



## **IMPACT OF WORK ENVIRONMENT ON TRAINING TRANSFER: CHILD WELFARE WORKERS' EXPERIENCES**

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In-service training in child welfare has gained popularity in Canada over the past twenty years. Training programs aim to provide skill and knowledge development in order to equip child welfare social workers to perform specific tasks required in carrying out child welfare work. The following article provides a description of an evaluation of a training program conducted at a child welfare agency in Winnipeg, Manitoba. The article focuses on the evaluation results, but places them in the context of the literature reviewed and the methodology used for data collection and analysis.

From January 2001 to June 2001, I conducted an evaluation (Lichti, 2001) of the Competency-Based Training Program (CBT)\* (Institute for Human Services, 1989) as it was implemented at Winnipeg Child and Family Services (WCFS). This research formed part of the requirements toward a Master of Social Work degree. It examined application of the training and the work environment at WCFS from the perspective of social workers who had completed the CBT program and were working in a case management capacity doing Intake, Family Services, Permanent Ward or Perinatal social work. I will refer to these people as 'participants'.

I was particularly interested in understanding:

- participants' overall evaluation of the usefulness of CBT;
- participants' perceptions of whether they had transferred information and skills from the CBT to their day to day work with client families;
- how the work environment at WCFS supported or inhibited the transfer process; and
- ways to improve application of CBT at WCFS.

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### **Note**

\* *The curriculum used by Winnipeg Child and Family Services and developed by the Institute for Human Services in Ohio is formally called Competency-Based Inservice Training. At WCFS, it has become known as Competency-Based Training and will be referred to as such throughout this article.*

## Related Literature

The mandate of a child welfare agency, to protect children and strengthen families, is both complex and critical to the well-being of society. Since the 1990s child welfare practice has become increasingly demanding and complex (Miller & Dore, 1991; Myers, 1994; Pecora, Whittaker, Maluccio, 1992). Front line workers are facing increasing caseloads with fewer resources to refer people to in the community. The needs of children and families are growing in complexity (Miller & Dore, 1991), with many children coming into agency care later in life, but with problems that are more entrenched. Although the public is more aware of the realities of the physical, sexual abuse and neglect of children, the role of child welfare agencies in intervening with families is often misunderstood. Public scrutiny is growing, placing increasing pressure on child welfare workers to conduct accurate assessments and appropriate interventions. To meet these challenges, the child welfare system is increasingly recognizing the importance of in-service training programs for staff.

Discussion of the role of professional education and in-service training in the area of child welfare is an important backdrop to further exploration of the development and implementation of in-service training programs in child welfare agencies. Child welfare has been one of the most frequent employers of social workers both in Canada and the United States. Seaberg (1982) speaks to the struggle that schools of social work have had in meeting the needs of child welfare employers in the field. In addition, there is discussion in the literature about the relative importance of university level social work education in preparing an individual for working in child welfare. There is recognition in Canada (Giesbrecht, 1992; Schmidt, 1996; Williams, 1997) and in some pockets of the United States (Pecora, et. al., 1992; Young, 1994) that university level education is essential for the delivery of quality child welfare services. The Gove report (1995) from British Columbia and the Giesbrecht Report (1992) from Manitoba are examples of this "recognition of the need for academic education for practice" (Williams, 1997, p. 79) in Canada. Williams (1997) supports the Giesbrecht report's assertion that professional practice requires university education as its foundation, a process that cannot be fast-tracked.

It is thought that the initial impetus for in-service training in the United States was the lack of university education for child welfare workers. Unlike the United States, in most parts of Canada, Bachelor of Social Work degrees are a requirement for employment in a child welfare agency (McKenzie, 1996). However, there are regions (Schmidt, 1996) and agencies, such as aboriginal agencies where there is a shortage of university educated social workers (Giesbrecht, 1992), where this has not been the practice.

Concern about the trend toward declassification, reclassification or deprofessionalization of social work (Abbott, 1992; Pecora & Austin, 1983; Seaberg, 1982) are inevitably a part of this discussion. A competency-based approach to training has been criticized for its functional analytic approach (Csiernik, Vitali, & Gordon, 2000; Dominelli, 1996; Williams, 1997). This approach involves documenting the job tasks, identifying the knowledge and skill required for completing the task, and spelling out each piece of knowledge or skill necessary to complete each task. The focus is on the

individual practitioner and client, rather than the individual in the context of society. The concern is that this is a mechanistic approach that results in fragmentation of the individual from society and various parts of the individual from the another.

