ABSTRACT

Pulling Back the Curtain: State Children's Ombudsmen at Work

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Over the past 100 years a broad and complex system of government sponsored care and protection of children has developed in the United States (U.S.). Yet children are still at considerable risk for poor health exacerbated by maltreatment (Centers for Disease Control, 2010), inadequate education (Institute of Education Sciences, 2010), and unsafe living conditions (Isaacs, 2009). In 2008 an estimated 1,740 children died from abuse and neglect (National Child Abuse and Neglect Data System, 2010). These outcomes are, in part a symptom of government failures to implement protective public policies. In response to tragic failings, some states have established children’s ombudsman offices to hear complaints from citizens and attempt to improve government systems. There has been a slow but steady increase in the number of these institutions, yet there has been limited examination of them or their effectiveness.

The purpose of this qualitative study was to describe the structure and function of the ombudsmen as a first step in evaluating their impact on children. The design employed situational analysis (Clarke, 2005) which allowed for the use of multiple sources of data to view the broad context of the ombudsmen’s situation. Beginning with statute review across the United States, 31 ombudsmen were identified and categorized by their defining characteristics. A sample of all ombudsmen with classical ombudsman characteristics as defined by Gottehrer and Hostina (1998) (N=10) was recruited to participate in interviews designed to explore their experience and interpretation of their
work. Other data sources included reports or audits published by or about each office, state budgets, legal documents, legislation (proposed and passed), website contents, news media, other related literature, and proceedings of the 2010 U.S. Ombudsman Association annual meeting.

Using constant comparison, mapping techniques and memoing data were clustered into themes from the ombudsmen’s narratives and other resources. The multidimensionality of their situation was confirmed and processes they used to transform citizen complaints into systemic improvements were identified. These included strategic approaches to relationships and obstacles in their work. Opportunities for nurses to contribute to this unique role were also identified. The children’s ombudsmen in this sample did not network with peers and were generally absent from a national and international dialogue on the health and wellbeing of children.

This study has broad implications for ombudsman practice and children’s public policy. It represents a first step in describing the ombudsmen and identifies substantial research questions for the future. It sets the stage for evaluative endeavors that will clarify the impact of ombudsman work on the health and welfare of children and confirms an important role for nurses.
Pulling Back the Curtain: State Children's Ombudsmen at Work

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by
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# TABLE OF CONTENTS

Abstract 1  
Table of Contents 5  
List of Tables 11  
List of Figures 12  
Dedication 13  
Acknowledgements 14  
A Time for Complaints 15  
CHAPTER ONE. Introduction 16  
  Statement of the Problem 20  
  Operational Definition: Ombudsman 21  
CHAPTER TWO. Literature Review 24  
  Symbolic Interactionism: A Conceptual Framework 24  
  Recognizing and Protecting Childhood: A 100 Year Review 26  
    The Children’s Bureau: Early years. 27  
    The age of questions, civil rights and advocacy. 30  
    1960s – 1970s: Milestones and advocacy for children. 31  
    The Nixon Administration: Children’s friend or foe? 34  
    Defining child advocacy: No consensus. 36  
    An unexpected blow to children’s momentum. 38  
    Onward in children’s policy: Beyond 1971. 39  
    Other constituencies gain oversight of services. 41  
    International concern for children. 42
The evolution of children's ombudsmen in the U.S. 44

State children's ombudsman: Gaps in the literature 45

Summary of Literature Review 48

CHAPTER THREE. Research Methods 51

Study Purpose and Aim 51

Study Design 51

Grounded theory and situational analysis. 53

Sample 56

Data Collection 58

Procedure, Data Management, and Reflexivity 60

Data management strategies. 62

Interview transcripts. 62

Descriptive spreadsheet. 63

Field notes. 63

Situational analytical mapping. 64

Audit trail, memoing and reflective journaling. 65

Methods of Analysis 66

Constant comparative analysis. 66

Situational mapping and analysis. 67

Situational Maps. 67

Social worlds/arenas maps. 69

Positional maps. 72

Project maps. 72
Potential Study Limitations

Trustworthiness.

Bias.

Protection of Human Subjects

CHAPTER FOUR. Results

Question One: What are the State Children’s Ombudsmen, Their Structure and Function?

The population of state children’s ombudsmen in the U.S.

Sample of interest: Ten classically modeled children’s ombudsmen.

Structure: Picturing the ombudsman situation.

Federal policy as framework.

Designers of structure: Actors and discourses.

CAPTA guides state child welfare policy.

Implicated symbols: Parens patriae.

System flaws and tragic consequences: Sentinel events.

The taking of Logan Marr (10/14/95-1/31/01).

Process: How ombudsmen function.

Children’s ombudsmen: Baring teeth & shining light.

Taking complaints.

First we screen.

Early warning systems.

Fairness and impartiality for transparency.
Nurturing expertise and resource. 113

Relationships: Finessing and nudging along. 116

Coming 'round the table. 119

Solitude and hard work. 123

We’re the only ones: Loneliness in ombudsman work. 123

And the work is not fun. 124

They called for help and you couldn’t help them. 125

Can we possibly make a dent? 126

Ombudsmen at risk. 127

Ombudsman-to-ombudsman interactions. 127

Recognizing peers: Obstacles to networking. 129

Symbolic, temporal and discursive obstacles to ombudsman work. 133

Laws, taxes and recession: Challenges for ombudsmen. 134

At the expense of children. 135

We’re all vulnerable. 137

Consent decrees: Cause for role confusion. 138

Creative funding solutions. 140

Silent elements: The UNCRC and a national discourse. 142

Question Two: What are the Operational Philosophical Underpinnings of the Ombudsman Offices? 146

Philosophical underpinnings: Four (potential) models. 147

Ombudsman model. 147

Social work model. 149
Question Three: What are the (Potential) Roles of Nurses within Children’s Ombudsman Offices?

Nurses and other health professionals doing ombudsman work.

Health and health care: Concerns for class action and reform.

Children’s health & healthcare: Ombudsman-identified concerns.

Nursing: Unique expertise and perspective.

Summary of Chapter Four

CHAPTER FIVE. Discussion and Conclusions

The Ombudsman Situation

Taking Complaints and Building Trust

Relationships as Strategy

Ombudsman Challenges and Need for Networking

Models for Practice

A Role for Nurses

Strengths and Limitations of the Study

Strengths.

Limitations.

Implications for Policy and Practice

Implications for policy and practice in government.

Implications for policy and practice in ombudsman offices.

Implications for policy and practice among nurses.
LIST OF TABLES

Table 1. Characteristics of a Classical Ombudsman 23
Table 2. Key Children’s Public Policy after 1970 40
Table 3. Number of State Ombudsmen for Children 46
Table 4. Methods of Data Management 62
Table 5. Categories of State Children’s Ombudsmen 81
Table 6. Ombudsman Legal Authority 83
Table 7. Complaint Calls Received in 2009 110
Table 8. Reciprocal Nomenclature Misnomers 129
## LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>Project Map: The Children's Ombudsman's Arena in the U.S.</td>
<td>86</td>
</tr>
<tr>
<td>Figure 2</td>
<td>Ombudsman Abstract Situational Map: Ordered Working Version</td>
<td>88</td>
</tr>
<tr>
<td>Figure 3</td>
<td>Child Deaths as Sentinel Events</td>
<td>95</td>
</tr>
<tr>
<td>Figure 4</td>
<td>Logan Marr: Ordered Situational/Historical Map</td>
<td>97</td>
</tr>
<tr>
<td>Figure 5</td>
<td>Responding to Citizen Complaints</td>
<td>106</td>
</tr>
<tr>
<td>Figure 6</td>
<td>Nursing/Health Concerns – Ordered Working Map</td>
<td>157</td>
</tr>
</tbody>
</table>
For my father

who taught me pride in public service

and

my mother

who showed me her art of nursing.
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Out of your hours of work fix a time for complaints and for those who want to approach you with their grievances. For this purpose you must arrange public audience for them, and during this audience, for the sake of God, treat them with kindness, courtesy and respect. Do not let your army and police be in the audience hall at such a time so that those who have grievances against your government may speak to you freely, unreservedly and without fear. All this is a necessary factor for your rule because I have often heard the Prophet (Peace of God be upon him) saying: “that nation or government cannot achieve salvation where the rights of the depressed, destitute and suppressed are not guarded, and where mighty and powerful persons are not forced to accede to these rights.

*The fourth Caliph of Islam, to Malik Ashtar, the Governor of Egypt (Ali ibn Abi Talib, undated, p.146)*
CHAPTER ONE

Introduction

Government-provided and sponsored services for children are too frequently failing the young citizens they are meant to serve. State children’s ombudsman offices are being established in response to tragic failures, most commonly child fatalities. Intended to oversee the care and protection of children, there has been little description and no evaluation of the ombudsmen to date. In this introductory chapter, I briefly review the conditions of government systems and circumstances of children and introduce the idea of oversight through the establishment of children’s ombudsmen. I define children’s ombudsmen and set the stage for a qualitative study using a framework of symbolic interactionism that builds knowledge through interpretive meaning. Chapter two follows with an explanation of the conceptual framework and review of the literature. The review focuses on children’s public policy in the United States and conditions that preceded the development of government oversight institutions at both the national and state level. Gaps in knowledge that guided the development of the research questions were underscored. Chapter three outlines research methods to best build knowledge about the phenomenon of children’s ombudsmen. Chapter four is an accounting of the research findings followed by Chapter five with a discussion of the findings and implications for policy, practice and research. First, I briefly set the stage for this study.

Despite having established health insurance programs, child welfare systems and other public supports, children are still at considerable risk for poor health maltreatment, inadequate education, and poor living conditions. The infant mortality rate, an indicator
of the level of health in a country, was 6.7 deaths per 1000 births in 2007, leaving the U.S. at the bottom tier of those countries with developed resources (Annie E. Casey Foundation, 2010 a; Central Intelligence Agency, 2010). The estimated number of children without health insurance in 2008 was 8.4 million or approximately 11% of all children (The Annie E. Casey Foundation, 2010 b). The Centers for Disease Control (CDC) estimated that state child welfare agencies investigated maltreatment allegations of 3.3 million children in 2008, with 772,000 confirmed cases of child abuse (Centers for Disease Control, 2010). Perhaps most foreboding, 20% of American children were living in poverty in 2009 (Annie E. Casey Foundation, 2010 c) and the effect of the current economic downturn has yet to be fully expressed. Based on a dramatic increase in unemployment and use of Supplemental Nutritional Assistance Programs, up to 25% of all American children are predicted to be living in poverty by 2012 (Isaacs, 2009). More than half of those impoverished children are of African or Latino descent (Annie E. Casey Foundation, 2010 d). School performance, expulsions and suspensions have also been problematic, setting many children on a course for failure and persistent poverty.

A growing number of state child welfare agencies, the prime safety net for children, have failed to effectively meet the needs of children and families. Over 30 state and local child welfare systems are operating under federal consent decrees, which are settlement agreements of class action law suits filed on behalf of children poorly served in their care (Kosanovich, Joseph & Hasbargen, 2005). Consent decrees can last decades, cost state governments enormous amounts of money in monitoring and legal fees, and often build contentious relationships among litigants. They also fail to guarantee better
child welfare services. In those states lacking advocates with the means to pursue litigation on behalf of children, poor conditions may not be addressed at all.

The United States is in economic recession. Worsening conditions are likely to increase the demand for government supports, services and protections. These include subsidies for food, housing, child care, child protection, juvenile justice, health insurance and even special education programs. Economic problems are impacting state budgets and service delivery in government agencies in the same manner that they stress families. In my state of Connecticut, cuts in state services were matched with massive early retirements negotiated as a cost saving measure; 3,586 state employees retired at the end of the 2009 fiscal year (Lender, 2009). Retirements, rather than layoffs, cull the most experienced with the most expertise from the state work force, leaving a less experienced work force to manage complex family problems exacerbated by economic distress.

As system and family stresses collide, there is heightened need for oversight to ensure children’s needs are being met despite decreasing resources. Ombudsman offices provide that kind of oversight. Instilled with the authority to investigate citizen complaints and broad access to information, ombudsman offices can identify shortcomings of government services and solutions to better serve the public, especially children. Ombudsman offices can hold systems accountable and promote efficiencies and effectiveness of services funded by taxpayers. Davidson, Cohen and Girdner (1993) noted that, “during a time of shrinking resources, the role of the ombudsman is more critical than ever” (p.19). Ombudsman offices can monitor the impact of service and workforce cuts on the consistency and quality of services to children and identify failures before they affect children’s outcomes.
In the 1970s, there was a near establishment of a national children’s ombudsman or a national system of child advocacy that would have ensured the place of children on political agendas and examination of the benefits and shortcomings of government programs (Kahn, Kamerman & McGowan, 1972; Steiner, 1976). However, a powerful blow to child advocacy in the form of a presidential veto of child care legislation shattered momentum and shifted the movement to states. Subsequently, state children’s ombudsman offices have been established to ensure that state governments are meeting their obligations to children by effectively carrying out mandates (D’Ambra, 1996). The growth in numbers of state ombudsman offices has been slow, but steady. Yet very little is known about them outside of their immediate operating systems, including precisely how many there are or in which states they are located.

As an Assistant Child Advocate in the Connecticut Office of the Child Advocate (OCA), the state ombudsman office for children, I have seen firsthand how the government can enter and impact children’s lives – both positively when programs are successful and negatively when they fail. As an ombudsman, I have been able to intervene on a child’s or children’s behalf when government programs have not performed as expected. During my time with the OCA, I have met and consulted with other ombudsmen, but have not observed any sustained effort to formally network among children’s ombudsmen. Consequently, my colleagues and I are not certain which other states have ombudsman offices, how they operate, or how we might learn from them about successful practices. Being a nurse I have also had opportunities to apply specialized knowledge to ombudsman work. My expertise in children’s health and the delivery of care has proved useful investigating child-serving agencies. I had heard of
other nurses working with or as ombudsmen but the profession did not appear to be common in the field.

There is potential benefit of sharing or consolidating resources and expertise among states. After all, children face similar problems and conditions regardless of state residence. Stressed state budgets everywhere limit resources available to small government agencies and if other state children’s ombudsman offices are like mine, they have broad mandates with limited resources. Furthermore, some may cultivate certain expertise such as legal knowledge of child welfare law, nursing knowledge of child development, and family systems and socio-economic factors affecting health in the context of child welfare or other systems.

Having information about each office could serve to provide models of operation or opportunities to resource share among states. Those opportunities may build a better infrastructure of oversight. Ultimately, describing the ombudsman offices is the first step in evaluating them for their impact on children’s outcomes.

Statement of the Problem

Government systems that serve and protect children have not consistently met intended goals. Children continue to fare poorly despite considerable public investments. Some states have responded to these shortcomings by establishing state children’s ombudsman offices to provide oversight of, and hold accountable those government systems. Little is known about these offices, their effectiveness, or whether they should be replicated in any way. In order to answer questions about their effectiveness and/or value, the offices must first be described and understood for what they are (structure) and what they do (function).
The purpose of this study was to explore and describe the state children’s ombudsman offices in order to enhance knowledge of their structure and function and set the stage to evaluate and determine their value in children’s lives. The primary aims were to: 1) describe the structure and function of children’s ombudsman agencies; 2) analyze the conceptual frameworks upon which they operate; and 3) discern the (potential) role of nurses within the agencies. The findings will inform policymakers about children’s ombudsman offices and provide meaningful information for them about potential opportunities for modeling and resource sharing. This study is the first necessary step to evaluate the effectiveness and value of state children’s ombudsman offices. By setting the stage for evaluative studies, this and subsequent work serves as a prelude to linking the offices with children’s health and welfare outcomes.

**Operational Definition: Ombudsman**

The term “ombudsman” is of Swedish derivation meaning “representative” and is quite complex to define (Hyman, 1987). The suffix “man” in ombudsman is a direct use from the Swedish which is not indicative of gender. An individual ombudsman is a person or official who holds certain authority granted by some branch of government to protect the interests of another. An ombudsman office or institution is the extension of that individual in carrying out his or her duties. The professional organization for this official in the U.S., the United States Ombudsman Association (USOA), defines the public sector ombudsmen as “an independent, impartial public official with authority and responsibility to receive, investigate or informally address complaints about government actions, and, when appropriate, make findings and recommendations, and publish reports” (U.S. Ombudsman Association, 2003, p.1). Melton (1991) described a
children's ombudsman as one who “serves as a representative for children in policy making and a guardian in policy implementation” (p.202). Individual ombudsmen and their offices are a complaint handling mechanism that are empowered to hold government accountable to the general public and to the individuals served by government services (Reif, 1999).

Three types of ombudsman exist: classical, human rights and organizational ombudsman (Gadlin, 2000; Gottehrer and Hostina, 1998; Hill, 2002; Reif, 1999). The classical ombudsman is a public sector institution that is preferably appointed by the legislature, but is independent of any branch of government. The office has authority to oversee the administrative conduct of executive branch agencies, through the investigation of citizen complaints or its own concerns, and to recommend corrective action (Reif, 2004). The human rights ombudsman has similar characteristics to the classical but also combines mandates to protect and promote human rights (Reif, 2004).

Classical and human rights ombudsmen may be further described in two categories: general jurisdiction or single sector ombudsman. A general jurisdiction ombudsman has jurisdiction over all departments and agencies of a system, including those serving children. The single sector ombudsman has limited jurisdiction over a single sector, for example, child-serving agencies only.

The organizational ombudsman is located within the organization that it oversees (Gadlin, 2000). Independence or public transparency may not be fully attainable in this scenario and authority is limited. Organizational ombudsmen generally serve to take employee complaints or conduct self-assessments of agency performance. Organizational
ombudsman in the U.S. may be found in correctional systems, banks, colleges, hospitals, or newspapers to name a few.

The classical, sometimes referred to as a “real” ombudsman (Hill, 2002) is the model most true to the ideal of independent oversight and will be the category of interest in this study. Gottehrer and Hostina (1998) laid out the minimal or essential characteristics of an ombudsman which have been adapted by the USOA for their Governmental Ombudsman Standards (U.S. Ombudsman Association, 2003). The essential characteristics include independence, impartiality and fairness, confidentiality, and a credible review process. Table 1 illustrates the details of the characteristics. Each characteristic is created in the statutes that create ombudsman offices. The essential characteristics of a classical ombudsman may be applied in a variety of configurations depending upon the statute that established the office.

Table 1

Characteristics of a Classical Ombudsman (Gottehrer & Hostina, 1998)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Manifest as</th>
<th>Rationale</th>
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<tr>
<td>Independence</td>
<td>Impartial, credible, not beholden for appointment, funding or permanence</td>
<td>Freed from undue influence</td>
</tr>
<tr>
<td>Impartiality and Fairness</td>
<td>Accessible, nonpartisan, engages and solicits response</td>
<td>Instills confidence in actions</td>
</tr>
<tr>
<td>Credible Review Process</td>
<td>Authority to investigate any act or omission, access to information (subpoena power), report publicly, findings not reviewable</td>
<td>Access to information facilitates broad view of situation</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>All confidentiality laws followed, complainant identify protected</td>
<td>Protects sensitive information and minimizes fear of reprisal</td>
</tr>
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CHAPTER TWO

Literature Review

To understand the need for oversight of children’s ombudsmen in the U.S., it is helpful to review historical events and the evolution of public policy that lead to their creation. In this chapter, I introduce a conceptual framework that guided the review of the literature and underpins the study method. Both public policy and its oversight are products of social processes. Symbolic interactionism is a sociological approach to the study of human living. I provide an explanation of the approach as it relates to this study of children’s ombudsmen. I then briefly review the conditions and circumstances of children at the turn of the last century and trace developments in science, political discourse and historical events to the current day. I highlight significant federal laws that have contributed to the infrastructure of care and protection for children. I then review the introduction of ombudsmen in the U.S. with specific accounts of what is known of those serving children. The review will conclude with a summary of the state of knowledge about children’s ombudsmen and gaps that warrant exploration.

Symbolic Interactionism: A Conceptual Framework

Blumer (1969) suggested that human societies are made up of individuals engaged in ongoing activities that create and represent structure. Symbolic interactionism is grounded in “root images” that make up structure and function. Those images refer to the nature of humans, objects, interactions and interconnections. The primary tenet of symbolic interactionism is that reality is a social phenomenon constructed of a complex mix of meaning, actors and environmental influences (Caron and Bowers, 2000). Blumer (1969) suggested several basic premises upon which symbolic interactionism rests.
Humans respond to things or situations according to the meanings they have ascribed to them and meaning is derived from interactions with an object or situation. Meaning is thus a product of an interpretive process within a context that includes consideration of all the influences of individual and group actors, the environment, and the social and historic elements. The process of meaning making in social worlds is an ongoing mix of action and interpretation from which meaning is derived and represented symbolically, most commonly in the form of language.

