Principled Leadership Development Model for Aspiring Social Work Managers and Administrators: Development and Application

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There is an emerging trend in social work administration where many direct practice-oriented social work students get promoted after their graduation to supervisory or managerial positions, yet haven’t mastered macro-level competencies during their social work education. This places these recent graduates in the untenable position of stepping into professional roles they didn’t envision and might not be prepared for. This may inhibit their advancement in administrative hierarchies because they do not have the leadership/managerial qualifications that those from other professions have by virtue of their educational and practice experiences. The Principled Leadership Development Model addresses this gap by providing educators and administrators a generic template that can be used to create customized leadership development initiatives for social workers in their professional careers. The six integrated components of the model are discussed. A case example of the application of the model in creating a leadership development academy for post-graduate social workers in maternal and child health settings is presented.

Keywords: administration, leadership, management, maternal and child health, social work,

INTRODUCTION

Despite a rich history of social work leadership, over the past few decades there has been an increasing level of concern regarding social work leadership preparation. For example, responding to the hostile political environment of the 1980s to the more progressive social work agenda of the 1960s and 1970s, Hopps (1986) called for a more concerted leadership effort in the social policy advocacy domain as a means of regaining social work’s influence. Similarly, Brilliant (1986) noted that training for leadership in social work education has been de-emphasized in contrast to the profession’s
historical roots in leadership development and the emphasis on leadership development by other professions such as law, medicine, and public administration. She challenged the profession to be more proactive in building on its strengths and paying more attention to the theory and practice of leadership, with a particular emphasis on the role of social work education.

Fortunately, in response to more recent social, cultural, political, and economic forces, leadership within the social work profession has begun to take on greater importance (Wilson & Lau, 2011). Over the past decade various studies have suggested competencies required for effective social work leadership (Wilson & Lau; Holosko, 2009). For example, the National Network for Social Managers (NNSWM), a professional membership organization established in the mid-1980s as a resource for social workers involved in agency management, produced perhaps the most prominent of these proposed competencies, which included: knowledge of contemporary social and public policy issues, advocacy, public/community relations and marketing, governance, planning, program development and management, financial development, human resources management, evaluation, and staff development (Wimpfheimer, 2004). Similarly, leadership development was a core concern of the Council on Social Work Education (CSWE) according to their Strategic Plan 1998-2000, in which it addressed leadership in the values statement: “CSWE believes in exerting vision and leadership to maintain the highest quality and consistency of social work education in accordance with the values and ethics of the profession” (“Council on Social Work Education Strategic Plan,” 1998, p. 15, as cited in Holosko, 2009; Rank & Hutchison, 2000). Additionally, the National Association of Social Work (NASW) sponsored a “Leadership Academy” from 1994 to 1997 and conducted an annual meeting on leadership development (Holosko). Finally, the 2008 EPAS (Council on Social Work Education, 2008) explicitly discuss the important role social work educators play in “the exercise of leadership within the professional community.” This sentiment is explicated by four of the educational policies explicitly mentioning the role of leadership (Educational Policy 2.1.9—Responds to contexts that shape practice; Educational Policy 2.1.10—Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities; Educational Policy 3.1—Diversity; and Educational Policy 3.4—Administrative Structure).

One salient factor that inhibits efforts to provide more focus on leadership development in social work education is that the majority of MSW students are interested in clinical or direct practice tracks offered within the social work curriculum, with macro concentration courses in social work administration, community organization, and policy practice not typically being the preferred choice (Wilson & Lau, 2011; Mertz, Fortune, & Zendell, 2007). For students interested in careers in social work management and administration, the availability and quality of experiences that adequately prepare them for macro-level employment and leadership may not be as well developed (Mor Barak, Travis, & Bess, 2004). At the same time, there is an emerging trend where many of the direct practice-oriented students get promoted after graduation to supervisory or managerial positions, yet haven’t mastered the needed macro-level competencies. This can effectively put these recent graduates into the untenable position of needing to step into professional roles they did not envision early in the careers, but also being inhibited in moving up in administrative hierarchies because they do not have the leadership/managerial qualifications that those from other professions have by virtue of their educational and practice experiences. In discussing the implications for social work education Perlmutter (2006) noted:

> It is clear that there is a duality in the profession, one that creates conflict and imbalance. On the one hand there is the need to educate the practitioner in direct service; on the other hand there is the need to provide an appropriate education for leadership. The two appear to be incompatible with the current professional education system and within the profession (p. 8).

