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CHILD WELFARE SOCIAL WORK AND THE PROMOTION OF CLIENT SELF-DETERMINATION

Ginneh Akbar

A DISSERTATION

In

Social Work

Presented to the Faculties of the University of Pennsylvania

In

Partial Fulfillment of the Requirements for the

Degree of Doctor of Social Work

2011

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2011

Ginneh L. Akbar

Dedication

This dissertation is dedicated to my parents for their unconditional love, to my husband for his support and encouragement and to my daughters and my nephew for their inspiration.

ABSTRACT

CHILD WELFARE SOCIAL WORK AND THE PROMOTION OF CLIENT SELF-DETERMINATION

Ginneh L. Akbar

Dr. Lani Nelson-Zlupko, Dissertation Chair

Self-determination, the concept that individuals are qualified to make their own decisions about their lives, is a central concept in the social work profession. It is described in the NASW Code of Ethics as one of a social worker's primary ethical responsibilities, and it provides a framework for practitioners working with the many populations that social workers serve. Despite the NASW's professional mandate, self-determination has been the subject of decades of discipline-wide debate. Proponents argue that self-determination is empowering and acknowledges that clients are the best resource on their own needs. Critics argue that one can never fully be self-determined and that social workers face an impossible dilemma: they must promote client self-determination while upholding societal and agency conventions, oftentimes, in contradiction with each other.

Informed by the historical development of self-determination described in the professional social work literature, eleven, seasoned MSW level child welfare social workers were interviewed in a qualitative study. Participants were asked about how they conceptualized self-determination within their practice, and how they handle working with mandated clients whose rights and decision-making can be limited by the state or agency. In the interviews, workers described self-determination in terms consistent with the literature, and also revealed themes about conflicts that they experience within their

job function. Participants also described similar factors that hinder their ability to promote self-determination in practice. The study revealed several newly emerging themes regarding factors that promote a worker's ability to promote client self-determination in practice. These findings provide insight into how professional social workers engage and interpret the professional mandate of promoting self-determination in the field, and provide direction to help educate and prepare social workers to address key ethical dilemmas, and foster important relationships with clients facing agency mandates and societal oppression.

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CHAPTER I: INTRODUCTION

The American Dream

"I am the son of a black man from Kenya and a white woman from Kansas. I was raised with the help of a white grandfather who survived a Depression to serve in Patton's Army during World War II and a white grandmother who worked on a bomber assembly line at Fort Leavenworth while he was overseas… and for as long as I live, I will never forget that in no other country on Earth is my story even possible."
- Barack Obama, Democratic National Convention, 2004

Throughout the presidential campaign of 2008, United States citizens learned the story of a bi-racial boy, raised by his single mother and grandparents, who with hard work and dedication became the nation's first black president. Barack Obama utilized his remarkable story of hope and encouragement to complement his eloquent oratory and political prowess to run a campaign and win an historic presidential election. Barack Obama's life story is a reflection of what the United States stands for, and what any citizen can achieve if he or she is truly self-determined.

To a country theoretically founded on the basis of freedom, democracy, and independence, self-determination, an ideal based on the freedom to think, choose and act on one's own path in life, is considered to be a core principle and among the top of the hierarchy in importance in many Western nations (Dolgoff, Loewenberg, & Harrington, 2004; Freedberg, 1989; Furlong, 2003; Weick & L. Pope, 1988). Self-determination is based upon the principle that the individual is the best judge of his or her own interests and that each person has the right to make his or her own decisions (Furlong, 2003; Karlsson & Nilholm, 2006). Although self-determination is not explicitly mentioned in the United States Constitution, it is a right that is considered protected by the 9th and 14th amendments and is based on the broader values of liberty, justice, equality and freedom (Dolgoff et al., 2004; Staller & Kirk, 1997). An individual's self-determination provides

him or her with a sense of purpose and destiny and can encourage positive outcomes in life. Personal self-determination can be a catalyst to encourage individuals to reach "The American Dream" of financial accomplishment, religious freedom and independence, like that of the original settlers, the millions of immigrants who left their land of origin in search of a better life, and Barack Obama.

Self-Determination in the Social Work Literature

A closer examination of self-determination, however, leaves unanswered questions. A seemingly positive concept, self-determination has been the subject of debate and controversy within social work (Furlong, 2003; Perlman, 1965). As Tower (1994) states, the social work profession has held self-determination among its highest values, one that is implied in all of the other values in the Code of Ethics (Biestek & Gehrig, 1978). Yet, others like Ackerman (2006) dismiss it as a "catchphrase, " professional jargon, a lofty practice principle, impossible to truly implement and realize" (Dolgoff et al., 2004; Weick & L. Pope, 1988). Even more harshly, Biestek & Gehrig (1978) label it as "…seductive manipulation, deceitful authoritativeness, over-all double dealing."

Social work has promoted itself as a profession based on social justice and places an ethical mandate on its professionals to promote clients' self-determination (Staller & Kirk, 1997). But how does the profession even define self-determination? Some of the controversy about self-determination persists because of the difficulty in measuring the concept (Wehmeyer, 2004). The common threads among most definitions within the social work literature include having knowledge about one's own needs, having the

capacity to choose, governing one's own behavior, self-advocacy, pride, and freedom from all external sources (Ackerman, 2006; Tower, 1994; Wehmeyer, 2004).

The following review highlights the evolution of the concept of self-determination in the social work literature, from the early stages of social work through contemporary practice. The review examines self-determination by decade, noting the social climate, the evolution of the profession, and how those factors impacted how social workers both define self-determination and promote it in practice. Overall, the literature reveals that the dichotomy between social work and promoting client self-determination is not newly emerging, and that social workers have struggled with similar conflicts since the origin of the profession. The decades examined are characterized by conflicts in self-determination unique to that time period, which are influenced by the changing role of workers, as well as social and political factors of that era.

CHAPTER II: THE HISTORICAL DEVELOPMENT OF SELF-DETERMINATION

Early Historical Development of Self-Determination

"Selves are like shirts. One can discard old ones and invent new ones."
-Barry Schwartz, Self-Determination: The Tyranny of Freedom

The earliest known definition of self-determination is found in Webster's dictionary in 1683, which defined the term as "determination of one's mind or will by itself toward an object" or "the action of a people in deciding its own form of government" (Wehmeyer, 2004). In the early 18th and 19th centuries self-determination was primarily a philosophical principle derived from concepts surrounding man's free will and determinism to choose his life's path without "external compulsion" (Wehmeyer, 2004). In the early 1900s, the advent of evolutionary theory led to more biologically driven models to explain determinism in human behavior (Wehmeyer, 2004). The philosophical view of *determinism*, which posits that human behaviors and actions are effects of preceding causes, can be considered the antecedent of modern definitions of self-determination, however the terms must be distinguished. Self-determination was not seen as an inexorable human function, rather a human right, basic to all individuals; having the ability to reason, the capacity for growth and the choice of one's own actions (Freedberg, 1989; Weick & L. Pope, 1988).

Social work began with the charity organization and settlement movements of the 1890s, with middle and upper class families distributing financial, intellectual and moral aid to their lower socio-economic status neighbors (Courtney & Specht, 1994). At the turn of the century, social work, then termed "social works," focused on working with individuals and communities (Courtney & Specht, 1994). During the early 20th century,

from 1901-1910, the United States experienced large-scale immigration from Southern Europe, which inevitably influenced the country's population, federal policies, and social work practice. The communities that social workers served grew larger and more diverse and had more diverse needs. Social workers, with a mission to work with the country's most disadvantaged, saw an increase in agency caseloads due to the increased immigration (Biestek & Gehrig, 1978; Courtney & Specht, 1994).

From 1910-1920, the social work profession became more recognized as a legitimate profession (Lubove, 1983). During this time many social work organizations were established, namely, the American Association of Medical Social Workers, the American Association of School Social Workers, and the American Association of Psychiatric Social Workers. Client self-determination was challenged as social work continued to define the role of the profession and establish the limits of case-worker purpose and function. The expectations of clients varied as workers struggled with language barriers with their new clientele, and made their own interpretations of their client's needs, generally providing basics such as food and shelter (Biestek & Gehrig, 1978). The social work literature noted the importance of the concept of "client freedom," but found difficulties in casework practice applications, particularly as social work became more influenced by the profession of psychiatry, which had a more medically oriented focus (Courtney & Specht, 1994). This "theory versus practice" dichotomy in defining and supporting self-determination is a recurring theme throughout the historical professional literature and social work practice. Even today, social workers struggle with how to integrate social work practice guidelines, which are based on theory and ethics, with work in the field.

The politics of the post-World War I era also influenced professional ideology, and in the 1920s and 1930s increased attention to the "self" was supported as a turn against socialism and totalitarianism (Dore, 1990; Freedberg, 1989). As Freudian based psychodynamic theory increased momentum in the United States, the psychiatric influence was felt in social work as well (Freedberg, 1989; Reisch & Andrews, 2002). Overall, psychoanalytic thought was concerned with individual actions, particularly internal drives and intrapsychic conflicts, yet in social work the evolution of the functional and diagnostic theoretical schools took the debate on autonomy further. Although the diagnostic school did value the individual, the worker was still regarded as the expert and in control of the therapeutic relationship (Freedberg, 1989). In contrast, the functionalist saw the client as "the fashioner of his fate" and the focus was on the individuals' potential to use the self and their own will to make powerful choices that can effect change (Faatz, 1953; Freedberg, 1989; Kasius, 1950). The Functional School was based on the psychodynamic theories of Otto Rank, who was originally a student of Freud, but later received criticism from the Vienna circle of strict Freudians when he rejected traditional ego psychology and supported the strength of "The Will" in personality development (Cnaan, Dichter, & Draine, 2008; Dore, 1990).

Following the lead of Rank, functionalist social workers Jessie Taft and Virginia Robinson supported the functional theoretical concept of a client's potential to determine their own path within the helping relationship and the human condition (Dore, 1999). Functionalists criticized diagnostic practitioners for their conformity with traditional medical paradigms where the helper/client relationship was seen as comparable to the doctor/patient alliance; where a social worker may be sought to treat intrapsychic needs

similar to how a physician would treat a physical ailment (Simon, 1994; Weick & L. Pope, 1988b). Dore (1999) elaborates on the historical implications of the Functional model, stating:

> With its focus on agency setting and its ready adaptation to relief giving, functional practice was eager to establish a niche in the newly formed public assistance programs and other public institutions developed in response to the effects of the Depression (p.177).