The structure that is produced from the mix of human interactions with other humans, objects, and ideas may materialize as social organizations or governments. A review of past U.S. history confirms a societal valuing of children and corresponding development of governmental structures to protect and care for them. Taking the symbolic interactionist view, the examination of children’s ombudsmen should include social groups and interactions, environmental factors that affect both children and the government structures designed to protect them, and even the language used and discourses undertaken about them. Understanding the meaning of these elements and the context in which they occur and interact will help in understanding and describing the children’s ombudsmen. It would not be sufficient to examine the children’s ombudsmen out of context of history, economy, politics, social values, science and the interactions of individual and groups of humans. Clarke’s (2005) proposal for the “full situation of inquiry” (p. xxviii) facilitates deeper knowledge and understanding of the phenomenon. I begin with an historical account of children in the U.S. and then trace events and actions that led to present day need for children’s ombudsman.
Recognizing and Protecting Childhood: A 100 Year Review

At the turn of the 20th century, children generally did not have legal status with special rights and protections in the United States; there was no federal agency directly addressing the needs or interests of children. U.S. infant mortality rates were extremely high, child labor was brutal, and literacy rates dismal (Prescott, 2004). Throughout the 18th and 19th century, up to 25% of children died in their first five years. The killers were infectious diseases, anomalies of birth, and accidents. There were no antibiotics; pediatric medicine had yet to be established as a specialty (Meckel, 2004).

During the mid 1800s to early 1900s scientific developments, changing labor markets, and the development of pediatric medicine began to influence the unfolding of childhood being understood as a stage of development to nurture versus a harsh time of survival (Prescott, 2004). In that same time period, the Progressive Movement began to influence public policy by embracing a growing body of scientifically-based knowledge that impacted children's development, health and wellbeing. The Progressives came to understand nutrition, education and healthy environments as critical influences on children's wellbeing (Lindenmeyer, 1997).

Florence Kelley and Lillian D. Wald were Progressives credited with the idea to create a federal agency responsible for protecting “the right to childhood” (Kelley, 1905). They envisioned an agency that would initiate, promote, and disseminate the results of scientific inquiry to advance the health and protection of children through public policy and programming (Lindenmeyer, 1997). “A Commission for Children,” Kelley (1905) hoped, “should do for the states, cities and smaller communities what the Department of Agriculture does for farmers, - make accessible to them the latest word of science and the
latest methods of applying it” (p. 99). It took over ten years for them to accomplish the
task. Tensions over a combination of issues including women’s involvement in politics,
fears of communism, opposition to child labor reform, and resistance to federal
interference in state and family matters all conspired against legislation to establish a
children’s bureau (Lemons, 1969; Lindenmeyer, 1997). Kelly, Wald, and their allies
persuaded President Theodore Roosevelt to hold a White House Conference on the Care
of Dependent Children in January 1909, to address the high incidence of orphaned,
abandoned, and institutionalized children (Hacsi, 1997). Conference attendees embraced
the use of scientific data to describe the social problems arising from the
institutionalization of children and the circumstances of those without parents. The
National Child Labor Committee, the lead organization lobbying for a Children’s Bureau,
capitalized on the pro-scientific atmosphere of the Conference. They promoted their
cause to conferees with promises of a federal bureau that would support and disseminate
research about children to improve their circumstances (Lindenmeyer, 1997).

Despite persistent resistance, President Taft signed into law the establishment of
the Children’s Bureau in the Department of Commerce and Labor in 1912 (Lindenmeyer,
1997). The Bureau would, among other things, conduct research to determine actual
conditions and circumstances of children in the United States. This knowledge would
assist in developing resources to combat identified problems, develop standards of care,
and inspect congregate settings where children were placed all with the aim to maximize
the health and wellbeing of children (Hacsi, 1997; Lindenmeyer, 1997).

The Children’s Bureau: Early years. The first substantial work of the
Children’s Bureau was to assess infant and maternal mortality rates. The high death rates
were found to be directly related to poverty and lack of information about prenatal and infancy care (Lemons, 1969). Bureau staff lobbied for enactment of the Sheppard-Towner Maternity and Infancy Protection Act of 1921 (42 Stat. 224) that was designed to address those deficiencies and build infrastructure to support healthier birth outcomes (Lemons, 1969). Although the bill establishing Sheppard-Towner passed easily problems arose with the subsequent appropriation of funding for the program. Opponents came from two distinct perspectives, not unlike the opposition to the Children's Bureau itself. First, because Sheppard-Towner would address the health needs of women and children, women actively engaged in its promotion. Their involvement drew opposition from those who opposed women's involvement in politics. Others contested this first federal venture into social security legislation because they believed it represented a communist manifesto (Lemons, 1969). Congress reluctantly funded the program for only five years with a subsequent two-year extension that automatically ceased in 1929 (Lemons, 1969). Under the Sheppard-Towner Act infant and maternal mortality rates dropped significantly in those geographical areas where programs were established, but the remarkable outcomes could not overcome the claims of Bolshevism from the public sector (Lemons, 1969). Opposition, led by the American Medical Association and anti-feminist organizations, blocked any new legislation that would have sustained the program.

The Bureau, endeavoring to keep attention on children's issues, would call subsequent seven decennial conferences between 1909 and 1970\(^1\) White House conferences. The 1930 White House Conference on Children under President Herbert Hoover addressed child health and protection and produced the Children’s Charter,

\(^1\) Currently the Child Welfare League of America is lobbying the Obama administration to convene a conference.
“…recognizing the rights of the child as the first rights of citizenship…” (Woolley & Peters, undated). For the first time in U.S. history, the Children’s Charter outlined special rights and protections for children. It included rights to good health and development through access to key resources including maternal prenatal care, health care, healthy environments, education, and recreation. It also included rights in the form of protections from public health hazards, labor and other harms that would impact education, health and welfare (Woolley & Peters, undated). The 1930 Conference produced reports in 32 volumes of over 10,000 pages – so large that some felt it precluded implementation of the many recommendations and the Charter was never adopted (Child Welfare League of America, not dated).

Despite the stock market crash of 1929 and Great Depression, children fared well in U.S. policy in the subsequent decade. Up to 1940, a whole infrastructure of support developed through the Social Security Act (ch. 531, 49 Stat. 620, 42 U.S.C. ch.7). Its maternal and child health programs, aid for handicapped children, and aid to families with dependent children created federal grants for states to build services to meet their needs (Lindenmeyer, 1997). The Depression renewed attention to issues of poverty and family economic stability as factors that affect child health and welfare. The 1940 White House Conference on Children re-emphasized these concerns, drawing economics, education, and even religion into the dialogue. The economic and emotional security of children was for the first time framed as “the primary insurance for America’s future” (Lindenmeyer, 1997, p.203). To that end, the federal government assumed an increasingly significant role in the lives of children and families as a standard setter and a provider of aid to states and local organizations serving them (Lindenmeyer, 1997).
World War II intensified the needs of children and stretched the resources of state and local agencies. In 1943, the Emergency Maternity and Infant Care Act (P78-156) (EMIC) expanded Title V of the Social Security Act to provide maternal and child health services to the wives and children of men on active military duty (Lindenmeyer, 1997). Although successful in efficiently serving thousands of women and children, the Bureau’s hopes to expand it after the War to all women and children were met with the same resistance experienced by previous initiatives for women and children (Lindenmeyer, 1997). The post-War Bureau advocated for social services to prevent juvenile delinquency and endeavored unsuccessfully against the easement of child labor laws.

The age of questions, civil rights and advocacy. As the 20th Century passed the halfway mark, the atmosphere in the country and approaches to public policy began to change dramatically. The fear-mongering of McCarthyism in the 1950s underscored a new discomfort under threats of communist infiltration from abroad. The manipulation of those fears for political gains kindled mistrust and frustration towards politicians at home. The Civil Rights movement took on problems of racism and later incorporated concerns of poverty, renewing attention to the vulnerabilities of poor children (Kahn, Kamerman, & McGowan, 1972). The tensions of the race dialogue and the murders of three significant cultural leaders (President John F. Kennedy [1960-63], Martin Luther King, Jr. and Robert Kennedy) were exacerbated by discontent with the quagmire of the Vietnam War. Even before the Watergate scandal, intensified unrest and disillusionment prompted lawmakers and the public to demand government accountability. Opportunities and obstacles would arise for children and children’s issues amidst the upheaval.
Despite conservative opposition, community empowerment accompanied the growing rights movement for differences of race, gender, and disability (Kearns Goodwin, 1976, 1991; Shapiro, 1993, 1994). Advocates embraced the concepts of community representation and participation in societal decision making. Common Cause, was founded in 1970 to give citizens a voice in the political process, quickly recruiting over 100,000 members in the first few months of its existence (Common Cause, not dated). Interest groups representing children also flourished at the time.

By this time there was a substantial infrastructure of government policies, programs, services and protections to benefit children where nothing had existed just 50 years before. Along with infrastructure came concern about whether established policies were being implemented as originally intended. Questions were raised whether the government, at all levels, was serving children adequately. Founded in 1973, the Children’s Defense Fund (CDF) was born directly out of the Civil Rights movement under the leadership of Marian Wright Edelman, the first black woman admitted to the Mississippi Bar. Where the Child Welfare League of America (established in 1920) promoted child welfare standards and practices among government systems, the CDF promoted the rights of children and their families to good health, welfare and freedom from poverty (Children’s Defense Fund, 2009). In this atmosphere of civil rights, consumerism and citizen interests groups, the concept of a formal system of child advocacy began to surface among advocates and some government officials.

1960s – 1970s: Milestones and advocacy for children. By midcentury major milestones were achieved in the science of child development, child rearing, and early childhood education. At the same time, a groundswell for oversight of children’s services

President Johnson established a White House Task Force on Early Childhood Development in 1966 to make recommendations on federal action to promote equal opportunity for all children to achieve optimal development (Hunt, 1967). The Task Force’s report reiterated problems identified by the Children’s Bureau half a century earlier. It included persistently poor birth outcomes, high incidence of disability resulting from accidents and poor health care, and elevated school drop-out rates, particularly among the poor, as reflections of inadequate investment in children and children’s services by the federal government. The report also signaled a decline in the status of the Children’s Bureau (Hunt, 1967).

The prime recommendation of the White House Task Force on Early Child Development was to establish a federal office for children at the Department of Health, Education and Welfare (HEW) that would administer children’s programs and act as the
‘ombudsman’ for children in the Federal Government (Hunt, 1967). As ombudsman the federal office would coordinate “closely with other agencies to assure that existing programs give priority to the needs of children and are used effectively to foster child development and examining laws affecting the welfare of children to assure that they benefit children” (Hunt, 1967, p. 15). The task force recommended federal funding for a system of community and state-level commissions and centers that would integrate fragmented services for children and parents. They wanted programs that would promote child development, parenting and community engagement in planning services for children and families, including housing and neighborhood development (Hunt, 1967).

Senator Abraham Ribicoff (D-CT) introduced legislation in 1965 to establish a national commission to study the state of mental health of children. Public Law 89-97 amended the Social Security Act to create the Joint Commission on Mental Health of Children (JCMHC). Ribicoff was motivated by the finding of the Warren Commission that President Kennedy’s assassin, Lee Harvey Oswald, had been diagnosed with mental illness as a child but never treated (Joint Commission on Mental Health of Children, 1969.) The Commission found massive insufficiencies in supports and services for children with all level of disabilities (Kahn, Kamerman & McGowan, 1972). Recommendations reiterated the rights of children articulated in the 1930 Children’s Charter, (basic rights to health, loving care, safe environments, education, and appropriate health services) (Lindenmeyer, 1997). The Commission also recommended mental health infrastructure-building in the guise of community services, research and workforce development. The priority recommendation echoed the White House Task Force on Early Child Development. It called for the establishment of a national system of
child advocacy (Joint Commission on Mental Health of Children, 1969). The Commission further recommended a highly placed unit in the HEW that would reach beyond issues of children’s mental health to coordinate all federal programs concerning children. At the state level, the Joint Commission on Mental Health of Children recommended a State Child Development Agency that would lead state planning and operations for services for children as well as interact with the federal lead agency and a network of local Child Development Councils and Authorities (Joint Commission on Mental Health of Children, 1969).

Ribicoff’s Commission failed to include the Children’s Bureau in the detailed descriptions of the national system of child advocacy even though the duties for the recommended Advisory Council mirrored those of the Bureau. What appeared to differ in the reports of the Commission and Task Force from the Bureau’s mandate was a tone of oversight and accountability. This new dimension of interest and advocacy for children in the U.S. may have reflected the growing consumerist movement and dissatisfaction with government processes.

The Nixon Administration: Children’s friend or foe? President Richard Nixon embraced the idea of promoting early intervention and child development. Wanting to capitalize on the growing regard for early childhood development science, the Nixon Administration created the Office of Child Development (OCD) (Steiner, 1976). The new office consolidated the Head Start Program and the Children’s Bureau which was stripped of most of its original obligations with the exception of its founding purpose of research (Steiner, 1976).
Proceedings of the 1970 decennial White House Conference on Children reflected the tensions of the time. In a commentary for the journal *Clinical Pediatrics*, seven professionals described the event variously as a battleground, chaotic, canned, obstructive, and disappointing. Only one co-author of that piece, Frederick C. Green, described great accomplishments at the conference and ruled the event a success (North, et al., 1971). (He was later appointed to an executive position in the OCD.) The four thousand delegates in attendance embraced a child advocacy system and supported legislation for a national child care program that was moving through both chambers of Congress. But the consensus among participants was that the Nixon Administration held the conference as an end in itself. The chair of the event, a Nixon White House aide, created a schedule that did not include a plenary session or any opportunities for delegates to engage in dialogue. In a time when community engagement was emphasized, opportunities for delegates to contribute were limited (Lindenmeyer, 1997).

Shortly after what would be the last White House Conference in 1970, the OCD was still in the process of developing a functioning structure. The OCD housed the Children’s Bureau which in turn housed the National Center of Child Advocacy. The National Center of Child Advocacy represented the natural evolution of the Children’s Bureau as an advocate for individual and whole classes of children. It would provide the foundation upon which a federal, state and local system would be built. Plans for the Center included four divisions: 1) a Secretariat of Child Development charged with identifying overlaps and gaps of federally funded research; 2) a Division of Vulnerable Children that would inherit remaining responsibilities of the Children’s Bureau; 3) a White House Conference on Children and Youth Follow-Up unit that would report on
implementation of recommendations and program development; and 4) a Children’s Concern Center, planned as a pilot program at the time. It would respond to questions and concerns regarding children, child rearing and child development and use those inquiries to develop policy addressing gaps in services (Green, 1971).

As the new official from the Children’s Bureau, Green (1971) expressed a philosophy that emphasized the responsibility society holds for its children and their nurturance. Reflecting the new expectation for a role of government in the lives of children and cultural and socio-economic changes that had affected how American families supported each other, he explained,

In smaller, less complex, less mobile societies this responsibility was assumed within the extended family. Such is not the case in our contemporary society. Therefore, it is not unexpected that concerned, child-oriented members of our nation raise their voices in demand for a means of alleviating the plight of many of our young and their families. Today, this demand is for someone to speak for and correct the problem of this group. This someone we now call a Child Advocate. (Green, 1971, p. 83)

Green (1971) emphasized the influence of a rising number of interest groups representing other constituencies but little such effort on behalf of children. He warned of the conflict of interest providers of those services to children might have with their own organizational interests and underscored the need for some form of oversight to ensure children’s needs were prioritized.

**Defining child advocacy: No consensus.** Before any system of child advocacy could be established or the Children’s Concern Center launched, the OCD determined that the concept of child advocacy had to be defined and agreed upon (Green, 1971; Kahn, Kamerman, & McGowan, 1972). Kahn, Kamerman, and McGowan (1972), Columbia University social work scholars, conducted the OCD-funded study to define
child advocacy. After surveying 116 programs, federal and state officials, experts and volunteers, the consensus was that there was no consensus. In 1972 the U.S. government funded 64 child advocacy programs, each with a different definition. Kahn and colleagues noted an evolution of advocacy over time becoming incorporated as a function of government. Government agencies were assuming an activist role on behalf of clients in order to improve services. Entitlement to services was embraced with a corresponding demand for accountability in government.

In summary, Kahn et al (1972) proposed several best definitions of child advocacy. They suggested that child advocacy promoted self-advocacy, improved life conditions for children and quality of services, and affected both individual and systemic levels. A child advocate was a "...legal counselor, spokesman, supporter, pleader, defender, protagonist, intercessor, proponent, mediator, monitor, petitioner, activator, coordinator, ombudsman, expediter, enabler, promoter, protector, instigator, investigator, and expos...the activity is on behalf of another person or cause" (Kahn, Kamerman, & McGowan, 1972, pp. 38-39).

An ombudsman was proposed as the best model for child advocacy, but Kahn and colleagues warned that concept was poorly understood in the U.S. They concluded that the Scandinavian model of ombudsman with no authority to impose corrective actions offered a limited alternative for proponents of "militant or legally binding type of advocacy" (p. 30). They also found a great deal of conflict between proponents of community-based informal forms of advocacy versus formalized, government entrenched advocacy with authority to take action. Ultimately, the national study found no common definition or description of child advocacy in existence at the time.
Despite differences between proponents of community-based advocacy and formal government oversight, Kahn and colleagues recommended a government system for children with a federal children’s advocate agency. They stipulated, however, that in order for the agency to be effective, it would require enabling legislation and resources. Their recommendation included periodic state-of-the-child inventory of all federal programs responsible for planning and setting priorities for children’s policy and services and the establishment of litigation support for children’s rights to ensure compliance with laws on children’s behalf.

**An unexpected blow to children’s momentum.** Despite Kahn and colleagues’ difficulties with etymology, children’s issues and the concept of child advocacy appear to have enjoyed remarkable momentum in the early 1970s. In addition to the recommendations from the two task forces and the decennial conference, the U.S. Senate established a new Subcommittee on Children and Youth in the Senate Labor Committee. Championed by Senator Walter Mondale (D-MN), it would “get Congress to respond to children’s needs” (Steiner, 1976, p.133). At the same time both houses of Congress were easily moving landmark legislation along that would establish the first national subsidized child care program (Cohen, 2001). The Comprehensive Child Development Bill (HR 6748) passed easily in both House and Senate but was unexpectedly vetoed by President Nixon adversely effecting momentum for children’s issues. Nixon was influenced by conservative opposition to a government role in child care. Schisms among advocates were a fatal flaw in the initiative (M.W. Edelman, personal communication, June 1, 2009). During the ensuing lull, largely secondary to increasing conservatism, the lack of consensus on definition and purpose of child advocacy became an insurmountable
obstacle. The vision for a system of advocacy or national ombudsman could not “survive the transformation from concept to reality” (Steiner, 1976, p. 242). Steiner (1976) suggested that the recommendations in the various reports had little effect because the Joint Commission and the White House Task Force and even the White House Conference were not respected and held little credibility. Likewise, the OCD and the Senate Subcommittee were not effective for lack of clear objectives and the simple fact of ill-fated timing. The Nixon veto seemed to confirm the façade of commitment to children that was suggested by delegates at the 1970 White House Conference on Children. With child advocacy organizations in dissonance, there was no consolidated commitment to regroup. Ultimately, the OCD was never fully resourced to implement intended plans. Political momentum for a national advocacy or ombudsman program simply withered (Steiner, 1976).

