Journal Pre-proofs

Can leadership make the difference? A scoping review of leadership and its effects in child and youth care

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Please cite this article as: J. Ressang-Wildschut, L. Oldenhof, I. Leistikow, Can leadership make the difference? A scoping review of leadership and its effects in child and youth care, *Children and Youth Services Review* (2023), doi: https://doi.org/10.1016/j.childyouth.2023.107017

Can leadership make the difference? A scoping review of leadership and its effects in child and youth care.

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Abstract

Child and youth care (CYC) is operating in an unpredictable environment, making leadership in CYC a challenge. Leaders of CYC operate under public and political pressure to reform failed systems, compete for scarce resources, obtain and sustain a highly skilled workforce, and achieve organizational goals and tasks within a complex network. Although many studies underline the importance of leadership in CYC, there is no clear demarcation of the concept of leadership and its associated effects. By conducting a scoping review of the literature, this study aims to improve a conceptual understanding of leadership and provide insight into the influence of leadership on service delivery in CYC.

The results show that the majority of the studies within the scope did not use clear definitions of leadership and did not specify the type or level of leadership. Despite this lack of clarity, most studies do discuss the positive effects of leadership behaviors. Leadership behaviors are primarily associated with positive effects on employee commitment and well-being; i.e. creating and communicating a vision, providing trust, safety and respect, inspire, motivate, stimulate and having a cooperative attitude. These leadership behaviors are not exclusively linked to a specific level of leadership and seem effective at all levels. However, the results also show that support from the top of the organization, noticeable in behavior, is a prerequisite for the other layers of management in the organization to be effective.

The lack of clarity about type or level of leadership to which the conclusions apply, makes it difficult to develop and recommend targeted leadership interventions. Therefore, future studies should provide a clear definition of leadership, including job title, job content and leadership level.

Our findings suggest that these leadership behaviors, can help CYC professionals navigate through their unpredictable environment and improve the quality of care.

Can leadership make the difference? A scoping review of leadership and its effects in child and youth care.

1. Introduction

Child and youth care (CYC) is operating in a turbulent, unpredictable environment, described by Vaill as "permanent whitewater" (Jamieson & Milbrandt, 2018; Vaill, 1996). Leaders of organizations that provide care to children and youth operate under public and political pressure to reform failed systems, compete for scarce resources, obtain and sustain a highly skilled workforce, and achieve organizational goals and tasks within a complex network involving internal agency departments, external contracted service providers, the court system, community partnerships, and families (Alvarez, 2016). That this is a widely shared experience is evident from the descriptions in studies from both the USA (Bernotavicz et al., 2013; Collins-Camargo et al., 2014; Kavanagh, 2015), Australia (Birleson, 1998), England (Frost & Lloyd, 2006; Hicks, 2008; Hicks et al., 2008) and the Netherlands (Vries, 2018). This makes leadership in CYC a challenge that requires a broad range of leadership behaviors, such as behaviors aimed at assessing and aligning an organization's internal aspects (i.e., structure, processes, technology, culture, and staff) with its external realities (Bernotavicz et al., 2013). The effects expected of leadership are discussed on multiple levels including the transformation of the sector (Frost & Lloyd, 2006; Kavanagh, 2015; Vries, 2018), increasing organizational performance (Bernotavicz et al., 2013; Collins-Camargo et al., 2014; Hicks, 2008) and, arguably most importantly, improving the quality of care (Akin et al., 2014; Birleson, 1998; Hicks et al., 2008; Malloy et al., 2010). A number of authors, for example, argue that leadership leads to important improvements in the daily practice of CYC as effective implementation of evidence based practice (Aarons, 2006; Aarons & Sommerfeld, 2012; Akin et al., 2014; Melnyk et al., 2007), the implementation of new regulation at operational level (Frost & Lloyd, 2006), reduced burnout (Green et al., 2014; Rittschof & Fortunato, 2016) and turnover of employees (Bowman, 2019; Park & Pierce, 2020; Rittschof & Fortunato, 2016) and an increased intention to stay. Despite these diverse claims of the potential effects of leadership, leadership in CYC is often poorly defined, so it remains an ambiguous concept. A clear designation of roles is generally not found in CYC, with the exception of child and youth psychiatry where leadership is more clearly defined as general and medical leadership, and other medical/psychological roles are also clearly distinguished in duties and responsibilities (Malloy 2010, Evans 1987).

The ambiguity of leadership in CYC lies in the lack of a commonly agreed upon definition. First, existing leadership studies refer to a broad variety of leadership styles, such as transformational leadership (Aarons, 2006; Park & Pierce, 2020), transactional leadership (Aarons, 2006) and leader-member exchange (Brimhall et al., 2017). Second, there is no consensus on the leadership levels of leaders with certain job title as, for instance, a supervisor, a middle manager or an administrator (Bowman, 2019; Brimhall et al., 2017; Kavanagh, 2015; Park & Pierce, 2020). Third, some studies do not refer to any specific level of leadership, rather they discuss leadership in general terms, describing, for example, leadership behavior needed to achieve goals such as adaptation of the organization to changes in the field, or creating a learning environment (Malloy et al., 2010).

Besides this lack of clarity of what is meant by leadership, there is also a lack of clarity of what is meant by CYC, because it is a diverse, evolving field that includes many different categories of care. Freeman (Freeman, 2013) stated that it is difficult to find a commonly agreed upon definition of CYC, referring to CYC in North America. This also applies to Western Europe, where a report by the Netherlands Youth Institute (NJI, 2012) shows that youth care is organized differently in each of the six countries studied and that different levels of government are responsible for care. To get a picture of the target group covered by youth care, it is therefore important to look at the care organized by the various agencies. The NJI describes that, in addition to attention to complex

problems, there is also attention to prevention; "*In many of the countries studied, such as Germany and Finland, there is an explicit focus on more early intervention, fewer evictions and the use of lighter forms of care. In practice, however, there is an increasing use of specialized care and especially an increase in the number of outplacements*" (NJI, Youth Care in Europe, 2012, p.63). Although no universally accepted definition of youth care has been found, for this study we define youth care as all care provided to children, youth, and their caregivers, ranging from light, preventive care to care addressing complex needs, including foster care, youth protection, closed youth care, and juvenile justice programs. In terms of setting, this ranges from outpatient care, family homes, open residential settings to closed settings CYC-Canada (NJI, 2012; (CCCYCA-Canada). This diversity suggests that subfields of care can be distinguished which can differ in setting, substantive knowledge and required expertise, organizational structure and sector-specific challenges. As a consequence, leadership in CYC cannot be discussed without taking into account the specific context. Furthermore, the subfield of CYC to which these findings can be transferred to, needs to be established.

The concept of leadership in relation to the effects associated with it in a particular context in CYC, therefore requires clarification. Although many studies underline the importance of leadership in CYC (Aarons, 2006; Aarons & Sommerfeld, 2012; Bernotavicz et al., 2013; Brimhall et al., 2017; Malloy et al., 2010; Park & Pierce, 2020; Rittschof & Fortunato, 2016; Vries, 2018) and several positive effects have been attributed to it, there is no clear demarcation of the concept of leadership and its associated effects. This lack of a conceptual understanding and commonly used terminology hinders empirical research and the formulation of effective policy. Therefore, the aim of this study is to improve the conceptual understanding of leadership and to provide insight into the influence of leadership on service delivery in CYC. Due to the lack of conceptual understanding, a scoping review is preferred over a systematic review as it identifies knowledge gaps, scopes a body of literature, clarifies concepts or investigates research conduct (Munn et al., 2018). The goal is to accomplish this by providing a review of the scientific literature regarding studies of a relationship between leadership/leadership styles and one or more aspects of quality in CYC in order to get more clarity on this subject.

