this type of analysis leaves room for "qualitative description" which allows me to flesh out the unanticipated themes that arose during interviews and while analyzing data. According to Sandelowki, this type of research differs from "grounded theory, phenomenologic, ethnographic, or narrative studies" in that the language of the interviewee is "a vehicle of communication, not itself an interpretive structure that must be read" (336).

There are some similarities to grounded theory. Glaser and Strauss (1967) describe the process of grounded theory as being reflexive and recursive as the researcher(s) continually evaluates and analyzes the categories that emerge. Unlike grounded theory, however, ethnographic content analysis does not have theory development as its goal, but instead focuses on *clear descriptions and definitions compatible with the materials* (Altheide 1987). Similar to the "interpretive content

analysis" described by Ahuvia (2001), I examined the interview data to see how it fits, or

fails to fit, with emerging patterns as a whole (Lofland and Lofland 1984). As topics and

themes emerged during interviews, they were incorporated into subsequent interviews

to provide a measure of face validity (Schwartz and Jacobs 1979). Throughout this

process I collected information on perceptions which may be specific to selected

caseworkers; however, my analysis focuses on presenting those patterns which emerge

as shared perceptions among caseworkers (Lofland an Lofland 1984). The obvious

advantage to this type of method is that it allows for a presentation of findings which is

organized in a way which best fits the data (Sandelowski 2000).

CHAPTER FOUR: PERCEPTIONS

What Workers are Saying about Privatization

Those who participated in interviews were, for the most part, seasoned veterans of both public and private family safety systems in Brevard County. The average length of service in the family safety arena was ten years, with a high of twenty-three years, and a low of one year. The cumulative experience, in years, of this group within Brevard County family safety is 140. The pool of respondents averaged just over seven and a half years of experience with FDCF, and just over three years of experience with private agencies within Brevard County. Ten of fourteen (71%) continue to work within the Brevard County child welfare system in some capacity; one has retired; three are now working in unrelated professions. Eight of the fourteen (57%) have advanced degrees at the master's level, and all but four hold degrees which are in some aspect related specifically to the profession of family casework (psychology, sociology, criminology, or social work). The most common bachelor's degree held is in the discipline of psychology (4 or 28.5%), and the most common master's degree held is in the discipline of sociology (4 or 28.5%). Two of the participants completed internships with FDCF prior to completion of their bachelor's degrees and both went on to accept paid positions with FDCF after completion of their degrees.

The participants "clustered" into three distinct but overlapping work areas: investigations, services and administration. To better envision the differences in the three cluster areas, a variation of a truth table was constructed (Table 4). In general, as can be seen in the cluster comparison, there were some positives as well as some negatives noted.

One area of discussion which developed as a strong theme which was not specifically related to this research project was that of being "called to the work." 43 percent of respondents (six of fourteen) mentioned a feeling of intimacy with regard to the work they do, and a feeling of the work being more than just a job:

> What I remember in college, I was always like 'oh I will never do social work, I will never do social work, I will never do social work!' And then you know, I got out of college and it was very difficult to find a job. And I got an interview with DCF and I thought well, you know, I will do this for a year or two. And I remember like my second week going, um, this is going to be it. I found, like, I was wrong. (Participant Three)
> I believe that people are called to this work… I was called to this work for some reason and I know the children's lives I have saved. And so, I feel like I need to continue until I do not want it anymore, I guess. It's the child… somebody has to be there for the kids. They did not ask to be here. (Participant Seven)
> I knew I wanted to work with kids. That's always been what I wanted to do. (Participant Nine)

Perhaps this feeling of being called to the profession is a necessary justification for those who choose to stay in the family safety profession for any length of time. Research on job satisfaction is generally conducted in the areas of affective and cognitive attitudes and beliefs (Fisher 2000). Affective attitudes are those which encompass moods and emotions, and cognitive beliefs are those which ask for a

comparative feeling about one's profession as compared to others' (186). In the case of these six participants the affective justifications are clear within their narratives. Of the six who cited a calling to the job, the average length of service was just over ten years for this group, as compared to 7.5 years for the entire sample.

When I worked in family safety there was a common explanation for being able to—and wanting to— do this type of work for a length of time. We would say that workers who felt that type of "calling" do the work didn't look at the clock, and for them, time was inconsequential. For those who were not well-suited to the work, we would often say that no amount of hours in the day would help them to get the job done well. In other words, feeling empathy toward the job was a key to being a successful long-term family safety worker. Having a meaningful, personal reason for liking the work and for doing it well seems to continue to be primary the motivator for working in this field.

Reflection

The biggest problem encountered throughout the course of this project was time. By the time the interviews took place, considerable time had passed from the original conception of the project. Many of those who initially agreed to be interviewed could not be located when data collection began. In addition, due to limitations placed on the available pool of respondents, the number of interviews completed was smaller than anticipated. The issues encountered in dealing with BFP also added a considerable amount of time to the project, and eventually my attempts to include them in the project

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were minimized due to the time constraints on project completion. Nonetheless, with the limits imposed, several strong themes emerged.

While I had hoped to have been able to conduct quite a few more interviews, I feel that the information I gathered is important, and I feel that some very strong themes emerged. I was pleasantly surprised at the overall positive commentary on the BFP CARES program, and was excited to learn about it and how it has helped our local community.

Many of the negative themes that emerged during the interview process were surprising to me. While I think it is fair to say that since agencies are now physically— and philosophically—separated and that this is driving many of the communication issues that were raised, my initial thoughts about smaller, local agency oversight were that these issues would be minimized rather than aggravated.

Personally, I enjoyed the data collection process, and I felt a bond with those who participated. I had worked alongside some who participated when I was at FDCF, and so I was able to catch up and rekindle old acquaintances. Some who participated were strangers to me, and it was rewarding to get to hear their perspectives and to find out about their experiences.

CHAPTER FIVE: THE INVESTIGATORS

There were a few themes indicated in this cluster. The single most prevalent theme which developed from the investigative cluster (comprised of workers whose primary jobs continue to be as child protective investigators and child protective investigator supervisors) was related to staffing and proximity. Also problematic for this cluster was knowledge of service providers and referral protocols.

Staffing and Proximity Issues

Prior to privatization, investigators (CPIs) and service workers (FSCs) worked in the same physical location. When cases needed to be handed over from the investigative unit to the services unit, everyone impacted by the staffing was in close proximity and most of the workers on both sides of the house had very close working relationships.

It was not uncommon for a CPI or a CPI supervisor to have favorite FSCs and FSC supervisors. Often, "off the cuff" conversations about a case prior to an actual staffing would happen in hallways or in break rooms as a routine part of working in such close quarters. I recall many times where CPIs or CPI supervisors came to my office, and even though I was not on rotation to get a new case, asked me (as a favor) to take a particular case. FSCs had particular strengths with certain types of cases. Some liked

to work cases which were involved with the court system as they were defined by court orders and the judges assigned to work with FDCF. Others preferred voluntary cases whereby the parent or primary caregivers agreed to work with a FSC of their own accord and without judicial oversight or intervention.

Many FSCs had certain types of maltreatments that they were good at working—in my case, due to my educational background, I often received cases involving domestic violence between parents. I also often received cases with parents who lived in lower-income neighborhoods—my supervisor knew that I grew up in a housing project, and I believe she felt this gave me a better insight into households which were poverty-stricken. At some point during my career at FDCF, I actually worked a case that was in the exact same project house in which I grew up.

And so, CPIs and CPI supervisors would seek out specific FSCs for specific types of cases, and this frequently happened as you met with another worker in the hallway or sat with them during a working lunch. With the shift to privatization, the physical locations of the two groups were severed, with the CPI side of the house maintaining a separate facility from the FSC side of the house, thus making it impossible to have these sorts of "fly-by" conversations between CPIs and FSCs.