Functionalists placed value on clients' right and responsibility to choose desired outcomes in their lives, proposing that even in crisis situations, with a social worker serving as the agency's representative to uncover needs, individuals have the potential to use the self and their own will to make powerful choices that can effect change. This premise helped to sway the profession from a role of pity and judgment of vulnerable populations that needed to be cured, to one of empathy, advocacy and empowerment of individuals who can cultivate the change by themselves (Faatz, 1953; Kasius, 1950; Hamilton, 1941).

In 1931 Virginia Robinson, a Rankian social worker from the Pennsylvania School, published *A Changing Psychology in Social Casework*. Her book promoted changes in the casework relationship, and encouraged workers to allow clients to take an active role in their treatment. Social work concepts that are currently taught in educational institutions owe a great deal to the functional school. Phrases such as "self-determination," "starting where the client is," "bio-psycho-social" and "strengths-based" are commonplace for even beginning social workers today. In essence, they are the foundation of function in the helping process. However these ideals were revolutionary beliefs at a time in the early twentieth century, when the helper/client relationship was often paternalistic.

In 1923 the Code of Ethics for social workers was drafted in an institute of the Charity Organization Society and was sponsored by the Russell Sage Foundation (Biestek & Gehrig, 1978). The Association of Training Schools for Professional Social Work, the precursor of the Council on Social Work Education (CSWE) was established in 1929 and had a membership of 25 schools (Biestek & Gehrig, 1978). The CWSE continues to be an important arbiter of social work ethics, as it requires schools of social work to integrate value and ethics education throughout the curricula of their affiliated schools (Kaplan, 2006).

Through the end of the 1930s and 1940s the U.S. continued to be affected by the changing political climate. The American values of liberty and personal freedom were challenged by the expansion of Communism (Biestek & Gehrig, 1978). Roosevelt's New Deal provided government relief for those affected by The Depression. In 1935 the Social Security Act was passed, stirring controversy about the broad relief provisions given for the country's most vulnerable: the unemployed, the disabled, the elderly, and dependent children (Biestek & Gehrig, 1978). Although desperately needed, it was criticized for being too Socialist in nature.

The Depression and The New Deal had a significant impact on social work. Social work services were sought in large numbers by individuals who previously had no need for these types of services (Biestek & Gehrig, 1978). Social case workers saw increased caseloads due to the establishment of these new social programs and child guidance clinics increased their psychiatric and counseling services for children and families (Biestek & Gehrig, 1978). Socially, Americans struggled with the dichotomy

between dependency and autonomy, as we shunned socialism, yet accepted the necessary post-Depression and post-war federal relief, aid and support (Biestek & Gehrig, 1978).

During this period, the terminology and ideological perspective shifted from "client participation" to "self help," though some would argue that the motive for more client involvement was not the social worker's encouraging intentions but rather their burgeoning caseloads (Biestek & Gehrig, 1978; Freedberg, 1989; Weick & L. Pope, 1988b). Public welfare personnel had less stringent educational requirements, many social workers' roles were modified, and the new positions were labeled as welfare eligibility workers (Biestek & Gehrig, 1978; CWLA, 2002; Ellett & Leighninger, 2007). Conflicts in self-determination were due to eligibility requirements for government social services, where social welfare recipients had to prove they were needy, and were often subject to home visits from their social workers (Biestek & Gehrig, 1978).

It was also during the 1920s – 1930s that the term "principle of self-determination" appeared in the social work literature (Biestek & Gehrig, 1978). Case workers understood their role in promoting the principle as being able to psychologically understand the client's life and environment, and supporting the client to freely choose their own actions (Biestek & Gehrig, 1978). Case workers aimed to allow clients to decide whether they want treatment, provide input throughout the treatment process, and provide clients with tools to make their own decisions, both during and after treatment. Social workers struggled with the use of authority in the social work relationship, and questioned how to manage client freedom and self-determination with the inevitable position of authority that workers had in different agency settings such as family case work, medical social work, psychiatric social work, probation and parole agencies and

public assistance agencies (Biestek & Gehrig, 1978). Each setting gave rise to distinct situations regarding self-determination, which social workers managed.

Moving forward, the dichotomy of client self-determination vs. worker authority repeats as a theme throughout the literature. In the 1950s and 1960s, several articles attempting to define authority in the worker-client relationship were written by social work practitioners and in professional journals (Hutchison, 1987). Writers explored the theme of authority in client interactions and questioned if clients had democratic participation and choice in relationships with workers, or whether social work was just another form or social control (Hutchison, 1987).

During the 1950s, the United States saw the growth of industry, population and urban living and the early stages of the cold war and the civil rights movement (Biestek & Gehrig, 1978). This period was a turning point in the development of social work ethics and the discussion of self-determination, as it was the first time self-determination was specifically and extensively defined in the social work literature (Biestek & Gehrig, 1978; Reamer, 2005). Writers continued to discuss self-determination as a social work principle as well as the limitations to client self-determination (Biestek & Gehrig, 1978). Social workers focused on self-determination outside the realm of the worker/client relationship and again focused on self-determination as a human right. The 1950s also saw the establishment of the National Association of Social Workers and the merger of the American Association of School Social Work and the National Association of Schools of Social Administration to form the Counsel on Social Work Education (Biestek & Gehrig, 1978).

The Development of the Social Work Code of Ethics

"We are beginning to realize, however, that embedded in our determined pursuit of effective ways of helping are dilemmas which theories and research are not able to resolve – dilemmas which have at their core important questions of right and wrong, and of duty and obligation."
- Frederic G. Reamer

Many occupations have created a professional code of ethics, which contain ethical guidelines relevant to that particular discipline (Dolgoff et al., 2004). The first, and most widely known code of ethics was developed by Hippocrates for the medical field, the Hippocratic Oath (Dolgoff et al., 2004). The ethical foundation for social work was derived from the Elizabethan Poor Laws and heavily based on Judeo-Christian religious principles, stressing support for the underprivileged, family values, and morality (Leiby, 1985; Reamer, 1993; Siporin, 1982). Reamer (1993), highlights the social work profession's connection with values and ethics in the following passage:

> Thoroughout the history of social work, practitioners have been concerned about moral or ethical aspects of their relationships with clients. The nature of this concern has changed, however, in response both to stages in the maturation of the profession and to broader historical and political developments. It has been more intense during certain periods of the professionals history than others. In addition, the meanings of the term moral has changed considerably over time; for example, its meaning during the early nineteenth century was very different from its meaning today. Concern with ethical issues in social work has shifted from an emphasis upon the morality of the client to moral aspects of the practitioner's behavior and of the profession (p. 8).

Though social workers had considered themselves moral agents since the beginnings of the profession, a formal code of ethics was not established until 1951 (Dolgoff et al., 2004). Some social workers argued that a formal code was not necessary, positing that due to the general nature of social work positions and providing services to the community, social workers are motivated by the work they do and not financial gain (Dolgoff et al., 2004). However, as Flexner (1915) challenged the field's professional

status, social workers scrambled to legitimize themselves and sell their image to the public, the establishment of an official code of ethics occurred along with the decision to formalize social work into a profession (Dolgoff et al., 2004; Dore, 1990).

Social work pioneer, Mary Richmond, responsible for the growth of the charitable organization movement, used the term "client participation" rather than self-determination, as did others during this time period (Biestek & Gehrig, 1978). In the early years of social work, there were few writings on morality and ethics (Reamer, 1993). Reamer, (2005) notes, "When social work practice and education formally began in the late 19th century, many practitioners paid more attention to the values and morality of the clients than to the morality or ethics of the profession and social workers themselves (p. 24)." Richmond is often cited as creating the first experimental draft for the social work code of ethics (Biestek & Gehrig, 1978).

In the 1950s there was an increase in the study of social work ethics and the emergence of a core set of values and professional standards for social workers with the establishment of the National Association of Social Workers (NASW) (Biestek & Gehrig, 1978; Reamer, 2005). The NASW delegate assembly completed a new Code of Ethics in 1960, a 2-page document that included 14 propositions (Biestek & Gehrig, 1978; Brill, 2001; Dolgoff et al., 2004). That version is similar to the most recent version used by present day social workers. This most recent version from 2008 describes self-determination as follows:

> Social workers respect and promote the right of client's to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others (NASW, 2008).

Although the NASW code of ethics has evolved since its infancy, the 1960 version was subject to criticism and controversy (Biestek & Gehrig, 1978). Critics of the 1960's version questioned the quality of the instrument for promoting ethical behavior, yet the original code of ethics survived as a significant document in the development of social work as a profession. The 1960s version was revised in 1979 and again went through a major rewrite 1996 (Brill, 2001; Dolgoff et al., 2004). The 1996 version articulates more of how the profession has expanded through the years, and now includes practice standards that address contemporary issues such as technology, conflicts of interests, supervisory and administrative relationships, and integrates practice with social justice (Brill, 2001). This version also specifically addresses a worker's responsibility to address, question, and intervene when their agency has poor or discriminatory practice standards (Brill, 2001).

Latter Historical Development of Self Determination

With the influx of immigrants into urban centers, the conclusion of World War II and the emergence of the civil rights movement, the fabric of the United States social structure was undergoing significant political, economic, and cultural changes. Social work mirrored the shifts of that era and evolved to meet the needs of a more progressive public. Though undercurrents of the ideas of the "worthy" and "unworthy" poor continued to exist and created a dichotomy among charitable helping, this new "social welfare" also included themes of individual rights, focus on the influence of the environment in human agency and the importance of the helping relationship to foster change (Leiby, 1985; Smalley, 1971).

The 1960s and 1970s saw an increase of many social and political movements such as anti-war, civil rights, and self-help, as well as the demedicalization, deinstitutionalization, and independent living of the disabled (Freedberg, 1989; Tower, 1994). The scope of social work widened to meet the contemporary needs of the population, Biestek and Gehrig (1978) state:

> During the sixties the casework frame of reference expanded so that it now included the functional mode, the problem-solving model, the psycho-social mode, and the behavioral modification mode (p. 123).

Through the 1970s and 1980s, social work ethics were influenced by the development of the applied professional ethics and bioethics fields. The terminology now included "personal agency" and "emancipation" (Biestek & Gehrig, 1978). The term "empowerment" was also introduced to social work in 1976 by Barbara Solomon's publication *Black Empowerment* (Simon, 1994). Like self-determination, the empowerment approach "presumes that oppressed people and communities yearn for freedom, justice, and fulfillment" (Simon, 1994) (p.3). Many African-Americans responded to social injustices by forming unity groups to fight racism and poverty (Biestek & Gehrig, 1978). Although the profession overall continued to struggle with dealing with discrimination and oppression on an institutional level (Brill, 2001), during this time more social workers were exploring the impact of these issues in society, their agency, and their practice.