2. Method

A scoping review was preferred over a systematic review as per Munn et al (2018) , the purpose of this study was "*the identification of certain characteristics/concepts in papers or studies, and in the mapping, reporting or discussion of these characteristics/concepts*" (p. 3), rather than answering a precise question or series of questions (Munn et al., 2018; Peters et al., 2015).

2.1 Search strategy

This scoping review was conducted in accordance with the Prisma Statement for Scoping Reviews (PRISMA). In collaboration with a medical information specialist, a comprehensive search was conducted in the bibliographic databases PubMed, APA PsycInfo via Ebsco, Cinahl via Ebsco, Embase.com and Scopus from inception until April 2020. The study focuses on the conceptual understanding of leadership and gaining a better understanding of the influence of leadership on service delivery in CYC. Therefore the following terms were used as index terms as well as free-text words, including synonyms and closely related words: 'child and youth care', 'leadership'

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and 'quality'. The search terms and synonyms were tested and discussed with the third author. After a test in PubMed without the term decision making there were 75 hits on articles and with the term decision making there were 800 hits. These articles were screened and found to be irrelevant because they were mainly about (medical) content decisions. Therefore, the search term "decision-making" was removed because this term appeared to broaden the search too much. The search was conducted without date or language restriction. After the search studies not written in English were removed. Additional searches were conducted on the platform Emerald Insight and Google Scholar. Duplicate articles were excluded. Overall, 482 articles were found. The search strategy and the list of the included and excluded articles can be requested from the first author.

2.2 Eligibility criteria and article selection

Before reading the abstracts, eligibility criteria were drawn up and discussed with the third author. This resulted in four criteria: 1. main focus – papers and studies should focus on a) the relationship between leadership and quality improvement in CYC, b) leadership behaviors required to accomplish an effect related to quality improvement, c) specific leadership styles and their effect; 2. type of publication – a paper or study published in a journal or as part of a book; 3. language - studies should be written in English. 4. full text – the full text of the article should be available. There were no restrictions for the year of publication.

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┌─────────────────────────┐
│ Records identified through │
│   database searching     │
│        (n=709)           │
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│ Records after duplicates │
│        removed           │
│        (n=482)           │
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│ Records identified through │◄───│  Additional records     │
│ database and web searching │    │  through web searching   │
│        (n=488)           │      │         (n=6)            │
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│   Records screened       │─────►│ Step 1: Records excluded │
│        (n=488)           │      │        (n=427)           │
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│ Full-text articles assessed │───►│ Step 2: Full-text articles │
│   for eligibility        │      │ excluded, with reasons    │
│        (n=61)            │      │        (n=44)            │
└─────────────────────────┘      │                          │
                                  │ - Main focus (n=29)       │
                                  │ - Full text not found     │
                                  │   (n=2)                  │
                                  │ - Book review (n=1)       │
                                  │ - Consensus statement     │
                                  │   (n= 1)                 │
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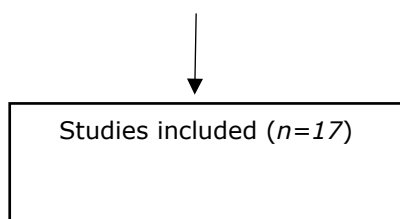
Studies included (*n=17*)

Figure 1 - Flow diagram of record selection

After removing duplicates, the search yielded a total of 482 documents. The article selection was carried out in two steps (fig. 1). First, titles and abstracts were screened by the first author. Articles were excluded if not meeting all inclusion criteria, or, in case of uncertainty, were excluded after discussing it with the third author. The doubtful cases were mainly about the focus of the studies and the extent to which leadership played a role in them. It was decided to focus on whether or not leadership played a central role, with descriptions of active behavior, in relation to quality improvement in the studies rather than whether leadership was part of the study in general; inclusion criteria 1 a and b. After this tightening, another round of inclusion and exclusion followed after which the doubtful cases were again discussed with the third author and either included or excluded. If either title or abstract provided insufficient information to be able to decide on in- or exclusion, the article was submitted to the list for full-text screening. This resulted in a list of 61 articles. For the purpose of further selection and analysis, a data extraction spreadsheet was made. The columns included author, title of the article, year of publication, type of study, study aim, type of care, sample size, region and/or country, methodology, key findings. Each article was screened using this spreadsheet. In addition, the articles were placed in Atlas-ti and were coded for further analysis in a later stage of the study. The Atlas-ti code list was discussed with the second and third author (the code list can be requested from the first author). Second, the first author screened these articles for definite in- or exclusion by reading the full text, filling in the information in the spreadsheet, and discussing doubtful cases with the third author using the information from the spreadsheet. In this process 29 articles were excluded because of their main focus. Another 15 articles were excluded for the following reasons: the full text was not found after extensive search, the article appeared to be a book review, a consensus statement (for neurologists), a tribute or a thesis. The final selection for analysis contained 17 articles. The in- or exclusion of the final selection of articles was discussed with the second and third author and this did not lead to further changes.

2.3 Data analysis

The first and second author created another extraction spreadsheet to map each study, containing the following topics: author, year of publication, country, setting, aim of the study, definition of leadership, role or job title, leadership level within the organization, specific style, behaviors, the effect of leadership, research methodology and participants. The first author summarized the data using the spreadsheet, relying on the definitions, descriptions and terms used in the articles to avoid interpretation (this spreadsheet can be requested from the first author). In addition, the codes used in Atlas-ti were analysed and discussed with the second and third author to determine the main topics to be covered in the analysis. Together with the information from the extraction field, this provided the input for the further analysis.

The spreadsheet was then divided in four separate tables for the purpose of data analysis. The tables were discussed with the second and third author. The first table showed the details of the

included studies; author and year of publication, aim of the study, methodology, participants in the research, the setting and the country where the study was conducted. Although a critical review of the methods used in the studies is not mandatory (Munn et al., 2018, p. 6), we decided to give an indication of how the evidence was obtained in the study. Therefore we added "findings from primary study" or "findings from other studies" to the Methodology, Participants, and Setting column of Table 1 (p.5). By "findings from primary research", we mean all research in which the researcher took action to retrieve information from the field to support ideas. For the "findings from other studies," the effects described are reported in the literature or it is not clear if and how the researcher examined the ideas in practice. The second table showed the definitions or descriptions of leadership used in the study, the roles/job titles that the managers held in the organization, and the level of leadership at which the leaders operated. The third table showed the leadership styles and behaviors and their effect, as well as the organizational level to which the effect related and the level of leadership to which the behavior related. In the fourth table the connections between leadership styles, levels op leadership and levels of effects were shown.

For the purpose of this study, unambiguous terminology was needed to indicate the different levels of leadership in organizations. Since the studies in the specification showed that leadership positions in CYC can have very different names, we looked for designations that could not cause confusion about the leader's place in an organization's hierarchy. In doing so, we turned to literature not specifically focused on healthcare. We chose terms based on the work of Mintzberg (Mintzberg, 1983); operational-, middle- and strategic management. Mintzberg describes a basic organization with an operational core, a middle line and a strategic apex. Because the studies in the scope described more than one leadership level in the middle line, this study distinguishes between operational and middle management, while Mintzberg places both levels under the "middle line". Operational management in this study refers to first-line supervisors with direct control over the operational core. The term "middle manager", refers to those who provide leadership to the operational managers, and are the bridge between them and the strategic top of the organization. "Strategic management" refers to those individuals who are in Mintzberg's strategic apex and have overall responsibility for the organization. In some of the studies the level of leadership was not clearly described. These studies were discussed with the third author after which in some cases an educated guess could be made based on information elsewhere in the article and indictive reasoning, and in some cases it remained unclear. In table 2 this is marked with a footnote.