With three participants in this cluster (21% of the respondents), there was a 100 percent agreement that there are problems related to staffing as well as problems related to being physically located in separate facilities from the services workers (BFP

and its entities). When asked, the respondents in this cluster were clear about their

feelings regarding problems related to staffing/proximity:

>…they [services] were in the same building, we had a rapport with them, these are the people we work with all the time. We knew what was expected, we knew the information we had to provide to them, and that was their job. It was to respond immediately and I thought that worked so well. (Participant One)

>…back when we were working together both out in the field, if you wanted to staff a case, even though the case was closed for you and you really were done with your responsibility, there were a lot of cases that we would see each other in the hall and you'd say "how are so and so doing? (Participant Eight)

>So, if we had been in the same building and we were in the same agency, it would have been a conversation between two CPIs and two supervisors… I do not know who the case manager is, were they at the arraignment? I am like, oh, hi, nice to meet you! What does that say to people that we do not even know each other? I walk into staffings. I do not know who is who. But we are making these major… decisions. To the families… it's major and I never forget that. So I do believe, I wish we were closer. I wish we were in the same building. I wish we were part of the same agency. (Participant Thirteen)

Service Provider and Referral Protocols

Less significantly indicated, but still problematic was the CPI's understanding of

the referral process and their knowledge of service providers. Two of the three in this

cluster indicated that they wanted more training in this area:

>I think if they had more time, that they would, or that they had more knowledge of services… I know my [colleague] often complains about the fact that during her training they came in and they presented all these providers to them while they were in training, but, you know it didn't mean anything to her at that point. Well, now that she's been an investigator… she would like to have training with those service providers again and have them come in and give her… specifically what is needed… I can't send an email to these people, I gotta call them on the phone, you know, where why can't I just send them an email?

Why can't I just send them a fax? No, I gotta call them over and over and over again until I get somebody to respond to me… (Participant One)

And it is about at least 10-20 minute phone call if they have time... So, 20 minutes for them to ask you series of questions, most of which is already in… our database that they have access to, is somewhat frustrating… it is just ridiculous to sit there for 20 minutes to give her the names of everybody in the home. You got a case with 5 kids; you are giving them all the names, all of the socials, all of the birth dates, all this information. So, you are talking twenty minutes to make one referral! [C]an you get us options? We need to be able to have the option of calling, the option of faxing, and the option of emailing. I do not know where that is going to go, you know. Ada and Fran are awesome. I do not know how they do it… they get a lot of information out of us in a very little bit of time, but I do not get it. I really do not. It's, it's…sometimes when I talk… with a couple of my co-workers, we are frustrated by that… because I am off on to the next case. I need it to be quick and easy. (Participant Thirteen)

…here is how the training needs to be: we do not need someone coming in and telling us what *they* do… We need to have one of these weekend retreats where you take case managers and CPIs, and you put them together in a room, and you make them work together. Whatever those, whatever those silly things are. Not letting someone stand there and saying what a CPI does and this is what case managers… This job is about loyalty and it is about who you can trust. The problem with CPIs and case managers is you do not know when a case manager takes over your case. (Participant Thirteen)

It is evident from the statements of the two participants above that there is a feeling of disconnection between the investigative and the services sides of the house. I do recall, during my training period, that there was a service provider presentation that lasted the better part of one entire training day. I also recall being very confused about the roles of the referral services providers and about how I would utilize the services that they provided. Once on the job, most of what I learned about those providers ended up stuffed into a folder that I kept in my office, but in the end, my reliance on other more seasoned workers was the most beneficial. I could have a short conversation with my supervisor or with one of my colleagues, and they could tell me right away which service

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to offer, how to make the referral (make a call or fax a form), and they could also tell me, in many instances, exactly who to ask for when I made the referral.

Because I was on the services side and not the investigative side, I spent a considerable amount of my workday reviewing my case notes and setting up referrals for new families on my caseload. It didn't take long for me to become intimately familiar with most of our referral services, and to learn what they could and couldn't do for a particular family.

I also recall that in many instances, CPIs would ask me to help them figure out if a service was warranted for a case on their caseload, and how to make the referral. CPIs, as an essential characteristic of the up-front investigative role they play, do not make nearly as many referrals as do the FSCs. If a CPI feels the need to make a referral, it may be that the family only needs to have one isolated type of assistance (such as help with the costs associated with child care or assistance with the medical needs of a child). In these cases, the referral can be completed by the CPI without the need to staff the case over to a FSC. When cases require long term services however they are staffed to the FSC side and the referrals are completed and monitored by the assigned worker.

Again, we can see how the proximity issue is a factor. With the CPIs and the FSCs being in separate buildings, the rapport between the two branches is severed, and the challenges for the CPI are significant.

CHAPTER SIX: THE SERVICE WORKERS

The services cluster was comprised of ten participants (67 percent of the sample), and this category made up the largest group of the project. The areas which were cited most often for this group fell into five main categories: knowledge of referrals, less time in the field, camaraderie/morale, communication and power struggles.

Knowledge of Referrals

When privatization was just a blip on the radar, referrals were handled by each individual FSC for each case on her caseload. In discussion with the FSC supervisor or alone, an experienced FSC would know what referrals were a good match for a particular family. In many instances, an experienced FSC might have knowledge of certain workers within the referral network who were good with particular types of cases or families. For instance I recall having, for many cases, called a particular worker at a drug testing referral facility. Because I had worked with this individual on several cases, she became my "go to" person at that specific referral location. She and I had built a rapport, and I was able to quickly communicate the specifics of a case to her, and I knew, based on prior experiences, that the referral had been placed in "good hands." I was able to, through building a good working relationship with this individual, fax over my referral form at a later time, but my telephone contact would open her case right

away as she was sure from her past experiences working with me that the proper

paperwork would quickly follow our telephone conversation.

Since privatization, the referral process has changed significantly. Referrals are

now handled by a "point person" within each FSC unit, and it appears that, based on

participant commentary, there are more steps involved in getting a referral completed.

In addition, it is taking longer, and time can be a crucial factor to successfully working a

case and to preventing further issues within a family. The longer it takes to get a referral

into a home, the more of a chance there is of further abuse:

> Before when you had a case and it was court ordered from the judge saying that counseling is to happen within a week, you were able to take this court order to your supervisor who got funding immediately. Here… the caseworker takes it to a central person at their office who has to send it off to another person, who has to send it off to another person. So it seems that there are so many layers that you cannot get anything done within an appropriate time frame. There is no streamline… There have been times when the judge from the bench has called directly to the top and that's the only way it seems like things can get done. (Participant Five)

> Their referrals go through a chain of processes… It goes to someone's desk who goes to someone's desk who goes to someone's desk. Where it has to be checked off, approved, find out it's a Medicaid, throw all the different funding sources out there, try to find something cheaper… We can't do that it is too costly! And their hands are tied a lot of times or it is just time because it just gets lost. I do not know if it is getting lost on someone's desk or… But you know what I mean? It used to be simple... I think there [are] too many levels of participants and it is getting lost. (Participant Six).

> A lot more difficult under CHS, the referrals. Before we would just write them out and then we would send them up to an agency, make copies and send them to an agency. Under CHS, we would write them out, make copies, and then there was a go-between... (Participant Nine)

> Well, I think that's where it gets complicated because it is sort of a process… it's somewhat of a group effort, you know, to decide what services should be put in place. And again, the procedure has changed numerous times

over the past six years or so on, you know, who makes the decision. Um, and how we actually get the services. So, as a case manager, I meet with the family, I do the family assessment, and I have very clear feelings about what services should be put in place, but yes, I sometimes run into interference from all of those other participants who think that 'well, they do not need this,' or 'you know we need to do this instead of that.' …as a case manager you find yourself in a position of having to advocate for your families and you sometimes meet some resistance. I think now maybe more people are involved and maybe that's the difference is that there are more players. Um, you know, with varying degrees of power, let's say, to make decisions… and to try to…you know, I think that's probably the big difference is that there are so many layers. (Participant Twelve)

I remember the paperwork was confusing. You know, like I do the wrong paper, I turn it in, and it was the wrong form, you know? I just remember it was confusing. A couple of times I had the form given back to me because it was the wrong form… and that was kind of a bone of contention between case management and the care coordinator because it was like we did that form last month, and [now] you tell me it is the wrong form? (Participant Fourteen)

As Michaels (2010:725) asserts in his research, it is not the role of privatization to change the system; rather it is the role of privatization to work within the already defined system, but to do so in a "better, faster, and cheaper" way than the government could. While a FDCF case often utilized many more service referrals than actually warranted, the services were referred quickly and efficiently. The "more is better" unspoken mentality of the referral process at FDCF was certainly not cost-effective, but in the end, the outlook for the family was reasonably positive and services were delivered expeditiously.

Now, as it appears that there is some level of difficulty and an increased wait time for referrals to happen, the family suffers. The responses above are clearly indicative that this key component—the referral—is not being handled in as efficient a

manner as it was prior to privatization, and that the changes to the system have not been beneficial for the worker or their families.