During the 1980s, individualism and consumerism continued to make the United States one of the most affluent countries, but not without some costs (Chelf, 1992). The effectiveness of programs designed to fight poverty in earlier decades were re-examined during this time, when the gap between the richest and poorest American's was widened

(Chelf, 1992). A conservative shift in politics and economics impacted social work clients, funding, and overall social work practice (Brill, 2001). Conservatives criticized social programs for draining government resources and inhibiting self-determination by creating a class of dependents (Chelf, 1992).

Also during the 1980s, the rates of minorities and children in poverty grew in disproportionate numbers, and as dissatisfaction with the increases in out-of-home placement grew, critics of foster care promoted family preservation programs to keep children in their family of origin (Zell, 2006). One could argue that these new family preservation programs helped to promote self-determination by allowing parents to keep their families in tact, while working with agencies to receive new skills and resources (Zell, 2006).

With the term "self-determination" now more widely used, there was an increased discussion of self-determination in social work literature, and the debates on theory versus practice continued. Social workers now began to accept client self-determination to include the right to fail and make, what the social worker may consider, poor choices, where in the past a more paternalistic view with the social worker's plan taking precedence, was common (Biestek & Gehrig, 1978). Some have challenged social workers, questioning how they can respect a client's self-determination when their idea of what is in his best interest differs (Dolgoff et al., 2004). Others state that because of power and oppression, the client may have a limited understanding of the system and the consequences. These factors, among others, have left some social workers to question whether full self-determination is unrealistic, and forces us to question whether it is the job of social workers to provide clients with the information and tools to make their own

decisions. Or, is the social worker's role to help people live as functionally as possible within a system, despite the oppression and inequities that exist? Practitioners in all fields of social work continue to struggle with these questions.

Self-Determination and Social Justice

"Occupying a powerful position in an asymmetrical relationship with often vulnerable people compels practitioners to avoid intrusive actions that might have a degrading or debilitating effect."
- Client self-determination and professional intervention: striking a balance. (Rothman et al, 1996)

The call to social justice starting in the 1960s supported the individual's civil rights; social workers were active participants in the civil rights movement. With more of an emphasis on race and culture, many social workers could begin to question whether the ideals of self-determination were actualized with all individuals, and not only the majority culture, and thus began to explore the racial implications of the concept.

Child welfare is one field in particular that has been vigorously critiqued for the past thirty years because of the disproportionally high number of African-American children and families who are in the child welfare system in comparison to the overall population (Barsky, 1996; Courtney & Skyles, 2003). Studies on disproportionality revealed that children of color were more likely to be accepted for services, receive inadequate mental health services while in care, and take longer to be reunified and adopted (Courtney & Skyles, 2003; Harris & Hackett, 2008). The causes of such disparities have been attributed to institutional racism or worker bias at key decision making points, such as when an allegation of abuse is substantiated, and the interrelationship between poverty, race and abuse has also been implicated (Harris & Hackett, 2008).

The current Code of Ethics encourages social workers to confront social injustices and help people gain freedom from oppression. This leaves the child welfare worker in a position of having to promote self-determination and champion social justice while working with involuntary clients and serving in a dual (and often contradictory) role as agent of the state and family advocate. Moreover, the research on racial disproportionality and disparities in child welfare exposes how self-determination is further complicated by factors of race, discrimination, and oppression. This leads some to question whether child welfare social workers are equitably promoting self-determination and social protections with clients of color, when the power imbalance is often increased (Barsky, 1996).

Marginalized people continue to suffer from both overt and subtle forms of prejudice, even from helpers who are well intentioned. The mechanisms of oppression are difficult to dissect and they permeate American society (Sisneros, Stakeman, Joyner, & Schmitz, 2008). Social work has a conflictual history with oppression. Dore (1990) suggests that by today's standards, the the practices of the early charitable organization movements seem judgmental and patronizing. Americans overall often disregard the unpleasantries of our country's history such as the role of slavery, genocide of American Indians, Japanese internment, Jim Crow, the suppression of organized labor, and social workers reflect these feelings (Reisch & Andrews, 2002). As Furlong (2003) notes, the social work profession has previously supported many positions that are now taboo:

> …that professional practice is neutral and objective; that women's moral development is inferior to men's; that homosexuality is a condition that is appropriately found in the American Psychiatric Association's Diagnostic and Statistical Manual; that deviance is configured by body type; that you can objectively study something without changing it. (p. 179)

Furlong then questions, "…is self-determination another one of those issues?" The code of ethics, which Brill (2001) describes as "the window into a profession," was not modified to include a nondiscrimination statement until 1967.

Contemporary Views on Self-Determination

Current literature on self-determination is limited. There are few current studies that focus on social worker practice issues related to promoting self-determination. However Rothman, Smith, Nakashima, Paterson, & Mustin's (1996) study on self-determination highlights some of the conflicts that professional social workers face promoting self-determination in practice. Rothman and colleagues proposed that practitioner directiveness, the degree to which a worker decides to either intervene or allow clients to make their own choices, involves the fundamental concept of self-determination. To examine the hypotheses surrounding the notion that social work practice interventions require, "…a complex array of intervention modes or helping strategies in working with clients (p. 397)," they implemented a study that explored helping strategies. Their survey asked a sample of 35 social workers chosen from the field instructor pool at the University of California, Los Angeles School of Social Welfare, to cite specific instances where they used reflective, suggestive, prescriptive. and determinative modes of interventions.

The findings indicated that practitioners have a range of directiveness behaviors, which are often influenced by conditional factors. The authors note the discrepancy between the concept of client self-determination that is taught in social work school, that encourages non-directive methods of practice, with real practice encounters that often

require more directive interventions, such as those agencies with mandated clients, like child welfare agencies.

Similarly, Taylor (2006), conducted a larger mixed-methods study, where she questions whether self-determination is important among 320 seasoned mental health social workers. She used random sampling to recruit 750 participants listed in the National Association of Social Workers' (NASW) *Register of Clinical Social Worker*s, of which 320 surveys were returned. Taylor's study on self-determination was part of a larger study investigating professional dissonance. For that study she created and piloted her own instrument. A subsection of that scale consisted of three Likert-type questions and one open-ended question, which probed participants on their views regarding client self-determination.

Results from Taylor's study indicate, "…both importance and utility of self-determination were heartily endorsed by the majority of participants (p. 3)." Taylor's quantitative data suggests that mental health social workers support self-determination as "important", many participants found conflicts in practice situations with self determination "troubling", and a large percentage think about issues related to self-determination "more now" than they did when they were new social workers (Floyd Taylor, 2006). The qualitative data stemmed from open-ended responses of the 175 participants who indicated they had experienced a change in self-determination over the years. Taylor expressed that the "richest" data in the study came from the qualitative responses, which allowed the participants to express how they had evolved in their practice regarding their understanding of self-determination. Taylor states:

> Through the answers to these questions, we see how social workers have evolved in their practice and the practice wisdom evident in these responses speaks to the

> largely untapped resource of our own experience to guide one another's practice, especially in difficult situations (p.4).

Rothman and colleagues as well as Taylor both cite their sampling frame as limitations to the study, with Rothman having such a small convenience sample and Taylor pulling exclusively from The Clinical Register, where a high proportion of workers are in private practice. The clientele of private practitioners and those in public mental health agencies is decidedly different and could impact how practitioners assess client self-determination. Interestingly, Taylor also cites the issue of "social desirability" as a limitation of the study, stating that social workers are socialized to value self-determination, thus her results could have been skewed by self-serving bias.

The topic of self-determination has an extensive history in the social sciences and the social work literature has attempted to define the concept, however the current empirical data are scant as is the discussion of clinical applications of self-determination. Rothman et. al as well as Taylor, cite the need for expanded empirical clinical research on the operationalization of social work values, such as client self-determination. There is a lack of direct input from the front-line workers and the research has yet to exclusively examine the unique experiences that child welfare workers face promoting client self-determination in the field.

The Child Welfare Social Worker's Quandary

"Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession."
- Code of Ethics of the National Association of Social Workers, 2008

Many professionals argue that child welfare is one of the most demanding subspecialties of social work (Ellett, Ellis, Westbrook, & Dews, 2007; Ellett, 2009; Unrau & Wehrmann, 2003). The exposure to difficult work-related conditions such as low salary and benefits, lack of supervision, working in dangerous neighborhoods, mandatory service to involuntary clients, and media focus for high profile cases, have made child welfare social workers difficult to recruit and retain (Ellett, 2009; Jones & Okamura, 2000; Rosenthal & Waters, 2006; Weaver, Chang, Clark, & Rhee, 2007; Zlotnik, 2002). The U.S. Department of Health and Human Services, Administration for Children, Youth and Families (2004) reported that there were close to 1.4 million referrals of child and abuse neglect in 2003. Growing numbers of reports, substantiated cases and child fatalities has caused high caseloads for those working in agencies that are often inadequately staffed and funded (Ellett et al., 2007).

Work with involuntary or mandated clients, like those in child welfare, constitutes a major portion of practice for many social workers (Cingolani, 1984; Hepworth, Rooney, & Larsen, 2002) , yet the major practices models taught in schools of social work focus on the relationship process and do not deal explicitly with practice with involuntary clients (Cingolani, 1984). Social work education and practice show a preference for the highly motivated, voluntary client, but the reality of the type of clients in social services is quite different (Hutchison, 1987).

If the models taught in schools of social work assume that "most people in trouble want help and are willing to become responsibly engaged in a rational, problem-focused interaction (J. Cingolani, 1984)," how does that impact social work education and training of child welfare professionals? Has child welfare adapted models that can address this dilemma? Does it also impact how child welfare workers promote client self-determination? These questions have important practice implications for child welfare social workers. Child welfare agencies emphasize to families that they are there to help, however parents due to the power imbalance, parents often perceive child welfare social workers as having significant authority, and there is a distinct power imbalance (Barsky, 1996).

Mandates for clients exist on a continuum from prisoners, to mental health and substance abuse, to families involved in the child welfare system (J. Cingolani, 1984; Hutchison, 1987). Child welfare workers, particularly those in child protection, encounter unique practice considerations when interacting with families who have been identified as at-risk of child abuse or neglect. Everyday these workers face potential conflict in their role and duties as they make assessments of what degree of interventions are deemed appropriate by their agency, while recognizing legalities regarding this clientele (Biestek & Gehrig, 1978; Furlong, 2003; Staller & Kirk, 1997; Weick & L. Pope, 1988). Biestek & Gehrig (1978), highlight the conflict in this relationship, explaining that ultimately parents have the right to parent their children as they see fit, and caseworkers cannot assume the role of parents, yet the caseworker is dually responsible for promoting the welfare of the child, yet, "In implementing this responsibility, caseworkers are sometimes met with resistance from parents (p. 69)." Similarly, Staller & Kirk's (1997) research on

youth in runaway shelters highlights one of the dilemmas with self-determination, comparable what child welfare workers may face:

> Social workers in runaway shelters are in unique professional positions. They are faced with autonomous, minor clients who are making decisions, wise or not, about their lives without the guidance of their primary caretakers. For the thoughtful social worker, this raises a series of troublesome questions. Should the minor be treated as competent to engage in self-directed case planning? If not, should the social worker substitute or supplement the minor's direction with parental guidance? When the parent, social worker, or child is in conflict about case planning, who controls and to what extent? Key to these determinations is the amount of deference afforded the minor's autonomy. In turn, autonomy is contingent on the minor's competence. The social worker has three choices: she can work from a presumption of client competence; she can work from a presumption of client incompetence; or she can remain neutral, deciding on an *ad hoc* basis with every arriving client (p. 224).