In this paper, the term "behavior" is preferred over the term "skill", because a skill may be a prerequisite to achieving behavior, but does not necessarily lead to the behavior. In naming behavior and effect, the original text of the study was followed to ensure objectivity. The data collected in the tables were analysed and discussed with the second and third author.

3. Result

3.1 Details of included studies

Despite the absence of date restriction and the use of three broad terms and their synonyms in the search strategy (see Additional file 1), only seventeen articles met the inclusion criteria. A little more than half of the studies involved quantitative research (N=9), most of which used a mixed method design (N=8) with a combination of surveys (table 1). The other half of the studies (N=8) used a qualitative research design, of which more than half used case studies (N=5). The remaining publications were; a chapter from a book intended for educational use, a literature review, and an interview-based evaluation.

Table 1. Details of included studies (N=17)

Author and year of publication	Study aim	Methodology, participants and setting	Country
Aarons, 2006 (Aarons, 2006)	To examine the association between leadership and mental health providers' attitudes toward adopting evidence-based practice.	Method: 3 types of surveys; demographic characteristics, attitudes towards evidence bases practice, perception of leadership behaviors. Findings from primary study. Participants: clinicians and case managers (N = 303) Setting: public-sector mental health service for children, adolescents, and their families (N = 49)	USA
Aarons & Sommerfeld, 2012 (Aarons & Sommerfeld, 2012)	To examine the differential roles of transformational (i.e., charismatic) leadership and leader member exchange (i.e., the relationship between a supervisor and their direct service providers) on team innovation climate (i.e., openness to new innovations) and provider attitudes toward adopting evidence-based practice (EBP)	Method: 4 types of surveys; transformational leadership, leader-member exchange, innovation climate, attitudes towards evidence bases practice. Findings from primary study. Participants: case-managers (N = 140). Setting: child welfare and mental health, teams providing home-based service to families (N = 30).	USA
Ahearn et al, 2004 (Ahearn et al., 2004)	To investigate the impact of the political skill of leaders on team performance. More specifically, to examine the role of leader political skill in the performance of casework teams in a large state child welfare system.	Method: a survey. Findings from primary study. Participants: practicing manager with direct supervision of others (N = 126), administrators of a large University (N = 311), clerical and technical employees of a large University (N = 418). Setting: protective and foster care services	USA
Alvarez, 2016 (Alvarez, 2016)	"To use the lens of second-order change to identify executive leadership challenges encountered by the New Jersey state CWA executive leadership during litigated-based system reform and the extent the agency was able to achieve program and process improvements as stipulated in the	Method: qualitative case study, and documental analysis methodology. Findings from primary study. Participants: New Jersey State child welfare agencies (N= unknown) Setting: child welfare agency	USA

	provisions of the court-approved settlement agreement."		
Anderson, 2009 (Anderson, 2009)	(book chapter) To describe the leadership qualities that are essential attributes for frontline supervisors.	Method: practice and literature. Findings from other studies. Participants: supervisors (N = unknown) Setting: child welfare agencies	USA
Birleson, 1998 (Birleson, 1998)	To introduce the concept of a learning organization and to describe how mental health services can be developed to become learning organizations that will support continual improvement and adaptation.	Method: describing an organizational model based on literature and examining the application of the concepts of a learning organization. Findings from primary study. Participants: management and staff (N = unknown) Setting: child and adolescent mental health service (N = 1)	Australia
Bowman, 2019 (Bowman, 2019)	To review factors related to turnover in child welfare through an Attachment Theory lens.	Method: literature review. Findings from other studies. Participants: - Setting: child welfare.	USA
Brimhall et al, 2017 (Brimhall et al., 2017)	To examine whether organizational leaders can influence workplace inclusion.	Method: mixed method, surveys filled out at three time points with 6-month intervals (p 6). Findings from primary study. Participants: direct-line staff members, supervisors, and administrators; 37% completed the questionnaires at all three time points (N= 133). Setting: public child welfare organization.	USA
Connolly, 2012 (Connolly, 2012)	To describe the development of an integrated model of social work service delivery to better respond to vulnerable and at-risk children in a pediatric hospital setting.	Method: case study and data collection for 6 month following the implementation of the new model. Findings from primary study. Participants: staff, clinicians, social workers (N = unknown) Setting: pediatric hospital	Australia
Graça & Passos, 2012 (Graça & Margarida Passos, 2012)	To investigate the role of leadership in teamwork effectiveness by considering the process of reflexivity inherent to teams.	Method: surveys, mixed method. Findings from primary study. Participants: multidisciplinary teams (N=126). Setting: Child protection	Portugal

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Green, 2014 (Green et al., 2014)	To examine the influence of demographics, work characteristic, and organizational variables on levels of burnout among child and adolescent mental health service providers operating within a public sector mental health service system.	Method: mixed method, surveys and MLQ-5x to assess participants' perceptions of their supervisor's transformational leadership behaviors. Findings from primary study. Participants: clinical and case management service providers (N = 285) Setting: mental health programs (N = 49)	USA
Nelson 2009 (Nelson et al., 2009)	To demonstrate how, with targeted innovation nursing funding, a nurse was employed to work in a multidisciplinary non-government organization (NGO) youth health service in a clinical leadership role.	Method: evaluation based on interviews with the nurse and stakeholders, focus groups with service clientele and school nurses, and Vibe (Hutt Valley Youth Service) records (p3) Findings from primary study. Participants: researchers (N=2), nurse practitioner (N=1). Setting: a multidisciplinary non-government organization (NGO) youth health service	New Zealand
Papin & Houck, 2005 (Papin & Houck, 2005)	To describe the effect of collaboration and integration of public and private child welfare agencies in Mesa County Colorado.	Method: case analysis. Findings from primary study. Participants: management of the participating agencies (N = unknown) Setting: Mesa County Colorado community-based child welfare system consisting of a mental health center, a private non-profit human services agency and a private child placement agency.	USA
Park & Pierce, 2020 (Park & Pierce, 2020)	To examine the relationship between the transformational leadership style of distant leaders and employee turnover intention through the mediating effects of organizational culture, climate, and commitment.	Method: mixed method, cross-sectional surveys. Findings from primary study. Participants: child welfare workers (N=214), employees of local office directors, divided into two groups; with or without state leadership development training (N=32). Setting: public child welfare agencies	USA
Rittschof & Fortunato, 2016 (Rittschof & Fortunato, 2016)	To examine the relationships between transformational leadership, job burnout, and job attitudes among CPS case managers and whether job burnout mediates those relationships.	Method: mixed method, online surveys. Findings from primary study. Participants: CPS case managers (N= 197) Setting: child protective services	USA

Strolin-Golzman et al, 2020 (Strolin-Goltzman et al., 2020)	To understand the influence of inter-professional collaboration and organizational leadership on Secondary Traumatic Stress levels among the child welfare (CW) and mental health (MH) workforce.	Method: mixed method, data analysis, data collected using surveys. Findings from primary study. Participants: CW workers (N = 237) and MH providers (N = 281). Setting: child welfare and mental health	USA
Vito, 2020 (Vito, 2020)	To present qualitative research results from a multiple case study on variations in organizational culture and leadership influence between three children's mental health and child welfare agencies.	Method: multiple case study, semi-structured individual interviews with directors (N=14) and supervisors (N=5), supervisor questionnaires (N=26), observations of management meetings (N=7), agency document review. Findings from primary study. Participants: directors and supervisor (senior and middle management). Setting: mental health (N=2) and child welfare (N=1).	Canada

The way the type of care was described varied from the broad concept of child welfare (N=5) to more specific descriptions; child welfare and mental health (N=3), mental health (N=3), child protection (N=2), youth health (N=1), child welfare; protection and foster care (N=1), child welfare; mental health, human services and child placement (N=1) and pediatric hospital; child abuse detection and protection (N=1).