<center>Less Field Time</center>

Adjunct to the complexities of the referral process comes less time available to spend in the field. It is somewhat ironic that, as caseloads decreased, FSCs were unable to increase the time spent in family/home/field settings. Several participants related the lack of additional field time to paperwork and staffing conflicts:

> Well, the more time you spend filling out forms, the less time you have working with families and doing the field notes that need to be detailed and doing court documents. Um, that's the negative side of it. The positive side is like I said the family team conferences are an excellent model and I doubt that DCF could pull that off without the assistance of somebody who was coordinating it and leading it, etc. But some of the time… it would be scheduled at 8 o'clock at night. It would be scheduled at the convenience of the family but the worker does not have the ability to keep being at different parts of the county, at different times of the night or day during the week… so that was difficult. (Participant Two)

> …sixty-forty is probably a good estimate… Maybe even 65 to 35. More time was spent in the field directly with schools, parents, children, you know. …the amount of time they used to spend [in the field] for the amount of cases we had, there is no way that having 20 children on your case load and being as busy as they are that 90% is not based on paperwork or just redundant, redundant part of it. So I would say now you are talking 20-80. 20% in the field …that they are seeing the family 20% of the time when we were seeing them 40% of the time. (Participant Five)

> Um, it just seems overwhelming paperwork. And the computer system that was brought in was supposed to be better and it seems that it made it worse for people. There [are] more places to fill out and the whole idea was that you put the person's information in once and it would populate in all the places it needs to be. It is not happening. You've got to put it in twice as many places as you used to have to; to populate twice as many forms at this system now generates. (Participant Four)

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I think they are spending less time in the field…well, but I hear complaints that some of them are working massive amount of hours but their paperwork is just….it is overwhelming. The systems they are using right now are not that user friendly. They have gone through three or four different systems. I am not even sure what they are called now. (Participant Six)

…the amount of time that I am able to spend with the family in their home has been greatly reduced because of the need of me to spend some much time at my desk, kind of chasing down this referral process because there are some many people that are involved. Um, you know, when I realize that the family is not getting a service that I have made the referral for, um, then I kind of have to hunt down where in the process we are. Um, on whose desk is sitting this referral that I have created? …and that's just very complicated and it is paper intensive, and so it is not possible to spend as much time interfacing with the family because I am kind of chasing down referrals. (Participant Twelve)

One of the primary issues prevalent prior to privatization with regard to "doing" the work was that of time in the field. While FDCF workers were afforded some flexibility with regard to scheduling and overtime, it was often a challenge to get the job done in a reasonable amount of time. With little control over number of assigned cases, there was always an abundance of work to be done, both in the office and in the field. Part of the statutory requirement with regard to field work was the requirement to see your victims and other key players in the case) in the field regularly. This requirement was due, in part, to mishandled cases where children were found to be missing (or were killed) without any knowledge of a worker who had not visited the victim or family in a timely manner. Several high profile cases, including the Rilya Wilson case, forced an examination of how we checked upon victims, and tightened our oversight on cases and with individual workers.

Not only is it important to see the victim/family in a timely manner at the onset of

a case, it is also important to spend quality time with the victim and the family.

Developing a rapport with the subjects of your cases is one of the primary elements to

the successful working of the case, and the eventuality of a successful outcome. Prior to

privatization FSCs often complained of the lack of time to do solid field work due to the

high numbers of cases they held on their caseloads.

One of the appeals to family safety privatization in Brevard County was the

inclusion of a contracted "cap" on the number of victims a FSC would have on her

caseload. Pre-privatization, there was no ability to cap a FSC's caseload, and it was not

unusual to find a seasoned worker carrying a caseload with a few dozen cases (which

usually also meant more victims as a single case often had multiple child victims). When

it was rumored that privatization would bring a cap on the number of victims on a

caseload, workers were pleased. At continued issue however was how a cap would be

instituted. What mechanism would be put in place which would be different than the

current system? How could a cap be guaranteed when there is no ability to influence

the volume of cases which are produced every day?

As a response to some of these types of questions, what we find is that BFP has

become responsive to the volume of cases by creating different avenues for routing

cases. Some of these avenues do not require there to be a formal caseworker assigned

whose job it would be to see the family in the field; rather, these low risk cases are

assigned to a care manager whose job it is to contact the family and to try to assist

them with finding their own referrals within the county. These cases do not require regular monitoring in the field, and are not assigned to a regular FSC. This is one way in which the local system has tried to contain the flow of cases from the State's abuse hotline. I have been told by several participants that this new approach proves to be somewhat successful.

On one hand, many families can move through this type of situation by learning how to take control of the situation, and with minimal intrusion and guidance, can develop the skills to overcome the situation or problem area. On the other hand, some of these cases become "revolving door" cases whereby a new case is opened as soon as one is closed. This phenomenon is not inherent to privatization however with the FDCF having more than its fair share of "revolving door" cases.

<u>Camaraderie and Morale</u>

Several of the participants in this cluster also mentioned a lack of camaraderie as perceived as part of the problem with the new model of care. Many mentioned feelings of "family" when the structure was under one roof, and workers were managed by one agency. Most saw the physical separation of CPIs and FSCs as problematic to issues of worker contentment and bonding:

> I want to say we were more like a family… We were all located in the same building. We all worked together. The [CPIs] when the children were first sheltered, the legal department was right there. We were protective services, the actual caseworkers… There was a foster care unit, the adoptions unit. Everybody

was all linked; I would say the word "linked." I like that. All linked together and worked cohesively together. I do not see that now. (Participant Six)

　　We were in one big, huge room together. So it was actually a really good learning environment because we were able to… every time anyone asked the supervisor a question, we all heard the answer. (Participant Ten)

　　It was a very close knit… We were all in one office. And so we, as counselors, we know the kids that were available for adoption. And we knew the families that were available for placement as well. So, I found that we made close connections early on and I think that probably helped children… and I do not feel that now with privatization it being as close. (Participant Eleven)

Communication

As camaraderie and morale were seen to decrease, increased communication problems were bound to crop up. Three participants in this cluster articulated what appears to be the main communication problem: proximity. We now begin to see how the problem of communication is linked to the problem of the two groups being housed in separate buildings. In addition to these proximal communication issues, one respondent also noted the perception of a hierarchical communication issue:

　　I think that… the more family-like work setting, everyone kind of knew of each other's cases where the supervisor knew the case, the attorney knew the case, it was more of a hands-on approach. (Participant Six)

　　…they are in their own separate building. That made it difficult because you could not walk over. Because before I could just walk down a couple of doors and ask a question… or I could sneak in and talk to one of the attorneys. It was more difficult to communicate 'cause inevitably if you want to talk to a [CPI] they are out in the field, and if they want to talk to you, you could be in staffing all day. (Participant Nine)

　　I just think there is probably a lack of communication with the multiple agencies that are all working together. Whereas before we had it all housed together… (Participant Eleven)

Um, I guess generally I felt like, um, there was planning and policy making and decision making that went on, um, that I was not included in because I was not management. So I feel like the [program] was managed and guided kind of independent of me who was working with [parents and caregivers] every day. I think better decisions could have been made if management included [us] in the loop more. I just felt like I had something important to contribute. I was never allowed to either provide feedback or participate. And I was never allowed to come to the table. (Participant Fourteen)

Power Struggles

One issue that rarely became problematic prior to privatization was that of power within the local offices. There was a clearly established hierarchy, and there was little to no reason to question authority. Because it seemed that the rules and mandates that we worked under were clear and had been established for a great length of time, there was no discussion about what to do and how to do it. Nearly every situation a worker could imagine had already been handled by some worker who came before, and rules for working each particular situation had been set down.

In addition, supervisory and administrative staff was routinely comprised of former caseworkers who knew how to work cases. One of the biggest assets I feel working in my favor when I was a FSC was the fact that my supervisor and my Program Office Administrator were both former caseworkers. When they helped me to make a decision, or even when they decided a case trajectory for me, I had no reason to question their decisions as I felt that, with their on-the-job experience, the decision was sound and based on clearly mandated guidelines. Being a newer agency, BFP did not

have many of those mandates in place, and I suggest that this lack of structure was felt

by non-administrative and administrative staff:

> …but I absolutely noticed it the day I walked into that CBC office, that there was a lot of power-struggly stuff going on. You know? It was very, very political. (Participant Ten)

> I do not know if that is because the upper managers have control issues, or if there is, you know, I think everyone has a liability mindset that works in child welfare. I feel like there [are] a lot of employees that are kind of afraid to say something or just to suggest change, you know? There is just that kind of fear. I am going to keep my mouth shut because I need a job. (Participant Fourteen)

CHAPTER SEVEN: ADMINISTRATORS AND OTHER KEY PERSONNEL

The administrative cluster was comprised of two participants (14 percent of the sample), and this category made up the smallest group of the project. The areas which were cited most often for this group fell into two main categories: proximity issues and paperwork issues.