**Onward in children’s policy: Beyond 1971.** Although the momentum for a national ombudsman or child advocacy center died and children’s interests groups were at odds in the early 1970s, legislative initiatives specific to children continued. Predominant themes included laws supporting access to education; protection from abuse and neglect; access to permanent family or family-like living arrangements; health insurance; and protections from discrimination based upon disability. Table 2 includes key public policy established in subsequent decades.
<table>
<thead>
<tr>
<th>Public Act, Amendments</th>
<th>Mandate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary and Secondary Education Act of 1965 amended 5 times to No Child Left Behind Act of 2002 <em>(P.L. 107-1, 1115)</em></td>
<td>Equalizes access through distribution of federal funds; current iteration shifts emphasis from access to accountability</td>
</tr>
<tr>
<td>The Rehabilitation Act of 1973 <em>(P.L. 93-112)</em></td>
<td>Section 504 requires schools accommodate children’s disabilities</td>
</tr>
<tr>
<td>Child Abuse Prevention and Treatment Act 1974 <em>(CAPTA) P.L. 93-247</em></td>
<td>Subsidies to states for child protective services and abuse and neglect prevention</td>
</tr>
<tr>
<td>Education for All Handicapped Children Act 1975 <em>(P. L. 94-142)</em>; Individuals with Disabilities Act 1990 <em>(IDEA) (P.L. 101-476)</em></td>
<td>All children with disabilities receive a least restrictive free and appropriate education</td>
</tr>
<tr>
<td>The Americans with Disabilities Act of 1990 <em>(P.L.101-336, ADA)</em></td>
<td>Protects civil rights of people with disabilities; mandates accommodation in all public services including child care, school, and recreation</td>
</tr>
<tr>
<td>Balanced Budget Act of 1997 *(P.L. 105-33) Title XXI of Social Security Act, State Children’s Health Insurance Program</td>
<td>Provides matching funds to states to provide health insurance to un- and underinsured children</td>
</tr>
<tr>
<td>2008 Adoption Assistance and Child Welfare Act, <em>(P.L. 110-351)</em>. <em>(Fostering Connections to Success and Increasing Adoptions Act)</em></td>
<td>Funding support for kinship care, transitioning youth, health and education ensuring kinship connections</td>
</tr>
<tr>
<td>Children's Health Insurance Program Reauthorization Act of 2009 *(SCHIP), PL 111-3</td>
<td>Expanded eligibility to more children, pregnant mothers and legal immigrants</td>
</tr>
<tr>
<td>Patient Protection and Affordable Care Act of 2010 <em>(P.L. 111-148)</em></td>
<td>“Health Care Reform Bill”, expands Medicaid eligibility, prohibits denial of benefits for pre-existing conditions</td>
</tr>
</tbody>
</table>
Kahn and colleagues' (1972) child advocacy study in the 1970s demonstrated how advocates for children began to shift from promoting the establishment of systems to finding ways to receive consumer feedback and improve those systems. Failing to succeed at the federal level, efforts to establish oversight of children’s policy implementation shifted to the states. Before state children’s ombudsmen however, there was successful implementation of other kinds of national ombudsman offices and a national network for older American consumers of long term care. A review of those developments informs the potential of a future for children’s ombudsmen.

**Other constituencies gain oversight of services.** In 1967, the American Bar Association established an ombudsman committee and made subsequent recommendations for federal and then regional ombudsmen (Davidson, Cohen, & Girdner, 1993). In 1969, the state of Hawaii established the first general jurisdiction ombudsman in the U.S. (Hill, 2002). Two years later in 1971 the first federal government ombudsman office was established at the Department of Commerce. The Internal Revenue Service, the Social Security Administration and the Environmental Protection Agency later followed suit (Harris-Wehling, Feasley, & Estes, 1995). The emergence of these offices in North America was attributed to the social turmoil of the 1960s characterized by demands for protection of citizens’ rights and responsible and responsive government (Gadlin, 2000).

Paralleling growth in government services to children, by the 1970s the number of older Americans receiving long term care (LTC) in nursing facilities had risen dramatically. Concerns about quality of care were increasing as well. In response to the heightened concerns, President Nixon proposed a multi-faceted initiative to improve care
that included state investigative ombudsman units to step in where regulatory mechanisms were failing (Harris-Wehling, Feasley & Estes, 1995). In 1972, several states received federal grants for demonstration projects of nursing home ombudsmen. By 1975, all but two states were participating. Within seven years of President Nixon’s proposal, the Older Americans Act of 1965 (OAA) (P.L. 89–73, 79 Stat. 218, H.R. 3078,) was amended to require an ombudsman program in every state. Long-term care ombudsmen were mandated to “investigate complaints; train and supervise volunteers; monitor the development of federal, state and local laws, regulations and policies; and provide public agencies with information about problems faced by LTC residents” (Harris-Wehling, Feasley & Estes, 1995, p. 44). The federal government provided at least two-thirds of operational funding for the state programs through block grants. States sometimes match the grants with general funds (Davidson, Cohen, & Girdner, 1993).

Long term care recipients have different needs than those of children. They do not require educational services and although there are children receiving government-funded or provided services for disability-related needs, the focus of LTC ombudsmen is direct care delivered in LTC facilities generally intended for elderly. However, the LTC ombudsman program exemplifies the feasibility of a national system of independent oversight and advocacy for a specific constituency.

**International concern for children.** Beyond U.S. borders interest in the plight of children received attention when the United Nations declared 1979 the International Year of the Child (IYC). The aim of the initiative was to promote a world-wide assessment of the circumstances and needs of children. Objection to U.S. participation in the IYC came from people concerned about interference in U.S. government and family matters by
foreign nations. In 1989, the United Nations Convention on the Rights of the Child (UNCRC) put into treaty form the values in the 1959 Declaration of the Rights of the Child (Price Cohen & Davidson, 1990). The most ratified international human rights treaty in history, (Todres, Wojcik & Revaz, 2006) the UNCRC pertains to all domains of a child’s life. The U.S. was active in the drafting of the document during the Reagan Administration, specifically advocating for provisions addressing rights to free speech, thought, associations, religious choice, and privacy (Gardinier, 2005). However, although the U.S. signed the UNCRC, it has yet to be ratified by Congress. Consistent with detractors of the IYC, the UNCRC was met with great objection from conservatives chiefly concerned about threats to U.S. sovereignty in international treaty agreements and government interference in family matters (Todres, Wojcik & Revaz, 2006).

Ratification of the UNCRC across the globe set in motion a proliferation of oversight or monitoring institutions in the form of ombudsmen focused on the performance of government systems and implementation of children’s rights (Reif, 2004; Waage, 2007). Countries lacking an independent and effective mechanism for the protection of children’s rights have been criticized (Weiner, 2007). Consequently, a number of nations have established oversight in the form of national ombudsmen, advocates, or human rights institutions. Reif (2007) noted that “implementation of children’s rights can be shored up with the creation of a well-empowered and well-endowed national human rights institution for children” (p. 331). “The main task for such institutions is to close the gap between the rights rhetoric and the realities of children’s lives, ensuring that rights are translated into law, policy and practice” (Cantwell, 2001, p. 1). Although the Unites States and Somalia remain the sole nations not to ratify the
UNCRC, President Barack Obama has indicated his administration may take a new approach to the neglected treaty (Children’s Rights Information Network, 2008). If the U.S. does ratify the UNCRC, there will be an expectation of some form of independent institution to oversee its implementation.

The evolution of children’s ombudsmen in the U.S. The first ombudsman for children of record in the world was the Swedish institution. However the majority of the children’s ombudsmen around the world were established subsequent to the 1989 UNCRC (Davidson, Cohen, & Girdner, 1993). The focus of children’s ombudsmen outside the U.S. was and continues to be the promotion and protection of children’s rights. In the United States, without the underpinning of UNCRC ratification, the trend of ombudsmen has taken a different but related path. As state children’s ombudsman agencies began to appear in the U.S., their genesis was perceived to be related to “the inadequacy of child welfare systems to protect and care for vulnerable children who are victims of physical abuse, sexual abuse, and neglect” (D’Ambra, 1996). D’Ambra, the Rhode Island Child Advocate representing the first U.S. children’s ombudsman office, emphasized the poor performance of state agencies in meeting the needs of children under state protection or care. For example, the New Jersey Office of the Child Advocate was established following public outcry in the discovery of a dead child and two dying siblings in a Newark basement who were meant to be under the supervision of the child welfare agency (Jones, 2003). In Connecticut, an attempt to establish a similar office in 1997 failed but enabling legislation succeeded a year later following the death of a baby for whom the state’s child welfare agency failed to intervene (Independent Panel to Investigate the Death of Emily, 1995). These events have been used as rationale for
establishing an extra layer of oversight on bureaucracies responsible for implementing child safety and service laws to ensure children are safe and their needs met.

In the 1992 reauthorization of the Juvenile Justice and Delinquency Prevention Act (42 U.S.C. 5601 et seq.), states were offered the funds to establish state ombudsman offices as a means to improve juvenile justice services. The last effort to promote children’s ombudsman from the federal level came two years later. Senator Donald Riegle, Jr. (D- MI) proposed the Children’s Ombudsman Act S. 2214. The bill would have authorized seven million dollars for ten state demonstration projects establishing children’s ombudsman offices. Riegle called attention to the need for oversight of an expanding plethora of public programs intended to be helpful and protective of children who lack a voice in the political process.

These ombudsmen would serve as advocates for children – who both speak on behalf of children’s interests and who understand the legislative and legal processes… No downsizing of government and no effort to win votes should come at the expense of children who cannot vote, do not organize, and will not protest. (140 Cong. Rec. S7150-53 [daily ed. June 20, 1994] [statement of Sen. Riegel]

The bill did not pass and Senator Riegle left the Senate the following year.

**State Children’s Ombudsman: Gaps in the Literature**

Regardless of obstacles, a number of states have established children’s ombudsman offices in a variety of forms. Yet, information about individual offices or the group of state offices as an aggregate is lacking. A search of law, public health, public policy, education, social science, ethics and general current events literature databases with no year restrictions revealed little describing the state ombudsman for children in the U.S. Even the number of such institutions is reported inconsistently because the criteria and survey responses used to describe ombudsman offices have varied (See Table 3).
When interviewed for a news radio show about the number of children's ombudsmen in the U.S., a former president of the U.S. Ombudsman Association replied, “That's a very difficult question to answer. Unfortunately...there's no real good counts (sic) where people have looked at the powers of the various agencies to determine...is this an independent ombudsman-like institution with the powers to investigate complaints about how the state handles children” (Gottehrer, 2009).

Table 3

Number of State Ombudsmen for Children

<table>
<thead>
<tr>
<th>Agencies</th>
<th>Source</th>
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<tbody>
<tr>
<td>26 “some type of ombudsman office”</td>
<td>D’Ambria, 1996</td>
</tr>
<tr>
<td>15 child welfare ombudsman</td>
<td>Bearup &amp; Palusci, 1999</td>
</tr>
<tr>
<td>27 (approx.) child welfare ombudsman offices</td>
<td>Jones &amp; Cohn, 2005</td>
</tr>
<tr>
<td>29 (approx.) ombudsman or office of child advocate</td>
<td>National Conference on State Legislatures, 2008</td>
</tr>
</tbody>
</table>

In 1996, the Rhode Island Child Advocate conducted a survey of 150 U.S. advocacy agencies listed in the Child Welfare League Annual Directory of Members. Twenty-six responses were received indicating the existence of some type of ombudsman agency in their state. Since then, the National Conference of State Legislatures has periodically surveyed states for an account of the number of children’s ombudsmen/advocates, their location in state government, their budget allocations and reported activities. The most recent 2008 description (National Conference of State Legislatures, 2008) relied upon responses to surveys and did not capture information about all of the offices or their activities. There is no comprehensive description of the
structure, function or product of the ombudsman offices in the U.S., nor if they are effective at meeting children's needs.

Publications about children's ombudsmen are limited. Marzick (2007) described the concept of foster care ombudsman as a means to address failures in foster care systems. She reviewed the cases of the California Foster Care Ombudsman, the Rhode Island Child Advocate, and the New Jersey Child Advocate which describe foster care complaints, fatality reviews, and institutional abuses. Bearup and Palusci (1998) described a positive effect the Michigan Children's Ombudsman had on the child welfare system, including improving child protection, foster care and adoption services. Most state children's ombudsmen have an obligation to submit reports of their activities, however as a resource for learning about children's ombudsmen, they are only useful if the existence of the office is known. The ABA Center on Children and the Law has convened at least one meeting of children's ombudsmen to discuss activities, trends and process improvements (Davidson & Grace-Kaho, 2004). The USOA has a Children and Families chapter where ombudsman program staff can network at the annual meeting of the association. They have an electronic list-serve for sharing information or requesting opinions. However, membership and participation in the professional association by children's ombudsmen appears limited. There is little other apparent effort for the state agencies to network and no single voice among ombudsman offices for promoting children's rights and influencing federal policy on their behalf.

Lack of clarity on the number of children's ombudsman offices precludes national understanding of the existence and/or effectiveness of these positions and services. Waage (2007) noted the value of networking among ombudsman in endeavoring to
protect and honor the rights of all children. The state children’s ombudsmen may be missing valuable opportunities in the surveillance of the status of children as they are served by government agencies and in technical assistance in carrying out the mandate of their offices.

There is also little known about the characteristics of the individual ombudsmen overseeing the ombudsman offices. There are no apparent specific job descriptions or standard position requirements. Melton (1991) described the characteristics of an individual who would be an effective children’s ombudsman that were not necessarily professionally driven, but more related to personal character and skills. Frequently, ombudsmen are attorneys because of the legal dimensions of the service. However other disciplines include social workers, physicians, at least one radio personality, nurses and a psychologist. Yet little is known about the benefit of any particular profession in the position. For example, nothing has been documented about the contribution of nurses in the field. It may be that the profession or expertise of an ombudsman influences the function and priority setting of an ombudsman office. Finally, if and when the U.S. ratifies the United Nations Convention on the Rights of Child, it will likely affect the operations of ombudsmen in individual states. A better understanding of the existing children’s ombudsmen in the U.S. would inform the likelihood of readiness for such an office at the national level or propensity for a regional model evolving from what now exists.

Summary of Literature Review

This review summarizes the evolution of children as a constituency and children’s public policy in the United States over the past 100 years with the concurrent movement
to establish oversight mechanisms. Several themes have persisted over time. First, children have consistently lacked a voice in public discourses about their welfare. Second, although they have had constant champions, efforts on their behalf have consistently been met with resistance. Rather than focusing on benefits to children’s health, investments in services for children have been challenged as communism, interference in families, and threats to sovereignty for 100 years. Finally, calls for accountability in government have been loud and clear across all constituencies, but only older citizens who are consumers of long term care services have benefited from a well established ombudsman program.

Despite persistent obstacles of the past 100 years, public policy affecting children has established a great infrastructure of services and protections for children. Yet persistent failures of that infrastructure have negatively affected children’s health and welfare. Since the 1970s, oversight of the bureaucratic care and protection of children has advanced, but has yet to achieve a broad or national presence like that in long term care. On the state level, the number of children’s ombudsmen that oversee government agencies and programs serving children has increased since Rhode Island first established its office in 1979. But little is known about those offices, their structure, function, or theoretical basis of operations.

Globally many nations established national children’s ombudsman agencies as they implemented the UNCRC. The continued growth of state child ombudsman offices demands examination to determine their structure and how they benefit children and state systems. Increased knowledge about the offices may influence opportunities for evaluation and networking. This study will address these knowledge gaps of state
children’s ombudsmen. It will set the stage for further evaluative research of their capacity to oversee and influence the implementation of public policy or positively affect the lives of children in the U.S. Three research questions have been identified which will be explored.

1. What are state children’s ombudsmen, their structure and function?
2. What are the operational philosophical underpinnings of children’s ombudsman offices?
3. What are the (potential) roles of nurses within children’s ombudsman offices?
CHAPTER THREE

Research Methods

In this chapter, I present the research design, including a description of situational analysis as an appropriate method for the study. Procedures for sample selection, data collection, data management, and data analysis are described.

Study Purpose and Aim

The purpose of this study was to describe children’s ombudsman offices in the United States. If their slow but steady increase in numbers is to persist, understanding how they operate and whether they hold value is useful for replications in states where they do not currently exist. A descriptive study holds potential to set the stage for further evaluative, explanatory, and predictive research.

Study Design

The purpose of research is to build knowledge through description, explanation, prediction, and control (Arnold, 1982). Each is dependent upon the previous. We cannot predict or control the behavior of a phenomenon until we have described what it is or explained how it functions. This study revealed the structure, function, and conceptual underpinnings of individual U.S. states’ children’s ombudsman offices and their implications for nursing practice, policy development and future research.

Qualitative research diverged from modernist quantitative approaches to elicit a different kind of knowledge, one that captures the naturalistic, lived experience of the phenomena of interest rather than the universalities and generalizations that might exclude individual data for its failure to fit the normal curve (Clarke, 2003). A qualitative study using a naturalistic or constructivist approach is well suited to describing
organizations and subcultures (Arnold, 1982). Naturalistic methods take into account the complexity of human life and all of the influences that make up “a composite of realities” (Polit & Beck, 2004, p. 16). This approach facilitates rich description of the complexities of activities and experiences directly as they are, not as they respond to manipulation (Sandelowski, 2000; Polit and Beck, 2004). In addition to embracing the importance of contextual influences on a phenomena, learning and understanding the emic perspective, or the perspective of the individual experiencing the phenomenon, is fundamental to the naturalistic approach (Woodgate, 2001).

Each ombudsman position in the study sample was established by state statute, yet enabling laws do not define an organization. In a pre-study consultation with an ombudsman expert I learned that even the articulation of independence in state statute does not make the ombudsman independent. The ombudsman, the interpretation of role, and the circumstances of work will all influence the ability to be independent (D. Gottehrer, personal communication, March 9, 2009). The existence of the individual U.S. states’ children’s ombudsman offices is dependent upon a wide range of influences such as state politics, budgets, dedicated champions, and bureaucratic infrastructure. Although state children’s ombudsman agencies exist and operate according to public law and policy, they are interpreted and implemented by individuals who can have wide variation in experience, expertise and personal attitudes. The offices’ mandates and authority situate them for potential influence on state systems serving children and therefore the health and wellbeing of children. These offices are part of tax-funded state systems, and therefore are obligated to be accountable and effective. Yet there have been no evaluative studies conducted of them and, until now, very little descriptive research to even identify
what they are or how they function. There simply was no collective knowledge about children’s ombudsmen in the U.S. Therefore, findings of this descriptive study will be valuable in identifying all of the elements that influence or are influenced by state children’s ombudsman agencies in order to guide future research or evaluation.

**Grounded theory and situational analysis.** Within the qualitative research repertoire, grounded theory is considered a useful method when little is known about the phenomenon of interest (Corbin & Strauss, 2008). The approach is both exploratory and descriptive (Brink & Wood, 1998). Grounded theory “generates explanatory models of human behavior” (M.T. Knobf, personal communication, spring, 2009). Deeply rooted in the naturalistic paradigm that values contextual composite realities, grounded theorists assume human behavior is explained by broader social processes rather than just individual social consciousness (Thorne, Reimer-Kirkham & MacDonald-Emes, 1997). Grounded theory goes beyond description of a phenomenon to generate an explanation or theory about a process, action or interaction associated with the phenomenon from the perspective of a group of individuals (Creswell, 2007). The hallmarks of grounded theory research methods are theoretical sampling, concurrent data collection and analysis to inform theoretical sampling, and constant comparative analysis – scouring the data from different sources for parallels, common characteristics, and repeating themes (Clarke, 2003; Thorne, Kirkham & MacDonald-Emes, 1997).

Clarke (2005) proposed what could be described as a matured grounded theory, one that reflects the post modern world. She offered the examination of social situations as the unit of analysis, emphasizing more broadly the composite contextual or situational influences on a phenomenon. In the tradition of sociology and psychology, the “situation”
is considered an “arena for social action” (Longshore & Prager, 1985, p. 76). Similarly, field theory is a gestalt approach that views person and environment together as forces of influences on cognitive and perceptual processes. But field theory limits examination to the individual versus the broader situation. In the broader situation, psychological and social factors predict human behavior (Longshore & Prager, 1985). Social norms and laws that create the structure of society facilitate understanding of its social processes. “Attention to the situation represents a general appreciation of the variability and significance of context” (p. 77).

Clarke (2003) describes situational analysis as a theory/methods package that embraces the growing appreciation for context. It promotes the consideration of all elements that influence the phenomenon and the situation (human, nonhuman, symbolic and discursive). Situational analysis draws upon traditional analytic grounded theory approaches in addition to mapping. Clarke (2005) suggests analyzing situations through mapping three sociological criteria to fully examine situational, social world/arenas, and positions of the interacting elements. Situational maps illustrate the messiness of a situation with all its relationships of humans, nonhumans, and political, cultural and symbolic features. Social world/arenas maps illustrate the constantly changing negotiations of the collective actors of the situation. They represent structure or social organizations and their fluid constructive or destabilizing relationships of the situation. Positional maps capture and illustrate the varied positions taken or not taken within the situation, not just by individuals but also among collectives or social groups. The three types of mapping visually articulate the many variables of and influences on the situation, building a comprehensive description of the phenomenon. Clarke describes situational
analysis as not necessarily generating formal theory in the tradition of grounded theory, but rather a process that sensitizes the researcher to the situation. For this study a situational analysis provided sensitization to the conceptual characteristics associated with being a children’s ombudsman and all that is associated with the role and its impact on society.