The purpose of this article is to address this gap by providing a leadership development model that is grounded in social work values and principles and provides a conceptual and operational framework that targets the leadership development of professional social workers who are early in
their careers and aspire to more managerial and administrative positions within their agencies and organizations, whether by choice or necessity. Of particular importance is the need for the model to provide a generic template that can be used to create customizable leadership development initiatives for social workers in diverse practice settings in various times during their professional careers.

**PRINCIPLED LEADERSHIP DEVELOPMENT MODEL**

One of the challenges in creating a leadership development model is the plethora of books and frameworks that focus on leadership. Yet, “there is still no widely accepted definition of leadership, no common consensus on how best to develop leadership and leaders, and remarkably little evidence of the impact of leadership or leadership development on performance and productivity” (Middlehurst, 2008, p. 323). At the same time, Middlehurst emphasized the point that both context and situation affect our understanding of the relationships between leadership theory, practice, and development.

The development of the principled leadership development model (PLDM) is very much a function of the need to address a set of specific contextual and situational variables. Therefore, the authors relied more on their collective social work practice wisdom rather than a specific theoretical framework in constructing the PLDM, which consists of a generic framework that existing leaders/administrators/managers/educators in social work education and practice can use to create a customized leadership development initiative for social workers, whether they are students or social workers who are early in their professional careers or social workers that have many years of clinical practice experience, but little or no “leadership” experience. In addition, while the PLDM is more macro-focused, it is important to note that leadership can be exercised at any level in an organization.

The six integrated components of the PLDM, which are illustrated in Figure 1, serve as containers that can be filled with content that addresses specific leadership development needs and serves the requirements of the provider.
Underpinning Ethical Principles

Despite calls that social workers should be the ones to manage social service agencies (Wilson & Lau, 2011), the administrators of these agencies are increasingly being drawn from professions outside of social work such as economists, lawyers, and management graduates (Perlmutter, 2006). One of the more concerning consequences of this trend is the resulting diminishment of social work values being articulated in the culture of the agency pertaining to service provision, policy making, and advocacy. While this omission does not suggest that other professions lack an ethical base, one of the unique aspects of the profession of social work is its adherence to a set of ethical values and principles that promote social and economic justice. Given the importance of advocating for the needs of vulnerable and oppressed populations, supporting optimal functioning for clients, and engaging in competent practice, the “principled” component of the PLDM explicitly embraces all of ethical principles codified by the National Association of Social Workers Code of Ethics (1996).

Core Leadership Competencies

While social workers are employed in a variety of practice settings, each of which can require a specialized set of knowledge and skills, the PLDM includes a focus on necessary core leadership competencies that social workers who aspire to leadership/management roles in social service agencies require regardless of practice setting. For example, Holosko (2009) suggested five key traits of an effective leader based on a literature review and a content analysis of 70 journals in which social workers regularly publish. The distilled core leadership attributes included: having vision, influencing others to act, teamwork/collaboration, problem-solving capacity, and creating positive change (p. 454). Additionally, to help identify macro practice competencies, Thompson, Menefee, and Marley (1999) surveyed social workers in direct practice and management roles regarding the frequency in which they performed a range of management practices. Of the original 35 administrative competencies that were assessed, the authors utilized factor analysis to identify 12 dependent variables—management dimensions including boundary spanning, futuring, facilitating, managing resources, teaming, evaluating, supervising, aligning, advocating, leveraging resources, communicating, and policy practice. These traits thusly serve as the supporting pillars that rest on the foundation of social work values and ethics that conceptually and operationally define social work leadership development and help differentiate it from other types of leadership development such as corporate or business leadership development.

Complementing these core leadership attributes, the National Network for Social Work Managers (2012) developed a set of practice standards for social work managers that “provide a basic framework of knowledge and skills that define effective and sound social work management.” These standards are divided into the following 16 competency areas: 1) advocacy, 2) collaboration, 3) communication and interpersonal relationships, 4) culturally responsive management practices, 5) ethics, 6) evaluation, 7) financial development, 8) financial management, 9) governance, 10) human resource management and development, 11) information technology, 12) leadership, 13) planning, 14) program development and organizational management, 15) public/community relations and marketing, and 16) public policy.

Domain-Specific Leadership Competencies

One of the challenges in creating a leadership development model that is specific to the unique qualities and needs of the social work profession is the fact that social work practice can occur in a vast array of domains including child welfare, mental health, substance abuse, healthcare, criminal justice, and community organizing, to name just a few. This is further complicated by the fact that there are a range of settings in which these practice areas can occur such as small nonprofit
organizations, large public social service agencies, and for-profit programs. Therefore, any set of core leadership content must be complemented by leadership knowledge and skills specific to the particular practice domain and setting.