Proximity Issues

Like both the CPI and services clusters, the administrative cluster also found the lack of a central work location for both private and public family safety workers to be problematic:

> That makes me a little nervous. You know, we used to be housed with CBC and now we are not even housed with them. (Participant Three)
>
> They need to have more communication between CBC [and FDCF] and stop trying to be so apart from us. Because, yes, I understand, everybody hates DCF but that's where you get your job from. That's where you get your next case from—is us. And we need to be in more communication with each other. If you are going to do privatization, you need to be in closer proximity. Otherwise it's just not, to me, it's just not working. (Participant Seven)

Because the two roles, that of CPI and that of FSC are intimately connected, the severing of a joint location appears to be a step backwards for those who do family safety work. Because one group relies on the other to close the loop with regard to any

particular case, working side-by-side is obviously warranted. Additionally, problems

related to not being housed in the same offices do not contain themselves to just a

problem of physical distance—space relates to problems of communication and morale

as well.

<u>Paperwork</u>

Also problematic for the administrative cluster was the increase in the volume of

paperwork that needed to be done on a daily basis. Moving toward privatization was

supposed to save time and paperwork, streamlining the process of doing the day-to-day

administrative actions required of field workers. It is apparent however that this is not

the case:

> There is so much paperwork. There is a fight between who's responsible
> for it… It's always 'they did not do this and they did not do that…' There [are] so
> many different pieces of paper that have to go along with the transition of going
> over. (Participant Seven)
> And there is more paperwork now in some respects. There are… more
> forms to fill out… more time intensive." (Participant Three)

As was the case with the services workers, the sheer volume of paperwork

seems to be not only time consuming but also a point of contention between state

employees and privatized workers.

CHAPTER EIGHT: CARES

While the CARES program scored very highly with nearly every participant, actual knowledge of the purposes and functions of CARES varied. Since this part of the BFP model is new to Brevard County, it is necessary to understand how this program fits into the structure of the FDCF family safety system.

As previously mentioned, from the state-level call center, calls are routed to the local FDCF CPI office. As the case is quickly assigned, the CPI conducts the initial visit to the victim and family within a few hours time. Once the visit has concluded, the CPI contacts an Intake Specialist at BFP. The Intake Specialist and the CPI determine the path that the case will take. Two of the paths that a case may take replicate the former FDCF system path.

One possible path is that the case becomes a "legal" case, meaning that the victim is likely removed from the home, the courts are involved, and certain steps must be adhered to with regard to state statutes. These cases constitute the more egregious abuse cases, and are also often comprised of families who have repeated contact with the system.

In legal cases, a Circuit Court judge is assigned to oversee the progress of the case, with a caseworker assigned to manage the case. In all but the most egregious cases, reunification is sought, meaning that the goal (or outcome) of the case is for the

victim and the caregiver to be reunified into one home. The timeline for judicial cases is driven by state statute in that there are pre-determined time-frames which must be satisfied within the scope of a case. Shelter petitions, judicial reviews and other court involvements must be accomplished according to the language of the state laws which govern family safety as FDCF comes in contact with the court system. While these cases are managed by a caseworker, it is important to note that the judicial schedule and state statutes often determine how a case will be worked, in which services a family will be required to participate, and what will happen if the timeline as outlined by statute is not met.

At the onset of a legal case, a shelter petition is brought before the judge. This nearly always happens in the first 24 hours of a legal case. In quick order, a case plan is created, and this most often happens without any significant input from the family; staff lawyers, dependency care managers (the new term for what used to be FSCs under the FDCF system) and their supervisors generally create the case plan from a master document by cutting the items which do not fit for a specific case. This does not mean that the case plan is tailored to the individual circumstances of a family; rather, it means that the items that clearly do not match are deleted from a master form. This leaves most families with myriad tasks to accomplish by specific deadlines, and often these tasks are unnecessary or redundant. As an example, an offending parent may be required to attend anger management classes in conjunction with parenting classes and drug abuse counseling. It is safe to bet that all three of these referrals contain very

similar information on many points. Rather than drill down to only include the specific

tasks to address specific needs/deficiencies for an individual offending parent, it was not

uncommon to see several tasks with significant overlap on a case plan. This often made

it challenging to keep to judicial deadlines for the caseworker; for the parent, the

requirements of a case plan were often overwhelming. Since the case plan was, in most

cases, the guiding document which moved the case toward reunification (and closure),

to have myriad unnecessary or redundant tasks included was counter to the success of

the case. Under BFP, the case plan has been improved upon and instead of being a

document which is primarily driven by professionals and which may contain myriad

overlapping services, it is one in which the family has significant input and which has

been streamlined for specific needs.

The second path, which again is a mirror of the former FDCF system, is for a

case to be "voluntary." In this scenario, a caseworker is assigned however the courts

are not involved. These cases do not involve removal of the child victim from the

caregiver, and efforts are made to keep the family intact. While a small percentage of

these types of cases do end up judicially involved (for example, in situations where the

abuse or neglect escalates), the overwhelming percentage of these cases ends up

closing within a short period of time. In the former system, any case which did not rise to

the level of "legal" would be captured in this category. The current system maintains this

type of voluntary case, and once a case is determined by the Intake Specialist to fall

into this category, it is assigned to a caseworker at one of the two case management

agencies contracted to BFP: Devereux or CHS. From Devereux or CHS, it becomes the caseworker's responsibility to manage the case until it is closed.

In these types of cases, the experience of the caseworker is important to the successful and speedy closure of a case. An experienced caseworker might be able to close a case in as short as three months; most of these cases are not severe enough to keep the case open for a long period of time.

However it is important to note that, while these cases are called "voluntary" cases, the level of risk assessed is such that should the caregiver refuse to cooperate, the case may be reconsidered for the legal route. The determination to step up to the legal category is determined by the caseworker, the caseworker supervisor and a staff attorney. If there is insufficient probable cause, the case will be closed. If however there is sufficient probable cause to step the case up, then it is "converted" to a legal case under the same guidelines as set forth in state statute. These types of cases involve a certain amount of pressure from all involved toward the family in order to secure their agreement to participate. Often, families who resist are reminded that the case will not simply close due to their refusal; rather, families are advised that the case will be reviewed by an attorney to see if it can be reclassified as a legal case to be brought before the judge. This type of "negotiating" with families certainly falls under the purview of coerciveness, and in effect, the family has little choice but to cooperate.

CARES fits in as another option on the family safely continuum of care, and is the BFP addition to the former two-option model. At the intake assessment, this may be

the path chosen for a case, as determined by the Intake Specialist. Cases which are channeled to this category are considered very low risk, and are not assigned to a Devereaux or CHS caseworker. CARES also takes self-referred cases, and it is estimated that about 30 percent of CARES cases are acquired via self-referral.

The first step for a family who is assigned to the CARES program is to be assessed by a paraprofessional Family Partner (FP). FPs, while not as deeply trained as caseworkers, have training in front end assessments and are also trained, coached and mentored extensively in the Wraparound approach and philosophy. The FP training supervisor for BFP, also known as the Wraparound Fidelity Liaison (WFL), is a former FDCF caseworker with several years of experience working for the state. In addition, the WFL has been with BFP since its inception, working upward from the initial Care Coordinator position at BFP to what would, in the future, become the CARES program, to his current position in BFP's hierarchy.

At the case onset, the FP conducts a Strengths and Cultural Discovery Assessment, a type of informal assessment to gain an understanding of the family's strengths and weaknesses, by visiting with the family. Note that, at all stages of the CARES case, the family is involved and empowered to make decisions and to refuse services if they so choose. If the family decides not to move forward with the case, the case is, in essence, closed—because the case did not meet the criteria for one of the other "levels" of care (legal or voluntary) the family is not required to participate. If the family chooses to opt out at this early stage, a letter is sent to the family with details

about how to seek assistance for their particular issues by navigating the myriad agencies in Brevard County accessible to individuals without the need for professional referral. The letter also includes specific information on re-opening a CARES case should they so choose at a future time.

Should the family decide to accept case management in the CARES program, the case is assigned to a care coordinator. There are five care coordinators in Brevard County, and each oversees approximately 20-25 cases concurrently. These care coordinators take the stress away from what used to be a system which was heavily burdened with low-risk cases.