The United States has a history of implementing public policy without study of potential impact on micro-, meso-, and macro-levels of society. For example, Longshore and Prager (1985) described the absence of theoretical guidelines to conceptualize desegregation or its impact on U.S. public schools. Conceptualizing desegregation, they suggested, required consideration of the variability of the “situation.” They conjectured that theoretical comprehension of the parameters of the situation would open doors to comprehending the meaning of desegregation and its varied outcomes in different geographical settings. Likewise, comprehension of the variability of geographical culture, politics and other influences (situations) of the state children’s ombudsman offices contributed to understanding of their meaning and potential impact of their work.

The “theoretical” of the situational analysis theoretical/analysis package is an extension of grounded theory as deeper appreciation for the multitude of influential factors “constitutive or consequential for the phenomena we study” (Clarke, 2005, p. 145). The “analytical” part of the package provides a means to analyze and manage that multitude of influential factors and the heterogeneity of data and data sources. This holds the greatest significance for Clarke’s rationale for adapting grounded theory to a post modern world. She has gone beyond an appreciation of nontraditional or limited sources of data to developing a means to analyze all of it together. She describes it as “the
combination of the groundedness of interpretation with the systematic handling of data that makes grounded theory and situational analysis robust approaches in qualitative research” (p. 146).

Sample

The study sample was both purposive and theoretical. A purposive sample is hand-picked to meet targeted eligibility criteria (Polit & Beck, 2004). This study purposively sampled all state children’s ombudsman offices established by state statute and having the essential characteristics of the classical ombudsman as described by Gottehrer and Hostina (1998): independence, impartiality and fairness, confidentiality, and a credible review process. The sample was identified through historical government document review. A primary search of all 50 U.S. states was completed to identify any and all children’s ombudsmen established by state statute. Using search terms “ombudsman”, “ombuds”, “advocate”, “advocacy”, and “child” in the Westlaw online database (www.lawschool.westlaw.com) each state’s legislation was searched for enabling statutes. The term “complaint” was later successfully added to the search strategy to identify statute establishing ombudsmen under different titles. When no state statutes were found, a search using the Google Internet search engine was routinely completed on the chance an office might be mentioned in alternative media. Finally I searched official state government websites and state-specific legislative data banks to find enabling statutes for those remaining states without an identified children’s ombudsman to confirm that absence. Once legislation establishing an ombudsman office was identified, it was reviewed for the essential characteristics of a classical ombudsman.
Although estimates for children’s ombudsmen offices ranged from 15 to 29, only ten classical ombudsman agencies were identified in the spring of 2010.

Other documents that were sought for review included any reports or audits published by or about each office, newspaper articles, state budgets, and website contents and materials presented at the U.S. Ombudsman’s Association 2010 annual meeting. Primary ombudsmen from all of the offices that met the criteria were invited to participate in the second phase of the study involving interviews. Of the ten offices identified, nine ombudsmen participated in interviews. One ombudsman was reticent to participate and sought information from participants about the content of interviews. Having concerns about potential for exposure, when the ombudsmen requested an arrangement that would alter study protocol the decision was made to proceed without an interview. However, the state that ombudsman represented was included in the sample using data collection from other sources.

Theoretical sampling is integral to the process of grounded theory and situational analysis. Because analysis begins immediately with data collection, sampling is driven less by representativeness than by the identification of potential data sources in the early analysis that may lead to greater understanding of the situation (Clarke, 2005). As each state ombudsman from the purposive sample was interviewed, documents, or activities for observation were identified that contributed to or influenced the ombudsman office and how it was structured or functioned. Interviews were extensive and limited to the primary ombudsman, or in the case of an office that was without a primary designee and in fact closed during the study, an upper level ombudsman was included. Other identified sources were noted and preserved for subsequent follow-up study.
Data Collection

Two preliminary data collection strategies were employed for this study: (a) historical document review and (b) semi-structured, in-depth interviews. King, Keohane and Verba (1994) noted that conclusions rarely follow precisely as expected from research design and data collected. Methodological procedures in qualitative research are evolving and flexible. Flexibility is a crucial feature in expectation of identified considerations that may dictate changes in sources of data and how it is collected (Marshall & Rossman, 2006). Because of the exploratory nature of the study, the limited available information about the purposive study sample, and the flexibility afforded by the qualitative approach, the design was adjusted slightly and new questions formulated according to identified findings in the analytic process (Polit & Beck, 2004).

Historical document review was used to identify the sample of state children’s ombudsman offices as described above. Throughout the study, additional documents and artifacts such as laws, policies, reports, mission statements, websites and the like were examined as they were identified. Clarke (2005) suggested the researcher reach beyond the knowing subject in an interview and take into consideration all of the elements and discourse that contribute to the situation, in this case the ombudsman offices.

Data collected through early document review represented initial stages of data collection for situational and social worlds/arenas mapping. Early maps generated themes in preparation for key informant interviews and illustrated the situational characteristics of each agency. Data included elements of the agency mission, history of the office (sentinel events influencing its founding), annual budget, number of staff, staff disciplines and positions, procedures for responding to citizen concerns, type of data
collected, and approaches to monitoring trends. These data were collected from official websites, agency publications, news media and other sources as they were identified (Appendix A).

Interviewing as a method of data collection represents a fundamental assumption of qualitative research that values the emic or participants’ perspective over the etic, or the researcher’s perspective of the phenomenon (Marshall & Rossman, 2006). Since so little was known about the children’s ombudsman agencies, this postmodern approach treated both the respondent and the interviewer as participants in the co-construction of understanding. Interview questions and prompts were not designed to elicit specific, predetermined information, but rather to engage the participants in describing their offices and their own roles. “Respondents are not so much repositories of knowledge – treasuries of information awaiting excavation, so to speak – as they are constructors of knowledge in collaboration with interviewers” (Holstein and Gubrium, 1997, p. 114).

The design of a semi-structured interview guide with open-ended questions was guided by the three sociological modes of situational analysis mapping with revisions based on continuing data analysis and identification of areas for further inquiry from the participants’ perspectives (Appendix B). The use of a guide ensured consistent lines of inquiry among all interviews but allowed some flexibility to explore topic areas (Patton, 2002). Open-ended questions allowed participants to use their own words, terminology, and perspectives so the researcher could capture the complexities of the individual’s experience. The interviews were designed to obtain those perspectives of the key informants regarding how they interpreted statutes and mandates to build their offices; what their perspectives on the impact of their roles were; the challenges they faced; and
who or what the champions or facilitators of the offices were. The open flexible nature of the interviews accommodated the sharing of stories that illustrated their work and its outcomes.

The semi-structured interview guide was piloted to refine the framing and line of questions, assess for researcher bias, and adapt to allotted timing (Creswell, 2007). Two pilot participants were engaged to test the guide. First, I tested the guide with a doctoral student who had experience in developing interview guides and conducting similar interviews. The student assisted in assessing for structure and flow of the instrument. Second, I tested the guide with a staff person from my own ombudsman office who has knowledge of the construct to assess for timing. I anticipated 45-60 minute interviews; however, the average interview lasted 75 minutes.

**Procedure, Data Management, and Reflexivity**

Once eligible ombudsman offices were identified I sought additional information about them using office websites, published reports, and other artifacts. The descriptive data were helpful in early situational and social worlds/arenas mapping to begin analysis of the situation while preparing for interviews and theoretical sampling. Post interview, the descriptive data were used for a reflexive exercise in the form of a field note that captured initial impressions and observations and compared what was said to public descriptions of the agency.

Invitations for participation in the study were directed to the primary or director ombudsman of each state ombudsman office. The ombudsman was contacted by letter with a description of the study and formal invitation to participate (Appendix C). In the spring of 2010 most state governments promoted paperless systems due to the past year’s
budget crisis so I was comfortable sending invitation letters by e-mail to each potential participant. I usually received an immediate response or I sent follow-up e-mails to solicit questions and ultimately responses to the invitation. Because each of the potential participants was a public servant with a mandate to be available to the public, I was optimistic for full participation. Kelman (2005) noted a high (100%) participation rate among government officials over his 25 years of research. I was able to successfully interview nine of the identified ten ombudsmen in the sample.

The total number of state children's ombudsmen participants and their geographical location determined how and when interviews were conducted. Face-to-face interviews were preferred because they allowed me the opportunity to observe surrounding environments, office setting, staff interactions, equipment, and atmosphere (Creswell, 2007). This was not feasible for two participants so phone interviews were conducted. Novick (2008) noted little evidence of difference in quality of data for in-person or telephone interviews. In the case of the two phone interviews I conducted, I used the Internet-based Google Maps to view the street façade of each office and its surroundings to get a similar feel for the presentation of each location.

Prior to each interview I explained the study and implications of participation, what the interview data would be used for, and who had access to it (Polit & Beck, 2004). I also asked the participants for permission to contact them again by phone or E-mail to clarify any questions that might arise as I reviewed the interview data or if new questions arose from other interviews. Each participant signed a consent form (Appendix D). The two ombudsmen who participated by phone were provided an electronic version of the consent form in advance and I read it to them over the phone. Subsequently, I sent a hard
copy to both participants by post. They signed it and returned it in a self-addressed envelope.

**Data management strategies.** Six methods of data management were used for the multiple sources of data (Table 4).

Table 4

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<tr>
<th>Methods of Data Management</th>
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<tr>
<td>Interview Transcripts</td>
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<td>Descriptive Spreadsheet</td>
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<tr>
<td>Field notes documenting interview/site observations and document review</td>
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<tr>
<td>Situational analytical mapping</td>
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<td>Audit trail documenting</td>
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<td>• Search Strategies</td>
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<td>• Sources of data</td>
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<td>• Data collection decisions</td>
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<td>• Coding and mapping decision</td>
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<td>Reflexive journaling of the process</td>
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*Interview transcripts.* Each key informant interview was recorded on audio tape. I transcribed all interviews as soon as possible after they were recorded. This allowed me to immerse in the data and reflect upon responses. It protected from inaccurate transcription due to potential complex speech patterns, pauses, and the loss of visual or paralinguistic clues relied upon to interpret meaning when listening to a tape recording (Marshall and Rossman 2006). Each transcript was checked for accuracy. I then linked the transcripts to Atlas.ti, qualitative research data management software, in preparation for coding themes and further analysis (Atlas.ti, 2010).
To ensure safety and optimal confidentiality (Patton, 2002) transcriptions were saved electronically on a Yale School of Nursing password secured computer drive. Any hardcopies of data and audio tapes were kept in a locked file in my private office. Access to all data was restricted to me and my academic advisers.

**Descriptive spreadsheet.** An Excel spreadsheet was created to store data collected through document review of all 50 states’ statutes on each children’s ombudsman agency (Appendix E). Columns of the spreadsheet categorized the essential characteristics of classical ombudsman as described by Gottehrer and Hostina (1998). Other commonly occurring statutorily defined characteristics were also documented. Upon completion of review of each statute, study-eligible offices were visually identifiable. The spreadsheet also affords a brief description of all statutorily enabled children’s ombudsman agencies of all types in the United States and serves as a preliminary contact sheet that I will share with all study participants.

**Field notes.** “The essence of qualitative field research is not observation but field notes” (Arnold, 1982, p 64.) Field notes represent an observational record capturing events, behaviors and artifacts (Marshall & Rossman, 2006). Field notes captured body language and affect of those being interviewed. Extraneous to the interviews, field notes captured basic descriptions of the ombudsman offices, staff interactions and atmosphere, frequency of calls taken or presence of constituency. Field notes also captured identification of artifacts of objects such as documents, reports, news clipping, awards or other reflections of the situation of an ombudsman agency.

To limit distraction during interviews, preliminary field notes were handwritten and abbreviated. Immediately after an interview was completed and I had left the
premises, I continued the field notes with a longer narrative of observations and impressions. Frequently conversations continued after the interview ended and the recorder turned off. I attempted to capture content from those informal conversations in the field notes. The field notes were then transcribed electronically in a systematic manner with formatting for ease of reading and to preserve early emerging analysis or insights (Marshall & Rossman, 2006; Arnold, 1982).

**Situational analytical mapping.** Situational maps are a visual mechanism to facilitate data analysis. The goal of mapping is “to descriptively lay out as best one can all the most important human and nonhuman elements in the situation…” (Clarke, 2005, p. 86-87). Careful theoretical sampling facilitated identifying the human and nonhuman elements of the situation that were examined and included in mapping. This included all the elements pertinent to those persons in the situation as well as the researcher. Research in the qualitative paradigm considers the researcher as a research instrument. The researcher also represents data. Clarke (2005) encourages the researcher to include personal knowledge and beliefs about the situation in the mapping as well as any “sites of silence” (p. 85) that are not mentioned but appear to be present in the situation. My professional experience doing ombudsman work predisposed me to knowledge that informed my understanding of the situation.

As data were collected, maps directed theoretical sampling to identify further sources of relevant data. Analysis was approached using three sociological criteria and mapping (situational, social world/arenas, and positional maps). Maps were both hand drawn and generated through the Atlas.ti Networking option and text boxes in word
processing. Each generated map was dated for the purpose of chronicling analysis. The analytical use of mapping is described below in the analysis section.

**Audit trail, memoing and reflexive journaling.** Audit trails represent accountability through documenting the process of data collection and analysis, including the evolution of codes, categories and concepts (Creswell, 2007). A running account of planned activities, actual activities and related costs is managed well in a log (Bernard, 1994). This study combined all forms of record keeping for a comprehensive guide and account of all research activities. The audit trail was a continuation of the dissertation proposal, outlining activities from the introduction of the research project and chronologically narrating interviews, observations, data collection, transcription, coding and all analytical decisions, conclusions and subsequent reporting. The memos documented the data collection process with explanations for collection decisions and methods of summary and thematic coding as they developed (Janesick, 2000; Olesen, 2000). This document also served as a mechanism of time management (Bernard, 1994). It was formatted in columns with category of activities on the left followed by memos and outstanding tasks for follow-up. An example of the combined audit trail is provided in Appendix F. The format illustrated progress and alert to the need for adjustment in timeline as well as provided a chronology of the research overall.

A reflexive journal (Appendix F) was also used throughout data collection and analysis as a means to expose my personal feelings and biases that could influence the study (Ahern, 1999). Acknowledging my own beliefs and values enhanced recognition and therefore receptivity to the beliefs and values of respondents or expressed in discourse (Finlay, 2002). A column for reflexive journaling was inserted in the audit trail
for ease and coordination of documentation. Ultimately many of my memos combined data from analytical decision making and reflexive journaling.

Methods of Analysis

In this section I describe and explain the methods enlisted to conduct data analysis.

**Constant comparative analysis.** Prior to and during situational mapping, data collected from interviews and document review were analyzed using the constant comparison technique in which data were coded, and themes were identified, and categorized or clustered into meaningful descriptive units (Boeije, 2002). Constant comparative analysis of data, together with the theoretical sampling described above, is the traditional core of grounded theory (Boeije, 2002; Walker & Myrick, 2006). Data collected from all sources were read for overall impression and then coded and clustered thematically. Constant comparison methods of analysis began as soon as data were collected. “Coding is an iterative, inductive, yet reductive process that organizes data, from which the researcher can then construct themes, essences, descriptions, and theories” (Walker & Myrick, 2006, p. 549). Codes classify and break down or manage large repositories of data collected in the form of text that contains multiple meanings. My codes were repeatedly compared across data for similarities and differences. Similar data were clustered conceptually into categories (Kendall, 1999). Saturation of data was considered to be the point where no new conceptual categories were identified. The categories were then examined to propose theoretical relationships (Corbin & Strauss, 2008; Kendall, 1999).
Situational mapping and analysis. Clarke (2005) described situational mapping as an analytical exercise rather than a product-producing analysis. Where constant comparative analysis helps to conceptually organize data, mapping opens up the process to more broadly visualize and reflect on the context of the situation. The exercise serves to stimulate thinking, particularly when accompanied by simultaneous memoing or reflexive journaling. Memoing while mapping memorializes what the researcher sees, thinks, and needs to go forward. The process takes the researcher systematically through the design, data collection and analysis of the data.

The unit of analysis was the social situation of the state ombudsman. With the goal to describe the larger context of their work these maps addressed the questions: (a) who or what is in the situation; (b) who or what matters; and (c) what elements make a difference in the situation? Each element that was included in the mapping was analyzed for relationships with every other element in the map. Missing elements directed theoretical sampling for more data.

Situational maps. Situational maps started with a first-phase Abstract Situational Map or a “Messy/Working Version” (Clarke, 2005, p. 87) including all of the apparently important elements of the ombudsman office situation as framed by the ombudsman and my preparatory research. These first-phase maps were intentionally messy, allowing for inclusion of all potential elements without concern about theoretical placement or relationships. They permitted adding, subtracting, and changing contents. The second phase of mapping was an “Ordered/Working Version” (p. 89). These maps were constructed from the data in the first map using an inductive process to posit order and relationships from the analysis. For example, Clarke (2005) used Strauss’
“negotiated/procedural ordering framework,” that includes, “spatial, temporal, technological, work, sentimental, moral, aesthetic, and so on” (p. 89) categories to illustrate this version of mapping. Ultimately the categories of the Ordered/Working map depend upon the situation and the analysis. I used two sources of “categories” for ordered/working maps. First, I categorized the maps according to major themes derived from the interview data. When I recognized that those themes were more abstract in nature and did not fully articulate the structure of the situation I returned to Clarke’s “categories” of a situation, (human, nonhuman, discursive and symbolic) to categorize a second set of ordered/working maps. Here was a fine example of mapping as an analytic exercise, “…provoking the researcher to analyze more deeply” (Clarke, 2005, p. 83). I also identified an *a priori* category of elements that stemmed from the Essential Characteristics of a Classical Ombudsman promoted by the U.S. Ombudsman Association (Gottehrer & Hostina, 1998). Over time, some elements and categories were removed from the maps according to lack of evidence to support their relevance to the study participants.

Having made dated copies of each map, copies were used to draw lines between elements with a description of the nature of the relationships. Atlas.ti accommodated memoing or commenting for each interpretive action. As relationships were drawn between elements in the “Network” option of the software, a comment was written explaining the relationship and the decision process to connect elements. Memoing during this process cued questions to clarify relationships between elements in subsequent data collection (theoretical sampling) as the analysis progressed and the story unfolded. The mapping was completed at the point of saturation when there were no
changes, additions, or deletions that would substantially change the developing story (Clarke, 2005). At the end of each mapping session, Clarke advises memoing insights, early analytical conclusions, and detailed directions for more theoretical sampling as needed. The memos act as placeholders for analysis of specific issues. They are actually the product of the mapping analysis. Questions specific to the state children’s ombudsman offices that evolved were:

- Who and what things matter in the broad situation of the offices?
- Who and what things are involved in making the offices what they are and how they function?
- What discourses, ideas, scientific criteria and concepts shape how the ombudsmen think about, conceive or define the offices?
- What economic, regulatory, political and cultural conditions affect the existence and manner of operations of the offices?
- What professional, social, or cultural ideologies underwrite the values of the offices?
- What are the consequences or challenges of the varying conceptions of the offices?

These questions contributed to the building of the maps and identification of additional questions and data collected or preserved for future research.

**Social worlds/arenas maps.** Social worlds/arenas mapping focuses on “meaning-making social groups—collectives of various sorts—and collective action—people ‘doing things together’” (Clarke, 2005, p. 109). Arenas are broad environments of a common interest or purpose that may contain many constellations of various social
worlds representing collective relationships with common goals and practices. Children’s ombudsman offices belong to the arena of state government and within that the social world of child welfare or children’s rights movements. They may also be associated with the arena of health care reform if they have an interest in addressing care of children with disabilities. Analysis of a situation must consider the discourses in relationships and among collective players that represent the arenas and social worlds having influence or impact on/from the situation.

Social worlds/arenas maps are rooted in symbolic interaction that explains people’s behavior and responses to symbols based upon the meaning they and others impart on those symbols (Clarke, 2005; Polit & Beck, 2004). Language is a social symbol that can hold a continuum of meaning from broad to esoteric, depending upon its users. For example, the social worlds and arenas of children’s ombudsman offices dictate whether they communicate in legal, clinical, or child protective language. In addition to examining the symbolic nature of the groups, relationships and power within those relationships was of interest, as well as how each responded to the efforts of influence or negotiations with others. At this meso- or social action level, details of the broader infrastructure of social organizations, institutions and discourses were mapped out to capture the social worlds and arenas of the situation. Social world/arenas mapping illustrated social-symbolic interaction – the point where individuals as members of larger social collectives, structures, and agencies intersected with varying others (Clarke, 2005).