For example, there has been an increasingly strong focus within social work on aging, as according to Sisco, Volland, and Gorin (2005), the “demographic imperative—meaning the combined effects of the aging of the baby boom generation, the increasing median age of the national population, and extended longevity from technological, medical, and lifestyle factors there will be increased demand for social workers” (p. 344). As a result, the John A. Hartford Foundation (2012) began funding the Geriatric Social Work initiative in 1999, which has the aim of increasing the competence of social workers in helping to improve the care and well-being of older adults and their families. Two strategies are utilized to meet this aim: 1) cultivating academic leaders in gerontological education and research and 2) transforming social work education. One of the results of this focus has been the creation by the Council on Social Work Education of a National Center for Gerontological Social Work Education to help infuse gerontological social work into the curriculum and work with the accreditation board for social work education to stimulate wider adoption of the gerontological competencies in education programs.

Integrative Practice Opportunities and Mentoring Support

One important consideration of the PLDM is that the generic leadership competencies and domain-specific competencies must work in tandem in order to facilitate the leadership development of social workers. Rather than being something that can be obtained by reading books or attending workshops, leadership development is ultimately an experiential process that allows for the development of these competencies in real life practice settings in conjunction with mentoring support of seasoned social work leaders, who not only model leadership attributes themselves, but also provide guidance on negotiating the process of leadership development that can at times be daunting. Therefore, it is important that emerging social work leaders have the opportunity to practice these competencies so they can enhance their level of development and receive appropriate feedback from mentors on the progress they are making toward attaining their goals.

Ongoing Self-Reflection and Continued Growth

A related aspect is the need for social workers to engage in ongoing self-reflection about their leadership development. While it can be easier to maintain a high level of self-reflection within structured mentoring relationships when such reflection is required, social workers ultimately need to develop an intrinsic level of motivation to monitor their progress. Additionally, just as the attainment of the MSW degree does not indicate the mastery of all required knowledge needed for competent social work practice, leadership development is a lifelong process that requires a commitment to continued exposure to leadership development content and skills development.

Evaluation

Finally, the PLDM includes an explicit formative and summative evaluation protocol that allows for changes to be made “on the fly” in response to the learning needs of current participants of a leadership development initiative and for more substantive changes in the structure of the curriculum for upcoming cohorts based on feedback from current participants. Evaluative feedback includes informal information from participants throughout the leadership development initiative in addition to formalized qualitative and quantitative feedback throughout and at the completion of the leadership development initiative.
APPLICATION OF THE PRINCIPLED LEADERSHIP DEVELOPMENT MODEL

The Maternal and Child Health Post-Graduate Leadership Academy (MCH Leadership Academy) is a collaboration between the University of Maryland Baltimore School of Social Work’s Center for Maternal and Child Health Social Work Education (2012) and the University of Georgia School of Social Work. Specifically, the purpose of the MCH Leadership Academy is to provide social workers in maternal and child health settings the opportunity to enhance their leadership and management skills so that they can assume leadership roles in their agencies and the maternal and child health field as a whole. Participants experience a challenging 12-month program that couples experiencing leadership development opportunities in both classroom and real-life settings. Social work mentors provide support and guidance throughout the entire program. Among the activities participants experience are: 1) attending two immersion retreats (one in Baltimore, MD, and one in Athens, GA); 2) engaging in leadership readings and discussions; 3) writing weekly blog posts about their leadership development experiences; 4) participating in weekly, group video/telephone conferences; 5) developing an agency-based leadership project; and 6) developing a continuing education project on a current maternal and child health issue. Additional information can be found on the MCH Leadership Academy website at: www.mchleadershipacademy.org.

Below is a discussion of the application of the principled leadership development model in the creation and implementation of the Leadership Academy followed by evaluation feedback from former participants regarding how their participation facilitated their leadership development in maternal and child health settings.

Underlying Ethical Principles

The MCH Leadership Academy is based on the premise that social work leadership is principled in nature in that it is guided by the code of ethics of the National Association of Social Workers (1996). During the first retreat in January, which formalizes the beginning of the 12-month leadership development process, the three new participants receive a presentation on principled leadership by the director of the MCH Leadership Academy. This presentation provides an explicit vision of what leadership that encompasses social work principles entails. As a result, each new cohort begins an immersion process in exploring what constitutes principled leadership, the challenges involved in engaging in principled leadership, and considerations when presented with ethical dilemmas that abound in the practice arena.