Care coordinators are certified risk assessors via FDCF protocols, and while they may also have experience as caseworkers, they do not function in the role of caseworkers; rather, their job is to set up meetings among interested parties and to determine if the goals of the case are met. Where a case of this type would have, in the past, required a caseworker, home visits, a case plan, and a formally opened, strictly monitored case within the FDCF system, they now require a care coordinator who can oversee the case from an office locale. This appears to be a cost-effective and successful strategy for these low-risk types of cases.

Once the case is assigned to a care coordinator, a Family Team Conference (FTC) is scheduled. These conferences are extremely individualized, and the meetings are attended by all who have a stake in successful outcomes: both for the family and of the case. According to the WFL, it is not uncommon for these meetings to be attended

by the immediate and extended family, interested BFP stakeholders, clergy, child care workers and school officials. If a specific case warrants, medical professionals such as therapists, drug counselors and the like are also invited to attend. The meetings take place at a variety of venues: BFP offices, the family home, the family's church, or even in public parks. The purpose of these meetings is to develop a plan with the family that utilizes their strengths to get their needs met in a venue which not only allows, but solicits the family voice and choice to participate in their own recovery. This engagement empowers families to take ownership of their own success. The plan that is created is comprehensive, but not overwhelming, and addresses all things needed to ensure the family's success, including any challenges or barriers to its completion.

CARES cases are generally open for only a few months, with FTC meetings taking place as often, or as little, as needed. For example, if a case involves a drug addicted caregiver, FTCs may initially be scheduled more than once a week and as the caregiver shows progress, the length of time between FTCs increased. The main goals of the CARES program are to help the family move toward self-sufficiency, to help them learn to overcome their weakness by using a "learner-centered" approach and to assist them in strengthening their families. Care coordinators work with families to help them develops skills to work through any challenges they care which would keep them from successful, long-term sustainability.

According to the WFL, the recidivism rate for these types of cases is very low. While there are some families that tend to revolve in and out of the system for many

years due to the same low-level concerns, this is not due to privatization—FDCF also had a significant share of families that cycled off and on the rolls. It appears however that CARES has cut down on the actual numbers of repeat clients and cases, but caution should be used here and a deeper, more directed analysis should be undertaken before any definitive statements are made about recidivism.

One concern with the CARES program is how these cases are reported to the state. Since a significant number of cases are now diverted to the CARES program, and these cases are essentially worked without a caseworker, they do not exactly fit into the former reporting model. So, how should we account for these cases? Should they be counted as successes and aggregated with other legal and voluntary cases? Or should they be separated from the other two more traditional types of cases?

I would assert that there are two issues at stake here. First, if these cases are being considered "successes," then they must be included in the overall rate which is reported to the state. In other words, if BFP considers these to be legitimate cases, then we must be sure they are being counted as such at the state level also. While some may not be comfortable in counting CARES cases legitimately as cases, I believe that this program is one of the strengths of the model of private care in Brevard County. Moving away from traditional definitions of what exactly constitutes a case does not have to mean a lessening of standards. CARES proves that there is more than one way to work a case, and that in low-risk situations, it is practical and cost-effective to look at a family-centered case which does not rely on a traditional caseworker experience.

If BFP counts these cases among its successes and subsequently reports them to the state as such, then I also believe it would be profitable for BFP to break these cases out separately. In doing so, the state would clearly see the efficiency of the model, which may lead to increases in funding for CARES and may also lead to state-level training opportunities for other jurisdictions. CARES is a BFP program. While other private agencies around the state may have similar programs, the success of CARES warrants a close look by the state to see why the program is so successful and further, whether the program could or should be replicated in other local agencies.

The second issue is cost effectiveness. If there is no need to staff a CARES case over to a sub-contracted agency, there must be a budget savings for BFP and subsequently for the state. An aggregated cost analysis of the difference between an average CARES cases and an average CHS/Devereux case should be of value to the state as budgetary concerns have always been problematic for the FDCF.

The structure of the CARES program is largely the work of BFP's CEO, Dr. Patricia Nellius. It is her vision that has enabled BFP to be consistently among the top three private agencies in the state. This also highlights the importance of having an administrator who has a vision and is able to see that vision through to success. While many other private family safety agencies in Florida have not reported solid levels of success (with a few losing their contracts), BFP has been among the top performers in the state, and strong, stable leadership is a factor in this placement.

While the CARES model might be considered a grassroots model in that it is centered on what is traditionally considered the lowest level of the case—the family—working from the family's point of view has proven to be successful. While the traditional methods of case management (legal and voluntary) certainly still have validity, CARES seems to be an effective alternative for many reasons.

CHAPTER NINE: DISCUSSION AND CONCLUSIONS

<u>Backward Mapping</u>

Using Elmore's (1979-80) approach allows us to work backward to flesh out primary themes as we develop overarching concepts and theories from within the data. Here, we find that the primary theme of communication, in myriad ways, begins to crystallize from within the minor threads of each participant's narrative.

Communication Between Public and Private Work Spheres

Communication			Referral Knowledge		Working Together /Camaraderie	More Computer Work/Less Field Time
Power Struggles	Staffing issues	Proximity Issues	Changes to Policy/Procedure	CARES Program	Being Called to the Work	Lower Caseload?
	Increase to Admin. Personnel		Less Removals	It's a Business		

(Note: "Change" appears in the far-right green column of the second row)

Figure 4: Backward Mapping of Communication Issues

There were three "first level" issues which I identified. While none of these specifically points to communication as a primary concern, each in its own way contributes to the overall communication problem and each works its way up the mapping hierarchy to contribute to the major theme of problematic communication between public and private spheres. Some of the organizing themes do directly relate to communication: power struggles: staffing and proximity issues and changes to policy/procedure serve to confound understandings between field workers and administrators.

While examining each of these themes separately we may not be able to identify an overarching communication issue however when using backward mapping as a guide, we can see how even the smallest of issues can combine to contribute to structural problems. In addition, in using Elmore's method, we also see that some of the problematic areas as noted in the interview discourse—changes to policy and procedure, lower caseloads and change in general—are the very same positives that are often raised when public spheres become privatized. That field level workers view these areas as problematic should not be underestimated. Problems with caseloads and with interpretations of policies and procedures make it challenging to do family safety work at the field level. Without an examination of the point of view of the street-level worker, we cannot assume a complete picture of the impacts of privatization.

This hints at what may be the crux of the problem with regard to privatization in any agency: the ability for public and private spheres to effectively communicate and interact in order to smoothly and efficiently complete the tasks at hand.

<u>Key Findings</u>

Just as any new agency would expect, BFP has experienced some significant growing pains. It has also been somewhat fluid in its responses to problematic areas within its hierarchy. Some would also assert that BFP has been too fluid, with rapid rule changes which made it challenging to complete the day-to-day tasks of case management.

Negative Aspects of Family Safety Privatization in Brevard County

The single biggest problem for all of the participants in this project was that of morale and camaraderie, and this point cannot be emphasized enough. My recollections of working in family safety are often tempered by recalling the feelings I experienced alongside my coworkers and my supervisors.

One of the most trying periods of time in family safety work comes during the first year on the job. I remember feeling stressed, worried, and at times, depressed. I wondered if I should—or could—continue in this line of work. It was extremely important for me to be able to express my feelings with other workers who had experienced exactly the same things that I was going through. Knowing that I was "in it" and that I was "in it" with my coworkers and my supervisor allowed me to feel a sense of

belonging—not only to the job, but to my role as a caseworker. Without that connection, I do not think I would have been able to do the job for any length of time.

Not only was it important to be able to discuss how I felt about the job with my coworkers, it was also important for me to be able to have an ongoing dialogue with the CPIs from whom I received my cases. To see them in the hallways and on breaks allowed me a chance to easily ask follow-up questions. It also allowed the CPIs to find out about the progress of their cases after they had been handed off to the FSC side of the house.

This begs the question: what exactly is lost when privatization occurs? I assert that the loss of camaraderie is integral to being able to do the job of caseworker. Further, seeing camaraderie more as a multi-layered construct than a singular concept allows us to begin to understand how important it is. Camaraderie embodies collective identity, self-efficacy, and development of a job-specific skill set.