Work with mandated or involuntary clients proportionally constitutes a large portion of social work practice, and the previous excerpt illustrates how professional mandates position social workers working in settings such as child welfare, in such a way as to have to find balance between external mandates and a client's right of self-determination (Cingolani, 1984). Similar issues have been raised among the disabled and clients who are assessed as being a danger to himself (based on the NASW definition of self-determination, it would be considered unethical for a social worker not to intervene with a client who is having suicidal ideations) or others, or in the case of minors where parents are legally required to care for their minor children (Staller & Kirk, 1997). Practitioners have recognized there are limits to a clients' right to self-determination when they impinge on others, yet there continues to be a professional schism between professional standards and the many variables that influence practice decisions. The research has yet to examine specifically how child welfare practitioners mange their unique role.

There is a lack of practice based research on how the front-line workers in child welfare settings manage the complex nature of their helping roles, promoting self-determination and working as an agent of the state. The research has yet to exclusively examine the unique experiences that child welfare workers face promoting client self-determination in this field.

This study will address child welfare workers directly and add their voice to the professional literature. The focus of this study will be to explore the dual role of child welfare social workers, as agents of the state and client advocates, as well as to explore the dynamics that may facilitate and hinder the social worker's ability to promote self-determination of their clients. The study will seek to determine how child welfare social workers conceptualize self-determination and will question, what role do these social workers see client self-determination playing in their daily practice through the use of clinical case examples and dynamics reported by participants.

CHAPTER III: METHODOLOGY

Statement of the Problem and Research Questions

This study contributes to the professional discourse on self-determination by identifying key clinical practice issues among child welfare social workers. The study explores how child welfare social workers are uniquely impacted by the professional mandate to promote client self- determination, considering that child welfare services are often compulsory, and workers struggle to find balance between upholding professional principles and agency and societal standards. Eleven seasoned, master's level child welfare workers were interviewed in an empirical study, about how they conceptualized self-determination within their practice, and how they wrestle with this professional dissonance. The study was guided by the following research questions:

- How does the child welfare practitioner conceptualize/define self-determination?
- How do social workers in child welfare settings deal with their dual role as agents of the state and client advocates?
- What dynamics facilitate and hinder the ability to promote client self-determination?

Research Design

This exploratory study used a qualitative approach to expand understanding of child welfare social worker's clinical experiences with promoting client self-determination in child welfare practice settings. The study attempted to look at client-self determination through the eyes of the workers who are currently active in the field.

Qualitative data was collected from semi-structured interviews from a purposive sample (n = 11) of seasoned child welfare social workers. Interviews were offered in person or by telephone. Interview responses were coded and analyzed for themes.

Recruitment

The target population of this study was seasoned child welfare social workers currently employed in a public or private child welfare agency. The study utilized two approaches for recruiting eligible participants. A purposive sampling strategy was used initially. Purposive sampling, frequently used in qualitative research, is described by (Padgett, 2008) as "a deliberate process of selecting respondents based on their ability to provide the needed information (p. 53)," The target population of this study was MSW level child welfare workers currently employed in child welfare agencies, who had a minimum of five years experience. To recruit participants for this study, an IRB approved flyer was created (see Appendix A), which included the inclusion criteria, the goals of the research study, the approximate length of the interview and researcher contact information. The researcher then contacted, by email, administrators at several established public and private child welfare agencies to solicit participants. The researcher asked these administrators to forward the flyer and research information to recruit potential participants.

Because the initial strategy did not recruit enough participants, the researcher also used snowball sampling techniques. The researcher provided the electronic flyers to persons who met the inclusion criteria of the study, and asked that they forward the information to colleagues.

Participants were screened prior to the interview, to ensure that they met the purpose for the study and the inclusion criteria. The inclusion criteria were as follows, participants must:

- Have current employment in a public or private child welfare agency.
- Have a minimum of five years of experience as a paid child welfare employee.
- Have a position in their agency where they currently have contact with clients including children and/or families.
- Have an MSW.

Interview Process

Participants who expressed interest were screened either by telephone or email to confirm inclusion criteria. Due to the rigorous nature of a child welfare professional's job, participants were given a choice of telephone or face-to-face interviews. Telephone interviews are often used for various reasons during research studies (Weiss, 1995). Weiss (1995) states that although face-to-face interviews are generally preferred during qualitative research, so that the researcher has the opportunity to connect to the respondent, telephone interviews "are the next best thing (p. 59)." All participants chose telephone interviews, likely because it was the most convenient and time friendly option. A study information sheet, which reviewed the purpose of the research study as well as additional information regarding risks to the study and confidentiality was emailed to all participants (see Appendix B). The information was again reviewed with participants, by telephone, prior to beginning the interview. All participants provided verbal consent to the interview and to be audio recorded.

Two pilot interviews and 11 subsequent interviews were completed before a saturation of themes was achieved. Participants completed a brief demographic survey, which collected descriptive data regarding sex, age, number of years in child welfare, number of years at their current place of employment, and education level. Semi-structured, open-ended questions were used during the interview to gather information. Each interview was audio recorded and transcribed verbatim.

In an effort to protect the confidentiality of participants, they were instructed not to reference any identifying information including their agency name or specific department or job duties. The participants were not identified by name on the recordings or transcriptions, and were instead identified by numbers. Each interview was recorded on a computer program and transcribed verbatim. The electronic recordings and transcriptions were kept in password-protected documents on a password-protected computer, to which only the researcher had access. Each recording was destroyed once the interview was transcribed.

Instrumentation

A self-developed, open-ended question interview guide (see Appendix C) was created to direct the qualitative interviews. Several of the interview questions were borrowed, with consent, from Melissa Floyd-Taylor's (2008) study on self-determination in mental health social work. The interview guide was not significantly changed throughout the interviews, although the order of the questions was often modified to maintain flow of the interview. Based on statements made during *Interview 3*, one other question was added to the remaining 8 interviews. (This question is indicated with an asterisk on the interview guide).

Reflexivity

Interviewer bias should be assessed prior to and during the research process. Reflexivity, an examination of the self in the research process, is an important concept in qualitative studies (Gilgun, 2006; Liamputtong, 2007; Mays & C. Pope, 2000; McCoyd & Shdaimah, 2007; Padgett, 2008). Rather than the scales and measures used in quantitative research, the researcher is considered the 'instrument' for data collection and threats to the study often stem from the relationship between the researcher and respondent (Padgett, 2008). Researchers should be self-reflective in examining their motives and biases when conducting qualitative research (Charmaz, 2006; Padgett, 2008).

As a seasoned MSW, a doctoral student, with a background in child welfare, the researcher was aware of the opinions and bias that she had regarding how she felt child welfare social workers should approach clients and families. In examining this topic, the researcher had to be sure to provide a comfortable and impartial atmosphere where all participants could freely express their experiences. Social work education puts a heavy emphasis on empowerment, trusting relationships, cultural sensitivity and professional integrity. The researcher took notes during the interview regarding personal reactions to the interview content, probes that worked well, and others to avoid in subsequent interviews.

Research Participants

Two pilot interviews and 11 additional interviews were conducted with participants who met the study's inclusion criteria. By the completion of those 11 interviews, saturation of themes was achieved. Participants ranged in age from twenty-six to fifty-six years of age, with an average age of 34.27 years. Participants had an average of 11.45 years employed at a public, private or non-profit social work agency. Currently, five of the employees were employed in government agencies and six described their agency as non-profits. Although all of the participants had direct client contact, the positions of the participants varied, including intake investigations, out of home placement, and foster care. Six participants identified as African-American and five identified as White. There were two male and nine female participants.

Data Analysis

The researcher transcribed the audio taped interviews verbatim. The interviews were analyzed for themes utilizing issue focused analysis, as characterized by Weiss (1995). As Weiss (1995) described, some coding categories were to be expected, based on past research and social work literature, and other categories appeared based on the interview material. Following the initial coding, specific excerpts were sorted into categories, in the process which Weiss (1995) calls sorting. The main list of themes was sorted into broad categories loosely based on the interview questions: how workers define client self-determination, how they promote it, factors that help to encourage or hinder their ability to promote client self-determination, how they react to ethics conflicts, the relevance of social work education and training, then any additional themes that were

unexpected which emerged from the interviews. These broad categories were then analyzed for themes that were consistent with the literature on self-determination, as well as several newly emerging themes. Continuing with a modified use of Weiss' (1995) "local integration" the main points of each group of codes were summarized. After the completion of eleven interviews, saturation on several of the interview questions was achieved. A new set of themes also emerged from the interview data.

CHAPTER IV: RESULTS

The interviews provided a wealth of information regarding how child welfare social workers experience the promotion of client self-determination in practice. Consistent with the literature, participants experienced conflicts and identified many different factors that affect their work with clients and impact how they help to promote their client's self-determination. Based on the data, many themes and sub-themes emerged. The seven primary themes that emerged were loosely based on the questions in the interview guide. They are listed below:

1. Conceptualization of Self-Determination
2. Difficulty in Promoting Self-Determination
3. How Workers Can Promote Self-Determination
4. Factors That Hinder Worker Ability to Promote Client Self-Determination
5. Factors That Facilitate Worker Ability to Promote Client Self-Determination
6. Relevance of Social Work Education
7. "This Job is Not Social Work"

Within these larger themes the interviews also revealed sub-themes. The themes and sub-themes are detailed below, followed by descriptions and data, quotes, which illustrate each theme.