The maps described collective roles and relationships of the situation by illustrating actions, relationships, and meaning among structures and agencies. Boundaries were porous, thus the maps demonstrated overlap in social worlds. The major
task for the social/world arena mapping was to specify those social worlds critical to the situation (Clarke, 2005). In the case of the state children’s ombudsman offices, the task was to identify the key worlds the offices participated in or were touched by, and how those worlds impacted them.

Similar mapping procedures were conducted as with the situational maps. Clarke (2005) places like worlds with like worlds and conflicting ones on opposite sides of the map. Memoing with these maps included discourses of each world based upon importance to the situation. If discourse appeared to be common across the samples then focused mapping was conducted. Questions considered in the social worlds/arenas mapping included:

- What groups or social collectives are the agencies involved with or influenced by and why?
- What are the goals of these relationships?
- What nonhuman elements, such as laws, regulations or professional standards characterize the worlds of the agencies?
- What constraints, opportunities or resources do the social collective relationships or nonhuman elements provide?

Just as with situational maps, not all social worlds/arenas maps contributed to the final product of analysis depending upon the determination of relevance to the situation. However, it was important that the social worlds of the situation were articulated and framed to acknowledge the whole situation. Social worlds/arenas mapping were considered sufficient when no new worlds or arenas become apparent and all could be described.
**Positional maps.** Positional maps illustrate positions taken (or not taken) on discursive issues found in the data (Clarke, 2005). The discourse are the debates or pointed conversations that are apparent in a social world/arenas. Positions taken on discursive issues might represent where individuals or groups stand on issues of child welfare or proposed legislation. A key goal in mapping positions is not to represent the positions of individuals or groups but to illustrate positions taken in the discourse. This focus enables consideration of the heterogeneities of positions without the influence of stereotypical assumptions associated with the source. All positions were considered, whether they were common or outlying. A position that is not articulated may be silenced for some reason and worth pursuing with theoretical sampling.

Positional mapping requires identification of the issues and related positions taken that are identified in data collection. Clarke (2005) warns that some positions may appear to lack attachment to an identifiable issue. The researcher is challenged to analyze the meaning of positions and map them accordingly. These abstract maps differ from situational and social worlds/arenas maps since they are built on axes that illustrate both the position and the dimensionality of its place (Clarke, 2005, p. 128). Positional mapping was completed when saturation occurred and no new positions were identified in the data. Again, these maps may not represent analytical products, but do contribute to the big picture of the situation.

**Project maps.** Project maps compile all the aspects of data collected, analyzed and illustrated in the three mapping strategies to develop a framework that tells the story of the situation. The project map accompanies the narrative reporting or presentation of the research and findings.
Potential Study Limitations

The value of research is dependent upon measures that ensure quality processes and expression of outcomes. Two key aspects of measuring quality carefully addressed in this study included trustworthiness and bias.

Trustworthiness. The quality of research is measured by its goodness of fit, trustworthiness, or rigor (Emden & Sandelowski, 1998). In moving away from quantitative criteria as a means of determining rigor in qualitative research there is little consensus of what goodness is or how it might be measured (Emden and Sandelowski, 1998). In many ways, the concept is relative to the nature and philosophical environment of the variations of qualitative inquiry. Rigor, in the traditional quantitative sense is determined by objectivity, probability sampling, validity (internal and external), generalizability, and reliability.

Emden and Sandelowski (1998) reviewed the debate over reliability and validity, suggesting an evolution that included the concepts being “championed, translated, exiled, redeemed and surpassed” (p. 207). The champions for using the language of reliability and validity did so in defense of the credibility of qualitative inquiry. Lincoln and Guba (1985) translated the language but maintained the meaning for similar reasons. Reliability and validity have been exiled and denounced as not relevant to the context of a qualitative researcher’s purposes. Emden and Sandelowski noted Leininger’s argument that qualitative and quantitative research hold different philosophical assumptions and purposes and thus cannot be judged on similar standards. Rigor therefore, in qualitative research may be a product of context for the researcher, the researched, and the reader. In this way, Clarke (2005) takes the rigor or trustworthiness of qualitative research past the
postmodern turn. In addition to embracing the researcher as instrument, Clarke
analytically maps out the effect that researcher has on the situation being analyzed and
collects data accordingly.

Morse, Barrett, Mayan, Olson, and Spiers (2002) propose that if all research holds
the same purpose – identifying plausible, credible explanations – then reliability and
validity can be applicable across all research paradigms. However, they prefer the use of
internal quality controls that function throughout the research process to ensure quality or
trustworthy research. In what they described as “post-hoc” evaluation of research, they
note that, “rigor is supported by tangible evidence using audit trails, member checking,
memos and so forth” (p. 6). They argue this approach is not a measure of quality, but just
a report of actions. Memos and audit trails after the fact do not ensure rigor, relevance or
usefulness of research. They prefer incorporating verification strategies throughout the
research process as proactive enhancement of reliability and validity. An iterative process
of ongoing checking and confirming ensures reliability and validity by recognizing and
correcting errors as they are encountered. The concurrent data collection/analysis
described earlier for this study fed the iterative nature of qualitative research and
facilitated verification captured in memos of data collection and analysis decision
making.

The verification strategies described by Morse and colleagues (2002) include
investigator responsiveness to the research, ensuring methodological coherence,
achieving sampling adequacy with theoretical sampling, maintaining an active analytical
stance, and achieving saturation. Investigator responsiveness is a flexibility and
sensitivity to the strengths and relevance of identified categories in the data and being
able to move beyond them when discoveries are not well supported. Investigator responsiveness includes both using extant knowledge to inform the research and stepping beyond previously held assumptions to be open to new knowledge and theory.

The data collection and analysis plan for this children’s ombudsman study was described above. Situational analytic mapping internalized the quality controls or verification processes. Methodological coherence assured congruence of research aims and methodology. The aim of examining previously never described state children’s ombudsman offices lent itself well to situational analysis in a naturalistic approach. The purposive and subsequent theoretical sampling of state children’s ombudsmen and other human and nonhuman elements of the ombudsman offices’ situation added to the robustness of data and description. The ombudsmen represented knowledge of the office situations and additional elements that needed to be examined to provide a vigorous picture of the situation. An active analytical stance was maintained through the concurrent data collection/analysis. Mapping the situation and all its elements illustrated the data not only as findings but as data checks and implications for data collection. Memoing, reflexive journaling and thinking theoretically while checking back and forth between new findings to be sure they could be verified in data already collected provided proactive verification and optimal trustworthiness throughout the process.

Throughout the processes of study design, data collection and analysis, I met regularly with my dissertation chair and a doctoral/post doctoral research group for peer review and advisement. My chair assessed the audit trail, coding and memoing for consistency throughout data analysis. The research group reviewed my techniques and discussed issues such as bias, providing feedback. Both gatherings were useful in
checking technique and having the opportunity to reflectively examine my approach, ponder any difficulties, and discuss findings.

**Bias.** Interpretations of data are dependent upon the researcher who does the interpretation and what her or his preconceived or biased understanding is about the phenomenon of interest (Davis, 1998). Clarke (2005) includes the researcher’s knowledge in analytical mapping as one element of the situation. Here the contextual consideration of situational analysis is useful. Davis (1998) encouraged awareness of the researcher’s context. The researcher can become aware of academic, professional and cultural preconceptions or prejudices by using reflexive techniques. While Davis would employ acknowledgement of preconceptions to avoid their influence on understanding the meaning of phenomena being studied (Davis, 1998), Clarke acknowledges and engages the researcher’s bias as contributory to or influenced by the situation. My preconceived notions born of my employment with an ombudsman agency were identified, revisited, illustrated in mapping and then analyzed for its relevance to the study. Decision-making memoing and reflection documented the acknowledgement and usefulness of my bias.

Although bias could have stemmed from a number of sources in this study (researcher assumptions, participant candor, data collection methods, or design), researcher bias was the greatest threat. In addition to the role of my personal preconceived notions, my employment with a state children’s ombudsman agency could have influenced study participants and the way key informants responded to me in interviews. Lowes & Prowes, (2001) concluded that it is neither possible nor desirable to exclude the researcher’s knowledge, expertise and familiarity with a subject matter for
the sake of rigor through objectivity. Rather, they pointed out that rigor and trustworthiness is dependent upon the researcher’s full disclosure of bias to the participants and their contribution to the interview. In this way bias is both exposed and dealt with. I took several precautions to acknowledge or disclose bias and protect against any negative effects (Janesick, 2000; Olesen, 2000). I repeatedly clarified my role with research participants to address any role confusion (Endacott, 1994; Hanson, 1994). I did, however, use my expertise of ombudsman work as a resource to understand the nature of my study and recognize the differences among ombudsman office situations.

**Protection of Human Subjects**

Prior to embarking on this research, the study protocol was submitted for review and approval by the Yale University School of Medicine Human Investigations Committee. Because study participants were government officials participating in interviews with no major personal risks anticipated, a request for exemption from committee review was appropriate and approved.

Participant ombudsmen were told they would not be identified by name; however, their state would be identified, leading to the possibility that participants will be identifiable. Participants were fully informed of these parameters and allowed to make statements off the record if they wished. Inconvenience of participating in an interview was minimized by allowing the participants to schedule time and place. It was also explained to them that they could terminate the interview or skip any questions they were not comfortable answering.

Incentives for participation, while helpful (Polit & Beck, 2004), can be problematic. Concerns about undue influence have been noted (Tishler & Bartholomac,
2002) although Grant and Sugarman (2004) found unless there is a dependency relationship or high risk to the participant, incentives pose little threat. My study participants were public officials, thus ethics regulations precluded them from receiving incentives of any monetary value. Instead, when recruiting I explained to all ombudsman participants that their participation will contribute to the knowledge base of their field. More tangibly, I offered them an executive summary of findings and a table of contact and descriptive information on peer ombudsmen offices for their use. This alternative should be useful and preclude any questions about appropriateness of incentives.
CHAPTER FOUR

Results

In this chapter, I review the study findings and answer the three research questions. In the first phase of this study, the population of state children’s ombudsmen was identified, followed by classification of a distinct sample. The second phase was a situational analysis built on the statutory description of the ombudsman sample with narratives from ombudsman interviews, observations, historical documents, reports, television presentations and other sources. I present results in the order of research questions. Throughout the accounting of findings I avoid using the ombudsmen’s names or identifying information to protect their confidentiality.

Question One: What are State Children’s Ombudsmen, Their Structure and Function?

The first step to describing the ombudsmen and their situation was to find and identify them. The first phase of the study involved searching state statutes for evidence of an ombudsman. In this section, I describe the population of state children’s ombudsmen identified as a result of the 50 state statute review. I give a detailed description of the chosen study sample for the second phase; and then present the description of their structure and function from their own narratives.

The population of state children’s ombudsmen in the U.S. The initial statute review was used to organize descriptive data for all identified ombudsman programs. Using the Essential Characteristics of an Ombudsman (Gotthera and Hostina, 1998), I categorized the findings according to how close each group was aligned with a classical
model (Table 1, p. 23). Appendix E illustrates the results of the statute review identifying children's ombudsmen.

I identified 31 states with some form of ombudsman or ombudsman-like program established by statute to serve children or oversee state child-serving agencies. Another five states had ombudsman programs without the underpinning of statute. There may be other such states but, without any centralized search mechanism or comprehensive network list, they are not readily identifiable. Table 5 shows the five categories of ombudsmen found in state statute and those that either have no readily identifiable ombudsman or an ombudsman established by some other means. It includes a brief explanation of each category.

The number of children's ombudsman or ombudsman-type offices across the states indicates the commitment states have expressed towards monitoring children's services. However, the varieties of ombudsman offices suggest either varying levels of commitment to a specific model or a lack of understanding about ombudsmen in general. Those differences and the potential for related effectiveness warrant further examination in future research to identify best models, best practices, and best outcomes.

With the ombudsmen identified and categorized, I moved on to the sample of interest. In the next section I report in more detail the sample of classically modeled children's ombudsmen that I selected to examine in more depth to answer the research questions.

**Sample of interest: Ten classically modeled children's ombudsmen.** The ten states that met the criteria for classically modeled children's ombudsmen in spring 2010
### Table 5
Categories of State Children’s Ombudsmen

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Classical General Jurisdiction Ombudsman</td>
<td>AK, AZ, HI, IA, NE - General jurisdiction ombudsmen oversee all public agencies or departments in a system including child-serving agencies. AK, AZ, and IA have child-specific mandates</td>
</tr>
<tr>
<td>Independent Classical Children’s Ombudsman</td>
<td>CT, GA, ME, MA, MI, MO, NJ, RI, TN, WA - Oversee child-serving agencies with independence, credible review processes including access to information, impartiality and with confidentiality. (Sample of interest)</td>
</tr>
<tr>
<td>Independent Organizational Children’s Ombudsman</td>
<td>CA, IN, TX, UT - Operate within but autonomous of the agency they oversee. They have specialty areas of jurisdiction including foster care, juvenile corrections facilities, and child welfare. They are appointed by and report to the agency head they oversee.</td>
</tr>
<tr>
<td>Not Independent Organizational Children’s Ombudsman</td>
<td>AR, KY, NH, OR, NY - Take complaints and resolve disputes within agency of oversight. Not independent and may not publish reports. Oversee facilities where adjudicated youth are placed, health and human services, child protective services, and out of home placements.</td>
</tr>
<tr>
<td>Other Ombudsmen in Statute</td>
<td>DE, IL, MD, MN, NV, OK, VA - Ombudsman-like services to limited constituencies such as children who are missing or exploited, in juvenile justice facilities or have developmental disabilities. DE chiefly provides legal representation. MN serves select racial/ethnic groups of children</td>
</tr>
<tr>
<td>Other</td>
<td>FL, OH, MT, SC, VA have county- or program-based ombudsmen not in statute</td>
</tr>
<tr>
<td>States without Apparent Ombudsman</td>
<td>AL, ID, KS, LA, MS, NM, ND, PA, SD, VT, WV, WI, WY</td>
</tr>
</tbody>
</table>

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1 Independent Classical Children’s Ombudsman – The state of Colorado established but was yet to appoint an ombudsman in this category in spring 2010.

2 The New Jersey Office of the Child Advocate was eliminated on July 1, 2010. Because the fate of the office was uncertain until the last minute it was included in this study.

3 Indiana- The original interpretation of Indiana statute for this study was incorrect. The ombudsman was categorized as Organizational but should have been included in Independent Classical Children’s Ombudsman pursuant to Indian Code 4-13-19-3.
included: Connecticut, Georgia, Maine, Massachusetts, Michigan, Missouri, New Jersey, Rhode Island, Tennessee, and Washington. With the exception of Tennessee, each was enabled by statute. The Tennessee ombudsman program is uniquely situated in the Commission on Children and operates on the Commission’s statutory authority (§ 37-3-101). Each ombudsman office has statutorily articulated independence from the agency or agencies it oversees. All of them oversee at least their state’s child welfare/child protection agency. Connecticut, Georgia, Massachusetts and New Jersey have additional jurisdiction over any executive branch child-serving agency. Each of the 10 ombudsmen has the authority to take citizen complaints about child-serving agencies in their jurisdiction. They are empowered to access information in order to investigate complaints and also required to maintain confidentiality of all information and personal identification. All but three (Maine, Tennessee and Washington) have the authority to issue subpoenas for information for investigations. Six of the offices have the authority to take legal action on behalf of a child or children. Table 6 indicates the variations in legal authority among the ombudsmen. All of the ombudsmen are required to report at least annually on their office’s activities. Tennessee and Michigan are the only two states without statutory language giving them indemnification from liability.

The 10 state children’s ombudsman offices were variously called ombudsmen or child advocates in statute and in practice. I refer to all of them as ombudsmen because of the similarities of their statutes to each other and to the classical ombudsman model promoted by the USOA. None of the state statutes fit the USOA model perfectly but they contained a reasonable semblance of the essential characteristics. Appendix G displays the names of each state ombudsman office, the manner of appointment, required
## Table 6

### Ombudsman Legal Authority

<table>
<thead>
<tr>
<th>State</th>
<th>Legal Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
<td>Represent, appear, intervene in, or bring an action on behalf of, any child in any proceeding before any court (§46a-13k et sec)</td>
</tr>
<tr>
<td>Georgia</td>
<td>Apply to the Governor to bring legal action thru writ of mandamus or application for injunction (§ 15-11-170)</td>
</tr>
<tr>
<td>Michigan</td>
<td>Pursue all necessary action, including, but not limited to, legal action, to protect the rights and welfare of a child in state care. (§722.921)</td>
</tr>
<tr>
<td>Missouri</td>
<td>File amicus curiae briefs on behalf of the interests of the parent or child (§37.705)</td>
</tr>
<tr>
<td>New Jersey</td>
<td>Intervene in or institute litigation, including appearing in the capacity of filing amicus curiae (§15A:1-1.3)</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>Commence in the Superior Court a civil action against the state on behalf of a child in custody of the Department of Children, Youth and Families or other private agency or provider (§ 42-73-1)</td>
</tr>
</tbody>
</table>
credentials for the position, and characteristics of the lead ombudsman in each office in Spring 2010. Appointment mechanisms thought to influence how an ombudsman operates and expresses independence, differed among the states.

Variation in requirements for the position was reflected by their professional backgrounds. All but two ombudsmen had experience working with or for children. There were four social workers, three with child welfare backgrounds and one with experience in residential and emergency mental health care. Of four attorneys, one had been a judge and one had experience working with adult prisoners. One ombudsman had experience as a legislative liaison and other areas of government administration. One held a graduate degree in administration and had worked in church administration and higher education. Each ombudsman brought different skills and approaches confirming Melton’s (1991) explanation that appointments were not necessarily professionally driven but influenced by personal characteristics and sometimes identified needs in the situation. One ombudsman with no experience in child welfare or with children described the comments from legislators in the appointment process as they weighed the pros and cons of a candidate with no knowledge of the system.

And there were some... who said to me, “you know, you don’t have a background in social services so we’re concerned that... you’re coming into this not really knowing what all is involved... Then there were others... who basically said, “you know, that’s exactly what this office was intended to be in the first place, someone who would bring into it a lack of bias or a lack of prior opinions about the way the system is run.

The statutes provide a basic outline of the ombudsman and ombudsman office. The interpretation of its meaning and ultimately its implementation depended upon who was appointed to the position and under what conditions. Once in the position, the situation adjusted and the ombudsman worked with the elements and actors encountered.
Structure: Picturing the ombudsman situation. To better understand the ombudsman’s view and subsequent function, I first illustrate the structure of the situation. Figure 1 illustrates in a project map the ombudsman’s situation, the structure of which is described below. The map provides a glimpse of the ombudsmen’s narrative, combined with all other sources of data for a visual preview. The implicated actors are elements of concern: children who are abused or neglected, the doctrine of parens patriae that empowers the state to intrude in families’ lives on behalf of those children, and the economic crisis that impacts the capacity of both the child welfare system and the ombudsmen to do their jobs. The other human, nonhuman, and social worlds/arenas represent the broad structure of child welfare systems and all their appendages, including the ombudsman who hears about, recognizes and exposes failures in the system. Each element and actor has a role to play towards protecting children. The narrative follows the map further and situates the ombudsman in greater detail.

Federal policy as framework. Clarke (2005) suggests the first step in situational analysis is to descriptively lay out the pertinent human actors and nonhuman elements. The human actors include all of the individuals, groups, organizations, and any other conglomeration of persons who have influence on or are influenced by the ombudsman’s situation. The nonhuman elements “structurally condition interactions within the situation through their specific agencies, properties, and requirements” (p. 87). I included in this description the social worlds/arenas/discourse proposed by Clarke to embody the meaning-making of social groups and their collective actions.

Through illustration of federal law and its social arenas, I explain how both are, born of discourse about the circumstance and interests of children and promoted by
Implicated symbolic elements: Economic crisis and budget cuts

Implicated symbols: The doctrine of parents patriae. State intervenes when obligation to protect children trumps parental rights to autonomy

Implicated actors: Children whose parents are unable or unwilling to care for them

Court systems oversee state interventions. Attorneys represent children's and parents interests

Science and academia inform policy and practice

The Ombudsman takes citizen complaints then pulls back the curtain on system failures and opportunities for improvement

Federal government establishes laws providing guidance and expectations for states to protect and care for children

Children's advocacy organizations promote children's interests

Providers of foster care, residential treatment, mental health services, family support

States create child welfare and other systems to protect children. Social workers investigate and provide treatment to children and families

Professional organizations promote standards of practice

States create child welfare and other systems to protect children. Social workers investigate and provide treatment to children and families

Science and academia inform policy and practice

Court systems oversee state interventions. Attorneys represent children's and parents interests

Children's advocacy organizations promote children's interests

Federal government establishes laws providing guidance and expectations for states to protect and care for children

Professional organizations promote standards of practice

States create child welfare and other systems to protect children. Social workers investigate and provide treatment to children and families

Federal government establishes laws providing guidance and expectations for states to protect and care for children

Professional organizations promote standards of practice

States create child welfare and other systems to protect children. Social workers investigate and provide treatment to children and families
collectives purporting to care about children. They create a framework for state arenas. The vulnerabilities of the child welfare system were revealed through the roles of the children’s ombudsmen and their interactions with others. I used temporal elements of the situation as sentinel events of structural vulnerability, specifically the deaths of children that influence the establishment of state children’s ombudsmen. With the ombudsmen thus visually situated, I present them as closely as possible to how they described themselves. I used situational maps to illustrate and organize the many elements of the situation. Figure 2 illustrates an Ordered/Working version of a situational map that organizes all the elements and discourses of the ombudsman situation.