Collective identity provides the actor with a sense of belonging to the group, and thus gives meaning to self and the role. Moreover, it validates the actor's self-worth within the occupational role. In sum, this facet of camaraderie serves to enhance the role-person merger, which is critical in stressful occupations, such as law enforcer, firefighter, soldier, and family safety caseworker. As Turner (1978: 1-2) asserts, the role-persons merger occurs when a "role is deeply merged with the person" and when "that role has pervasive effects" on the personality. Turner goes on to support his role-person merger concept by stating that a lack of compartmentalization, resistance to abandoning

the role when able, and the belief system of the individual all play a role in the degree to which a person merges with their occupational role. The work role is fitted into the personal hierarchy, and when camaraderie is fractured, the merger becomes more difficult, and the work role less important to the actor. In addition, those who must interact in a work relationship view the actor as less of a caseworker. As Turner intimates, the higher the merger, the more likely the view of the actor is favorable—not only in the workplace, but also in when attempting to see the actor as a person.

Self-efficacy affords the worker a sense of control over the case, their caseload, the clients and the conditions of the job. As the role-merger strengthens, so does the actor's connection to the job and to his or her coworkers. Internalization of agency goals becomes more important, and the actor gains an increased sense of their ability to manage the job and all that it entails. Without the integral component of camaraderie, self-efficacy is threatened and the ability to do the job and merge with the role remains unsatisfied.

Casework requires a unique skill set critical to balancing the demands of administrative norms, the client's needs and the caseworker's emotional connection to their job. The ability to empathize with clients allows the worker to not only manage the case but also help clients in a meaningful way. Thus, it enhances the actor's skills to understand the myriad perspectives needed to assist the client and adhere to agency mandates. Perhaps the most critical aspect of the skill set for the actor is the ability to integrate the emotionally charged aspects of casework with the legal and impersonal

reality of implementing agency and state mandates. The most efficient and obvious way to do this is via interaction with peers. With avenues to interact shut down as a byproduct of privatization, an essential component of the caseworker skill set is missing.

The feeling of camaraderie seems to have been lost when BFP was created, leaving CPIs in one location and FSCs in another. And, viewing camaraderie as a multi-layered construct allows us to see how physical separation due to multiple agency venues can have a serious, long-lasting impact on case outcomes, worker retention, and overall program efficiency and success.

Positive Aspects of Family Safety Privatization in Brevard County

The CARES program has certainly come out on top with regard to this analysis. By most accounts, the CARES program has been a positive addition to the hierarchy of family safety in Brevard County, and has been beneficial to the workers and to the families they serve. The CARES program seeks to provide "front-end child abuse prevention services to Brevard County children and families through its innovative Wraparound Family Team Conferencing model" ("Brevard CARES"). And, from accounts, this program seems to be working on many levels. While hard evidence of program success is limited due to the newness of the program, general research in the area of caregiver involvement in these types of programs show great gains with regard to child development (Unger et al., 2004).

Limitations

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A serious limitation which nearly proved impossible to overcome was related to cooperation from BPF. Initially this project was given a verbal approval in late 2009. This approval was subsequently overturned months later by the agency's Board of Directors. After nearly a year of renegotiating and meeting with BFP administrators, I was given limited approval to continue with the project, and was assigned to their Client Relations Specialist. Contact initially seemed to flow well, and the Client Relations Specialist was quick to respond to my needs. As I moved along with my project, I was able to reach my contact via email to apprise her of the nearing completion of my interviews. My next step, as outlined in several emails with the Client Relations Specialist, was to allow BFP administrators to read a summary of my findings and to convene a discussion with them which would allow them to address the findings. I envisioned their responses for inclusion in this project. In the last several months however I encountered increasing difficulty in contacting the Client Relations Specialist, and on some occasions, waited weeks before getting replies to my emails.

In late January of 2012, I was finally notified by a BFP administrator that the Client Relations Specialist had been in and out of work for several months due to a personal issue. Unfortunately, no one had been responding to her emails for some months; when she was able to go to work, our email correspondence seemed stuck as I spent time reviewing with her where we had been before she went out on leave. I was not made aware until the end of January 2012 that she had not been at work since

before the end of 2011, at which time it was too late to include any additional interviews with BFP personnel.

With the project nearing completion, because of the gaps in time that transpired between 2011 and early 2012, I must discontinue my desire to include a section on BFP's responses to the findings. While I had hoped to be able to speak with BFP about my findings, the length of time lost in the last several months precludes me from doing so. If at a future time BFP would like to review and comment on my findings, additional research may be mounted with regard to this project.

The limitations of the agency left me with no real avenue for pursuit of information from within, and thus, the project had to be redesigned to include a different sample population. Had I had contact with BFP staff to conduct unhampered interviews, I believe this project would have been stronger. As a former family safety worker, the reluctance of the agency to be cooperative gives me pause, and lends some weight to the assertions of many researchers highlighting the complications of devolution and privatization from a research perspective. If private agencies do not have transparency to the research community, we cannot expect to fully understand the successes and failures of individual agencies and programs. In order to combat the problems of "ubiquitous anomie" which Wildavsky mentions (1988) we must have access to agencies to conduct program evaluations and to compare data across agencies and at the aggregate level. If we do not have access, comparisons may be of little benefit. We

must understand the data, why it is collected and by what mechanisms it is collected in order to be able to robustly and accurately interpret it.

Of course the primary and obvious limitation to this study is the inability to generalize the findings, and while there will be some usefulness to other private agencies and potentially to local and State government officials, because each private agency has its own internal structure, hierarchy and methods of performing casework it would be difficult to overlay the findings of my small study to another agency in another county or state.

Of benefit, however, is the potential for a model system of care. The findings of this case study show that the structure, hierarchy and methods of performing casework in Brevard County are somewhat improved from the State's prior model, and this could prove beneficial to any family safety agency that is in the preliminary or planning stages of development. With myriad private systems of care in place in the State and nationally, it would be premature at this time to attempt anything of larger scope (such as a comparative study across counties). This case study however gives us a baseline by which to begin and allows us to make adjustments to the method if needed before larger studies are commissioned. In addition, we should exercise a fair amount of caution here when moving from a research perspective to a plan of implementation. Moving too quickly, or attempting to do "too much, too soon" will result in the masking of results that many are cautioning against. A thorough program evaluation is necessary

prior to any movement toward the need for changes which may be reflected in this study.

At this time, the anecdotal evidence of program success here in Brevard County is warranted—with some reservations. While many other counties in Florida have had administrative and child safety issues within the private system, several of my former colleagues have reported on the success of community based care here in Brevard County. Conversely, while some aspects of this system are found to be working at a less than optimal state, the areas for improvement which have been indentified can certainly help to restructure or realign internal concerns.

<u>Future Research Directions and Recommendations</u>

Additional research must be mounted as additional data become available. In the next few years, I believe we will have robust data from several states which have privatized and at that point, comparison studies may be of value. In addition, I believe it to be of value to our legislators and our top state-level family service administrators to take a more detailed look at how data are being reported via each private agency in the state. A thorough understanding of how each agency reports is necessary in order for statements of program success to be validated. Because divestment allows for myriad accountabilities, it may prove necessary for the state to employ an independent contractor to query each private jurisdiction and to thoroughly vet and report their findings directly to those with an influence in state and local level policy decision

making. In addition, I suggest that the state incorporate language into individual agency contracts which compels them to allow independent researchers access to their data and their methods of collecting and reporting to the state.

This notion moves us back to the work of Lipsky (1980), who reminds us that street-level bureaucrats do not always interpret mandates in the same manner in which legislators intended. With outside eyes on the work that local agencies do, we have a better chance of closing the loop on our understanding of how mandates are intended to be used (by the writers of the law) and how they are actually carried out at the lowest levels.

In addition, I believe that it is essential to have the two divisions of family safety workers—state-employed CPIs and privately-employed FSCs—in the same physical location. With the two groups separated, a physical and emotional barrier has been created. Where there used to be a close knit and cordial feeling between the two groups, a feeling of ambiguity (and sometimes animosity) has been created by separating the two groups into different locations in the county.

Based on my research, the solution for improving relations between groups and enhancing agency efficacy resides in developing a strong sense of camaraderie among front-line workers across multiple agencies. This can be accomplished with a willingness to learn about each other and the various job roles and with offering the appropriate venues to do so; by developing an atmosphere of trust with opportunities of

communicate and share experiences; and with a state-level commitment to connecting

public and private workers at the grassroots level.