How Workers Conceptualized Self-Determination

Participants defined self-determination using terms that were consistent with the literature, mentioning clients' rights to choose, client input in decision making, and worker outreach to empower clients. The following excerpts exemplify what most

respondents described as how they identify client self-determination in child welfare social work:

> *I understand it as clients making their own decisions and having the right to make their own choices.*
>
> *Self-Determination as a concept as I understand applies the client's ability to have freedom and control and the right to make their own choices and decisions.*
>
> *Basically, allowing clients to play active part in decision making with regards to child welfare issues. When interviewing clients, parents, during child abuse neglect investigations, talking to the parents and getting them to put their situations, circumstances in the forefront. Assessing their input. Seeing what they feel, how they feel their children's needs can be met best. And how they feel that can be done.*
>
> *Getting the client to outline what choices they see are feasible in making decisions and what type of consequences can those choices lead to.*
>
> *I understand self-determination as, no matter how a client enters the service whether it's voluntary or involuntary. Even if it's an involuntary [admission], the mission is still to promote client understanding, choice and self-determination in the service and meeting their goals and objectives.*

These quotes indicate that the workers in this study had very clear conceptualization of what self-determination means in their practice. Their definitions were detailed, insightful and aligned with the social work code of ethics. Not one social worker interviewed wavered with how to define self-determination, however each one struggled with how to apply it. The following section outlines the struggles and conflicts that workers experienced in promoting client self-determination.

Conflicts in Promoting Client Self-Determination

Also consistent with the literature, all eleven workers described experiencing some kind of conflict with the mandate to promote self-determination and their ability to actually do it in practice. These conflicts are broken into the following four subthemes:

- Theory vs. Practice
- Child Safety
- Discipline
- Type of Position/Type of Client

Theory vs. Practice

Although specific details differed among participants, it was clear that participants in this study struggled immensely to put the theory of self-determination into practice. When asked whether they could promote client self-determination in their current positions, some participants expressed that it is difficult and often impractical in a field like child welfare. While one participant stated, "It's not impossible to promote self-determination, but it is difficult, you walk a fine line," almost everyone else rejected the possibility of actualizing self determination in child welfare: "I don't know how you can have anything that is mandated in line with helping a client be self-determined." Other participants were more elaborate and emotional in their responses, expressing the dilemmas they feel, particularly with the consequences that parents may face if they exert their will and make their own choices:

> *It's almost like an oxymoron. It's difficult to do. I understand self-determination as the client's ability to make a lot of their own decisions. And determine their own course of action. And it's difficult to do that when in child welfare you're dealing with laws policies and mandates and people are mandated to do things.*

They don't really have a lot of choice. I mean if they choose not to do something, there are pretty severe consequences. So they're almost forced.

In regards to child welfare social work, to me that concept seems to disappear into the background because of the authoritative nature of the child welfare system. So it doesn't allow a lot of room for client self-determination… we have these court mandated services for families and prescribe various services without any client input or involvement for the provision of those services. It's just ridiculous.

In child welfare typically services are mandated. If a family is given to me and needs services, they aren't optional; they don't have a choice of what type of services, even though they're supposed to be included in the formulation of family/individual service plans. Depending on upon what agency they're at, it will be done with or without them. The family is asked to comply. Compliance may or may not go along with self-determination, but in this instance they're forced, their hand is forced. Especially once you get into the child welfare realm with your family it's like the abyss; there's really no way of getting out on your own. You're basically left to comply.

It's hard for them to pick what they're able to do because you're telling them they have to do it. So it's pretty hard to be self-determined, and they really don't get to pick anything.

Child Safety

Another significant conflict participants expressed revolved around the mandate of child welfare workers to keep children safe. The following quote summarizes this conflict well:

I think what's difficult is that child welfare is about child safety primarily, and although you would like a parent to be self-determined, it takes certain people longer to realize that there are very serious issues here. So you can't really give a parent that choice because they're hurting their child.

It depends on the situation. As long as their decisions don't harm a child or compromise the safety or wellbeing, they're able to make their own decisions, but once that safety and wellbeing is compromised they usually aren't and then the decisions are made for them.

Discipline

Following the previous theme of child safety, the topic of child discipline was repeated in several interviews. Clients often come to the attention of the child welfare system, and are accepted for child welfare services because of child abuse or neglect. Many parents choose to use physical forms of discipline or punishment with their children, what some people consider cultural norms, others see as physical abuse. States have legal guidelines for child welfare investigative workers and law enforcement regarding what should be classified as abuse. This conflict was evident in the interviews. Participants cited conflicts surrounding how to address child discipline with clients. One participant noted that she felt conflicted because she represents an agency, "that does not agree with physical forms of discipline." However personally she does not have a problem with it and feels that clients should be able to choose what types of discipline to use within their family. Others were troubled that they have to indicate abuse in parents' permanent records, when the parent chooses a physical form of discipline. The following quote summarizes the conflict with discipline:

> *Discipline is a good example. The mother believed in using high-risk implements when she disciplined, mainly a belt, and it left bruisings on the teenager, who was 13. It was basically "Do we indicate her for child abuse and neglect, based off the markings on the child, even though it was an older child, even though it was her belief system, and even though the child had no issues as far as the child accepts that form of discipline?" He accepts that form of discipline, he doesn't see it as abusive, he was fair skinned so it would show up. Ultimately I believe the mother was indicated. Something else could have been done, some other intervention put in place. Because that will affect the rest of her life. What's the intervention going to be at this point? If she's stating that she's going to continue physical discipline, and she's rejecting the intervention that you suggest. It's definitely a conflict, regardless of whether it is right or wrong, you're interfering with someone's way of life. In that instance the self-determination can be both good and bad.*

Type of Position/Type of Client (What's my role and who's the client?)

Positions at child welfare agencies are diverse and job functions can vary depending on the type of agency and type of unit in which a worker is placed. The type of cases that workers receive may depend on their job function. Many participants described their experiences in the current and previous positions and the struggles they faced promoting client self-determination depending on position and types of cases. One participant who works primarily with parents with children in foster care, whose family service plans have a goal of reunifying the parents and their children, expressed that her current position is the first time she has had the luxury of even considering how to promote client self-determination. She states, "I'm coming from a different perspective now, where I'm even able to consider self-determination at all. I don't think before I was even thinking about it. I was in the mode of 'I gotta get this done!'" Other participants cite additional differences based on agency position:

> *Investigations is probably the harshest, you're not really leaving a lot of room for self-determination on the client's part. If you're knocking on the door and saying we have this report of abuse and neglect and I need to investigate it. Then you find the abuse is substantiated, they're required to complete certain services. Or if it meets certain criteria then the child is removed. There's not a lot of self-determination there.*

The following participant expressed being torn between his current position - which he feels leaves little choice - and other initiatives in his agency which allow for more flexibility with clients:

> ***Participant:*** *I guess it's one of my issues in working in child welfare because the fact is that it's so rigid in what you can do. In investigations you assess child abuse and neglect and if it's determined the family is in need of our services, I make a request to put services the home. So it's really no room for me to empower a family or let them show that they are determined if they want to change the situation. In other types of positions it might be different.*

> ***Interviewer:*** *It sounds like in investigations it's pretty cut and dry.*
>
> ***Participant:*** *Yeah. Well actually, I mean, now, like I said they are starting more voluntary programs and things where you can help clients to be more self-determined. So, if a client attends a voluntary service it's different. But once you get swallowed up in the belly of the beast and accepted for services. That's it. We are basically saying that your ability to make decisions ultimately is inadequate. So we are going to take that power away from you and we are going to make decisions.*
>
> *The extent that you can allow them to be self determined depends on the intensity of the case, if it's an in home service that you're providing, you may have more leeway having the client make some choices versus a placement situation or a possible placement situation where the courts are making the decision for them.*

The participants in this study represented a variety of positions in child welfare, and had received many different kinds of cases. Additionally, because they were seasoned workers, they also had the experience of working in different positions throughout their career. These participants have highlighted that the position one holds in a child welfare agency greatly impacts one's ability to promote client self determination

How Workers Can Promote Self-Determination

During the interview, participants were asked to think about and identify ways that they personally work to promote client self-determination. Although all participants identified intense struggles and conflicts, ultimately all also indicated that within the confines of their agency structure, they find small ways to empower clients. The interviews emphasized that *most* factors were non-negotiable, yet three sub-themes emerged of how workers *can* promote self-determination with clients:

- Structured Choice
- Psychoeducation
- Empowerment

Structured Choices

As previously stated, the social workers interviewed acknowledged that they are often limited in what they can do to support clients, particularly in out-of-home placement cases, which tend to be more complex, court-involved cases involving physical or sexual abuse. However, participants showed resourcefulness by finding ways to work within agency, court or state imposed mandates, allowing clients to make choices whenever possible. Out of 11 interviews, eight stated that the primary way that they promote client self-determination is by providing opportunities for structured choices. Even within the distinct job positions in which each participant worked, all participants cited different ways to provide choice. The following quote from one of the participants summarizes the subtheme of structured choice:

> *By adhering to the protocol of choice in the immediate present. In each moment in each intervention, there's choice and self-determination. The primary concrete way to do it is to continue to revisit the question of choosing. Presenting the options to be chosen. And clients decision to choose, to define their needs as they define them, and to choose goals and options that are available. And to have some choices about the methodology of the interventions.*

Several participants mentioned the standard services that many judges order such as substance abuse treatment, mental health treatment, or anger management. They stated that they encourage clients to be active with their treatment team when creating family services plans, and help them to choose facilities which are within their community and have philosophies aligned with their spiritual or cultural values:

> *Within these laws and mandates we have, we can give people some structured choice. They can make some sort of decision . . . In the mandate to attend anger management and therapy, they can choose where.*

Several participants described the emphasis within their agency, to ensure that family members are considered first in cases where children have to be removed from their homes. They take advantage of this ruling by encouraging families to explore their social support networks to find a family member or friend that they would feel comfortable with having their children until they are returned. Although these family members undergo intensive background checks and home inspections, participants indicated that many families choose this over their children being placed with unknown foster families.

One participant elaborated further on the theme of structured choice, expressing that yes, clients can have a hand in developing their service plans, and they can be self-determined regarding whether they choose to accept the services. However he also noted that child welfare is not very conducive to what he refers to as "higher power self-determination" where clients have complete control over their case and their life, which in his opinion, is really the essence of what it means to be self-determined.