Educational objections to functional analysis include its failure to grasp properly issues relating to professional values and its tendency to concentrate upon typical cases rather than the kind of unpredictable, messy situations professionals need experience, skill, and confidence to handle appropriately. (Williams, 1997, p. 72)

There is also a concern that this functional analytic approach is in conflict with social work values that promote seeing people within their social and political context (Dominelli, 1996).

Governments in Canada, the United Kingdom, Australia, New Zealand and parts of the United States have adopted a competency-based approach to training. Some suggest this has been done in order to demonstrate that governments have taken steps to ensure that child protection workers are equipped to respond to increasingly complex problems in families (Csiernik et al., 2000; Dominelli, 1996; Williams, 1997). At the same time, these same governments have done little to address the social realities that are contributing to problems in family situations. Despite these concerns, in-service training is in place in many child welfare agencies and examination of the effectiveness of these programs is crucial.

One measure of effectiveness of a training program is whether training is being used on the job. This process of applying knowledge and skills gained in training on the job is referred to in the literature as 'transfer' or 'transfer of training' (Baldwin & Ford, 1988; Curry, 1997; Tannenbaum & Yukl, 1992). Researchers who have studied 'transfer of training' have identified three primary factors as influencing the transfer process. They include the training design, the individual training participant, and the work environment in which the training is to be implemented (Baldwin & Ford, 1988; Gregoire, Propp & Poertner, 1998; Tannenbaum & Yukl, 1992). Research on transfer has frequently focused on the impact of training design and the individual training participant, but in recent years the impact of the work environment is increasingly recognized as an important transfer factor (Guthrie & Schwoerer, 1994; Rouiller & Goldstein, 1993; Tracey, Tannenbaum, & Kavanagh, 1995).

Work-environment characteristics "include climatic factors such as supervisory or peer support as well as constraints and opportunities to perform learned behaviours on the job" (Baldwin & Ford, 1988, p.64). This goes beyond action or inaction by supervisors or peers and includes policy and practice regarding training that is promoted by organizational leaders and formal or informal rules or practices regarding transfer that are in place within the organization.

The term 'transfer climate' is used by several authors. Tracey, Tannenbaum, & Kavanagh (1995) suggest that the transfer climate refers to people's perceptions of 'characteristics' of the work environment that support or inhibit the application of training to the job. Rouiller and Goldstein (1993) believe that the transfer climate is crucial to the success of a training program. Their research indicated that "organizational analysis assessing transfer climate should be a requirement in determining if the

organization is ready to support its training program (p.389).” They further state that training members of the organization to provide a supportive organizational transfer climate may be just as important as skills training.

Curry, Caplan, & Knuppel (1994) suggest that organizations can develop a supportive transfer climate by implementing a “comprehensive model of transfer assessment and intervention” (p. 8), which they call the Transfer of Training and Adult Learning model (TOTAL). Evaluation of training effectiveness is essential to this model. These authors promote the use of the four level approach to evaluation identified by Kirkpatrick (1975). These levels include: 1) participant reaction, 2) amount of learning, 3) behavioural change, and 4) outcome or client impact. The TOTAL model is a dynamic examination of all three of Baldwin and Ford’s (1988) transfer factors (the individual, training event and transfer environment) before, during and after training. This model identifies potential points of transfer intervention at various levels of the organization (training participant, trainer, supervisor, co-worker and administrator) and suggests that managers plan specific strategies to promote transfer of learning based on the TOTAL assessment.

The overall emphasis in the literature is that transfer doesn’t happen naturally, but must be planned, managed and evaluated by the organization. The training event, training participant, and work environment are all powerful factors in the transfer process. The work environment forms the context in which the participant applies what is learned at the training event and therefore may be the most powerful factor of all.

Training programs happen in a context. They are not independent of their surroundings, but rather are intimately (sic) caught up and dependent on what is happening around them. To not realize the constraints and opportunities of that environment could be fatal; to the training venture (and to the person in the training seat). (Ulschak, 1983, p. xxi)

### **Research Site**

The Competency-Based Training Program was adopted by the Department of Family Services of the Government of Manitoba in 1991. It forms one component of a larger provincial training program coordinated by Child Protection and Support Services (CPSS). The curriculum and training design for the CBT program was developed by the Institute for Human Services in Ohio and has been adapted to reflect the Manitoba context.