The literature review examined the history and events that lead up to the establishment of public policy that has affected children’s lives over the past 100 years. The ombudsman participants in this study described their roles and experiences, but never quite provided a full explanation of the infrastructure of their worlds. Before I could examine and describe the children’s ombudsmen, I had to piece together the many-layered manifestations of public policy represented by the path from federal law to state children’s ombudsman and the foundation of the ombudsmen’s situation.

A deep analysis of children’s public policy and implementation was beyond the scope of this study. However, by looking closely at a particularly significant federal law, I was able to visually situate ombudsmen in social world arenas arising from federal policy.

Theoretical sampling led me to the Child Abuse Prevention and Treatment Act (CAPTA) (42 USC 5101 et seq; 42 USC 5116 et seq,) which was strongly relevant to the ombudsmen in my sample because of their common jurisdiction over child welfare.
Figure 2

Ombudsman Abstract Situational Map: Ordered Working Version

**Individual Human Elements/Actors**
- Children, Families, providers, Ombudsmen, Governors,
- First Ladies, Dead Children, Foster Children,
- Guardians, Attorneys, Agency Staff, Legislators, Court
- officials, IT staff, complainants, Volunteers, Experts

**Collective Human Elements/Actors**
- State and Federal legislators, Agency Administrators,
- Providers of services, Tax Payers, Child advocacy
- organizations
- Professional Associations/Organizations
- Children’s Groups, USOA
- Children’s Cabinet, Commission on Children,
- Legislative Committees, Media

**Discursive Constructions of Individual and/or**
**Collective Human Actors**
- Children as valued/devalued
- Best interest of children as prime
- *Parens patriae*
- Children’s health & wellbeing as important
- Quality, accountability and transparency in
- government as desirable
- Ombudsman’s role as valued
- Duplication of effort as inefficient
- Ombudsmen as “Rat Squad”, “Headhunters”

**Political/Economic Elements**
- Economic crisis & budget cuts, limited resources,
- Policies & Laws, Elections, Politics and Political will

**NonHuman Elements/Actors**
- USOA Standards for Ombudsmen,
- State systems and agencies, Statutes, Funding streams,
- Facilities, Treatment, Citizen complaints, Databases,
- Protocols, Investigations, Subpoenas, Consent decrees

**Implicated/Silent Actors/Actants**
- Children with Special Health Care Needs
- Children who are institutionalized
- Nursing expertise

**Emotional Elements**
- Uncertainty, Passion, Respect, Loneliness,
- Job satisfaction (Doing important work)

**Discursive Construction- Nonhuma**
- Child welfare as failing, harmful to children, Child welfare as improvi
- Data and data collection as informing and justifying, Independence and
  authority of ombudsman

**Sociocultural/Symbolic Elements**
- Children without a voice, UNCRC
  (not ratified)
- Taxes, Federal laws imposed on state

**Spatial Elements**
- Office location, Resources to fulfill
  ombudsman mandate

**Related Discourses (Historical Narrative and/or Visual)**
- Children’s Rights discourses
- Child protection discourses
- Children as political agenda items
- Family-centered care
- Evidence-based care and treatment
- Individualized treatment models
- Quality assurance discourses
- Minding taxpayer dollars discourses
- Science as valued discourses
- States rights discourses

**Major Issues/Debates Positions**
- Ombudsman office is justified
- Adversarial relationships not
  Productive, Taking response to
  reports is productive, Ombudsman as
  unique from Child Advocate,
  Independence can be modified,
  Different ombudsman models

**Temporal Elements**
- Sentinel events, Class actions,
  Child welfare reform
agencies. Child welfare systems were benefit from CAPTA policy and funding. CAPTA was first passed in 1974 and is designed as a mechanism to support states in preventing child abuse and neglect. The legal doctrine of *parens patriae* allows states to interfere in the private world of families when parents will not or cannot care properly for their children, when they abuse or neglect them. CAPTA attaches state funding to child welfare policy and standards of practice that states may use to implement the doctrine and take action in the best interest of the child.

**Designers of the structure: Actors and discourses.** The designers of CAPTA include the federal and state governments, the scientific community, advocacy groups, professional providers and their associations, educators, and communities. They were the individual and collective human elements of the situation. Their discourses that led to the law’s creation and passage reflected the approach to children’s public policy first established in the federal Children’s Bureau (Lindenmeyer, 1997).

The development of federal legislation came first from information at the public’s level – usually in the states. Ombudsmen had potential for being a key connection among state and federal level human actors seeking information about children or children’s issues. One ombudsman, for example, engaged a congressman to co-sponsor a bill addressing teen dating violence prevention. That congressman then participated in a state event marking the prevention initiative. Outside of government, ombudsmen were involved in advocacy efforts with state and national organizations, representing collective human actors. One ombudsman, uniquely situated in a non-profit advocacy organization, had working relationships with several national organizations including the Annie E. Casey Foundation and the National Children’s Alliance. The alliance allowed the
ombudsman to engage in national initiatives like child welfare reform without having to expend limited office resources.

...we are also a part of Voice’s for America’s Children. It’s a national coalition child – multi-issue child advocacy agency like us... Voice’s has a subcommittee, its interest is in improvement in federal law for child welfare. For example we are now working on the reauthorization of CAPTA.

These interactions exemplify the many influences on public policy and indicate that the ombudsman’s role is dynamic. The ombudsmen interpreted and oversaw the implementation of CAPTA and other laws. They also contributed to the design or improvements of a law.

**CAPTA guides state child welfare policy.** CAPTA sets priorities to address child abuse and neglect and promotes research and dissemination of information about how to prevent, respond to, and treat their effects. To that end, the law provides various forms of funding to state governments and other organizations to support child protective services and related research or demonstration projects. For states to take advantage of these resources, there must first be a discourse about child abuse and neglect and a position taken on the state’s role in the situation. States are then required to establish laws that define child abuse and neglect and create responsive policies and procedures, including:

- Establishing child protection services (CPS)
- Mandating reporting of suspected abuse and neglect
- Providing independent representation to children in court, not necessarily by an attorney
- Requiring criminal background checks of foster care providers
- Creating other supportive actions and structures (Fellmeth, 2002)
The uniqueness of the federalist system is that it allows for states to structure their governments according to local preference. Key state agencies are usually in the executive branch and provide services for child welfare and child protection, juvenile justice, education and physical and mental health. There is also often an agency or blend of agencies that provide human services affecting children through supplemental income support to families, child care subsidies, child support enforcement and subsidized health insurance in the guise of Title XIX Medicaid and Title XXI the State Children’s Health Insurance Program (CHIP). Although the legislature may pass laws that determine how state agencies are structured and function, the governor administers and is responsible for the provision of all services in the executive branch. Therefore the governor’s relationships and interests with the state agencies may have significant impact on the ombudsman and ombudsman’s work.

**Implicated symbols: Parens patriae.** The doctrine *parens patriae* positions the state as the ultimate parent intervening on behalf of a child when biological parents are unable or unwilling to provide proper care (Davidson, 1997). It is a key implicated symbol in the situation of the ombudsman; it is the key underpinning concept of child welfare and child welfare systems. Child welfare consists of four stages of child protection services (CPS) (Waldfogel, 1998). First abuse or neglect is reported. Each state has laws that mandate reporting by certain professionals deemed in a position to recognize symptoms. However, anyone may report suspected abuse or neglect. The second phase in CPS is the screening of the report through interpretation of the law defining abuse and neglect and its application to the allegation. If the allegation meets the legal standard, then the next phase of CPS will be investigation by a trained social
worker to assess the child and circumstances to determine abuse or neglect. If allegations are substantiated, the final phase involves opening a case and providing ongoing treatment. If abuse or neglect is not substantiated but the family is identified at risk, they may be referred to or provided supports to address risks and ensure child safety (Reich, 2005). If the allegation is substantiated, the child may be removed with the oversight and authority of the juvenile court.

In state custody the child may be placed with a family in foster care or in a congregate care setting. In accordance with CAPTA and the Adoption and Safe Families Act (ASFA) (P.L. 105-89), the state then provides treatment to child and family with the primary objective of safe reunification. Treatment can include parent education, psychotherapy, substance abuse treatment, general health care and other supports and services as needed (Fellmeth, 2002). The providers of these services, together with legal counsel, the CPS social worker and other child welfare personnel make up the team of human actors influencing the family’s situation in child welfare. The social worker is required to monitor the family’s progress towards improved capacity to keep children safe.

System flaws and tragic consequences: Sentinel events. Despite reporting requirements and expectations of quality assurance, there are flaws in the human and nonhuman elements of child welfare systems that place children at risk even when they are under protection. The complexity of the system leaves open opportunities for mistakes, poor performance, and poor judgment. One ombudsman described the child

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5 Social Workers – Although persons providing case work are routinely referred to as social workers, not all meet the standard credential for professional social worker that includes a master of social work. Each state has different requirements and licensing regulations for a position referred to as social worker.
welfare agency’s failure to engage families in care and treatment of their children, while paying lip service to the practice.

Social work child welfare practices for a long time said we work with families in a cooperative fashion. They are a part of the process. We enable them to be an active part of deciding what is best for their family. Well, yeh, in theory. In practice, however, we have been much better at going out there and saying, ‘you will do x, y, and z or I’ll take your goddamn child, thank you.’

Once in state custody, it is not uncommon for children to be moved among multiple foster homes or congregate settings with detrimental effects from the disruptions. As one ombudsman explained, “We have all lamented the number of placements changes that kids make; nobody has ever been successful at reducing that.” Children are often delayed in either reunification or some form of permanency, as noted by another ombudsman, “Something’s happening that shouldn’t be happening or … the kid’s been in this residential treatment facility for two years and they should have only been there for six months.” Child welfare systems are not only responsible for placing a child, they are often responsible for ensuring the facility where a child is placed is a safe and therapeutic environment. One ombudsman described common shortcomings in the physical plant of child caring facilities that could be detrimental to the residents,

You see a lot of physical disrepair of facilities. Things that are unsafe, you know, outlets not covered, walls damaged, that kind of thing. That… presents physical safety issues for the kids but also is one of those sort of disheartening, demoralizing things that you don’t want. It is not an inspirational setting.

Weaknesses in the child welfare system can have considerable consequences. The death of a child in the custody or supervision of the state is the most dramatic shortcoming with often the most broad-reaching consequences. Eight of the ten children’s ombudsman offices in this sample were established or structurally impacted on the heels of a tragic
child fatality. A ninth office was probably established similarly, but the ombudsman did not provide details beyond reporting the state, “…had three or four children die in care…” No other details were immediately available about those deaths. Figure 3 illustrates the sentinel events of child deaths as a result of failed child welfare systems that catalyzed the establishment of a children’s ombudsman and initiation of child welfare reform. The illustration emphasizes the path from CAPTA to child welfare services and subsequently to children’s ombudsmen when things go wrong. To some of the ombudsmen, the children’s deaths remained painful. They were mindful of these tragic historical events that established their offices and set their missions. The story of Logan Marr is used to illustrate elements of a situation that come together to establish a children’s ombudsman.
Figure 3
Child Deaths as Sentinel Events

Logan Marr’s death was a catalyst for significant child welfare reform in Maine. Figure 4 displays an Ordered Situational/Historical Map that captures related elements of her situation. A complete analysis of the situation of the child’s death in Maine is beyond the scope of this study but I include a brief summary for purposes of illustrating events that result in establishment of a children’s ombudsman.

Logan’s last of three foster homes in her short life was with a well-known and reportedly respected child welfare worker who was not yet licensed as a foster parent. Soon after placement Logan began complaining of being harmed by her foster mother. Twice she made these allegations on videotape. Her allegations were never investigated and her biological mother was directed not to speak to her about the complaints. Logan began exhibiting behaviors described as rage. She had uncontrollable tantrums. A therapist recommended Logan get treatment for the loss she experienced at being separated from her birth mother. Logan’s case worker missed a quarterly visit to check on how she was doing and shortly after Logan was found dead in the unfinished basement of her foster home. Her foster mother was convicted of manslaughter for using duct tape to restrain and gag the 5-year-old in the basement where she suffocated. (Adams, 2001; Goodman & Dretzin, 2003).

At the time of Logan’s death the Maine State Legislature entertained 14 proposed bills related to child abuse and neglect (Committee to Review the Child Protective System, 2001). After she died, interest in child welfare reform intensified with

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6 The Taking of Logan Marr was one of two episodes in a 2003 PBS Frontline Special, Failure to Protect on issues in child welfare. See http://www.pbs.org/wgbh/pages/frontline/shows/fostercare/marr/
Logan Marr: Ordered Situational Historical Working Map

**Individual Human Actors/Elements**
- Families, Biological Parents
- Children in State Custody
- Legislators, Advocates, Experts
- Foster Parents, Child Welfare Workers,
- Child Welfare Administrators,
- Attorneys, Interveners

**Collective Human Elements**
- Media, Advocacy Organizations,
- Legislative Committees, Court Systems,
- Child Welfare System, State Bar
- Association
- Native American Tribes and Tribal Courts

**Political/Economic Elements**
- State Liability, Public Hearings
- House Paper 1385, P.L. 2001, c 606,
- 22 §4087-A. Ombudsman Program

**Major Issues Examined**
- Roles and Responsibilities of G.A.L
- Process of CPS Investigations
- Right to Intervener Status

**Spatial Elements**
- Available Foster Homes
- Unfinished Basement

**Nonhuman Elements**
- Duct Tape, Child Welfare Policies,
- Criminal Proceedings
- Study and Final Report of the Committee to
- Review the Child Protective System
- Recommendations for System
- Improvements, Civil Law Suits

**Discursive Constructions of Human Actors**
- Safety of Children as Paramount
- Parents Need for Child Welfare Process
- Information
- Parents’ Rights to Raise Children
- Reunification and Permanency

**Sociocultural/Symbolic Elements**
- Children
- Parenting
- Disrupted Families
- Foster Parents as Good
- Children’s Voice

**Temporal Events**
- Complaints, Logan’s rage
- Death of Logan Marr
- Missed visit by social worker
a comprehensive review of the child protection system. The proposed bills were consolidated into one House Paper 1385 which created a 12-member Committee to Review the Child Protection System (CRCPS). It consisted of legislators, child welfare experts, foster parents, attorneys and advocates.

Under its purview, the CRCPS considered a complete review of the CPS process (Committee to Review the Child Protection System, 2001). The very first recommendation the review committee made was to “provide assistance to parents seeking information about their rights and the child protective system” (p. 1). This recommendation translated to P.L. 2001, c. 696 §18-C. which mandated, “the State Court Administrator, in consultation with appropriate interested parties, shall establish a program to provide information about child protection laws and procedures to parents whose children are the subject of child protective investigations and cases…” A year later the mandate to establish a service for parents materialized as the Ombudsman Program.

In its current iteration, the ombudsman is

… an independent program within the Executive Department to provide ombudsman services to the children and families of the State regarding child welfare services... The program shall consider and promote the best interests of the child involved, answer inquiries and investigate, advise and work toward resolution of complaints of infringement of the rights of the child and family involved (22 §4087-A).

By following the historical progression of response to Logan’s death the discourses and symbolic elements were revealed. The replacement of parents’ concerns with emphasis on best interest of children in creating a children’s ombudsman office reflected the discourse on the safety of children as paramount. Thus Logan’s short life set in motion the clarification of the value of children in the state of Maine and the obligation that the state has towards them. The path from CAPTA to the ombudsman is
littered with tragedy and heated discourse. The nature of that kind of commencement will impact the meaning of the ombudsman to the actors in the situation and the quality of relationships therein.

**Process: How ombudsmen function.** Blumer (1969) tells us that humans define each other’s actions and respond to the meaning they attach to those actions. That meaning is derived through the use of symbols and interpretation. With this in mind, the position of ombudsman created in response to the brutal death of a small child will be ascribed significant meaning. The meanings attributed to child welfare by human groups will largely be defined by the actions of the ombudsman and the others in the social world around them. This proved to be the case in seeking a description of the ombudsmen. They described themselves most frequently in terms of what they do.

In this section I introduce the ombudsman’s descriptions of themselves through their narrative from interviews. I complement their explanations with data from their annual reports and other sources that captured their activities. I begin first with a review of the imagery they used to express how they saw themselves and how they thought others saw them. Sections are organized by identified themes in their narratives.

**Children’s Ombudsmen: Baring teeth and shining light.** Of the long list of descriptives assigned to the ombudsmen, two stand out as holding significant symbolic imagery: the watchdog and the act of exposing or illuminating. The watchdog was the most commonly associated assignation for ombudsmen of all types. Little has been written in the literature on ombudsmen that does not use the reference. The symbolic meaning of the watchdog as protector and defender has been imbedded in U.S. culture for centuries. Nero, the canine with his paw shielding a key on the U.S. Treasury seal, is
claimed to be the first watchdog of the U.S. Mint (U.S. Department of the Treasury, 2010). The use of the word was more recently adopted by citizen action groups and nonprofit consumer advocates in the mid 20th century. The establishment of Common Cause, the political citizens’ action committee described earlier, came on the heels of a growing movement of nonprofit consumer watchdog organizations that flourished in the 1960s. Citizens’ action organizations started as early as 1899 with Children’s Bureau advocate Florence Kelley and the National Consumer League aimed at combating child labor. These organizations of social distrust provided a sense of independent oversight and protection to citizens exposed to dangerous work-place environments, faulty manufacturing, high prices and corrupt government (Rao, 1998). The movement paralleled the establishment of ombudsmen offices in state and federal government.

The fierce image of the watchdog may have been best been captured in depiction of Leroy Brown, “the baddest man in the whole damn town, badder than old King Kong, meaner than a junkyard dog” (Croce, 1973, song lyric). Croce (1973) captured the fear and intimidation associated with vicious attack dogs used to protect property before advances in technology produced electronic fence and alarm systems. Dogs were early warning systems. One ombudsman cited the events of the 1960s and the corruption of the Nixon Administration in a precursor to establishing the office,

When the (ombudsman) was founded originally in the wake of Watergate, there was an interest in having issues raised and discussions take place, about different public policy approaches and the whole notion of a watch dog over other executive departments was widely embraced.

The atmosphere of the day was heavily characterized by social distrust. Another ombudsman noted the visual benefit of the symbol of the watchdog more dramatically. “I think the public still gets energized by the idea of a watch dog with teeth bearing in the
media. You know the media. What’s newsworthy to them is watchdog baring teeth in headlines.” In that case the ombudsman was describing a predecessor who took an aggressive approach to investigations with highly publicized reports of findings. The energy the citizenry experienced in that approach was likewise edgy with anticipation when that former ombudsman was not re-appointed following a disagreement within the administration. Citizens apparently worried about whether the next incumbent would have the same aggressive tactics, or fearing a short term in office, bare fewer teeth. In the ombudsman’s words, “…the public discourse and the media discourse was a lot around, ‘do we get another watchdog? Do we get a political lap dog?’” Later this same ombudsman would note the demise of print media and the difficulty of getting children’s issues covered, as well as a change in approach that emphasized a toning down of aggressive stance that improved the working relationship tremendously between that ombudsman office and the child welfare agency. All but one of the ombudsmen interviewed described efforts to improve working relationships with the agencies they oversaw. So it is unclear if the image of the snarling watchdog might not be replaced by, perhaps not a lap dog but maybe a kinder, gentler canine of contained strength. Still the image of protector persisted and as one ombudsman robustly explained, “… I have jurisdiction over the care and protection of children in state care … my job is to see that they are safe and they are stable and that they have permanency.”

Alternatively, a less aggressive and more “revealing” symbolic element expressed by the ombudsman was the exposure of information through the use of light or improvement of the view. This might be through removing obstacles or applying the use of a lens. These symbols are staples of American literature and music. Light as truth or
protection of truth is a common theme as in F. Scott Fitzgerald’s (1925) memorably placed eyes of Doctor T.J. Eckleburg on a dusty billboard watching knowingly over the complex lives of the book’s characters. The ombudsmen referred to the light or the improved view of information as enlightening,

I think the thinking at the time that they put the statute in place was that to provide another set of eyes. That’s my best way of describing that when it comes to trying to do everything the state can do to ensure that children are protected.