Core Leadership Competencies

The MCH Leadership Academy places strong emphasis on the need for participants to develop core leadership competencies in order to advance their leadership development. Given these competencies are generic in nature, they are considered to be transferable across numerous domains—not just maternal and child health. These included visioning, prioritizing, problem solving, collaborating, delegating, and influencing others via verbal, written, and multimedia communication. It is important to note that this list is not exhaustive as other competencies that participants identify as wanting to attain or master are included such as dealing with difficult persons, time management, policy analysis, etc.

Domain-Specific Leadership Competencies

Leadership in maternal and child health is also characterized by understanding and supporting the maternal and child health mission, valuing interdisciplinary collaboration, possessing core knowledge of maternal and child health populations, and promoting the development of future maternal
and child health leaders. “The developmental progression of leadership is of particular importance to those involved in the professional and continuing education of MCH health professionals. Leadership ability grows as the knowledge, skills, and experience of the individual expands and deepens” (MCH Leadership Competencies, 2011).

The process consists of widening circles of influence that leaders experience in their development from self to others to the wider community. Within these three areas are 12 specific maternal and child health competencies.

Self: Leadership begins with focus on self-development

1. MCH Knowledge Base/Context
2. Self-Reflection
3. Ethics and Professionalism
4. Critical Thinking

Others: Leadership extends to co-workers, colleagues, fellow students, and practitioners

5. Communication
6. Negotiation and Conflict Resolution
7. Cultural Competency
8. Family-Centered Care
9. Developing Others Through Teaching and Mentoring
10. Interdisciplinary Team Building

Wider Community: Leadership also can extend to a broader impact on entire organizations, systems, or general modes of practice

11. Working with Communities and Systems
12. Policy and Advocacy

Integrative Mentoring Support and Practice Opportunities

A central tenet of the MCH Leadership Academy is the need for participants to have numerous opportunities to apply leadership-related concepts in their actual agency practice settings and to receive mentoring support and feedback from experienced social work leaders. This combination provides an integrative framework where new competencies are developed and existing ones refined. The two immersion retreats introduce new competency areas to be developed through the creation of agency-centered projects. Participants begin their participation by working on an agency project they selected with their supervisors that addresses an agency need. This buy-in by the supervisor is critically important to the leadership development of each participant as it ensures they will be provided sufficient release time from agency responsibilities to work on their projects, but also serves as a way to signify to the agency that each participant has begun the process of “stepping into” leadership roles in the agency. During the second half of the MCH Leadership Academy, participants begin to shift their focus from their own development to also include that of their colleagues by developing a continuing education project that meets a specific need of the agency.

Supplementing the two immersion retreats is a framework of weekly one-hour long video conference calls. During these calls, homework assignments based on assigned readings are discussed, updates are given on the status of agency projects, and emerging work issues that relate to leadership development are addressed. A critical component of the immersion retreats and the weekly video conference calls is the involvement of two social work mentors—one currently an associate professor at a school of social work at a southeastern university and the other who is the director of a large social work department at an internationally renowned rehabilitation hospital in the mid-Atlantic.
region. Mentors provide feedback, support, encouragement, and guidance to help participants integrate their experiences in the MCH Leadership Academy and apply them at their agencies.

### Ongoing Self-Reflection and Continued Growth

Participants are expected to actively reflect on their leadership development experiences by making weekly blog posts related to leadership readings they do each week. These posts help participants to more fully process critical aspects of their leadership development such as how to respond to specific challenges in their agencies during the weekly videoconference calls leading to a more in-depth exploration of how this translates into their own leadership development.

### Evaluation

The evaluation protocol utilized by the MCH Leadership Academy mentors incorporates process and outcome components. First, ongoing feedback from participants about the helpfulness of leadership readings, agency projects, and retreat agendas is processed during the weekly videoconference calls. Second, more formalized feedback is received from participants in the form of a survey they complete after each retreat. This survey consists of 5 questions using a Likert-type scale on the degree participants agreed they were able to understand the objectives of the retreat and three open-ended qualitative questions that assess what aspects of the retreat were most helpful in their leadership development, what were least helpful, and what improvements could be made in future retreats.

In addition, participants complete a comprehensive survey at the completion of their yearlong participation in the MCH Leadership Academy. This survey consists of open-ended questions about what leadership lessons they learned from each of the readings, yes/no questions on whether they met 12 leadership objectives, and a series of Likert-type questions that rated the components of the Leadership Academy and the two mentors. Finally, participants were provided the opportunity to suggest ways to improve the MCH Leadership Academy for the next cohort.

### DISCUSSION

During the past four years, evaluative feedback from participants at the end of their yearlong participation has been consistently positive. However, while this feedback does provide validation for the helpfulness of the MCH Leadership Academy, it does not address the degree to which participation actually impacted the leadership development of participants in the long term. Therefore, a more comprehensive evaluation of the effectiveness of the MCH Leadership Academy would need to encompass a long-range examination of the career paths of past participants to assess their perspectives on what impact their participation in the MCH Leadership Academy had in their leadership development in the years following their participation.