The curriculum is divided into four modules including 1) family-centred child protective services, 2) case planning and family-centred casework, 3) the effects of abuse and neglect on child development, and 4) separation, placement, and reunification. These modules are taught in separate segments over several months. The entire core curriculum takes 14 full days of in-service training to complete.

Winnipeg Child and Family Services is one of several private child welfare agencies and government-operated child welfare departments that work cooperatively with CPSS to provide this in-service training program to their employees. This research evaluated transfer of CBT at WCFS.

### **Description of the Research Design**

This evaluation was conducted using a largely qualitative research design that included:

1. review of CBT program files at the Child Protection and Support Branch and Winnipeg Child and Family Services for the purposes of writing a program description;
2. analysis of data that was gathered in a Post Training Evaluation (PTE) at the CBT event itself;
3. data collection and analysis through use of Curry & Chandler's (1999) survey instrument called "The Human Services Training Effectiveness Postcard" (HSTEP);
4. focus group interviewing; and
5. verbal and/or written participant feedback.

### **Methodology**

Grounded theory, a type of qualitative research, is the methodology that was used for this research. Qualitative research is an inductive approach to research which starts with relatively broad research questions and allows the data to define and narrow the search. It tends to use the words of the research participants to develop an in-depth understanding of the topic in question.

Grounded theory is a highly systematic process of data collection and analysis aimed at developing rather than testing theory. The researcher is to develop theoretical sensitivity in the research area by alternately immersing him-or herself in the data and stepping back from it in order to see it in a new way. The data analysis procedures are an important aspect in the development of the researcher's theoretical sensitivity. Several methods of coding are used to organize the data for analysis. Themes that emerge in the data are used to direct sampling. Finally, the practice of 'memoing', or recording the researcher's reflections on the research content throughout the research process, is crucial to this method.

### **Data Collection**

A description of the steps that were taken in conducting this evaluation will illustrate how the process reflected that utilized by grounded theorists. Throughout the course of the evaluation, analysis of the data directed the next step of data collection, which resulted in further analysis and further direction of data collection. Data collected at later stages was examined to confirm or refute conclusions that emerged in the earlier data collection steps. The sources of data collection are listed in the order in which they were initially conducted, but it is important to note that analysis was a back and forth process between all five data sources.

First, the CBT program files at CPSS and WCFS were reviewed for purposes of writing a description of the development, management and current functioning of CBT. Attendance records and evaluations were examined in order to determine criteria for

choosing the sample of participants for the Post Training Evaluation and the Human Services Training Effectiveness Postcard.

Second, answers to one question on the Post Training Evaluation were analyzed from a sample of participants from WCFS training groups conducted between February 2000 and June 2000. The PTE includes eighteen questions that collect qualitative and quantitative data primarily evaluating the training event itself. The question chosen for examination in this research addressed transfer of learning, in terms of the participants' perceptions of the barriers to implementing best practice as taught in CBT. The sample for analysis was determined by identifying which PTEs were completed by social workers responsible for case management (resulting in 107 PTEs), and then which included responses to the question about barriers to best practice (58 PTEs). Analysis of this question for the 58 evaluations resulted in the development of initial themes for analysis and highlighted research questions that required further exploration. It is important to note that some of the individuals who were part of the final PTE sample may have also participated in the following portion of the research, involving the Human Services Training Effectiveness Postcard, as the lack of identifying information on the PTEs made linking the samples impossible.

Third, the Human Services Training Effectiveness Postcard was sent to 120 social workers at WCFS who had completed CBT. This sample represented the entire population of social workers at WCFS who had completed CBT by January 2001 and were working at WCFS in a case management capacity. This instrument included 5 questions to which participants were invited to respond with any of 5 responses ranging from strongly agree to strongly disagree (see Table 2). An open-ended question allowed participants to comment on factors that helped or hindered their application of learning on the job. Questions designed to gather basic demographic information about research participants were included. Fifty four percent (54%) of the HSTEPS were completed and returned. Analysis of the HSTEP resulted in the further development of initial categories pertaining to supports and barriers to the transfer of learning process.