The amount of publications has multiplied in the past ten years, suggesting increasing interest in the subject "leadership in CYC", starting with only one publication before the change of the century, to a few publications in the first decade of this century (N=5) and more than double that amount in the past decade (N=11).

Studies were conducted in a limited number of continents and countries; the USA (N=12) followed by Australia (N=2), New Zealand (N=1) and Canada (N=1) and, strikingly, only one in a European country; Portugal.

3.2 Definitions, roles and levels of leadership

3.2.1   Definitions of leadership

Only one study used an explicit definition of leadership including job title, role and level of leadership: "*Executive leadership refers to government-appointed leaders within the child welfare agency holding positions at the director level or higher within the organizational hierarchy (e.g., commissioner, assistant and deputy commissioners, chief of staff, chief administrator, and department directors) and accountable for program and policy formulation, implementation, assessment, and oversight*" (Alvarez, 2016, p. 2), thereby clearly indicating who is meant by "the

leader" in this study (table 2). Most other articles (N=14) did not mention these specifics and described leadership in terms of the dynamics between leaders and employees, also referred to as followers (Brimhall (2017).

Table 2. Definitions/descriptions, roles and levels of leadership

Author and year of publication	Definitions/description of leadership	Role / job title	Hierarchical level of leadership
Aarons, 2006 (Aarons, 2006)	"Transformational leadership style creates a vision and inspires subordinates to strive beyond required expectations, whereas transactional leadership style focusses more on exchange between leader and follower, focusing more on extrinsic motivation for the performance of job tasks."	supervisors	*operational management*[1]
Aarons & Sommerfeld, 2012 (Aarons & Sommerfeld, 2012)	"Transformational leadership is motivational, individually considerate, intellectually stimulating, and can engage staff in supporting the mission and vision of a leader and promote a climate for innovation and change."….." It reflects a visionary or charismatic form of leadership in which followers are inspired to adopt the goals, values, and behaviors of the leader. Transformational leaders encourage analytical engagement and challenge standard	(immediate) supervisors	*operational management*

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[1] *Italic* used with hierarchical levels of leadership determined by inductive reasoning

13	ways of conducting work processes." "Leader-member exchange represents the relationship between a leader and follower that can enhance buy-in and willingness to perform well on the job. Leader-member exchange is also important in organizational functioning and job satisfaction and differs from transformational leadership in that it focuses on bi-directional relationships between leader and follower similar to "working alliance" in clinical practice."		
Ahearn et al, 2004 (Ahearn et al., 2004)	"We believe leadership is best characterized as a social influence process: leaders are effective the extent to which they can influence followers to meet or exceed standards of performance, as well as to inspire followers to engage in extra-role behavior that contributes to the effectiveness of the unit."	practicing managers (an employee who is responsible for the direct supervision of others)	**operational management**[2]
Alvarez, 2016 (Alvarez, 2016)	"Executive leadership refers to government-appointed leaders within the child welfare agency holding positions at the director level or higher within the organizational	executive leadership	**strategic management**

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[2] **Bold** is used if the hierarchical level of leadership was mentioned by the author of the article

	hierarchy (e.g., commissioner, assistant and deputy commissioners, chief of staff, chief administrator, and department directors) and accountable for program and policy formulation, implementation, assessment, and oversight."		
Anderson, 2009 (Anderson, 2009)	"In child and family service agencies, the ability to achieve organizational goals—assuring the safety of children, advancing positive and lasting attachments and permanency, and addressing the well-being of children and their families—is directly linked to an appreciation for, and affirmation of, the leadership capacity and contribution of frontline supervisors."	frontline supervisor	*operational management*
Birleson, 1998 (Birleson, 1998)	"A daring and compelling vision is created and shared by all members, is open to reshaping and redefinition, and focuses on clients an quality improvement. Acts to ensure individual and organizational values and goals are aligned. Coaching skills are developed in senior managers. The leadership role is spread throughout the organization, and everyone participates in	director and team leaders[3]	*strategic management and middle management*

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[3] According to the organizational team structure (figure 2, page 6, Birleson (1998)

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	analysis and planning for improvement."		
Bowman, 2019 (Bowman, 2019)	"Supervisor support can be described as practices of the supervisor including availability, validation and appreciation of staff, and competence."	supervisor	*operational management*
Brimhall et al, 2017 (Brimhall et al., 2017)	"In essence, the influential nature of leadership is characterized by the quality of the interactions or exchanges between the leader and the follower."	supervisors, and administrators	*operational- and middle management*
Connolly, 2012 (Connolly, 2012)	"Holbeche (2006) provides a useful framework to consider leadership. Holbeche identifies key aspects of leadership as one who demonstrates strategic thinking, can inspire trust, has excellent interpersonal skills and a high degree of emotional intelligence."	social work management and leadership	unknown
Graça & Passos, 2012 (Graça & Margarida Passos, 2012)	"Team leadership is more than just an individual style and dyadic relations between a leader and one team member, and particularly, a process regarding an internal share for decisions inside the team. As each team member represents an agency, the leaders in this context should be dedicated to and work for a common purpose and common goals (Cheminais, 2009), should create a positive	assigned team leader of a multidisciplinary team	unknown

	atmosphere for interagency communication, and facilitate joint planning for multi-agency developments and sharing of information, discussion and planning around the cases in general (Murphy, 2004). By encouraging the participation of all team members, and consequently all agencies, to provide resources, the leader can better guarantee that children and youngsters are provided with the best services and ensure that the team performs effectively".		
Green, 2014 (Green et al., 2014)	"Transformational leadership, as described by the full range model of leadership, is comprised of four dimensions: idealized influence, inspirational motivation, intellectual stimulation, and individual consideration." *(followed by a brief explanation of the four terms).*	immediate supervisors	*operational management*
Nelson 2009 (Nelson et al., 2009)	"She brought with her the vision and the skills consistent with transformational leadership (Weston, 2008) and in working collaboratively with colleagues achieved transformation of the service."	clinical nurse leader (nurse practitioner)	unknown
Papin & Houck, 2005 (Papin & Houck, 2005)	"Leaders among private and public sector programs must be willing to develop and	interdisciplinary management teams	unknown

	commit to a vision and mission that supports collaboration and integration and to articulate the manner in which agencies are to deliver services."		
Park & Pierce, 2020 (Park & Pierce, 2020)	"Transformational leadership is a leadership behavior that influence followers to transcend their individual self-interests for the collective good of their organizations and "help followers reach their fullest potential (Northouse, 2001, p.131)" through paying attention to individual needs. Transformational leadership is theorized in four dimensions: 1) idealized influence; (2) inspirational motivation; (3) intellectual stimulation; and (4) individual consideration." *(followed by an explanation of the four terms)*	distant leaders (such as office directors in middle management positions)	**middle management**
Rittschof & Fortunato, 2016 (Rittschof & Fortunato, 2016)	"Transformational leaders engage, motivate, and inspire their followers, create visions for change and empowerment, and pay attention to the needs and personal development of individuals under their charge (Bass & Riggio, 2006)."	immediate supervisor	*operational management*
Strolin-Golzman et al, 2020 (Strolin-Goltzman et al., 2020)	"Transformative Leadership is a 10-item scale assessing staff perceptions of how well leaders create an organization that prepares the workforce	-	-

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	for positive change and growth."		
Vito, 2020 (Vito, 2020)	Clan culture: family atmosphere and is focused internally on teamwork and consensus. Hierarchy culture: formal rules and procedures and is focused on internal control and stability.	senior management (directors) and middle management (supervisors)	**strategic management and middle management**

Six studies focused specifically on transformational leadership (Aarons, 2006; Aarons & Sommerfeld, 2012; Green et al., 2014; Nelson et al., 2009; Park & Pierce, 2020; Rittschof & Fortunato, 2016), sometimes compared to other leadership styles as transactional leadership (Aarons, 2006) and leader-member exchange (Aarons & Sommerfeld, 2012). Most studies gave a compact description as per Rittschof & Fortunato (2016) who cited Bass & Riggio (2006); *"Transformational leaders engage, motivate, and inspire their followers, create visions for change and empowerment, and pay attention to the needs and personal development of individuals under their charge"* (p. 373*). Two studies (Strolin-Goltzman et al., 2020; Vito, 2020) did not use a definition or description of leadership although leadership was an important component of their research.