Psychoeducation

Participants stated they spend a considerable amount of time providing information to clients about the child welfare system and the related services involved. Including social workers, county workers, attorneys and foster parents, a family with one child in foster care can easily have six people involved in their case. If the child or parent also has mental health treatment services at home or in school, the number of treatment team members increases. Many times during the interviews participants discussed the frustration and confusion that parents involved in the child welfare system feel having a very vague understanding of the role and functions of all the people involved in their

case, and limited explanation of all the case proceedings and how that can impede self-determination. One participant passionately relayed this feeling:

> *I work with parents for an agency in child welfare, and most of them have no clue what's going on in their case. They don't know how the agency works. They're lost, they're angry and they feel like they have no power at all.*

She explained further, that she works hard to overcome this by working hard to empower parents and educating them on all of the various components of the child welfare system:

> *I really try to empower people. We try to just use a lot of psychoeducation and explain to them how things work and what they can do to communicate. We have guided someone how to document things for their hearings, how to prepare for their court hearings. How to talk to their attorneys, better communicate with their social workers so they can really advocate for what they need too. A coworker and I facilitate a parenting group specifically designed to help parents better navigate the child welfare system, we tell them about all our policies, regulations, terms we use in child welfare, the people involved in their case, what they should be doing, what they shouldn't expect them to do.*

Another participants offered similar comments related to psychoeducation:

> *During my sessions we do a lot of psychoeducation on the child welfare system, what are the terms, what are these letters people use, FSP, MH, who are the players and what are they responsible for, their worker's name and numbers, what are the different types of hearings? We break it down to them, because it's really needed.*

In these ways, the child welfare social workers interviewed, worked to find small but meaningful ways to involve and educate their clients in their own case outcomes.

Empowerment

Self-Determination in earlier decades was periodically referred to as empowerment, and it was often used interchangeably within the literature. However, participants in this study described empowerment as a strategy to promote client self-

determination, rather than an analogous term. The following quote illustrates the sub-theme of empowerment:

> *It's about empowerment. Instead of just telling clients "you need to do this" ask them where they are and what they need help with and then work from there. Start by what they are able to work on first, something that they're willing to do and then add on the extra things. Let them know that they'll have to do certain things towards the end. But whatever they feel like they need help with, start with that first. Then that will give them some strength in that worker to know they have actually listened to what their needs are. If you don't empower them to help themselves, nothing will happen.*

Similarly, another participant stated:

> *I empower them to make decisions by looking at the pros and cons of whatever situation they're in and help them to make the best decision for that time. And if they need help making that decision I can refer them to some type of resource.*

The excerpts show that even within difficult mandates, most workers are striving to honor their professional code and help clients to feel self-determined, even if the assistance they can offer is minute.

Factors That Hinder Worker Ability to Promote Client Self-Determination

Participants were asked to identify factors that hinder their ability to promote client self-determination. Whereas in the last section, participants named only a few ways they could promote self-determination, they effortlessly named multiple factors that worked against them. These subthemes are grouped below:

- Laws/Policies
- Agency Morale/Agency Structure
- Racism, Oppression, Disproportionality
- Life Experiences/Past Experiences
- Poverty

- Worker Stress/Burnout
- Collaboration/Communication
- Education/Literacy

Factors such as disproportionality and racism were identified by participants, and consistent with child welfare literature. Others, such as worker bias, worker stress and interagency communication/collaboration, were newly emerging The four subthemes described below are the themes that were repeated most often by participants.

Laws/Policies

Nine out of the 11 interviewees cited either a state or federal law, or an agency policy derived from a law, as a factor. Several participants specifically cited the Adoption and Safe Families Act (ASFA, Public Law 105-89) of 1997. ASFA was a well-intentioned law, aimed at addressing lengthy out of home placements and focusing on child safety and permanency. ASFA supported expanded funding for family preservation services, required concurrent permanency planning for children entering foster care, and established timeframes for the termination of parental rights for children in care. Section 103 of ASFA requires states to begin proceedings to terminate parental rights of children who have been in foster care for 15 out of the past 22 months, and begin the process for adoption. Regarding ASFA one participant stated the following:

Yeah if you don't get it together within that timeframe you're gonna lose your children and you may never see your children again and your parental rights might be terminated. I think there's that struggle too, with substance abuse, drugs, it takes a long time to kick a possible 15 year crack/cocaine addiction and it's not gonna happen in a year. People often relapse and have to start all over again, and it takes a really long time. And I think part of becoming clean is wanting to become clean and being ready to become clean and often people aren't. And that's their choice, that's their self-determination but as a result, because it's their children, they often lose them.

Overall, social workers acknowledge the reasons behind laws and policies, but take issue with how they manifest within their caseload. The following participant elaborates further how ASFA and other policies impact her work:

> *I totally understand the usefulness of ASFA and having the timeline of when you allow people to get it together before you start looking at a goal change. But I think we're not considering the timeline of recovery from drug and alcohol. When you place the timeline from drug and alcohol with the timeline of recovery, the timeline of recovery is way more! It's just a quagmire. Just like foster care, most cases have a goal of reunification but foster care workers are only required to spend an hour every 2 weeks or something with the parent. How can we even observe behavior change in foster care? The contact is not there. We spend the least amount of time with the people we are trying to reunify kids with. The way the whole system is, from the point of hotline all the way to case management, it doesn't allow that opportunity for that type of involvement.*

Agency Morale/ Agency Structure

Laws and policies were mentioned most frequently as a factor, but the discussion of agency culture or morale offered the most poignant reactions. Agency morale was described as "oppressive" and "the worst I've ever seen it." They described an atmosphere where workers were "motivated by fear instead of best practice." At several points during the interviews, participants mentioned fear and being afraid. Several social workers mentioned the impact of high profile cases and how it impacts morale, increasing stress and reducing confidence:

> *I have received cases… Some instances don't warrant child welfare intervention. But the fact of being afraid of ending up in the newspapers and things like that, allowing that to drive your practice. Instead of what's best for the client.*

County child welfare agencies can be large, bureaucratic and stratified with a stringent chain of command. The workers in the study who worked for larger agencies, described the impact of the agency structure on their decision-making processes. In the subsequent

excerpts, workers explained how their administration can be unsupportive and impede their ability to support client self-determination:

> *I have situations or cases where the chain of command is telling you one thing and that's not my take or perception of what it is with the case. And I've been faced with situations where if you can provide me with an argument, then I'll go with your rationale. I find myself always arguing. But why do I have to go through all of that, don't you respect me enough to listen? It turns out sometimes to be a lot of hocus pocus, I feel like I'm always on trial, like I'm always fighting, so I give in. If that's what they want me to do I'll just do it.*
>
> *There's a lot of hands in the cookie jar. And it's a lot of workers especially working for a bureaucratic agency, even at a basic level, if me and my supervisor disagree about what family needs, then that's it.*

One study participant, when asked what he does when he finds himself faced with the complicated position of receiving directives that go against his social work values and ethics, to promote self-determination within his cases, he responds with the following, illustrating how social workers champion for clients' rights even in difficult circumstances:

> *Sometimes I refuse. I stand up to administrators and say, I'm not doing that, if you want to do it, you do it. But I'm not putting my name on that.*

Despite being faced with administration that can often be unsupportive of client and social worker self-determination, this participant finds strength to stand up for himself and his client's rights.

Racism, Oppression & Disproportionality

The social workers in this study named racism and oppression as factors in their jobs which impede client self-determination. Consistent with the literature, which cites disproportionality as a significant problem in child welfare, several participants (N=3)

described how disproportionality specifically has impacted their practice, while several more (N=4) cite racism and oppression as a factor:

> *There's an overrepresentation of African-American children in the child welfare system. We often talk about that in some of our groups and I think that as well.*
>
> *Racism is definitely a factor. There is an overrepresentation in child welfare for people of color. That's always working in the background in this system even though majority of people don't want to admit to it. You have to be really conscious and aware and make sure that we are having those honest discussions with other social workers too.*

One participant expressed how the thread of oppression and racism in child welfare runs throughout child welfare, and how it impacts self-determination, stating:

> *Inherently a system which is oppressive is going to have trouble promoting self-determination. How can you ask workers to do something when the whole system is founded on inequities? Each time another family of color is admitted into the system, they become a victim of institutional racism and oppression and their self-determination is removed. They aren't even starting in the system at a fair advantage.*

Participants expressed that an additional difficulty in addressing racism and oppression is the discomfort that workers feel even discussing this aspect of child welfare, which makes it even more complicated to address when attempting to promote worker self-determination.

Life Experiences or Past Experiences

Several social workers cited past experiences with previous clients as a factor impeding them from promoting clients to make their own decisions:

> *Our own experience with other cases and clients and how we saw they ended up when the clients tried to be self-determined and didn't turn out for the best. People compare cases and try to tell clients this may not be a good road you want to take. For example, if you had a client, a child who has a truancy problem, you're using your past experience with clients of how you helped them to get back to school and graduate, and they shouldn't do it, but maybe that child has to*

> *develop experiences on their own to see how education can be important for them in their lives.*

Although a seasoned worker's knowledge and past experiences with clients can be considered "practice wisdom" and is usually viewed positively, these workers experienced it as a conflict in terms of self-determination. These workers struggled with how to provide appropriate support and guidance in situations where they were concerned that clients may be further hurt by their own choices and questioned whether they limited their client's self-determination by providing insight based on what they have experienced in other cases. They recognize the family's mastery of their own family system, yet also acknowledge their practice expertise and skill:

> *I've had so so many cases. Sometimes you can see when something is a bad idea, or not the best idea for the client. Even though the family is the expert about what is going on with them, but I do have some knowledge. I'm knowledgeable about people in general and I have different ideas and theories as it relates to social work. Sometimes I still put my own ideas into the situation because that gives it an alternative perspective. I think you have to help that way.*

Several workers also mentioned how the lens through which both workers and clients see the world impact the decisions and actions they take in the helping relationship. She described how those with past experiences with child welfare can effect client's interactions with her, and her work to promote self-determination, and how she works with these difficult situations:

> ***Participant:*** *When a client has a history of being involved with the department… based on whoever they dealt with in the past and me coming into the home, they kind of feel like, "why are you asking me, why are you talking to me because I don't have any say so anyway. So you're asking me how I would address the scenario or situation and you're going to do what you want to do anyway!" And its like no, that's why I'm asking you. I do care about what your input is and how you want to address the situation.*

> ***Interviewer:*** *What do you do when you get in situations like you described, when a client is waiting for you to tell them or they're interacting with you based on what they experienced before, how do you respond to that?*
>
> ***Participant:*** *I just explain to them I'm not the last worker and all social workers are different and you can't hold me accountable for what the last worker did. This is how we're going to work this case and try to get them to be comfortable and receptive to how we're going to address the matter. People have negative experiences and it will drive them on how they react/respond. I explain this is a clean slate, a new start, these are the goals, these are my intentions. I'm going to explain everything that's going on, the process and how we'll proceed.*

One participant interviewed, estimated that half of the cases that she receives have had previous involvement with a child welfare service. There are many dilemmas inherent in this dynamic. As mentioned before, most clients come to the attention of child welfare system because a problem has been identified. It is further complicated when the same families re-enter the system for similar issues. Both workers and clients can become jaded by the cycle of exit and re-entry that many clients experiences. Workers have the expectation to use their knowledge and authority to lead and guide, yet also respect the client's right to self-determination. Overall, the workers in this study were passionate about how the hindering factors impacted their work and performance, and more importantly their connections with clients.