The extra set of eyes manifests as ombudsmen with authority to access information not commonly available, due to confidentiality laws. This access provides opportunity to assist a child, “because these are confidential matters so you don’t generally have a lens on if you’re not involved.” The receipt of individual citizen complaints goes beyond the individual children. “All of our complaints give us a window into the system,” an ombudsman explained. And through those open windows, another noted, brings “…information forward that might shed some light on issues that they’re looking at.”

This symbolic conversation was a common theme across the sample. They also acknowledged an innate risk associated with improving the view of the situation. In some ways this was reflective of people in general not wanting to be recognized for making mistakes or doing a poor job. In other ways it reflected larger disappointments with the slow pace and heavy cost of system reform. One ombudsman described the fatigue that communities experience after investing enormous resources in child welfare reform without achieving the intended improvements, “…that…takes place in the context of a public that becomes weary of dealing with these dreadful child welfare issues.” In this context, the symbolism of shining the light on the failures of the system becomes a risk for the ombudsman. If the community wearies of repeated and prominent bad news their
discontent may be directed to the ombudsman, as one explained, “I as the messenger have been shot. Many times.” Despite this, the ombudsmen talked about perseverance,

... I really see my job ... the overall job is ... I shine the light on the problem. We might not be able to fix it, we might not be able to get any action or movement on it, but no one can ever walk away saying “we didn’t know that was a problem...if nothing else, you tell the truth you shine the light...and not be afraid. And if you don’t invite me to the party again, that’s ok. Because you will never be able to say, you don’t know.

As if acknowledging the discomfort of the other ombudsmen, another stated,

It takes great courage for a state to have an office like this because our job, in my view, is to pull back the curtain. It’s to shine the light on a problem. It’s to provide transparency, accountability, and oversight.

The statutory authority to access information is the light. The ombudsman is uniquely situated to see the circumstances of a child through a review of all the child’s available records. Even child welfare workers may not see health records without the permission of a parent. A parent, against whom allegations of abuse have been made, is still a child’s guardian and still must provide permission for access to confidential records. The ombudsman has access to the child’s whole story and can bring that information to the rest of the team. In a similar way the ombudsman may shine the light or open the view to systemic problems that others are not able to see. Shining the light is a revealing of information, a truth seeking. Truth seeking is the characteristic that bestows the meaningful symbolism on the ombudsman. Light breeds knowledge and knowledge informs systems for improvement.

One ombudsman also pointed out that sometimes just shining the light and recognizing a problem is enough. There is not always an expectation of solving that problem.
You know we had a series of bad things happen, fatalities and near fatalities a few years ago and I met behind closed doors for the first time with my legislative oversight committee and I... laid out what I was seeing and of course I didn’t have any answers, like how are you going to fix it? But I went, ‘but this is really bad, and so somebody smarter than me has to come up with what’s going to happen here because this is really a huge, a huge spike,’ and so they appreciated that.

This is a key role of the ombudsman because if the ombudsman does not expose the developing problems,

... nobody else will. And sometimes, especially ... I think one of the things that ombudsmen are in a unique position to kind of see where things are shifting. So if the agency is rolling out new policies or procedures and then we start going, ‘there are some unintended consequences here’, immediately we can ring that bell and go, ‘somebody has to take a harder look at this because this is what we’re seeing.’

One ombudsman suggested an obligation to call attention to what only the ombudsman can “see,”

I have powers and abilities and access that nobody else does. So ... I have much more of a responsibility than a commissioner or people who work in an agency. Because I’m the last stop for a lot of these kids. And, couple that with the independence that I have, I have an obligation.

In this explanation the ombudsman referred to the fact that some information will not be welcome and the news may be met with a negative response. However the obligation appears to override any concerns, as the ombudsman finished, “So you know, you get over the trepidation. You get over it.”

The ombudsmen described the effects of the situation on their ability to expose and improve system shortcomings. Their statutes hand them the lights they shine with the authority to access information and publicly report. But states cannot legislate a present and willing media to cover the ombudsman’s findings. There is no way of ensuring that an ombudsman will have the skills to finesse the message,
keeping communities engaged and agencies responsive. The effectiveness of the ombudsman was impacted by the skills of the individual to manage more than the ombudsman work, but the conditions of the situation in which the ombudsman work takes place. Of those, however, the taking of citizens’ complaints most specifically drove the work and purpose of the ombudsman.

**Taking complaints.** Ombudsmen listened to citizen complaints and used their lens to shine the light on systemic problems. They responded to various types of calls and provided summaries of uses of data generated from the complaint calls. Figure 5 illustrates the process in a conceptual map.

Independence and the authority to access information and conduct credible reviews uniquely situate the ombudsmen to respond to citizen complaints. However, not all of the ombudsmen in this study prioritized complaint taking work. One reason given for this decision was the lack of resources available and the perceived broader effect through focusing on systemic issues. Still, all of the ombudsmen in the study had a similar protocol for responding to and managing citizen complaints. Even those who preferred not to monopolize resources on complaint management noted that the complaints informed the systemic initiatives.

**First we screen.** Each office conducted an initial screen of complaint calls to determine the appropriateness of the call and how they would respond. Some complaints identified agencies or services not within the jurisdiction of the ombudsman offices. Emphasizing an obligation to citizens as a public servant, one ombudsman noted the importance of being respectful and assisting all callers as best as possible regardless of jurisdiction.
Figure 5
Responding to Citizen Complaints

Citizen calls with Complaint

Screen
Call is screened for action needed

Complaint details entered in database

Information Only

Guidance
Resources
Referrals
Reassurance

Open Case

Explain limits of what office can do

Give notice of complaint to agency

Agency responds

Collect information (Investigate/Review)
- Confirm accuracy of complaint
- Develop strategy

Intervene
- Communications
- Meetings
- Legal actions

Complaint Resolved

Develop Report

Report:
- Limited parties
- Public

Agency Response

Notice to Agency

Complainant Satisfaction Feedback

Annual Report:
- Summaries of Citizen Complaints
- Complainant Feedback
- Identified Trends and System Issues
- Special Investigations
... I hate it when people feel like they’re being given the run around. So we basically say, ‘Our office doesn’t handle that but we’re going to try to help you get in touch with the office that can help you.’ And that’s what we call information and referral. And to be honest with you, that in and of itself can be time consuming sometimes, and so it’s not as if it’s a petty thing. It does involve some time and some effort on our part to make sure that that state citizen is directed properly. But we think that’s just the way it should be.

Part of the intent of call screening was to address resource limitations and avoiding duplication of effort, since even directing callers who may have contacted the ombudsman in error could be resource intensive. The ombudsmen conserved resources for those situations that had none; they also appeared to attempt to force proper use of the system.

... our approach ... was, ‘look, we’re here to help you resolve your problem but we’re not your first level. So go to this advocate, go to that advocate, go back to the [child welfare agency]. You know do those things, have you done this?’ We helped teach people those things. But if they couldn’t resolve them then we would take those cases on.

Once it was determined to be within the ombudsman’s jurisdiction, the staff solicited more information and responded accordingly. Before a case could be opened, the ombudsman clarified for the caller the office mandate. There were times when a caller’s intention did not correspond with a child’s best interest. For example, one ombudsman told of a parent asking for assistance to reunify with his children claiming they were taken into custody without legitimate reason.

The parent failed to acknowledge that he had a meth lab in the basement. The ombudsman could not advocate for immediate reunification in those circumstances.

Informing a caller about the role of the ombudsman is a means of managing expectations,

One of the processes we go through at intake is explaining how the whole thing works. And one of the things we say is that, ‘you should understand that I’ll conduct a thorough investigation. I’ll gather information. And ultimately I may not represent your interest, so ultimately you can’t count
on me taking the opposition. You can count on me doing an objective review of the information of what’s out there and coming to an opinion about what’s in your child’s best interest. And I hope that that will be yours …’

One ombudsman explained the steps of responding to citizen complaints that captured the similar approaches of others,

… we do an initial screen to make sure those cases are appropriate for us, then we have kind of two divisions of assignment, and cases can be assigned for what we consider an assistance case, so sometimes that means somebody just needs a resource or somebody needs to know who in their local department to call for adoptions assistance benefits for example or someone just needs someone to explain why what’s going on in their case seems so bizarre to them. Kind of a neutral reassurance, that, ‘yes, even though this seems crazy, this is exactly what’s supposed to be happening,’ or within the range of normal at least. So we do assistance cases on a more time limited less resource intensive. Then there’s also a more intensive level of… investigation cases. Those are assigned … and they take the case and … they’ll make contact with the reporter to get a better feel for the scope of concern and what allegations are involved. Then the next thing they are likely to do is pull up the [child welfare] database … and review records and make sure that at that point it’s not just a misunderstanding or a lack of knowing the same information. Sometimes that causes the discrepancy.

If there’s still a legitimate problem, then it’s the matter of contacting the local [child welfare] office and the people involved in that individual case…case manager, supervisor, directors, regional directors, whatever it takes…to get their perspective of what’s going on. We may either in that scenario or even where they’re not perceptive of their own mistake we will then issue what we call a concern letter to the department administrators within the local community and then we copy it to the state office as well…and we say, ‘This is what we assessed. This is what came to us. Here’s … your own policy around this.’ If … there’s a legal implication, ‘Here’s the law around it. Here’s how we think that decision should have been made, what the reasoning should have been and here’s what we think we would like to see happen at this point.’

This explanation underscores the ombudsman’s access to information and authority to meet with and speak with persons involved in a child’s case. Sometimes, the ombudsmen might need to intervene on a more intensive level. A common theme among all of the ombudsmen, in individual case work as well as in system-wide investigations or policy
work, was bringing people to the table. Getting all parties to speak with each other about a case was often dramatically effective despite the simplicity of the intervention. They shine the light on the information and then bring people into the light to understand the situation.

It was just a messy case ... there was about 15 different either individuals or agencies involved in that case. And I called every single one of them and I said, ‘Would you be willing to sit down at a meeting?’ ... and after I talked with every single one of those people, I came to two conclusions. One, they all wanted the same exact thing for the child. And two, no two of them were communicating with each other. So I called the case manager back. I said, ‘Call an emergency team meeting and make sure all these individuals can be there.’ And I participated in it. And we went to that meeting and after about an hour and a half they were like, ‘Wow, we should have done this a long time ago.’ ... Adoption, everything’s taken care of. Case over ... and it’s just like, wow, we were just so blatant, you know, the only problem was communication.

**Early warning systems.** In addition to responding on an individual child’s case, the ombudsmen attempted to capture each complaint call and use that information to describe system trends. All but two ombudsman’s offices had electronic data collection systems they used to capture descriptive data and manage cases. One ombudsman reported a system being installed at the time of the study interview and one reported that resource limitations precluded repair of a system that was faulty.

The ombudsmen used citizen complaint data in two ways. In aggregate they reported trends in problems with government services and then set priorities for policy and education initiatives accordingly. “… it leads us to try to effectuate perhaps some change in a particular situation or case but also then to bring that to a higher policy level to then make some more systemic recommendations for change.” Table 7 displays the number of complaint calls the ombudsmen reported receiving in 2009 annual reports.
## Table 7

### Complaint Calls Received in 2009

<table>
<thead>
<tr>
<th>State Ombudsman</th>
<th>Complaints Received</th>
<th>Staff</th>
<th>Characteristics of Complaints Reported and (Manner of Report)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
<td>“Almost 1000”</td>
<td>8</td>
<td>Requests for assistance (summary only)</td>
</tr>
<tr>
<td>Georgia</td>
<td>590</td>
<td>10</td>
<td>By source, complaint type (summary only)</td>
</tr>
<tr>
<td>Maine</td>
<td>390</td>
<td>2</td>
<td>By caller, district, complaint type, child characteristics, where caller learned of office (statistical breakdown)</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>234+</td>
<td>4</td>
<td>By agency, issue (summary only)</td>
</tr>
<tr>
<td>Michigan</td>
<td>1,182</td>
<td>11</td>
<td>By caller, county, agency, program, findings; also caller feedback (statistical breakdown)</td>
</tr>
<tr>
<td>Missouri</td>
<td>609</td>
<td>4</td>
<td>By complaint type, child characteristic; Also caseload breakdown (statistical breakdown)</td>
</tr>
<tr>
<td>New Jersey</td>
<td>“Over 1000”</td>
<td>16(^7)</td>
<td>By department (summary only)</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>382+</td>
<td>6</td>
<td>By source and type(summary only)</td>
</tr>
<tr>
<td>Tennessee</td>
<td>218</td>
<td>2</td>
<td>By call/case category (statistical breakdown)</td>
</tr>
<tr>
<td>Washington</td>
<td>1691</td>
<td>9</td>
<td>By region, complaint type, where caller learned of office (statistical breakdown)</td>
</tr>
</tbody>
</table>

\(^7\) New Jersey Staff – of 16 staff, 3 were assigned to the Helpline which was the Office’s complaint receipt service; others may have been assigned to open cases.

These numbers may be misleading since they do not represent full workloads. Some offices had other obligations or monitored other activities. Other duties beyond taking complaints are listed in Appendix G.

On a day-to-day operational level, at least five of the ombudsmen captured complaints for specific regions or districts and in some cases involved caseworkers. Armed with these data, the ombudsmen met periodically with the child welfare agency to review the calls and address systemic issues early as described by this ombudsman,

For example a district south of here … one of their issues … family team meetings- I have to say the family team meeting model is really the center of the practice … [its] critical … So I have this district where I had I don’t know, three or four cases in the course of a couple of months where I looked at their family team meeting practice and each of my reports said, ‘Didn’t work.’ You know this wasn’t a family team meeting it was a team meeting, it was [an] internal meeting … they looked at it and those three reports … and central office looked at it. Call was made and they said, ‘Yes, actually we’ve had our quality assurance people look at the circumstance and low and behold our family team meeting practice is pretty inconsistent.’ So they developed a plan of correction.

In this way the ombudsmen saw themselves as “early warning systems” of developing problems or “insurance” against potential and expensive law suits or even loss of life caused by failures of the system they are positioned to identify.

*Fairness and impartiality for transparency.* The end product to the complaint response process was usually resolution of the complaint or a report that outlined the problem and made recommendations for its solution. In these final steps, all but one of the ombudsmen engaged the child welfare agency through offering an opportunity to respond to investigation findings. For some ombudsman this step was mandated by statute and it is recommended by the USOA standards. The response may not alter the
ombudsman’s findings and conclusion, but it was incorporated in the report. Gottehrer and Hostina (1998) included this provision as an essential characteristic of fairness and impartiality,

> Fairness, due process, natural justice and other characteristics ombudsmen seek in agencies under their jurisdiction are followed by ombudsmen in their operations. Any agency or person criticized is allowed to write a response published in whole or in summary in the report with the original criticism to ensure that all sides are told (p. 5).

One ombudsman whose office also publicized issue letters with agency responses expressed a value in having “established a nice routine of public accountability of issue and response.” The one ombudsman who chose not to solicit responses before going public explained that decision this way:

> You don’t share anything until it’s done. I will never share. And even we worked with an international ombudsman who felt like at the end you should share your report with the entity that you’re investigating and get their feedback and I think that’s wrong. I think that compromises your independence.

The importance associated with the ability to make reports public with or without agency response was underscored in 2010 with the beating death of 3-year old Michigan child Prhaze Galvan (Cooperrider, 2010). The Michigan ombudsman’s authority to access information was strengthened in 2005 following the brutal death of Ariana Swinson (Office of the Governor, 2005). The statute paved the way for the ombudsman’s investigations to be thorough, but did not allow investigational reports to be made public. The investigation of Prhaze’s death is said to have uncovered significant concerns with the handling of her parents’ child protection case. Prhaze had been removed from the home on allegations of abuse and neglect and subsequently returned, possibly without full assessment of her risk. However the ombudsman was not authorized to publicize the report of that investigation so the failures of the system remain hidden (Cooperrider,
2010). The question arises whether that limitation interferes with the effectiveness of the ombudsman’s oversight.

**Nurturing expertise and resource.** Exposure to citizen complaints and subsequent interactions associated with their investigation positions the ombudsman as an expert of the system by experience. That expertise becomes a resource for others in the situation. The ombudsman may serve as a guide to citizens, as one explained,

So the idea was to have this person...there is one person they could go and talk to who understands government. They can cut through a lot of the multiple stops the person would have to do to find out well, 'Who inspects? Where do I get my license? Who else is going to have to be involved?' and save the citizen a whole lot of time and possibly money and lot of frustration with government.

Over time, through interactions in the situation, the ombudsman may contribute to improvements in access and information about the system. For example, one ombudsman explained contributions to information for parents and caregivers interacting with child welfare. “We’ve worked very heavily with parents helping parents. They’ve developed a guide for parents going through the care and protection process - just came out. We’ve worked heavily with elder affairs around developing a kinship navigator-type of guide.”

The meaning of the ombudsman and ombudsman’s role changed or fluctuated by interactions with citizens, children and other human actors that enhanced awareness of experiences and situations. The ombudsmen’s acquired expertise and sensitivities encompassed children’s issues, organizational details, public policy, and evidence based practice. In addition to evolving as a resource to the public, the ombudsman became a resource to agency administrators and policy makers. The initial act is the interaction with the agency to follow up on complaints. That interaction instilled knowledge and familiarity about how the agency is operated and the characteristics of the people therein.
One ombudsman explained that this knowledge is useful to policy makers who may not interact directly with the agency or other branches across the state, “And you know, I think that they have regard for my office’s knowledge about the child welfare system throughout the state … we get complaints statewide, and we know all the offices.” This broad access to agencies also generated expertise that may be useful elsewhere in the child-serving system. The ombudsmen noted failure to communicate affected all levels of persons involved in the situation from social workers to providers to agency administrators. Even agency-to-agency communication was inconsistent. This is a missed opportunity when similar populations are served or outcomes targeted. One ombudsman described acting as a facilitator of communication and information sharing, … because we float among so … many different groups … we listen to so many perspectives. We find ourselves going, for example, to … a child welfare meeting and bring and say, ‘Gee do you know that they are doing JDAI⁸ on the juvenile justice side? That’s also trying to keep kids in the community. You know and they are using an instrument called the RAI⁹? And … you’re using … a new instrument to measure safety risk assessment … in your intervention with families. And you know the whole evidence based practice’, and just trying to say that … ‘you may have a different focus but so much of what you’re doing you could be learning from the other one and improving practice in all settings.’

Knowledge was not the sole resource acquired doing ombudsman work. Each complaint comes with opportunities for interactions with other human actors of the situation. There were professionals who were consulted for their expertise when a case presented complex situations the ombudsman was not equipped to address. All of these interactions represented potential relationships and resources.

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⁸ JDAI - Juvenile Detention Alternatives Initiative A Juvenile Justice reform initiative of the Annie E Casey Foundation that provides grants to states and local governments to improve outcomes for children For information see http://www.aecf.org/MajorInitiatives/JuvenileDetentionAlternativesInitiative.aspx
⁹ RAI – Risk Assessment Instrument – Used to determine a child’s level of detention-related risk This screening tool is an integral part of the Annie E Casey Foundation’s JDAI For information see http://www.aecf.org/upload/PublicationFiles/JJ3622H5038.pdf
What has happened many times is when we become involved with someone who is a professional in ... a particular case, they sometimes show up again later and so we have that interaction. In other words, we have their card, so to speak. They give us their card and we call them back. So there’s some networking that goes on ... there are a variety of ways that we try to nurture that.

This kind of networking and resource nurturing built a repository of experts and formed partnerships the ombudsman could consult without expending financial resources. All of the ombudsmen had limited budgets and acute deficit concerns. The ombudsmen also described partnering or making themselves useful to policy makers. As one ombudsman noted, “… you gotta deal with elected officials...and really keep them informed, and be knowledgeable about … policy.” Another ombudsman explained that their interactions with policy makers were less advocacy and, “… more consulting … using your expertise and consulting with policy makers in making policy … bringing information forward that might shed some light on issues that they’re looking at.” To that end another ombudsman explained the value of good information and the importance of dissemination. By virtue of access to information about children, programs and program failures, the ombudsmen were well-informed on what works and does not work for children and state resources are best invested. Therefore, disseminating solid data became a priority.

... what we try and discipline ourselves to do ... at every opportunity ... to be consistent: ‘well here’s what the data says about that’... being as persuasive as ... the opportunity allows ... we’re constant in making the most of that opportunity to say, ‘here’s what that should look like’.