3.2.2 Job titles and hierarchical levels of leadership

Several job titles were used to indicate the hierarchical level of leadership in an organization (table 2), which may lead to confusion if not further defined. For example, the person directly responsible for supervising front-line staff is referred to as; practicing manager (Ahearn et al., 2004), first-level leaders (Aarons, 2006) or immediate and first-line supervisor (Rittschof & Fortunato, 2016). To designate a person responsible for these operational managers, terms were used such as; distant leader and middle manager (Park & Pierce, 2020) or team leader (Birleson, 1998), and to indicate the highest level of leadership in an organization, terms such as senior management (Vito, 2020) or top-level management (Rittschof & Fortunato, 2016) were used.

Finding out which leadership level the study was about, required inductive reasoning by looking for a combination of a job title and a job description in nearly half of the studies (Aarons, 2006; Aarons & Sommerfeld, 2012; Anderson, 2009; Birleson, 1998; Bowman, 2019; Brimhall et al., 2017; Green et al., 2014; Rittschof & Fortunato, 2016). For example Ahearn et al (2004) who described the leader in question as *"practicing managers …an employee who is responsible for the direct supervision of others"*, making it clear this was operational level.

3.3 Leadership style, behaviors, levels of leadership and effect

The following sections present the links between leadership style and/or leadership behaviors, levels of leadership and their effect. First, the relationship between leadership type and behavior is described. Second, subsections describe the relationship between effects, leadership style or behavior, and leadership levels.

3.3.1 Type of leadership and behaviors

The results show (table 3) that more than half of the studies focused on specific leadership styles (N=9). As previously noted, these studies focused mostly on transformational leadership, in one article referred to as transformative leadership (Strolin-Goltzman et al., 2020). Other leadership styles mentioned were leader-member exchange (Brimhall et al., 2017) and leadership by using Attachment theory (Bowman, 2019). All of them citing behaviors described in the theoretical concept of this leadership style. The other half of the studies, without a defined leadership style, provided a more specific description of leadership behaviors.

Table 3. leadership style, behaviors, effect and level of effect

Author and year of publication	Leadership style	Behaviors	Effect	Level of effect	Level of leadership
Aarons, 2006 (Aarons, 2006)	transformational & transactional leadership	Creating a vision; inspiring subordinates; motivating performance.	*transformational and transactional leadership–* positively associated with providers positive attitudes toward adopting evidence based practice (EBP); *transformational leadership* negatively associated with providers perception of difference between the providers' current practice and EBP.	Employee/team Employee/team	Operational
Aarons & Sommerfeld, 2012 (Aarons & Sommerfeld, 2012)	transformational leadership & leader-member exchange	Creating a vision; inspiring subordinates; encouraging	*transformational leadership–*		Operational

		analytical engagement.	higher innovation climate during implementation of EBP;	Organization/system	
			leader-member exchange- higher innovation climate during service as usual (SAU).	Organization/system	
Ahearn et al, 2004 (Ahearn et al., 2004)	not mentioned	Understanding others; influencing others; promoting personal and organizational objectives.	*(leader political skill)* significant increment in team performance variance; important role in facilitating team performance, beyond mere empowerment of team members.	Employee /team Organization/system	Operational
Alvarez, 2016 (Alvarez, 2016)	not mentioned	Building confidence; stimulating enthusiasm for the vision; providing clear and definable goals; modeling norms and routines; supporting positive behaviors.	(*strong consistent executive leadership*)– improvements in key areas including application of the CPM (*New Jersey Child Welfare Panel*) to case management, placement of children in out-of-home care, caseworker visitation, timely access to health care services,	Organization/system Client/service Client/service Organization/system	Strategic

21			programs and services for older youth in foster care,	Client/service	
			increased adoption placements,	Client/service	
			appropriate utilization of NJ SPIRIT (a *system*) for case management across the agency system,	Organization/system	
			and a stronger quality review process.	Organization/system	
Anderson, 2009 (Anderson, 2009)	not mentioned	Serving as an ethical role model; communicating purpose and meaning; stimulating creativity; problem solving; fostering improvement; fostering collaboration and competence; creating a culture of caring.	*(supervisors as organizational leaders)*– operating in and understanding of the organizational culture and vision;	Organization/system	Operational
			relates to frontline workers and implements the agency's purpose;	Employee/team	
			ability to guide, teach, motivate, and support team members (is essential for the success of the organization).	Employee/team	

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Birleson, 1998 (Birleson, 1998)	not mentioned *(leadership in learning organizations)*	Personal self-awareness; system thinking; building a shared vision; enhancing team learning; creating inspirational goals; aligning interests of workers and organizations; providing direction; enhancing motivation.	Changed mental health service organizational structure and culture towards greater support for research, quality improvement, experimentation and adaptation.	Organization/system Employee/team	Strategic and middle
Bowman, 2019 (Bowman, 2019)	supervisory support by using the Attachment theory (Ainsworth, 1964 and Bowlby, 1988)	Fostering secure attachment; enhancing the working alliance; promoting trust and confidence.	Impact on nature and productivity of supervision; supervisor support and prevention of turnover to potentially improvement of CW outcomes and agency environments.	Employee/team Employee/team Client/service Organization/system	Operational
Brimhall et al, 2017 (Brimhall et al., 2017)	Leader-member exchange (LMX-theory, Graen & Uhl-Bien, 1995)	Interacting (leader-follower) with mutual respect and trust.	Favorable perceptions of leader-member exchange are associated with increased feelings of inclusion 6 and 12 months later.	Employee/team	Operational and middle
Connolly, 2012 (Connolly, 2012)	not mentioned	Consulting with staff; building commitment to the need for change;	*(Leadership qualities; strategic thinking, inspiring trust, excellent interpersonal skills,*		Unknown

23		addressing staff concerns; providing a vision of enhanced client outcomes; striving for excellence using evidence-practice; enabling; persuading; reassuring; bargaining; forming alliances.	*high degree of emotional intelligence*)– social work service to at risk children is of high quality (compared to best practice guidelines); duplication of service has reduced, therefore improving efficiency; service delivery integrated within medical units; (*integrated*) model ensures continuity of care for child and family; resources are now focused on highly specialized response to childhood sexual abuse.	Client/service Organization/system Organization/system Client/service Organization/system	
Graça & Passos, 2012 (Graça & Margarida Passos, 2012)	not mentioned	Dedicating to a common purpose and goals; creating a positive atmosphere for interagency communication; facilitating joint planning for multi-agency developments; sharing information; discussing and planning around the cases.	(*leadership in teamwork*)– leadership mediates the relationship between reflexivity and effectiveness (i.e. team management performance, boundary spanning and satisfaction) within the team.	Employee/team	Unknown