Factors That Facilitate Worker Ability to Promote Client Self-Determination

This category had only one factor and it was a newly emerging theme. As stated in the previous section, participants named agency policies as a factor that prevents their ability to promote client self-determination, but Ironically, several participants also acknowledged that there are certain agency policies and procedures that have supported their efforts at client self-determination. This newly emerging theme, not identified in

prior literature, indicates that some workers have experienced paradigm shifts within their agencies in which new client-focused initiatives help them promote self-determination:

> *There's been a paradigm shift in the agency, where we're moving from a dictatorship where the worker tells the client or family what needs to be done, where we want them to be involved. With the family group decision-making. We want families to sit down and try to figure out what the issues are and how they can address them within the family without "the man" making the decisions that impact the family.*
>
> *There are definitely things that the agency does to promote self-determination. For example, we do a lot to try to prevent placement of children. So we have a lot of voluntary services, we have in home services. And even if a child is placed, we have family service plans, everyone has a family service plans, and they are supposed to be documents that are done collaboratively with the clients. So they have some say on the goals and objectives that are placed in the plan I don't think that's always done in practice but in theory that's what it's supposed to be done.*

The participants interviewed offered many more ways that the system hinders them than supports them, as evident by the single factor indicated by only four people in the study, however it was still interesting to note that the factor which was described as the biggest hindrance, was also the only factor which was named as facilitating their ability to promote self-determination. This highlights yet another conflict within the life of a child welfare social worker; being in a position where the agency largely shapes how you work with clients.

Relevance of Social Work Education

One of the interview questions asked study participants to comment on whether they felt having an educational background in social work impacted promoting client self-determination. Responses were split regarding the importance of social work degrees with 4 workers offering arguments of why social work degrees are necessary and 7 participants arguing that a social work background is insignificant.

Social Work Degree Helps Promotion of Client Self-Determination

Several participants felt strongly that the work they they do is impacted by the specific social work education and training they have had. They seemed to feel that there was an internal drive which led people to seek the professional degree. These participants described social work educated workers as passionate and dedicated professionals. The following quotes are from participants who felt that social work degrees are necessary in the promotions of client self determination in child welfare:

> *I think my agency should not hire anyone who does not have a bachelor or masters in social work. And that's coming from someone, that would have been me, because my undergraduate degree was not social work. For some this is a job, a paycheck and for others it's a true calling and what they want to do.*
>
> *Before I went to grad school, I might have said I didn't think it mattered. But after grad school, I definitely think it matters. But I think it's more about who the person is than what their educational background is. A social worker is someone with the degree but it's also just a certain type of person. And I think that's probably the key. You can't pick and choose when you hire people if this type of person is a social worker. So after getting a masters I think it does matter now. But then again, my job doesn't really allow you to do social work. Maybe that's where my cynicism comes from. Because I can't even apply anything I learned and it's frustrating. They don't give you the time you need as a professional to work your cases.*

In the following excerpt, the worker gives her assessment of how social work educated workers view child welfare social work and how clients experience those workers:

> ***Participant:*** *People who have the social work degree, they're more passionate about the work, more passionate about the clients, versus people who just fell into this, after a while they start to care, and start to realize this is something they want to do but when they first start out. It's just a job to them. They don't have the same passion as social workers who actually have the degree, who actually went through undergrad and master's level child welfare policies. After a while it might grow on them but in the beginning, they're confused and they're not really passionate about it, it's just a job to them.*

> ***Interviewer:*** *Do you think that translates into how they work with their clients? Can the clients tell? Does it come through the work?*
>
> ***Participant:*** *I don't know if a client can tell. Clients may not really pay attention to that. I guess it depends on the worker. Sometimes you can tell they're just trying to get the job done, and not really worried about how the client feels or what they're going through at that time. Some of the clients probably can tell, because some of workers don't know how to come in and turn off their feelings, so I guess some clients can figure that out. And that's why I feel some clients are more hostile and don't want to work with people. Because they can see the way different people treat them.*

Social Work Degree Does Not Impact Promotion of Client Self-Determination

Other participants felt social work credentials did not matter at all. One participant stated plainly, "I think credentials are totally and utterly irrelevant." Several participants noted that social work ethics are human ethics that some people have regardless of educational background or credentials. They described the ability to apply social work ethics in practice as something that may just come easy to some individuals:

> *Some people just have certain morals they can apply in dealing with people even without a social work degree.*
>
> *Maybe as a human being, a lot of these are just values that people have no matter what, and they have those values as people, I'm sure they're very conflicted between this is what I have to do for my job, job and they're not really able to do what they should be doing for this person. Which is what we should do for all people .*

During the interviews, participants were asked to elaborate further on differences in education and how workers deal with ethical issues:

> *I think we all deal with it, those with different degrees might put a different name to it, they might put different language to describe it. They may look at it as something they don't agree with, this is unethical, they can't necessarily quote the NASW code of ethics about why it's unethical, but they know that it's an issue. I think the credentials allow for undergrad internships, graduate degree, more internships, more study. Basically to hone your skills. And that's the goal to hone your skills and become even more aware.*

> *Depends on their life experience, their academic experience and professional experience. Because you have people that don't have social work degrees who have life experience and professional experience who can make good decisions. Then you have people who have the academic experience but don't have the life or professional experience and they don't make correct decisions. I think it just depends on the situation. Many times the person who doesn't have the social work background deals with policy and procedures, and not having the social work background. Only what they're taught at work.*

And some participants named other factors, which they perceive as more important than social work education such a socio-economic status and personal experiences:

> *I think that it has to do with your socio-economic status. How you were raised and how you were brought up because it's social workers we all go into each home with our own values and our own perspectives. So your experiences are of utmost relativity because you know what you know and what you've been exposed to, but depending on how you, your supervisor, your administrator were raised that fuels the work that you do.*

As evidenced by the preceding quotes, this part of the interview revealed a new conflict of the workers. All participants were master's level social workers and recognized and appreciated the value of social work education. They seemed to struggle with how to answer this question fairly, many picking a side either for or against, but offering caveats that even people with social work degrees can experience burn-out and make poor choices, and even non-social work educated workers can have a good heart and good personal morals which will help promote a clients' self directed goals.

"Our Job is Not Social Work"

Another newly emerging theme, which was unexpected and frankly shocking to the researcher, was the concept that several of the workers mentioned that the work that they do in child welfare is not social work:

> *Truthfully, I don't believe that what the people at my agency do is social work. Not in the way that you learn about social work in school. You have to find ways to be able to do social work, and it depends on your position.*
>
> *Social work gets left behind and all you're doing is very basic. And all you're doing is safety checks. I think a lot of the policies are made without the input of social workers. A lot of social workers are not hired to do the social work.*

The study approached these workers with the expectation that master's level social workers in child welfare performed social work tasks and functions, however many of the participants did not agree that they personally or their coworkers were doing true social work where they can spend time with clients, learn about their histories, and create personalized, individualized treatment interventions for families. Some classified as the work as pure case management, where others considered it more administrative work. They attribute the loss of social work in child welfare to policy changes, time constraints, and increasing paperwork. They expressed distress that their agencies are not always conducive to application of the skills and theories taught in their bachelor or graduate programs. Again we see the theory versus practice dichotomy.

CHAPTER V: DISCUSSION

Participants in this study were eager to share their experiences with self-determination as child welfare social workers. Their interviews provided a wealth of information regarding their experiences with clients. Some of their comments were expected, based on the existing literature, where other themes were newly emerging. Throughout the interviews, participants provided explicit and coherent descriptions of how they conceptualized client self-determination and used terms consistent with the literature. Although none of the participants wavered in how to describe the concept, all participants, albeit in different ways, struggled with how to apply it. Having difficulty applying self-determination in practice was not an emerging concept, as the historical literature clearly demonstrated that social workers in many fields of social work have experienced conflicts between conceptual/theoretical definitions and application of self-determination, particularly with mandated clients, which most clients in child welfare tend to be. Some of the obstacles that child welfare workers face, which were highlighted in the study included conflicts related to the worker's job position, racism and disproportionality, and state and agency laws and mandates.

As with all research, there are limitations as well as areas that can be modified and improved for future research. The following section describes the limitations of this study followed by recommendations for future research, implications for social work practice and conclusions.

Limitations

One limitation of this study was the sample. The study used purposive and snowball sampling to recruit the 11 participants interviewed. The sample was homogeneous in terms of geographic location, as all eleven were drawn from child welfare agencies located in a large metropolitan city. Their comments cannot be generalized to all social workers and may not be representative of the larger child welfare community outside of this study demographic. Also, it is important to note that child welfare settings in other areas may have different policies and different practice guidelines. For example, in some jurisdictions, child welfare services are contracted out to provider agencies and the county worker primarily provides case management services with more limited client contact. In other areas, county workers perform all job functions. Depending on the location of the workers, the responses to the interview questions could differ, as some workers may feel they have more client contact and more opportunities to promote client self-determination depending on their county's organizational structure.

The study may also have been limited by the mode of interview that was used. All participants chose telephone interviews, which is generally not the preferred method of conducting in-depth interviews. The relational aspect is different by telephone and some research shows that when compared to face-to-face interviews, telephone interviews are shorter (Weiss, 1994).

The study could have also been limited by the decision to include only seasoned master's level child welfare social workers. The inclusion of workers in similar positions without social work educational backgrounds would likely have given different results, as would the inclusion of social workers in differing stages of their career. Finally, the

research design of the study may also have been a limitation. Although qualitative is preferred for exploratory research, several well-researched scales exist that measure self-determination. It may have been interesting to interview clients as well as workers, to obtain their view of how self-determined they feel, and whether they experience the conflicts their workers feel in promoting self-determination.

Future Research

Based on the limitations in this study, there are several recommendations for future research on client self-determination. Future studies should include a much larger group of participants from more diverse geographical locations. More demographic data should be collected from participants. This data can be used to compare whether there are similarities or differences in how child welfare workers conceptualize and promote client self-determination based on items such as agency size, agency structure, worker job position, worker education, worker years in the field or geographic location. As previously mentioned, there are several existing scales that measure self-determination. A mixed-methods study that uses scales and face-to-face interviews (rather than telephone interviews) could provide more detailed data on worker's experiences with client self-determination.

Future research could also explore some of the main themes identified in this study. For example, researchers could recruit clients in different phases or programs within child welfare and explore client self-determination with mandated versus voluntary clients, comparing whether similar conflicts and themes were identified. Participants identified several factors that hinder their ability to promote client self-determination such as racism and disproportionality, and agency laws and mandates.

