**Translating the Cornell CARE Program Model into Practice:
Lessons from the Pioneer Agencies on Changing Agency Cultures and Care Practice**

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Background

In September, 2009, a meeting of the early adopter agencies was held in Columbia, SC, and the verbal accounts provided by agency representatives indicated strong positive experiences with the CARE program model overall. It was apparent from the feedback that, for many, transformational changes had taken place. During the course of discussions regarding the next phase of agency involvement, involving a new set of agencies implementing the CARE program model, it was evident that the evaluation as initially designed would capture important information on the outcomes of the change process, but that it was not designed to capture an understanding of the elements and dynamics of the change process itself. It was suggested that a more qualitative research process be considered to complement the original evaluation.

While there are some published anecdotal accounts of agency change, there is a lack of sound and relevant theory which offers an understanding of the elements and dynamics of such agency change processes. Therefore, with the agreement of The Duke Endowment, it was decided that a grounded theory study of the South Carolina-Cornell CARE implementation experience would be undertaken. The central purpose of this study was to develop a theory of change implementation grounded in the experience of the Pioneer agencies that could help guide future implementation efforts. It is evident from the existing literature that governments, associations and agencies all over the world are looking for, and are in need of, such a framework.

The grounded theory (GT) approach has proven effective in many studies over the past 40 years, and was the research method utilized to articulate the theoretical framework which underpins much of the Cornell CARE Curriculum (Anglin, 2002; Glaser, 1978, 1992, 1993, 1994). A GT study of the implementation processes in the Pioneer Agencies would provide a companion theory to the theory of organizational congruence originally developed by Anglin (2002).

Research Method

GT is one of the most utilized approaches in current social science research. Anglin (2002) has outlined the method in some detail (pp. 26-48). The main purpose of the method is to develop theory that is grounded in the realities of the phenomenon being studied. The theory emerges from a rigorous process of data gathering and data analysis grounded in direct observation and involvement in the process being studied, and which the study seeks to understand and explain. A good grounded theory "fits, works, and is relevant" (Glaser, 1978) to those involved in the phenomenon in question, and thereby can offer an effective tool for practice, training, policy development and evaluation.

Research Sites

At the time of this study (2010), seven "Pioneer" agencies had already been involved in implementing the CARE program model for two to three years. Interviews were held with 70 CARE participants including with a wide range of staff members, administrators, trainers, and Board members across the seven agencies, as well as with the Cornell trainers. In addition, some relevant documents were reviewed and the researcher participated in a week-long training session.

Research Timeline

The initial interviews were undertaken in July and August of 2010, with additional interviews completed in the fall of 2010 and participation in a training session in March, 2011.
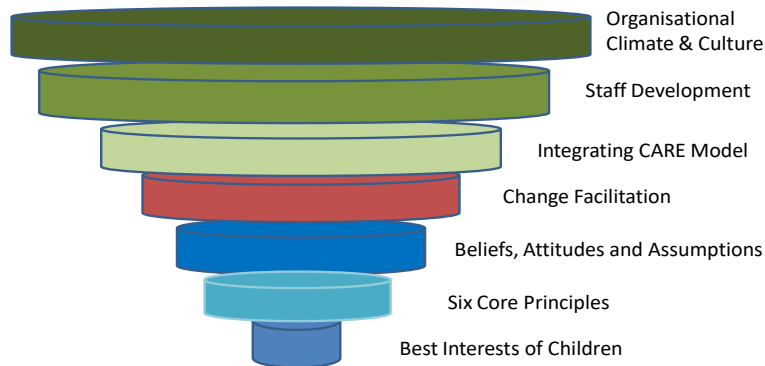
Initial Findings

Several key characteristics of the CARE program model became apparent during the interviews, namely:

- The agency is the locus of learning. Rather than seeking training outside of the agency, the agency itself becomes the primary learning site.
- The agency is the unit of learning, rather than the individual (or even the team). While individuals are engaged and learn, the emphasis is on transforming the organisation as a whole.
- The CARE consultants are engaged in a co-learning and co-creation process alongside the agency staff members; all participants are learners.
- CARE recognizes and seeks to bring forth the potential of adult learners to address the experiences and needs of the children.
- Key to the success of CARE are processes that keep the dialogue and critical thinking moving forward through ongoing conversations throughout the agency, both within and across organisational levels.
- CARE recognizes the true complexity of child care work.

It also became evident that a number of interlocking "nested" elements are involved in the translation of CARE into practice. The fundamental touchstone is *the best interests of the children*, and *six core principles* have been defined and proven effective for guiding practice decisions. In addition, each worker's *beliefs, attitudes and assumptions* must be challenged and either modified or reaffirmed through a process of *change facilitation* led from outside the agency. Through the process of change facilitation, workers engage in an ongoing process of *integrating the CARE program model* into their behaviour and into the overall *organizational climate and culture*. These elements and their sequence are illustrated in Figure 1, below.