APPENDIX A: IRB APPROVAL LETTER

University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **John P. Lynxwiler**

Date: **December 03, 2010**

Dear Researcher:

On 12/3/2010, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review:	Initial Review Submission Form
Project Title:	Has the Song Remained the Same?: Perceptions of Effectiveness in Family Safety Work
Investigator:	John P Lynxwiler
IRB Number:	SBE-10-07236
Funding Agency:	None

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Joseph Bielitzki, DVM, UCF IRB Chair, this letter is signed by:

Signature applied by Janice Turchin on 12/03/2010 09:28:54 AM EST

IRB Coordinator

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APPENDIX B: BFP APPROVAL LETTER

![Brevard Family Partnership logo]

Brevard Family Partnership

Protecting Children, Strengthening Families, Changing Lives.

Letter of Agreement
for
Debra Marshall, Doctoral Candidate, University of Central Florida
with
Brevard Family Partnership

PURPOSE OF AGREEMENT:

The purpose of this Letter of Agreement is to ensure compliance with Operating Policy GOV-012. This procedure outlines the guidelines for participation in research studies conducted within Brevard Family Partnership. It further outlines the safeguards to be taken to ensure the confidentiality during the execution of all research projects within Brevard Family Partnership.

Additionally, it should be noted that the target population for the interviews as outlined in the dissertation may encompass current and formerly employed persons with the Florida Department of Children and Families (DCF). The sole purpose of compiling this data is to support Ms. Marshall's research proposal comparing state managed vs. privatization of child welfare services.

BFP INTERVIEWER (DEBRA MARSHALL) GUIDELINES & RESPONSIBILITIES:

1. The Interviewer will provide BFP with a copy of the research evaluation plan and/or tool.

2. The Interviewer will provide BFP with a copy of the IRB approval letter and/or documentation that supports approval of this dissertation project from the University of Central Florida.

3. The Interviewer will provide BFP with a copy of the interview questions and protocol.

4. The BFP Client Relations Specialist will be the Interviewer's primary point of contact throughout this project.

Your signature below indicates your agreement with the stipulations of this Letter of Agreement as described above. Amendments to the agreement can only be made with the consent of all parties.

Debra Marshall, Doctoral Candidate
University of Central Florida

Dec 02, 2010
Date

Dr. Patricia Nellius-Guthrie,
Chief Executive Officer
Brevard Family Partnership

Nov. 29, 10
Date

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APPENDIX C: TABLES

Table 1 US Census Demographic Characteristics: Brevard County, Florida

People	Brevard County	Florida
Population, 2009 estimate	536,357	18,537,969
Persons under 5 years old, percent, 2008	5.2%	6.2%
Persons under 18 years old, percent, 2008	19.9%	21.8%
Persons 65 years old and over, percent, 2008	20.5%	17.4%
Female persons, percent, 2008	50.9%	50.9%
White persons, percent, 2008	85.6%	79.8%
Black persons, percent, 2008	10.1%	15.9%
American Indian and Alaska Native persons, 2008	0.4%	0.5%
Asian persons, percent, 2008	2.0%	2.3%
Native Hawaiian and Other Pacific Islander, 2008	0.1%	0.1%
Persons reporting two or more races, percent, 2008	1.7%	1.4%
Persons of Hispanic or Latino origin, percent, 2008	7.2%	21.0%
White persons not Hispanic, percent, 2008	79.1%	60.3%
Living in same house in 1995 and 2000, 5 yrs old & over	51.6%	48.9%
Foreign born persons, percent, 2000	6.5%	16.7%
Language other than English spoken at home, 5+, 2000	8.7%	23.1%
High school graduates, percent of persons age 25+, 2000	86.3%	79.9%
Bachelor's degree or higher, pct of persons age 25+, 2000	23.6%	22.3%
Persons with a disability, age 5+, 2000	97,120	3,274,566
Housing units, 2008	267,456	8,800,294
Homeownership rate, 2000	74.6%	70.1%
Housing units in multi-unit structures, percent, 2000	22.5%	29.9%
Median value of owner-occupied housing units, 2000	$94,400	$105,500
Households, 2000	198,195	6,337,929
Persons per household, 2000	2.35	2.46
Median household income, 2008	$49,473	$47,802
Per capita money income, 1999	$21,484	$21,557
Persons below poverty level, percent, 2008	10.7%	13.3%

Business	Brevard County	Florida
Total number of firms, 2002	38,621	1,539,207
Black-owned firms, 2002	3.8%	6.6%
American Indian and Alaska Native owned firms, 2002	Not available	0.6%
Asian-owned firms, 2002	3.4%	2.7%
Native Hawaiian/Other Pacific Islander owned firms, 2002	Less than 100	0.1%
Hispanic-owned firms, 2002	4.0%	17.3%
Women-owned firms, 2002	32.4%	28.4%

Geography	Brevard County	Florida
Land area, 2000 (square miles)	1,018.19	53,926.82
Persons per square mile, 2000	467.8	296.4

(Source: http://quickfacts.census.gov/qfd/states/12/12009.html)

Table 2 American Community Survey: Demographic Profile Brevard County

Social Characteristics -	Estimate	Percent	U.S.
Average household size	2.42		2.61
Average family size	2.98		3.20
Population 25 years and over	382,446		
High school graduate or higher		90.2	84.5%
Bachelor's degree or higher		26.0	27.4%
Civilian veterans (civilian population 18 years & over)	75,341	17.8	10.1%
Speak language other than English at home (5 years and over)	49,590	9.8	19.6%
Household population	526,773		
Economic Characteristics -			
In labor force (population 16 years and over)	259,406	58.9	65.2%
Median household income (in 2008 inflation-adjusted dollars)	50,080		52,175
Median family income (in 2008 inflation-adjusted dollars)	61,965		63,211
Per capita income (in 2008 inflation-adjusted dollars)	27,752		27,466
Families below poverty level		6.7	9.6%
Individuals below poverty level		9.6	13.2%
Housing Characteristics -			
Total housing units	264,429		
Occupied housing units	217,481	82.2	88.0%
Owner-occupied housing units	167,158	76.9	67.1%
Renter-occupied housing units	50,323	23.1	32.9%
Vacant housing units	46,948	17.8	12.0%
Owner-occupied homes	167,158		
Median value (dollars)	204,800		192,400
ACS Demographic Estimates -			
Total population	534,165		
Male	262,295	49.1	49.3%
Female	271,870	50.9	50.7%
Median age (years)	43.6		36.7
Under 5 years	27,614	5.2	6.9%
18 years and over	426,151	79.8	75.5%
65 years and over	107,965	20.2	12.6%
One race	523,849	98.1	97.8%
White	449,926	84.2	74.3%
Black or African American	51,806	9.7	12.3%
American Indian and Alaska Native	1,886	0.4	0.8%
Asian	10,878	2.0	4.4%
Native Hawaiian and Other Pacific Islander	273	0.1	0.1%
Some other race	9,080	1.7	5.8%
Two or more races	10,316	1.9	2.2%
Hispanic or Latino (of any race)	36,830	6.9	15.1%

(Source: U.S. Census Bureau, 2006-2008 American Community Survey: http://factfinder.census.gov/servlet/ACSSAFFFacts?
_event=Search&_lang=en&_sse=on&geo_id=05000US12009&_county=Brevard+County)

Table 3 Participant Characteristics

Respondent #	Total Years working in Family Safety	Total Years Public	Total Years Private	Bachelor's Degree in Related Field	Master's Degree in Related Field	Current Status (Offered by respondent during interview process)	Length of Interview
1	11	11	0	Yes	Yes	Yes, Public Agency employer	50
2	23	18.5	4.5	Yes	Yes	Yes, Public Agency employer	43
3	9	9	0	Yes	No	Yes, Public Agency employer	39
4	12	9	3	Yes	Yes	Yes, Public Agency employer	37
5	12	6.5		Yes	N/A	Yes, Public Agency employer	32
6	13	7.5		Yes	N/A	Yes, Public Agency employer	46
7	11	10.5	.5	No	N/A	Yes, Public Agency employer	62
8	9	9		Yes	N/A	Yes, Public Agency employer	36
9	9	7	2	Yes	No	No, retired	62
10	4.5	1	3.5	Yes	Yes	No, changed professions	51
11	11	11	0	Yes	Yes	No, currently unemployed	18
12	6.5	.5	6	Yes	N/A	Yes, Private Agency employer	47
13	1	1		Yes	N/A	Yes, Public Agency employer	67
14	8	5	3	No	No	No, changed professions	64
15*				Yes	No	Yes, Private Agency employer	65