Green, 2014 (Green et al., 2014)	transformational leadership (and organizational climate)	Instill pride in their team; providing a model for ethical behavior; garnering trust and respect (of their team); communicating high expectations; communicating a vision; fostering creativity; fostering independent thinking; welcoming new ideas; interacting (with their staff) on a personalized basis; assisting their (staff's) individual development.	Lower levels of depersonalization among Wraparound providers (*team-based approach of implementing services*) compared to traditional case managers (*coordination of services for a family focused on an individual client*).	Employee/team	Operational
Nelson, 2009 (Nelson et al., 2009)	transformational leadership	Respectful; supportive; inspiring; encouraging; including; mentoring support and guidance.	High caliber clinical leadership by the nurse practitioner (NP); improved outcomes for the clientele; increased satisfaction for team members; provided a model for potential NP's.	Employee/team Client/service Employee/team Organization/system	Unknown
Papin & Houck, 2005 (Papin & Houck, 2005)	not mentioned	Ensuring agreement on common vision; securing agreement on goals; co-creating with other leaders of community; owning a common value system; enjoying and trusting on another; creating the culture	(*Interdisciplinary management teams*)– enhanced communication between staff; help ensure sufficient resources are available (to meet the needs of children and families);	Employee/team Organization/system	Unknown

			maintain continuity and constancy between cases.		
				Client/service	
Park & Pierce, 2020 (Park & Pierce, 2020)	transformational leadership	Influencing followers; helping followers reaching their fullest potential; paying attention to individual needs; presenting a vision; acting as a powerful role model; articulating a vision that inspires; communicating and sharing their visions; motivating followers to build confidence and commit to their vision; challenging to think creatively and take risks; encouraging to be creative and innovative; challenging to break from past beliefs and values; attending to the needs and concerns of the individual follower; helping followers to develop themselves; treating followers with care and concern.	The transformational leadership styles of local office directors had direct and negative effects on child welfare workers' turnover intentions	Employee/team	Middle
Rittschof & Fortunato, 2016 (Rittschof & Fortunato, 2016)	transformational leadership	Engaging and motivating followers to exceed expectations and transcend self- interest for the sake of the organization; developing trust, respect and admiration; willing to share risks; modelling behavior consistent with their values; creating a compelling vision with enthusiasm and optimism; stimulating enthusiasm and optimism in followers; valuing the intellectual ability of the follower; encouraging innovation and creativity; questioning assumptions	CPS supervisors who manifest characteristics of transformational leadership, can directly ameliorate CPS case manager's experience of job burnout, particularly emotional exhaustion; increase attachment and commitment to the organization;	Employee/team Employee/team	Operational

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		and ideas; approaching old situations in new ways; paying attention to individual's need; acting as a mentor and/or coach.	facilitate positive job attitudes; reduce employee's intend to quit by ameliorating feelings of emotional exhaustion among CPS case managers.	Employee/team Employee/team	
Strolin-Golzman et al, 2020 (Strolin-Goltzman et al., 2020)	transformative leadership – (Transformative Leadership is a 10-item scale assessing staff perceptions of how well leaders create an organization that prepares the workforce for positive change and growth)	Providing a clear plan and roles (for implanting change); supporting staff (throughout change implementation); working to get buy-in (from staff) to support new initiatives.	*transformative leadership –* higher levels of transformative leadership were significantly negatively correlated to time pressure. *Inter-professional collaboration and transformative leadership –* significantly negatively related to STS (*secondary traumatic stress*).	Employee-team Employee/team	Unknown
Vito, 2020 (Vito, 2020)	*Clan culture* (mental health org.), where directors and supervisors encourage mission, vision and values into practice. *Hierarchy culture* (mental health and child welfare); which	*Clan culture:* Sharing mission, vision and values; providing trust and safety;	*clan culture–* greater work satisfaction, motivation, commitment, and	Employee/team	Strategic and middle

27	has formal rules and procedures and is focused on internal control and stability challenges living some values in practice due to external pressures.	open communication; sharing information; meaningful staff recognition; *Hierarchy culture:* No behaviors a described only the outcome: well-developed mission and vision; clear hierarchical structure; new meeting format; clear performance management guidelines.	intention to remain with the organization; shared mission, vision and values; flatter matrix structure; trust and safety; open communication and sharing information; meaningful staff recognition and wellness activities; strength-based performance management. *hierarchy culture–* well-developed mission, vision and values; clear hierarchical structure with a new meeting format; clear performance management guidelines.	Employee/team Organization/system Employee/team Employee/team Employee/team Organization/system Organization/system Organization/system Organization/system	

Although leadership behaviors are described in a variety of terms in the studies, they can be divided into two categories: 1) behaviors focused on the development or motivation of employees and 2) behaviors focused on the development of the organization.

Behaviors focused on the development or motivation of employees, are found in all of the studies and form the large majority. Creating or communicating a vision to inspire employees, is most frequently mentioned (Aarons, 2006; Aarons & Sommerfeld, 2012; Alvarez, 2016; Birleson, 1998; Connolly, 2012; Green et al., 2014; Papin & Houck, 2005; Park & Pierce, 2020; Rittschof & Fortunato, 2016; Vito, 2020), This included studies that focus on transformational leadership as well as those that did not examine a specific style. Also, most behaviors in this category describe direct personal support or guidance of employees. For example, the description of one of the transformational leadership behaviors as "*helping followers reach their fullest potential through paying attention to individual needs*" (Park & Pierce, 2020, p. 2). Furthermore, across all studies there are many variations of leader-employee interactions aimed at promoting motivation, inspiration, open communication and a sense of security and trust, where there is no difference in type of leadership.

Only three studies describe behaviors aimed at organizational development, but always alongside other goals. Graça & Pasos (Graça & Margarida Passos, 2012), for example, mention facilitation and planning, in addition to creating a positive atmosphere for communication as behaviors that should lead to effective multidisciplinary collaboration among agencies. Only a few studies mention behaviors aimed at fostering collaboration (Ahearn et al., 2004; Anderson, 2009; Graça & Margarida Passos, 2012; Papin & Houck, 2005), none of which describe a specific leadership style. These studies focus on integrated teams consisting of members drawn from multiple organizations, for instance, making a collaborative orientation important for success (Graça & Margarida Passos, 2012; Papin & Houck, 2005).

3.3.2 Effects, leadership behaviors or style and levels of leadership

As shown in tables 3 and 4, the effects of leadership described in the studies can be divided into three categories; effects on client/service level, employee/team level or organizational level. Most studies described effects at more than one level with effects at employee/team level being most common (N=13), followed by organizational level (N-11) and client/service level (N=5).

3.3.2.1 Effects at employee/team level

The effects at employee/team level, of which more than half were related to operational level leadership and a specific style of leadership, can be divided into two groups: 1) employee commitment with the organizational goals and 2) employee well-being. Some studies described both groups of effects. Most of the studies described similar effects at employee commitment, while effects on employee well-being were more varied (table 4).

Three types of effects are related to employee commitment; decrease of turnover intentions (Bowman, 2019; Park & Pierce, 2020; Rittschof & Fortunato, 2016), alignment of personal and organizational goals (Anderson, 2009), and improvement of team performance (Graça & Margarida Passos, 2012). "The decrease of turnover intentions", as mentioned in three studies, was connected to transformational leadership (Park & Pierce, 2020; Rittschof & Fortunato, 2016) and supervisory

support using attachment theory (Bowman, 2019) at operational and middle level leadership. "Alignment of personal and organizational goals" includes sharing mission, vision and values (Vito, 2020), motivation of frontline workers for agency's purpose (Anderson, 2009), and healthcare providers' positive attitudes toward adoption of Evidence-Based Practice (EBP) (Aarons, 2006). Of these three effects, only the last is associated with a specific leadership style; transformational leadership and the effects were found at operational and middle level leadership. Finally, "the improvement of team performance" is also described in three studies, none of which take any of the leadership styles as a starting point, but each highlight a specific element of team leadership; the increment in team performance variance through leader-political behaviors (Ahearn et al., 2004), the mediating effect of team-leadership on the relationship between reflexivity and effectiveness (Graça & Margarida Passos, 2012) and interdisciplinary management teams enhancing cross-system staff communication (Papin & Houck, 2005). These effects are found at the operational leadership level and mentioned in studies where leadership level was not determined.