In order to assess this area, the developers of the MCH Leadership Academy sent a survey out to the nine participants from the first three cohorts (2009, 2010, and 2011). The survey consisted of nine questions that assessed the long-term impact of participation on different aspects of their leadership development including 1) having increased leadership opportunities at their agency, 2) having increased confidence in being able to step into leadership and management roles in agency, 3) having agency supervisor give additional areas of responsibility, 4) engaging in further leadership and management training, 5) getting a promotion within agency or a new agency, 6) having opportunity to facilitate the leadership development of others, 7) increasingly being seen by colleagues as a leader, 8) increasingly seeing self as a leader, and 9) increasing mastery of maternal and child health competencies. Scoring was done using a 5-point Likert-type scale with scores ranging from
TABLE 1
Long-Term Impact of Participation in Maternal and Child Health Post-Graduate Leadership Academy on Leadership Development \((N = 5)\)

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased leadership opportunities for me in maternal and child health</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Increased confidence in being able to step into leadership/management roles in agency</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Agency supervisor gave me additional areas of responsibility as a result of my participation</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Led me to engage in further leadership and management training</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Led to my promotion within my agency or a new agency</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Had opportunity to facilitate leadership development of others</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Colleagues increasingly see me as a leader</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Increasingly see myself as a leader</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Mastery of maternal and child health competencies increased</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Strongly Disagree to Strongly Agree. Respondents were also provided the opportunity to provide additional qualitative feedback regarding each question.

Five of the nine graduates responded to the survey—a response rate of 55.5%. Two of the respondents were from the 2011 cohort, two were from the 2010 cohort, and one was from the 2009 cohort. Table 1 provides quantitative data from the survey.

Overall, the quantitative data suggest that participation led to positive long-term changes in leadership development status to some degree in all of the assessed areas. However, while some caution is warranted in terms of interpreting these data, as non-respondents may not have had similar experiences, the generally positive trend does provide support for the long-term effectiveness of the MCH Leadership Academy.

An examination of qualitative feedback from respondents further highlights the positive impact that participation had on various aspects of leadership development. For example, when asked how their participation helped to increase their confidence in being able to step into leadership and management roles at their agency, one participant stated:

It helped me to reduce the “noise” and self-doubt. I learned how to view my challenges as opportunities and not to fear those opportunities, but to accept them and do what is needed to rise to the occasion.

When asked to discuss how participation led to increased leadership opportunities in maternal and child health, one respondent answered:

In October 2010 I received a promotion and became the program manager for our maternal and child health initiative. Utilizing the skills that I developed and learned in the MCH Leadership Academy helped to build my self-esteem and my confidence as a leader.

Similarly, when asked to discuss instances where an agency supervisor gave additional areas of responsibility as a result of their participation, one respondent wrote:

I have a team of 8 staff and 200 families that I am now responsible for. I manage the budget, seek new funding, and provide oversight for the initiative.
Finally, when asked to discuss how participation impacted how participants increasingly saw themselves as leaders, one respondent wrote:

I see myself as a leader and as one that can develop leaders. Just recently my supervisor asked me to facilitate a monthly manager’s meeting for the other managers in our agency. This was the result of my dealing with conflict among my team that had a positive outcome, and she felt that I could provide those skills to the other managers.

Both short- and long-term feedback from past participants validate the effectiveness of the MCH Leadership Academy in promoting leadership development of social workers in diverse maternal and child health settings. This real-life application of the PLDM in creating a specific leadership development initiative in maternal and child health illustrates how social work administrators in other types of settings can utilize the model in manner that best supports whatever type of leadership development they wish to provide. The applicable nature of the PLDM is especially important as the trend in social work administration where increasing numbers of direct practice-oriented social workers get promoted soon after their graduation to supervisory or managerial positions without receiving the needed exposure to macro-level competencies during their social work education does not appear to be abating. As such, this will place more of a burden on the administrators of social service programs to help bridge this gap by providing the kind of leadership/management training and support that these social workers will need to be successful.

The PLDM provides an adaptable conceptual and operational framework that administrators can use within diverse work settings to help these social workers get up to speed in a timely manner and help support them as they advance into positions of increased leadership and management responsibility within an organization. In addition, the explicit emphasis on the need for “principled” leadership development promises that the values and ethics that make social work what it is will continue to help promote social justice for the kinds of vulnerable populations that social services agencies serve.

REFERENCES