Further research could also explore these factors and whether they are impacting social work ethical standards overall in child welfare. While this study was specific to the concept of self-determination, the social work code of ethics is multifaceted, and from the results of the interviews, it's reasonable to question whether child welfare social workers are experiencing conflicts with other concepts in the code of ethics.

Implications for Social Work Practice

The results of this qualitative study indicated that child welfare social workers used similar terms as chronicled in the historical literature to describe how they conceptualize self-determination. One significant difference of note, was that the literature implied that historically self-determination was difficult to define, however all eleven participants in this study were easily able to describe their personal perspective on self-determination. Definitions were generally similar across participants, as well as similar to what was described in the literature. The literature reports conflicting commentary on self-determination, drawing into question workers' ability to transfer from theory to practice (Freedberg, 1989). This was also confirmed in this study. Study participants indicated that child welfare social workers experience significant conflicts with how to bridge the gaps from theory to practice in promoting client self-determination. The participants provided examples on how these conflicts are influenced by laws, agency policies, worker role and changing socio-political factors.

There were also several interesting newly emerging themes. One theme not identified elsewhere was that the work that child welfare workers are currently doing is perceived as "not social work," but case management and administrative, rather than the relational experience that many workers expect. Although workers did identify some

ways that they work through agency mandates, many seemed to still struggle with how to bring more "social work" into their role as child welfare workers. As one worker stated, "To me I think the climate has gone away from social work and its really gone towards paperwork and casework." Many workers feel that child welfare has become prescriptive and formulaic, focusing on the number of safety checks performed and the completion of forms and paper work. They cite burgeoning agency caseloads and agency mandates as one culprit for their diminished client interaction and assessments and thus impacting their ability to truly promote client self-determination. If agencies could allow for more consistent and quality client contact, it would allow workers to develop more of a rapport with families and have the opportunity to complete more meaningful assessments and goal setting.

Participants in this study indicated that they have a variety of skills and knowledge, including information regarding social work ethics, gained from their education, that they are not able to use in their current job functions. The BSW and MSW educated child welfare social workers should be able to use the knowledge, skills and theories gained from their education in practice, rather than serve as anecdotes for what best practice "should be". The social work profession is guided by the code of ethics, yet these workers feel they restricted when seeking to apply this ethical standard to their practice. Agencies can help to bring the social work back into child welfare, by talking opening meaningful dialogue with worker regarding their experiences with clients in the field and placing more attention on how to practically promote and uphold social work values and ethical concepts, like client self-determination, as the profession of social work intends.

The theme of agency morale emerged as a factor hindering worker ability to promote client self-determination in several interviews. Hearing employees describe their work environment as “oppressive” and working in a state of “fear” is shocking and upsetting in any field, but even more so in child welfare social work where we should be fostering a work environment that is comfortable, encouraging and supportive. A fair question emerging from the theme of agency morale is: “How can we expect workers to promote client self-determination when many workers do not feel that their agency values self-determined practitioners?” The results of this study also imply that child welfare workers are struggling with their role with clients regarding self-determination, however the study also alluded to the notion that agencies and systems may also be struggling to promote self-determined practitioners.

Consistent with the literature, participants in this study indicated that issues related to race, oppression and disproportionality are present in their work, but are generally not discussed and go unchallenged in practice because of workers and administrations discomfort with the subject. One participant questioned, “How can you ask workers to do something [promote client self-determination] when the whole system is founded on inequities?” From this theme emerges the opportunity for closer examination of child welfare policies on a state and national level, to ensure that they are objective and unbiased, and work to eliminate or change the policies that are not. On a local and agency level, organizations could focus on trainings that address disproportionality and institutional racism, and provide on site cultural competence in-service trainings. On a personal level, workers could be expected to examine their personal beliefs and biases and work towards becoming more comfortable having open

dialogue about painful and emotionally charged topics like racism, discrimination and oppression and how it impacts their interactions with coworkers and clients.

Conclusions

"How many social workers does it take to change a light bulb? Only one, but the light bulb has to really, really WANT to change." – Anonymous

This study addresses a missing link in the literature regarding practice applications of self-determination, specifically with child welfare social workers, a field in which most services are mandated. The study explores how the workers define client self-determination and provided them the opportunity to express commentary on their unique helping role. Results indicate that workers provide articulate descriptions of self-determination in theory, however they experience many conflicts in practice many of which impact them promoting client self-determination. Although workers express several conflicts and factors that hinder them, they also describe several ways they work through these conflicts to promote self-determination, including empowering clients and providing psychoeducation and structured choices. Results are split regarding the relevance of social work education, with participants offering rationale for why social work degrees are important, and others arguing the insignificance. But this study also raises several key questions: where does the theoretical rubber meet the road for well-intentioned child welfare social work practitioners who aim to follow the Social Work Code of Ethics, and empower their clients *despite* the critical commentary on self-determination and the conflicts they experience in practice? Can both be done without being hypocritical? How do child welfare social workers manage their roles as both helpers and agents of social control? How will they manage their dual role? What are their experiences in the field?

Although critics argue that one can never fully achieve self-determination due to societal constraints, and that theme was certainly echoed in this study, social workers seem to really want to promote self-determination. As Towers (1994) states, when applied sincerely and appropriately, self-determination is truly client-centered in that it empowers clients to contribute to treatment, and acknowledges that they are the best resource on their own needs (Tower, 1994). The problem, it seems, is that many workers are lacking the opportunity to apply true self-determination. Although these workers have a mandate to maximize clients' opportunities for self-determination, they find themselves in difficult positions when the client is engaged in a non-voluntary helping relationship. Their work is affected by the larger socio-political climate, and they are working within systems that are often working against them. The workers in this study demonstrated this with their profound narratives about their field experiences. Rothman et al (1996) highlight this dilemma:

> …social workers are also obliged to protect the prerogatives and aspirations of those they serve, scrupulously applying the principle of client self-determination. Occupying a powerful position in an asymmetrical relationship with often vulnerable people compels practitioners to avoid intrusive actions that might have a degrading or debilitating effect (p. 396).

Nowhere else is this felt more keenly than in child welfare. Consider a worker charged with removing a child for what the state considers abuse, but what the parent considers good discipline… who is right? Due to the power dynamic, the social worker usually wins. Is the client's judgment of the system and consequences limited due to power and oppression? Is it the job of the social worker to provide clients with the information and tools to make their own decisions? Or is the social worker's role to help people live as functionally as possible within a system, despite the oppression and inequities that exist?

Are the social workers decisions truly based on best practice and social work values and ethics, or are they influenced by their own caution and fear from their oppressive work environment? Practitioners in all fields of social work continue to struggle with these questions. And thus the social worker in child welfare settings dilemma: how to maintain the safety, permanency and wellbeing of the child and family, while acknowledging how agency and societal factors affects the promotion of client self-determination. The social work profession has evolved around a tradition of debate and inquiry and sometimes conflict in epistemology and technique on critical issues within the profession, such as self-determination and so the debate continues, as shown by the results of this study with contemporary workers (Simon, 1994).

The workers in this study have spoken eloquently about their struggles, needs, and recommendations for child welfare. As we recruit and educate new cohorts of social workers, we need to acknowledge the dichotomies that exist within the profession and conduct more research with social workers which will contribute to finding new ways to approach practice which complement social work training and education. Self-determination will remain a cornerstone of social work ethics; still, we need to ensure that we set realistic expectations for workers, so that the ethics in our profession can be applied practically and honorably.

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APPENDIX A

Recruitment Flyer

Are you a Master's level social worker?

Do you work in a public or private child welfare social work agency whose focus is child protection or the prevention of child abuse and neglect?

Do you actively see clients, including children, adolescents, and/or families?

Are you interested in sharing some of your experiences as a child welfare social worker?

If you answered YES to these questions, you are invited to participate in a research study of "*Child Welfare Social Work and the Promotion of Client Self-Determination*"

Goal: To explore how child welfare professionals conceptualize self-determination and deal with clinical practice issues.

Participants: Will be asked to complete a 30-45 minute interview, either face-to-face or by telephone.

Contact: Ginneh Akbar at 215-681-6088 or Ginnehakbar@gmail.com if you or someone you know is interested.

APPENDIX B

Screening Tool and Interview Guide

CHILD WELFARE SOCIAL WORK AND CLIENT SELF-DETERMINATION SCREENING TOOL

Name _____

Email Address: _____ Telephone #_____

Address _____

Date of screening interview_____

My name is _____ and I am conducting a study on child welfare social workers and the promotion of client self-determination. I am interested in hearing about your experiences as a child welfare social worker. I have been given your name by _____ as a current child welfare social worker who may be interested in participating. I would very much appreciate your willingness to have a confidential interview in the context of this research about child welfare social work and the promotion of client self-determination.

In order to determine whether your expertise corresponds with our research criteria, I would like to ask you a few questions.

1. Are you currently employed in a public or private child welfare social work agency whose primary focus is child protection or the prevention of child abuse and neglect?
   ☐ YES ☐ NO (If no, not eligible; stop)

2. How many years have you been employed as a child welfare social worker at a public or private child welfare agency? _____

3. In your current position, do you actively see clients, including children, adolescents, and/or families?
   ☐ YES ☐ NO (If no, not eligible; stop)

4. Do you have a master's degree in social work (MSW)?
   ☐ YES ☐ NO (If no, not eligible; stop)

5. Do you have any questions about this study?

6. Are you willing to have a confidential interview with an interviewer by in-person or by telephone?

   ☐ YES ☐ No Method: ☐ in-person ☐ telephone

7. When is it most convenient for someone to interview you? _____

   _____

THANK YOU FOR RESPONDING TO THE SCREENING!

APPENDIX C

INTERVIEW GUIDE

I. BACKGROUND/DEMOGRAPHIC INFORMATION

A. Age
B. Race/Ethinicity
C. Gender
C. Undergraduate Major
D. Current Position
E. Number of years at current place of employment

II. MAIN INTERVIEW QUESTIONS

A. How do you understand the concept of "self determination" as it applies to social work in child welfare?

B. In what ways do you consider the parent or child's self-determination? How do you make these decisions?

C. Can you name a specific encounter with a client, which highlights a conflict with your social work values?

D. Can you name a specific encounter with a client, which highlights a struggle surrounding self-determination?

E. Describe what you do when you find yourself in situations with clients that seem at odds with your social work values (such as self-determination)?

F. What kinds of factors facilitate or hinder your ability to promote the self-determination of your clients?

G. How do you think others that work in child welfare, who are not social workers, deal with these value conflicts?

*H. What would self-determined child welfare look like?

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* Indicates an interview question added after the third interview.