In the category of "employee well-being", a number of positive effects were connected to transformational leadership at operational or unknown levels of leadership; reduction of burnout (Green et al., 2014; Rittschof & Fortunato, 2016), reduction of Secondary Traumatic Stress and feelings of time pressure (Strolin-Goltzman et al., 2020), increased feelings of satisfaction (Nelson et al., 2009), positive work attitude and commitment to the organization (Rittschof & Fortunato, 2016). The last two effects were also attributed to clan culture, increased feelings of trust, safety and recognition (Vito, 2020) both at middle and strategic level. Increased feelings of inclusion were the result of leader-member exchange at operational and middle level (Brimhall et al., 2017), while Anderson (2009) underlined the benefit of supervisors at operational level relating to frontline workers, making it possible to motivate and support them in doing their job (Anderson, 2009).

Table 4 – Leadership style and level of leadership and its effects

Effect	Leadership styles			Levels of leadership[4]				
	Transformational (/transactional)	Leader-member exchange						Unknown
Employee/ team level (N = 13)[5]								

Category		C1	C2	C3	C4	C5	C6	C7	C8
Commitment N=9	Decrease of turnover	xx		x		xx	x		
	Alignment personal-organizational goals (shared mission/vision, motivation towards purpose, adopting implementation EBP)	x		xx		xx	x	x	
	Improved team performance				xx x	x			xx
Well – being N=7	Reduced burnout	xx				xx			
	Reduced secondary traumatic stress	x							x
	Reduced feeling of time pressure	x							x
	Increased feelings of satisfaction and positive work attitudes and commitment to the organization	xx			x		x	x	
	Increased feelings of trust, safety and recognition				x		x	x	
	Relate to the frontline workers, making it possible to motivate and support them in doing their job				x	x			
	Increased feelings of inclusion		x				x	x	
Organization level (N = 11)									
	Changed organizational structure adapted to the purpose				xx		xx	xx	
	The introduction of quality systems adapted to the purpose				x			x	
	Strength based performance management				x		x	x	
	Improved efficiency (reduced duplication of services and integrated service delivery within medical units)				x				x
	Availability of sufficient resources				x				x
	Improved leadership also functioning as a role model (clinical leadership by NP)	x							x

	Positive effect on the implementation of EBP	xx			xx			
	Positive effect on innovation climate, associated with more positive attitude towards EBP	x			x			
	Positive effect on innovation climate during SAU		x					
	Understanding the organizational culture (by a supervisor) by relating to first-line employees in order to implement agency's goals			x	x			
	Potentially improved agency environment by supervisors using the attachment theory			x	x			
	Variances in team performance by leader political skill			x	x			
	Preconditions are in place (meeting format, vision, mission and values are described, management performance guidelines)			x		x	x	
Client/service level (N=5)								
	Improved client outcome	x						x
	Social work of at risk children of high quality compared to best practice guidelines			x				x
	Potentially improve child welfare outcomes and agency environment (using attachment theory)		x		x			
	More continuity and constancy between cases by enhanced communication between staff and working with integrated teams			x				x
	Timely access to health care services, programs and services for older youth in foster care and increased adoption placements			x			x	

3.3.2.2 Effects at the organizational level

Eleven studies mentioned the effect at the organizational level. In terms of leadership styles, it is notable that studies without a specific leadership style are strongly represented here (N=7). The effects were mostly reflected in the sphere of preconditions, such as adaption of the organizational structure (Birleson, 1998; Vito, 2020), the introduction of quality systems (Alvarez, 2016) or strengths-based performance management (Vito, 2020), improved efficiency (Connolly, 2012) and the availability of sufficient resources (Papin & Houck, 2005). These effects were connected to

strategic and middle level leadership and were also described in studies with unknown levels of leadership. There were also organizational-level effects, described in six studies, that focused on work climate; more positive attitudes toward Evidence Based Practice (EBP) and thus a positive effect on EBP implementation (Aarons, 2006; Aarons & Sommerfeld, 2012), positive effect on innovation climate during service as usual (SAU) (Aarons & Sommerfeld, 2012) and the improvement of the agency's environment (Bowman, 2019), all connected to a specific leadership style (table 3 and 4). Other effects were; a positive effect on organizational culture making it possible to implement the agency's goals (Anderson, 2009), variance in team performance scores by leader political skills (Ahearn et al., 2004) and a number of created preconditions as a described mission, vision and values, clear management performance guidelines and a new meeting format because of the hierarchical structure (Vito, 2020). All of these effects were found at operational level leadership.

3.3.2.3 Effects at the client/service level

Five studies found effects at the client/service level, described in rather global terms as Nelson (2009) who mentions that high caliber clinical leadership "*improves outcomes for clientele*" (Nelson et al., 2009) or Bowman (2019) who suggests that using the attachment theory as a supervisor might "*potentially improve child welfare outcomes and agency environments*"(Bowman, 2019). A little more concrete are the effects described by Papin & Houck (2005) (Papin & Houck, 2005) and Connolly (2012) (Connolly, 2012) who both underline the positive effect on clients of more continuity and constancy between cases by enhanced communication between staff and working with integrated teams. Alvarez (2016), finally, described the effects of the implementation of a systemic plan of organizational change on a wide range of points at client level as "*timely access to health care services, programs and services for older youth in foster care and increased adoption placements*"(Alvarez, 2016). These effects were found at operational or unknown leadership levels, except the latter which was found at the strategic level.

4. Conclusion and discussion

Even though many studies underline the importance of leadership in CYC (Aarons, 2006; Aarons & Sommerfeld, 2012; Bernotavicz et al., 2013; Brimhall et al., 2017; Malloy et al., 2010; Park & Pierce, 2020; Rittschof & Fortunato, 2016), there is no clear delineation of the concept of leadership and its associated effects. The aim of this study was to improve the conceptual understanding of leadership and to provide insight into the influence of leadership on service delivery in CYC. By conducting a scoping review, the literature was analyzed in terms of definitions, roles and levels of leadership, leadership styles, behaviors and effects.

One of the key findings of this scoping review is that a leadership style is often (Aarons, 2006; Aarons & Sommerfeld, 2012; Brimhall et al., 2017; Green et al., 2014; Park & Pierce, 2020; Rittschof & Fortunato, 2016; Strolin-Goltzman et al., 2020) used to describe a particular group of

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leadership behaviors and effects. The demonstrated behaviors are; creating and communicating a vision, providing trust, safety and respect, inspire, motivate, stimulate and having a cooperative attitude levels, and are associated with positive effects at both employee, team, organizational and client levels (see tables 3 and 4). In the studies that did refer to leadership styles, transformational leadership was mentioned most frequently. Although the studies provide compelling evidence for a link between transformational leadership behavior and positive effects, we believe that some caution is in order here. In 2004, Judge & Piccolo found that transformational and transactional leadership are so closely related that it is difficult to distinguish their unique effects (Piccolo, 2004, p. 765). In addition, leadership styles, used as a concept, are merely a label that a leader may or may not fully apply. The style itself is no guarantee for success. Just as a skill that does not necessarily lead to the behavior. If only spoken in terms of leadership concepts in relation to effects, it remains unclear which behavior can be linked to which effect. The results of this study show that it is more important to be able to establish a link between actual displayed behavior and the effect on different levels of the organization. This also makes it more possible to implement targeted improvements to get a better result. Therefore, based on the results, we recommend focusing on specific leadership behaviors and their effects in future studies.