Fourth, twelve participants who had completed the HSTEP agreed to participate in one of two focus groups. One group was comprised of participants who had less than two years experience in child welfare before taking the training and the other group of those who had two or more years experience in child welfare before taking the training. Participants in these groups were asked a series of open-ended questions specifically designed to answer the research questions outlined at the beginning of this article.

Finally, a first draft of the results from the analysis of the PTE, HSTEP and focus groups were provided to the focus group participants for their feedback. Participants were invited to comment on the accuracy of the results and add any additional pertinent information.

## **Results**

The demographic information gathered from the HSTEP provides a profile of the individuals who participated in the research. The largest percentage of responses to HSTEP was from participants who had ten or more years experience (38%). Only 6% of respondents had less than two years experience in child welfare. The remainder of respondents was almost evenly split between the two to five year and five to ten year categories with each having 20% and 26% respectively (see Table 1).

In terms of child welfare experience prior to taking CBT, 40% said they had less than two years experience in child welfare prior to taking the training. The remaining 60% were distributed evenly across the other categories with 20% having two to five years experience, 23% having five to ten years and 17% having ten or more years experience in child welfare prior to taking CBT (see Table 1).

A high percentage of respondents had university education. Eighty nine percent of the respondents to the HSTEP had a university level social work degree. Of the 11% who did not have a university level social work degree, one had a Master’s degree in another discipline, two had Bachelor’s degrees in another discipline, two had certificates in social work, and two respondents did not specify their level of education.

**TABLE 1**  
Experience and Timing of Taking CBT

	Less than 2 yrs	2 - 5 yrs	5 - 10 yrs	10 + yrs
Total experience in child welfare	4 (6%)	19 (29%)	17 (26%)	25 (38%)
Experience in child welfare before taking CBT	26 (40%)	13 (20%)	15 (23%)	11 (17%)

The results from the quantitative portion of the HSTEP (Table 2) provide some insight into participants’ views of the training event and the transfer of learning. Seventy-nine percent (79%) of the respondents said that they either strongly agreed or agreed with the statement ‘**overall I was very satisfied with CBT core modules**’. Very few people were undecided with regard to this statement. Seventeen percent (17%) said they disagreed or strongly disagreed with the statement. While this is the smaller portion of participants it is a high enough percentage to warrant further exploration.

**“During CBT I learned a substantial amount of information.”** Sixty six percent (66%) of respondents said they agreed or strongly agreed with this statement. One quarter (25%) of the respondents said they either disagreed or strongly disagreed with this statement. Combining the ‘disagree’ and ‘strongly disagree’ numbers with those who were undecided amounts to one third of the respondents expressing some level of dissatisfaction with the amount of learning at the training.

**“I have used the knowledge and skills I learned from CBT on the job.”** Respondents were not as confident of this as they were of the two previous statements. While there are still 66% who either strongly agreed or agreed with this statement, the proportion of respondents who strongly agreed was only 6%.

**“As a result of using the knowledge and skills from CBT, I have observed client progress.”** This is the area where there is a marked drop in respondent’s ratings. Only 30% said they strongly agreed or agreed to this statement and the remaining 70% are either undecided, disagreed or strongly disagreed.

**“As a result of CBT, I am a more effective worker.”** Almost half the participants (48%) stated that they either agreed or strongly agreed with this statement. Thirty three percent were undecided and 19% indicated that they either disagreed or strongly disagreed with this statement.

**TABLE 2**HSTEP Quantitative Results

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Total
1. Overall, I was very satisfied with CBT core modules	9 (14%)	42 (65%)	3 (5%)	7 (11%)	4 (6%)	65
2. During CBT I learned a substantial amount of information.	7 (11%)	36 (55%)	6 (9%)	15 (23%)	1 (2%)	65
3. I have used the knowledge and skills I learned from CBT on the job.	4 (6%)	39 (60%)	9 (14%)	11 (17%)	1 (2%)	65
4. As a result of using the knowledge and skills from CBT, I have observed client progress.	3 (5%)	16 (25%)	32 (49%)	13 (20%)	1 (2%)	65
5. As a result of CBT, I am a more effective worker.	4 (6%)	27 (42%)	21 (33%)	11 (17%)	1 (2%)	64

The quantitative data gathered from the HSTEP provides some insight into participant’s views of CBT, but does not provide any explanation as to why people gave the rating they did. The qualitative data collection methods were designed to provide some of this more in-depth information. Data from the PTE, the open-ended question on the HSTEP, and focus group interviews, were analyzed in order to reach the qualitative

results. The following section reviews the significant themes that were developed as a result of analysis of all three of these data collection tools.