*Respondent 15 choose not to grant an interview
Related educational fields: Liberal Arts, Sociology, Psychology, Human Resources, BSW, Criminal Justice, Education; **Unrelated educational fields**: Natural Sciences, International Studies, Public Administration, MBA; **N/A**: No degree at the master's level

Table 4 General Cluster Comparison (variation of Truth Table)

	CPI	SERVICES	ADMIN.
Less Removals	1, 13	14	
Changes to Policy/Procedure	1, 13	2, 4, 5, 12	
Proximity Issues	1, 8, 13		3, 7
Staffing Issues	1, 8, 13		7
Knowledge of Service Providers/Referrals	1, 13	5, 6, 9, 10, 12	7
Being "Called" to the Work	8, 13	2, 9	3, 7
More Computer/Paperwork/Less time in Field	8, 13	2, 4, 5, 6, 9, 10, 12	3, 7
Statistics	8	10	
Working Together/Morale/Camaraderie	8, 13	2, 4, 5, 6, 9, 10, 11, 14	
The CARES Program	8, 13	5, 6, 12	
Communication		2, 9, 10, 11, 12, 14	7
Case Plan/Family Team Conferencing		2, 12	
Power Struggles		2, 9, 10, 12, 14	
Change		4	
Lower Caseload		5, 10, 12, 14	
It's a Business		5, 6, 9	
Benefits/Insurance		9	
Increases to Administrative Personnel			3

	CPI	SERVICES	ADMIN.
POSITIVES			
Less Removals	1, 13	14	
Lower Caseload		5, 10, 12, 14	
Case Plan/Family Team Conferencing		2, 12	
The CARES Program	8, 13	5, 6, 12	
NEGATIVES			
Changes to Policy/Procedure	1, 13	2, 4, 5, 12	
Proximity Issues	1, 8, 13		3, 7
Staffing Issues	1, 8, 13		7
Knowledge of Service Providers/Referrals	1, 13	5, 6, 9, 10, 12	7
More Computer/Paperwork/Less time in Field	8, 13	2, 4, 5, 6, 9, 10, 12	3, 7
Statistics	8	10	
Working Together/Morale/Camaraderie	8, 13	2, 4, 5, 6, 9, 10, 11, 14	
Communication		2, 9, 10, 11, 12, 14	7
Power Struggles		2, 9, 10, 12, 14	
Change		4	
It's a Business		5, 6, 9	
Benefits/Insurance		9	
NEITHER POSITIVE NOR NEGATIVE			
Being "Called" to the Work	8, 13	2, 9	3, 7
Increases to Administrative Personnel			3

APPENDIX D: DISCUSSION QUESTIONS

Interview Schedule Guide/Discussion Questions

We are meeting to talk about your views, feelings and ideas about your job. Specifically, we will be discussing how you do your job and what differences you have noted between working for the FDCF and _____ (name of agency).

Participant Background

1. How long have you been employed with _____ (name of agency).

2. How long were you employed by the FDCF?

3. What is your level of education?

4. Have you gone back to school while you have been employed and if so, what degrees/certifications were you seeking?

Key Questions about the Work

1. How do you define "success" with regard to case closure?

2. Is your concept of success different than your agency's concept of success?

3. What is different about your job since you have been with _____ (name of private agency)? Explain.

4. What do you feel are the three biggest differences between this job and your former job?

5. Do you believe that _____ (name of current employer) provides a better model of care than the FDCF? Explain.

6. Do you more personally identify with the goals of _____ (name of current employer) than you did the goals of the FDCF?

7. Are there specific things that you do differently now which help to make you more successful in your job?

8. Are there things that you did when you worked for FDCF which you wish you could incorporate into this job?

9. Are there things that you do now in the field or with paperwork which you consider to be unneeded?

10. What are some of the constraints that you have now that you didn't have working for the FDCF?

11. What are some of the field benefits of working for a smaller agency as opposed to the FDCF?

12. Do you still feel the presence of the FDCF? How? How often?

13. Do you feel that the new system is more/less responsive than the FDCF?

14. What are the significant changes to how you do your job?

Key Questions about Supervisor Rapport

1. Describe your rapport with your supervisor.

2. Is your supervisor someone you also knew while working at FDCF?

3. How is the employee-supervisor relationship similar or different now than before?

4. Do you feel as if changes you feel in your relationship with your supervisor are related to the new system?

5. What recommendations would you have for your supervisor and other "decision makers" with regard to your job?

APPENDIX E: ORGANIZATIONAL CHARTS: BREVARD FAMILY PARTNERSHIPS

BREVARD FAMILY PARTNERSHIP ORGANIZATIONAL CHART
FEBRUARY 1, 2011

```
                          Patricia Nellius
                               CEO

  ┌──────────┬──────────┬──────────┬──────────┬──────────┬──────────┐
  │          │          │          │          │          │          │
Jim Carlson  Chad Carnell  Valerie M. Randall  Geo Ropert  Debbie Davidson-  Tracy Little  Kelly Swartz
Chief Operations  Chief Financial  Chief Personnel &  Director of  Cook  Wraparound  Staff Attorney
Officer  Officer  Administrative  Communications  Chief Compliance &  Fidelity Liaison
                 Officer                UM Officer

  │          │          │          │                      │
Nancy James  Cliff Strozier  Stephanie Strodtman  Cyndi Hernandez  Rose Savoy
Admin. Assistant/  Admin. Assistant  Executive Assistant  Public Relations  Administrative Ass't.
Receptionist                          Coordinator
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BREVARD FAMILY PARTNERSHIP ORGANIZATIONAL CHART
OPERATIONS – FEBRUARY 1, 2011

```
                        Patricia Nellius
                             CEO
                              |
                         Jim Carlson
                            COO
                              |
                        Nancy James
                     Administrative
                       Assistant/
                       Receptionist
```

Carol Washburn Data Integrity Mgr.	Hilary Farnum Care Center/ Quality Manager	Alicia Phillips Care Center Manager	Colleen Fleming Care Center Manager	LaChrista Jones Child & Family Program Mgr.	Lisa Nelson Training Manager

Under Carol Washburn:
- Jim Rizek — Rev Max Specialist
- Matthew Joshua — Rev Max Specialist
- Ken Teague — Medicaid/Intake Specialist

Under Alicia Phillips:
- Linda Romer — Administrative Assistant
- Heather Cleaver — Receptionist

Under Colleen Fleming:
- Cassandra Messer — Administrative Assistant
- Brenda Lancaster — Receptionist

Under LaChrista Jones:
- Vacant — Caregiver Liaison
- Danielle Santiago — Adoption Recruiter
- Stacy Fox — Licensing Specialist
- Regina Adair-Devanney — Court Liaison

Under Lisa Nelson:
- Lynn Hendren — Training Specialist

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BREVARD FAMILY PARTNERSHIP ORGANIZATIONAL CHART
COMPLIANCE, ADMINISTRATION – FEBRUARY 1, 2011

Patricia Nellius — Chief Executive Officer

- **Chad Carnell** — Chief Financial Officer
  - Cliff Strozier — Administrative Assistant
    - Rima Mahler — Receptionist
  - Gloria Hensler — Controller
    - Bob Stewart — Accountant III
    - Mary Freeman — Accountant I
    - Stephanie Spinella — Sr. Accounting Clerk
    - Cassie Bennett — Accounting Clerk I
  - Mark Rouleau — IT Manager
    - Andy Campbell — Systems Administrator
    - Dylan Alfano — Help Desk Technician
  - Stacey Rinaldi — Business Manager
  - Mario Newman — Financial Analyst
- **Valerie M. Randall** — Chief Personnel & Administrative Officer
  - Stephanie Strodtman — Executive Assistant
- **Geo Ropert** — Director of Communications
  - Cyndi Hernandez — Public Relations Coordinator
  - Eve Owens — Grant Writer
- **Debbie Davidson-Cook** — Chief Compliance & Utilization Officer
  - Rose Savoy — Administrative Assistant
  - Amy Moseley — Contract Manager
  - Linda Marshall — Client Relations Specialist
  - Debbie Dorfman — UM Data Administrator
  - David Hoppe — DOO-Clinical Services
    - Ashley Carraro — UM Program Manger
      - Ada Dieguez — Intake Specialist
      - Fran Carlson — Intake Specialist
    - Nicole Rodriguez — Behavior Analyst
    - Jessica Ayala — Lead UR Specialist
      - Susan LaVoy — UR Specialist
      - Danielle Orr — UR Specialist
- **Kelly Swartz** — Staff Attorney

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