That being said, nearly half of the studies did link effects to leadership behaviors instead of a leadership style. Taking into account that each study only examined and demonstrated a portion of the behaviors and their effects, and each study adds a piece to the puzzle, there seem to be several positive effects when leaders demonstrate certain behaviors. The demonstrated behaviors are primarily associated with positive effects on employee commitment and well-being. This is important because the management of an organization must realize that they are influencing the commitment and well-being of employees with their behavior, which is an important realization in times of hard-to-fill vacancies.

Several studies emphasized that these effects depend on the support of the top of the organization. For example by Bernotavicz (2013), who described the following: *"Participants in both the LAS* (i.e. Leadership Academy for Supervisors) *and the LAMM* (i.e. Leadership Academy for Middle Managers) *report a decline in their efficacy related to implementing and sustaining a systems change, and report lack of support from their own supervisors and administrators as the most important factor impinging upon their effectiveness."* (Bernotavicz et al., 2013, p. 413). This suggests that support from the top of the organization, noticeable in behavior, is a prerequisite for the other layers of management in the organization to be effective.

Another finding is that the influence of leadership on service delivery is described in some of the studies only as a secondary effect of improved commitment and well-being of employees. Nonetheless these findings are important for CYC , as the following quotes show: "*Turnover creates strain for individual social workers but can also place client well-being at risk when social workers are unable to meet high workload expectations*" (Bowman, 2019, p. 4) and, *"Thus, CPS* (i.e. child protective services) *case managers who are burned out from their job are increasingly likely to provide poor quality services to the families they serve"* (Rittschof & Fortunato, 2016, p. 380). This suggest that investing in improving employees commitment and well-being can also improve the quality of service delivery. It should be emphasized that both perspectives, effects on employee level as well as organizational level, are necessary to provide good quality services in accordance with the applicable quality standard: safety, effectivity, patient-centered, timely, efficient and equitable (Agency for Healthcare). This also implies that attention must be paid to leadership at all levels of an organization if it is to deliver or improve good quality services in CYC, but that top management should lead by example.

As stated earlier, there was no clear demarcation of the concept of leadership. This was confirmed by the fact that almost no study within the scope, used a clear definition or description of

leadership. The lack of clarity about type or level of leadership to which the conclusions apply, complicates policy making. As a result, it is difficult for policymakers to develop and recommend targeted leadership interventions. Therefore, it is recommended that future studies provide a clear definition of leadership, including job title, job content, and leadership level.

As stated in the introduction, leadership in CYC cannot be discussed without considering the specific context or setting. There are local differences in the implementation of different types of CYC, the challenges facing the domain of CYC in various countries, the funding of CYC and the influence of a country's culture on CYC. Most types of care that belong to CYC (CCCYCA-Canada) were represented in the studies, but the variations in countries and continents were limited. Although this limited scope on several dimensions prevents us from making firm statements about the influence of environmental variables, it seems reasonable to assume that local conditions and, for example, the culture of a country may influence leadership behavior. Next studies could focus on the influence of external factors or cultural influences on leadership behavior and its effect in the CYC.

The studies in this scoping review showed various challenges facing the sector. This raises the question which style of leadership is best placed to address these challenges. The results show that, explicitly or implicitly, much emphasis is placed on specific forms of leadership, especially transformational leadership. As stated earlier, leadership styles as transformational leadership, do not necessarily lead to transformational behavior in practice. Therefore it is important to look at behavior rather than a style. The turbulence of constant change and its demands on leadership makes research on leadership behaviors and their impact of ongoing importance. We were able to identify only seventeen studies in the past 23 years within the scope of this study. This small number and the fact that almost every study focused on a different topic, setting, leadership style, behavior, and leadership level, necessitates caution in drawing general or definite conclusions. Nonetheless, certain leadership behaviors do seem to make a difference for quality of child and youth care.

Limitations

While the results in the studies included in the scope of this review show important similarities in terms of leadership behaviors and their effects, there are limitations that must be taken into account when drawing further conclusions.

First, our search strategy is limited to English-language literature and was limited to studies that dealt specifically with CYC. This excluded studies that addressed the broader context and views of effective leadership in general. Second, this study focused on organizational leadership only, while CYC is also subject to forms of political leadership as the national government (Alvarez, 2016; Frost & Lloyd, 2006) local policy of the municipality and joint ventures of CYC-providers (Vries, 2018). Third, this study is limited because of its small amount of studies in the scope. Also, as stated in paragraph 4.4, the studies are carried out over a period of more than 20 years, cover a variety of topics in at least seven subfields of CYC which makes it difficult to draw general conclusions. Fourth, the studies are conducted in a limited amount of countries and continents. Most likely, the prevailing culture has an effect on the results and the conclusions drawn. Therefore, conclusions should not be applied without taking into account the local culture. Fifth, there is no guarantee that leadership behavior will have the desired effect because of mediating factors. Effect of leadership behavior is the result of interaction between leader and follower (Aarons & Sommerfeld, 2012; Brimhall et al., 2017) and

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the way leadership behavior is interpreted, is determined by the person the leader is interacting with (Bowman, 2019). Sixth, in each study, the research methods and the perspective chosen with respect to leadership differ. As a result, there is also difference in the strength of the causal relationship described between the subject of study and leadership behaviors. Although the studies demonstrated a clear overlap of specific leadership behaviors, it remains important to be cautious when applying this knowledge because of these differences regarding causation. Seventh, because the studies did not explicitly look at, or compare larger or smaller organizations, the conclusions cannot be generalized to organizations of all sizes without question. Finally, it is inherent in the methodology of a scoping review to look at a wide variety of articles and books, which differ in methodology and mode of reporting, but about which no critical assessment is mandatory (Munn et al., 2018).

Summary conclusion

The aim of this study was to conduct a scoping review of leadership studies in CYC in order to provide insight into leadership conceptualizations and the influence of leadership on service delivery.

With regards to the first part of the research question, we note that the majority of studies within the scope did not use clear definitions or descriptions of leadership. Because of the lack of clarity about type or level of leadership to which the conclusions apply, it is difficult to develop and recommend targeted leadership interventions. Therefore, future studies should provide a clear definition of leadership, including job title, job content, and leadership level.

With regards to the second part of the research question, we note that is answered by the finding that certain leadership behaviors are associated with positive effects on employee commitment and well-being. These leadership behaviors are not exclusively linked to a specific level of leadership and seem effective at all levels. Although effects of leadership behaviors on service delivery in CYC were only mentioned as a secondary finding, studies outside the scope underline the importance of the positive effect of employee commitment and well-being on service delivery. These findings suggest that leadership behaviors, when in line with the behaviors mentioned in paragraph 4.1 and table 3, can help CYC professionals navigate through the "permanent whitewater" and improve the quality of care.

Acknowledgment

Funding

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Highlights

- The lack of clarity about the type or level of leadership to which the conclusions of studies apply makes it difficult to develop and recommend targeted leadership interventions.
- Certain leadership behaviors are particularly associated with positive effects on employee engagement and well-being.
- These leadership behaviors are linked to all levels of leadership, but support from the top is a prerequisite.
- Leadership behaviors can help child and youth care professionals improve the quality of care.

Author contribution

Janet Ressang-Wildschut: Conceptualization, methodology, resources, investigation, writing original draft, visualization.

Lieke Oldenhof: Conceptualization, methodology, resources, validation, writing - review & editing,

Ian Leistikow: Conceptualization, supervision, resources, writing - review & editing.

Declaration of competing interest

None.