### **Training Event Overall**

Overall, participants had a positive evaluation of the training event. They felt that the training content was relevant to their work, design and delivery of the training event were acceptable overall and there was general agreement that the training should be continued. Participants felt strongly that CBT should be offered early in an employee's career in child welfare.

One finding that was particularly interesting was that both participants with more than two years experience in child welfare prior to taking the training and those with less than two years experience in child welfare prior to taking the training indicated that much of the training was a review. Those in the 'less than two years experience' group said the training was a review of information they had gained in their university education.

### **Transfer of Learning**

Participants had no difficulty citing examples of their use of the training on the job. They also spoke freely about a desire to implement the training to a greater extent and how demoralizing and frustrating it was that they were not able to do so. Participants' perceptions of the barriers to transfer of learning are reflected in the following section.

### **Transfer Environment**

One of the strongest themes that emerged when participants described transfer of learning in the work environment was a lack of fit between the kind of work environment required to carry out 'best practice' as taught in the CBT curriculum and the work environment at WCFS. Workers often described their experience of this conflict as the 'real world' vs. 'ideal world'.

Workload was identified as the primary reason for this lack of fit between CBT and the work environment at WCFS. Workload interfered in the transfer process as early as the training event. This was particularly true for experienced social workers who, already at the training event, became overwhelmed with trying to determine how they could apply the skills and knowledge in their practice, particularly given the multiple demands on their time.

It was clear that participants wanted to use the training and felt that, if used, it would result in better services for client families. Some participants shared stories of consulting cases with their co-workers and encountering barriers related to lack of resources and time constraints. Despite this, many participants spoke of adapting the training so it could be more readily used, or prioritizing certain families as ones with whom they would particularly strive to apply the training.

When asked what factors in the work environment helped them to use CBT, participants cited examples of ways in which supervisors, co-workers and their own initiative contributed to transfer of learning. They talked about supervisors who provided concrete assistance to use the training by reviewing it in supervision, or generally encouraged the use of CBT. Participants gave examples of case discussions with co-

workers that included specific attempts to incorporate CBT in their practice. Several participants explained how they prioritized particular cases for more thorough application of CBT.

Participants were unable to list any examples of concrete steps CPSS and WCFS management had taken to support transfer of CBT. This finding was congruent with the fact that CBT program files at WCFS did not include a plan for management of the post training transfer process. It was clear that participants saw themselves and their supervisors as primarily responsible for ensuring that the training was implemented in the work environment.

### **Suggested Interventions to Improve Transfer**

Participants were concerned that larger system issues related to workload and lack of resources needed to be addressed in order to ensure that they would be able to implement CBT. They also expressed interest in being a part of the process of developing solutions to the larger system issues.

While system issues were identified as the primary concern, participants were able to identify concrete changes that could be implemented to improve transfer of CBT at WCFS. These suggestions included integrating assessment tools in some of the standardized forms used by WCFS, specific review of CBT assessment methods in supervision, provision of tools to assist supervisors in reviewing the training with social workers on their service teams, and refresher courses.

### **Discussion and Conclusions**

It is important to emphasize that despite participants' critique of the training, they felt it was important to continue. In the words of one participant:

I think the CBT program is a valuable program. I certainly think there are things that could be done differently... But I would hate to see the Agency just kind of disregard it and throw it out and try something else – it's good to have a training that hopefully all staff will be on the same page at some point and I think this is a good tool.

Given the clear feedback that much of the training was a review and that there were significant barriers to transfer within the work environment, this response was surprising to me. Further research would be needed to explore why, given all these concerns, participants felt the training should still be continued.

Feedback that much of the training was a review of either university education or experience needs further exploration. This is particularly the case when it is viewed in the context of the other results and the literature. This raises important questions about the content of social work education in universities, and the extent to which content specific to child welfare is included. Additionally, even if the content between formal social work education and the training curriculum of CBT is similar, there may be benefits to a review of this critical content. Finally, in examining the benefits of such a review, agencies also need to consider the considerable time commitment that programs like CBT require, given

the high workloads and time constraints that many participants noted as barriers to implementing what they learned in training.