Figure 1
Interlocking "nested" elements in translating
the CARE program model into practice

- Organisational Climate & Culture
- Staff Development
- Integrating CARE Model
- Change Facilitation
- Beliefs, Attitudes and Assumptions
- Six Core Principles
- Best Interests of Children

While every agency thinks it is acting in the best interests of the children, in fact many are not, at least not in any consistent manner. What enables workers to translate the best interests intent into action are the six foundational principles of: developmentally-focused, family-involved, relationship-based, competency centered, trauma-informed and ecologically-oriented. However, using these principles to guide and shape beliefs, values and attitudes requires an expert-led process of facilitation.
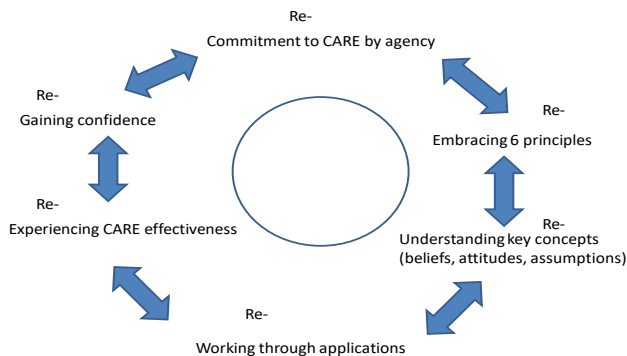
The experiences of the seven agencies in this study suggest that the process of transforming an agency into one that consistently operates according to the CARE program model (i.e. about 80% of the time, or more) takes about two years of concerted effort. However, when asked how long after the completion of the initial training session it took to see a difference in the children, the workers' answer was consistently "right away".

The external consultants/facilitators are instrumental in creating the context for change through developing a level of trust with agency participants sufficient to allow for a supportively challenging engagement. It was apparent that the co-creation and co-development orientation of the facilitators was an important element in the change facilitation process, and in achieving the level of congruence required.

At the heart of the change process is the cycle of integration of the CARE philosophy and approach as set out in Figure 2.

Figure 2

Integration of the CARE Philosophy/Approach

Re-
Commitment to CARE by agency

Re-
Gaining confidence

Re-
Embracing 6 principles

Re-
Experiencing CARE effectiveness

Re-
Understanding key concepts
(beliefs, attitudes, assumptions)
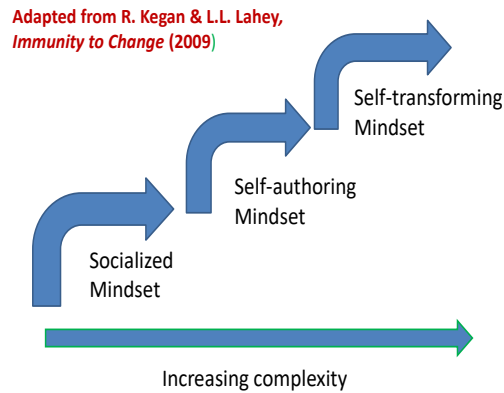
Re-
Working through applications

The starting point for any agency seeking to implement the CARE program model is the unequivocal commitment by the senior agency leadership. This commitment is required given the fundamental shifts in both the mindsets of the workers and nature of the structures and cultures of the agencies necessary to implement CARE. During the training process, the first stage is embracing the six core principles. It is important to note that not one respondent over the seventy interviews disagreed with any of the six principles. Therefore, quite quickly in the training process, the staff members involved become engaged in understanding and re-understanding a multitude of their beliefs, attitudes and assumptions. Through a process of attempting to apply the six principles to actual or simulated situations, the participants begin to experience the effectiveness of the CARE approach. It is neither a smooth nor linear process, and workers integrate the approach at different rates of speed, but those who persist start to gain confidence in their new competencies and thereby contribute to the CARE commitment of the agency as a whole.

This process is not linear, but rather is a cyclical one in which agency members re-commit, re-embrace, re-understand, re-work, re-experience and re-gain confidence in the CARE program model as an effective philosophy and approach to working with young people. In some instances, participants indicate that they start to approach their own children, spouses and other family members differently in accordance with the CARE principles.

Summary and Conclusions

The data gathered in this study fit hand-in-glove with the adult developmental learning research findings of Robert Kegan (Kegan and Lahey, 2009). Kegan identifies three major stages of adult learning, with the major core dimension being increasing mind-set complexity (Figure 3). Such increased complexity is necessary in order for workers to respond effectively and confidently to the true complexity of residential care work.

Figure 3

Adapted from R. Kegan & L.L. Lahey,
Immunity to Change (2009)

Self-transforming
Mindset

Self-authoring
Mindset

Socialized
Mindset

Increasing complexity

For work of a technical nature, a "socialized mindset" (i.e. concrete, rule-focused, lacking in self-awareness, and comfortable following authority) is often perfectly adequate to the task. However, the findings from this research suggest that to be able to implement CARE, one needs to have developed, or at least be willing and able to begin the task of developing, a "self-authoring" mindset (i.e. comfortable with abstract concepts, able to adapt to new and complex situations, generally self-directed, self-aware and self-critical, and able to question authority) . It is also preferable if supervisors are functioning to a significant degree at this level in order to model and support others to progress in this direction. Some agency leaders demonstrated characteristics of a "self-transforming mindset" (i.e. able to create new concepts, thinks systemically, can change own beliefs, highly self-aware, comfortable with ambiguity, and comfortable leading others with sensitivity).

Workers in CARE agencies often report that things are more calm and peaceful in the cottages, there is less fear, there are fewer confrontations and power struggles, and fewer restraints (in one case none). Many workers report they are happier and feel more satisfaction in their work.

Implications

CARE engages in challenging and transforming mindsets and, therefore, challenging the identity and sense of self of many of the participants. Understanding the current mindsets of staff can assist in the provision of individualized training (support for development) and supervision, and help with the selection of staff for supervisory and leadership roles and responsibilities.

This initial analysis of the CARE implementation process suggests that consideration should be given to further developing the adult learning components of CARE in line with new theories and understandings about how adults can increase their mental complexity (i.e. change their mindsets).

In addition, each of the six CARE principles has extensive literature that can be drawn upon even more deeply as a useful resource for staff and agency development. It would appear that the CARE learning process is ongoing, ever deepening, and never-ending.

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