Participants' transfer of training, the problem of workload, and perceived lack of a management transfer plan are interrelated and must be considered together. The participants showed a high desire to transfer their learning, but saw workload as a primary barrier. Research suggests that trainees identify factors in their immediate environment (i.e. workload or supervisory support) more readily than those that are somewhat removed (i.e. management support) as barriers or supports to the transfer of learning (McDonald, 1991). Therefore I referred to Curry, Caplan and Knuppel's (1994) TOTAL model, identified 'critical actors' in the organization and specifically asked participants to identify concrete steps they noticed each 'actor' taking in an effort to support transfer. These 'critical actors' included the trainer, training participant, co-worker, supervisor, WCFS management, and staff at CPSS. Even when prompted to consider specific actions of WCFS management or staff at the CPSS, participants described little concrete support for transfer initiated at those levels. From the perspective of the focus group participants, neither WCFS nor CPSS had a transfer plan. In addition, the examination of the CBT program files revealed no concrete plan for the management of transfer of CBT at WCFS.

There is some evidence that when training is integrated into policies and practices, transfer becomes routinized and other barriers in the work environment have less influence. For example, if the CBT family assessment or service plan were a part of an agency's file recording practice, would workload be considered such a significant barrier to the transfer of these assessment and planning tools? In light of this, agencies such as WCFS should consider implementing a specific transfer strategy, even if workload remains constant.

A transfer plan would need to include an evaluative component. This would allow feedback from staff at all levels of the organization to influence changes to the transfer plan and work environment. Hopefully, these changes would strengthen factors that support transfer and weaken those that inhibit transfer. Thoroughly evaluating the effectiveness of CBT should also examine client feedback.

Moving from a practice to an ideological focus, the overriding concern of participants in this evaluation was the perceived lack of fit between the kind of work environment required to carry out 'best practice' as taught in the CBT curriculum and the work environment at WCFS. The concern was specific to participants from WCFS but in light of the literature, it is important to consider other possible interpretations. It may be that the conflict grows out of a larger ideological conflict that is created when competency-based training is applied in a child welfare organization staffed by professionally educated social workers.

Dominelli (1996) suggests that the competency-based approach is ideologically in conflict with social work values because "it presupposes that:

- what needs to be done in each situation is known and infallible;
- resources are adequate for the tasks at hand; and
- social work relationships operate in a social vacuum". (p. 168)

Therefore, the perceived lack of fit may not be unique to WCFS. Participants in this evaluation expressed concerns that CBT was too simplistic and therefore inadequate in addressing the complex problems families receiving child welfare services face. It may be that social workers who are trained to view their clients in the context of the social environment will inevitably experience the limitations of the competency-based approach.

In conclusion, the results of this evaluation clearly showed participants are using CBT and want to use it more. There are indications that, despite the workload problem, transfer could be improved with some concrete strategic interventions on behalf of the organization.

### **Limitations of the Study**

While this report provides an accurate reflection of the findings of this evaluation, it should be noted that this evaluation has several limitations. It is based on self-report data from only front line social workers at WCFS, and therefore does not provide an evaluation of transfer and the transfer environment from others within the agency (ie. managers, supervisors, clients). In addition, the data regarding the CBT event that was collected through use of the HSTEP and focus groups was retrospective in nature. It had been more than five years since some participants had taken CBT. Also, those participants who agreed to be in focus groups did not include HSTEP respondents who reported either very high or very low transfer. Therefore, the results do not include the perspectives from those individuals. Finally, the research identified indicators or themes that emerged, but was not extensive enough to develop theory. These indicators or themes are specific to WCFS, but it is hoped that this research will contribute to knowledge in the area of training transfer and the impact of work environment, as well as prompt research on the topic in other settings.

### **Suggestions for Further Research**

As with much research, this evaluation provides insight into areas beyond the issue of transfer of learning that warrant further exploration. The role of university level social work education and in-service training in preparing child welfare workers for practice is one that merits further study. This should go beyond examination of the curriculum issues and explore the concerns related to professional education and in-service training. This is a particularly timely issue. WCFS has recently experienced a shortage of university-educated social workers applying for employment within the Agency. In addition, the Aboriginal Justice Inquiry Child Welfare Initiative in Manitoba is drawing attention to the shortage of university-educated social workers of aboriginal descent.

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