However, the ombudsmen were not always successful at convincing policy makers or administrators to follow a given path. They could only offer advice and provide the information that they have as convincingly as possible. Their audience was not always receptive to the message. In the words of one ombudsman,
...you’re an advisor in some capacity, I’m put in this position to advise our administration about what - how things look right now and what’s a good direction for things and we propose a direction and then they say, ‘I just don’t believe in that.’

As the ombudsmen indicated, individual complaints informed them on trends in systemic issues. The ombudsman developed networks of experts, advocates, and political allies to inform public policy and promote improvements in the care and protection of children. In a way the ombudsmen represented a microcosm of the political process apparent in the design of major federal law like CAPTA, whereby policy development and implementation was driven by information promulgated by research and citizen input about a social issue or systemic problem. The quality and extent of relationships the ombudsman had with individual and collective human actors become central. If human interactions form human conduct as Blumer (1969) suggests then the nature of ombudsman interactions likely impact the effectiveness of the role.

**Relationships: Finessing and nudging along.** Perhaps the single strongest function described by ombudsmen was the importance of building positive, productive relationships. Relationships were seen as resources. Significant relationships included those with the leadership in the child welfare system, policy makers, and child advocacy organizations. The ombudsman observed that positive relationships with the child welfare agency were a relatively new phenomenon. “…We have such a good relationship, and it wasn’t always like that.” Recalling that the ombudsman offices were nearly all established out of tragic failure on the part of the child welfare agency, it is understandable that relationships could be contentious. One ombudsman described the progression of the relationship,
Probably up until about 3 years ago they [child welfare agency] viewed us as headhunters. If the ombudsman office was calling you, you were going to lose your job because you did something wrong … The thing is, we were the boogeyman. Nobody really knew what we were doing then because we weren’t part of [the child welfare agency] and it seemed like the only time we were calling was when there were complaints made against someone or something. And so we were viewed as … ‘well, you’re done, the ombudsman office is involved.’ … I remember when I first started working with this office I called and it was something very minor, I think somebody was asking if the child had gone to the doctor like they were supposed to have done. And I looked in the database and there was no information on that - if the child went to the doctor. I called the case manager, left a voicemail. Two hours later case manager calls me back and says, ‘I’d just like to inform you that I’m in my supervisor’s office and a [child welfare agency] attorney is present.’ I said, ‘Well I was just calling to see if the child went to the doctor two days ago.’ ‘Uh, yes.’ ‘OK, it wasn’t in [the record] that’s all I was calling about.’ They were so worried that the ombudsman office was calling that they got the supervisor and attorney involved.

The ombudsman explained that the relationship with the agency had improved since they started having regular meetings with central office and regional agency administrators. Communication and cooperation were key instruments for building collaborative rather than adversarial working relationships.

Now, there was a particular reason why I chose not to be adversarial. I worked in the state system for a long time… I had the benefit of watching the experience of a variety of other public advocacy programs…and the ones who took a really adversarial position never survived.

The ombudsmen gave the distinct impression that more could be achieved working with, as opposed to against, the system. Engaging and nurturing the agencies towards improved practice appeared to be preferred over a punitive approach that criticized shortcomings.

Another ombudsman described a subtle approach that combined clinical skills and reliable information to engage and influence relationships.

… you have to finesse … you gotta build your case. You’ve got to have your information. And then you have to … finesse stuff and frame things where you’re not telling them what to do but your saying things like, ‘have
you ever considered this? You know. What would be … would be barriers to this?’

Another ombudsman reiterated this gentler approach, pointing out the shortcomings of the aggressive ombudsman,

Certainly as you talk to other [ombudsmen] … to be blunt, some of them are much more ‘in your face’ kind of model. I don’t think that’s the best approach for effectuating change. And for [my state] I prefer to try to work collaboratively, to try to nudge, to try to suggest, to try to prod, to keep pushing on an issue that we think are really needed. To report out, make it known, to keep people, if things are not moving as we think they should.

One ombudsman was very practical about developing a positive relationship with the child welfare agency. Citing observations made over the years in state service the ombudsman stated,

Part of what I learned … was that if a state agency wants to shut you out they can. They don’t care who you are. You can be the attorney general. They don’t want you to know you ain’t gonna know. And so that was one reason …. for not being adversarial … I don’t want to be identified with the bad guys, ‘they’re gonna come after you.’ I didn’t want to be the rat squad for [the child welfare agency]. That more than anything else would have caused the case workers and to some extent the supervisors to clam up. They’re not stupid.

The ombudsman considered cooperation from caseworkers and supervisors as foundational to conducting credible and comprehensive investigations. Being viewed as someone who threatened jobs or criticized work performance was intimidating and unhelpful. Engaging child welfare personnel as allies and partners in protecting children increased the likelihood of reliably completing investigative tasks. Investigations that were completed credibly, fairly and without unnecessary adversity had an additional outcome of contributing to trust with the agency of scrutiny. One ombudsman described a
landmark investigation and report that exposed massive child welfare failures.

Remarkably, the investigation was prompted by the child welfare agency themselves.

... the head of [the child welfare agency] ... called and said, “Will you do a full report on this? They won’t trust us.” ... we were neutral in our presentation but we took the voices of the people and really did a lot of quoting to try to get across the level of the loss of trust and like the animosity. And the bottom line in that report was these people are not trusting each other or able to work together and because of that it’s putting children and families at risk... without ... presenting the language of the people, I don’t think we could have gotten it across ... it was ... a pretty interesting ... systemic investigation, which one of the good things that came out of that is we’ve had people from within [the agency] and ... community professionals saying, ‘we’re using this report as a training tool.’ That’s huge. That is not a report just sittin’ on a shelf. ... I was there about six weeks ago ... is everything perfect? No. Is everything at that crescendo of distrust? No. They’ve really made efforts to work together, to come together and resolve. ...last year at this time ... we had ... like 60 something complaints coming out of [the] area. And this year we had, I think we have two open.

What is evident in the ombudsman’s story is the potential chain reaction in social relationships. Recently, at the request of the child welfare agency, the two signed an agreement to provide feedback to investigative reports publicly. The openness and fairness promotes trust. When the agency lost trust with a community of families and providers, they turned to the ombudsman to resolve it. The child welfare administrator recognized one, that the agency was not trusted and would not be able to resolve the problems and, two that the ombudsman was and could. Together they recognized shared missions: to protect the children. By giving voice to the community in the investigative report, all stakeholders were engaged in recognizing and owning the problems of the system. Finally, good data collection allowed a mechanism for verifying the outcome of that investigation.

Coming ‘round the table. The ombudsmen sought out relationships with individuals who hold significant political influence. These were not partisan efforts,
but rather attempts to build alliances with persons who could influence policy outcomes. The First Ladies of three states had particular interests in early childhood initiatives and each was considered helpful allies.

... one of the things that I did was to go up to the First Lady ... and said, ‘you know we’ve got a bunch of kids that are not making it. The reason they are not making it is they are not being identified ... She said, ‘geez that ain’t good’ ... she had tremendous influence with the commissioners.

Relationships with political figures like the governor, the governor’s spouse, and legislators also represented strategic alliances for the sustainability of the Office of the Ombudsman in general. Ombudsmen who had the commitment and alliance of policy decision makers reported less concern about dramatic budget cuts than others – although all were realistic about the state of the economy. Perhaps the most complex relationship that ombudsmen worked to maintain was with the governor, even at the cost of some degree of the office’s independence. This did not mean forgoing independence to investigate and ensure children were safe. It manifested as a willingness to compromise on some issues or at least to be less publicly aggressive. One ombudsman described this kind of compromise as having independence with a small “i” rather than upper case. For that ombudsman, whose statute gave the governor sole appointing power, there was benefit in being aligned with the powers of the executive office but there were also constraints. “And I would say,” the ombudsman explained, “… that this current administration has never changed a report, never overextended themselves in terms of their influence on us, nothing like [that]. So they respect independence, but we do report to them.” Another ombudsman was more steadfast to independence even at the risk of losing the job or placing the office at risk, “… when you’re really considering what your
role is and that you are independent, you just maintain that, whether you’re vulnerable or not.”

Two ombudsmen described problematic relationships with the child welfare system. One did not elaborate and the other described a very negative standoff with both the child welfare agency and the executive office, despite having good and responsive relationships with other branches of government. Expressing great frustration, the ombudsman described an environment in which the governor did not want to hear criticism and the difficulties of working out differences with a non-receptive child welfare agency,

This administration is completely dismissive. They view every instance that we bring to them as an isolated incident. They don’t connect any dots about patterns, or problems whether it’s lack of quality improvement, lack of communication, everything is dismissed. It is a completely unresponsive administration.

The governor of the state recently attempted to eliminate the office, but support from the legislature failed to pass the proposed legislation. The state was also in the midst of a gubernatorial election. The ombudsman reported spending a great deal of time and effort meeting with candidates and preparing issue papers for them both as a means to secure the office and bring focus to children’s issues and system reform. The ombudsman indicated that the office was effective in addressing issues regarding individual children, but that systemic issues would be deferred to the next administration. This was the same ombudsman who resisted taking responses from agencies of scrutiny on investigative reports going public. It was a unique approach to interactions with the executive branch in this sample of ombudsmen.

The New Jersey ombudsman was eliminated for two reasons according to the governor. One was a budget balancing necessity. The other was the belief that the
ombudsman was no longer needed thanks to successful child welfare reform (Livio, 2010). New Jersey illustrated a statutory weakness that left appointment solely with the governor. The ombudsman position was held by an interim appointment and the interim submitted his resignation when a new governor was inaugurated. As a result, the ombudsman staff, employees of the executive branch, did not feel they had the latitude to actively promote the preservation of the office. A second ombudsman in another state reported a good working relationship with the child welfare agency but a contentious relationship with the governor brought on by the ombudsman’s filing of a class action lawsuit against the state child welfare system. The governor vowed very publicly not to re-appoint the ombudsman. Despite delay of a new appointment due to technical error, the ombudsman was replaced in the fall of 2010 (Arditi, 2010; Arditi, 2010a)

The majority of the ombudsmen expressed value in positive relationships. Echoing a theme one ombudsman implied when speaking of intervening with a child’s treatment team, the ombudsmen espoused an approach that brought people together. The image of gathering at the table was especially effective in one ombudsman’s explanation,

… I feel like all of my relationships, particularly with the department are completely intact. I think that it’s evidenced in the way that we kind of go about doing business … we get agreements around policy … for example most recently something that was particularly controversial over time; we sat down and had dinner. You know I sat down with some agency administrators and a couple of judges and we sort of hacked that out over dinner … when you have those relationships in tact the way work gets done can look differently.

The image and metaphor of coming to the table, even breaking bread together gives a sense of civility. “The lack of civility we are experiencing in politics at all levels today thrives in an environment where we are disconnected from those we have differences with” (W. Angrick, Personal communication, October 6, 2010). In a keynote address to
the 2010 USOA annual meeting, recently retired general jurisdiction Iowa Ombudsman William Angrick described a period in Iowan state history when ethics law opinion precluded public officials from accepting gifts of any value. A serendipitous outcome of the restriction was a bipartisan openness in the form of afterhours “BYOB or Chips” gatherings in the state capitol. He described the value of people who may deal with each other formally connecting informally. “… we need to find ways to be known and come across as real people … Connectivity makes communication easier and often leads to more informal cooperative resolutions to problems and differences which otherwise might continue or remain contentious” (Personal communication, W. Angrick, October 6, 2010). The civility that comes with being at the table together was both an outcome and a strategy of ombudsman work.

**Solitude and hard work.** The ombudsmen each exhibited great pride and dedication to their work. Despite this their narratives signaled challenges in the form of obstacles and personal stressors. This section reviews those challenges for a deeper sense of the ombudsman experience.

**We’re the only ones: Loneliness in ombudsman work.** The ombudsmen in this sample were solitary figures. Even with staff, the ombudsman was always referred to as “The Ombudsman;” it is a singular image.

The [Ombudsman] stands alone, because at points you may be called upon to speak against social case workers, against institutions or residential providers. You may be called on to speak against the family court, or [the child welfare agency]. So no one can be your intimate friends but they all can be your acquaintance.

At times the isolation could feel hostile, “… nobody knows what you do except for you and nobody wants anything to do with you.” The outcome of this solitary work is a very palpable sense of loneliness. One ombudsman expressed empathy for a new peer, “they
opened a children’s ombudsman office in Indiana and the woman that is working there, I feel for her, she’s all by herself…” In some ways the loneliness stemmed from the very small circle of the ombudsmen. The social world that includes multiple levels of state agencies and other interested parties is one in which the ombudsman plays a distinct and distant role of authority and overseer. Although positive working relationships may develop, there was little peer support. Even among allies, the ombudsman had to negotiate the agendas of those relationships,

It’s a little bit lonely doing this work … there are all these expectations and everybody has one so you’re not sure who to turn to … everyone has expectations for how to leverage what is real or perceived authority of this office for their own agenda: providers, advocates, the agency itself. You can’t look too friendly to them.

*And the work is not fun.* “And the work is not fun and you’re gonna be sorry…” were the words of an ombudsman explaining the experience of being a children’s ombudsman. There were several themes in the ombudsmen’s descriptions of the difficulty of their work: exposure to tragedy, frustrations of dealing with difficult people and not being able to help them, and a “herculean” workload. Even among those who focused much of their efforts on policy work, the position was one of exposure to the details of events not commonly shared by most. Complaints and bad news were daily events.

The worse day, I think was the day that I found out that [a child] died … I was new to the office … It was only a few months. And I guess I just never could have anticipated what it would feel like to be in this position and then have a child die. It just, it hit me differently than, I mean it always hurts when a child dies, it always did and it always will, but something about the death of that child … And it just, I felt, it was just so sad to me, so tragic. As I said, they all are, but something about that one… Just, understand that even before we did the investigation, just hearing the details of that death, just you know, that one just tore me apart.
Death is a dramatic and often traumatic event, but there were more common events that affected them just as powerfully. One ombudsman shared a painful process of supporting ambiguous decisions made in the best interest of a child,

... I’m not saying somebody’s decision is necessarily even right or wrong, but when we’ve had kids who’ve been in a placement for a long time and they need to be moved and we’ve got a lot of people with hearts broken. But you know, was a decision to move maybe a reasonable one? Yeh. But is it really really painful to watch these people, everybody, you know kids and caregivers have their hearts broken. Those are bad days.

The ombudsmen witnessing these tragedies were often isolated in a social world where others do not want to hear, or choose not to listen, to the stories.

... and reporters get tired of writing about it and people get tired of reading about it and the policy makers hope and are being told things are getting better and they are, but there’s not a tolerance now for looking at the details.

The ombudsmen perceived their job to shine the light on these events and practices; however, it was often lonely and difficult with few choices.

So you have some very lonely times when you have an office like this in a position like this. But at the end of the day it’s the right thing to do for these children. Because we are for so many children, we’re it. We’re the last hope for a child and if we don’t do everything in our power to try and help that child, we’ve failed. We have failed.

*They called for help and you couldn’t help them.* Dealing with difficult people was a topic for educational sessions at the 2010 meeting of the USOA. The ombudsmen who participated in this study indicated that it was common that callers to their offices can often be “difficult.” Characteristics associated with child maltreatment include substance use, psychiatric disorders, domestic violence and other life stressors (DiLauro, 2004). Persons experiencing this kind of stress may present with complex or difficult circumstances when calling on the ombudsman. The ombudsmen expressed two themes
associated with difficult callers; one was the disappointment of being mislead and the other was frustration with not being able to help.

My biggest frustration is people lying ... you get jaded quick ... You can get so frustrated. For instance ... referral yesterday...: up in arms. And if you take at face value what the person on the other end of the phone is telling you, you want to go grab your shield and your sword and you get on your stallion and go riding to their rescue. And then you go digging and you find out everything that person told you is lying ... and it's like you got your, 'oh I'm going to help this person! I'm going to help this person!'

As frustrated and even angry as the ombudsman sounded, the disappointment in not being able to help was as intense. The use of knight-in-shining armor imagery suggested a strong commitment to the role of ombudsman as protector and helper. The risk of becoming jaded seemed to worry the ombudsman and perhaps created a sense of vulnerability. This was echoed by another ombudsman who lamented,

... And I think the frustration for me is I sort of pride myself in being a fairly effective communicator and yet there are times when try as I might to explain ... people hear what they want to hear ... They may still be right where they were at the beginning before you ever explained a single thing to them ... my inclination is to help people who need help. That's what I want to do. And it's so frustrating to know that they called for help and you couldn’t help them.

Can we possibly make a dent? The third theme in describing ombudsman work as difficult was an overwhelming workload with limited resources. Every ombudsman had additional obligations beyond responding to citizen complaints. Even something as simple as an annual report could seem monumental when a child’s case appears with urgent need for attention. The limitations of resources, especially in terms of staff, required prioritization.

And the real danger of an office this small is that when those complaints come in they do take priority. And so then you have to make sure you're still trying to carve out time to work on that plan and... written documents that we’re required to produce... the worst ... would be a day where I just had to scratch my head and say how can we possibly make a dent?
All of the ombudsmen expressed a sense of overwhelming workload. In addition, most of them were in relatively new offices or were new individuals in ombudsman positions. Part of the stress appeared to be from creating a new office from nothing and with little guidance.

**Ombudsmen at risk.** Silent elements in the situation included the risks to personal health and wellbeing. Adverse psychological effects have been identified in persons who work with victims of trauma or tragic events. Experiencing vicarious trauma through others carries similar symptoms as post traumatic stress disorder (PTSD) (Doukessa & Byrne, 2003). Although most studies of vicarious trauma have been conducted on direct caregivers, Fischman (2008) found that attorneys who represent trauma victims can develop PTSD. Like attorneys, ombudsmen are exposed to tragic details of traumatized children. The ombudsmen’s accounts of hearing the details of a child’s death illustrate the potential impact of secondary trauma in their work.

Doukessa and Byrne (2003) also described a sense of helplessness in the face of another’s trauma that contributes to vicarious traumatization. Feelings of being overwhelmed with work may contribute to that sense of helplessness. Finally, the sense of loneliness that the ombudsmen described may signal a lack of social supports useful in processing these traumatic exposures.

**Ombudsman-to-ombudsman interactions.** Of the nine ombudsmen interviewed for this study, only two were members of the USOA. It raises the question why they do not use the single organization that currently represents a medium for discourse on, or support for, children’s ombudsmen. The two USOA members described receiving occasional inquiries from other members about setting up new ombudsman offices or
handling cases. A key benefit to membership or involvement was described as the annual meeting that brings colleagues together from around the world. There is a dedicated list-serve for children’s ombudsmen and others interested in children, but it does not appear to facilitate a very active discourse. In the year 2010 there were approximately 12 entries in the discussion section.

Beyond membership in USOA, ombudsmen did report occasional contact with peers. This was more common early in the ombudsman’s tenure and when an office was first being established. “Because we probably weren’t the first one doing this.” One ombudsman described using the 1996 Survey of Ombudsmen produced by the Rhode Island Child Advocate to contact other offices seeking a model for establishing a new office. “…It was an easy way to then go to various states and have discussions about what they are doing and how they are doing it.” States with advocates seeking to establish ombudsman offices sometimes sought advice from other ombudsman about models, problems, and suggestions for getting an office established successfully. One ombudsman recounted an experience with advocates from Colorado,

The state of Colorado for example had reviewed various annual reports and had come across ours and felt like they liked the way we had done things and they asked us to kind of come in and talk to the folks who were considering starting an office there.

Colorado subsequently successfully established an ombudsman office and was in the process of appointing an ombudsman at the time of this writing. Other topics for consultation included cases of children being placed in states with ombudsmen and tips on how certain services, such as fatality review, were incorporated in office functions. One ombudsman was hoping to learn from peers how they were able to gain direct access
to electronic child welfare records. They all appeared to recognize a benefit in networking with peers, but did not engage in an ongoing or structured means of doing so.

**Recognizing peers: Obstacles to networking.** One of the key obstacles to the ombudsmen networking may be the fact they did not recognize each other as peers. Despite the similarities of statute, variations in nomenclature lead to assumptions of difference. Most commonly the offices in the U.S. are called either ombudsmen or advocates. Study participants expressed the impression of difference between the two. Misconceptions were reciprocal. Table 8 summarizes reciprocal nomenclature misnomers among study participants.

Table 8

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<th>Reciprocal Nomenclature Misnomers</th>
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<td>Advocates on Ombudsmen</td>
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<tr>
<td>Hear the complaint - help the individual</td>
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<tr>
<td>Ombudsmen on Ombudsmen</td>
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<tr>
<td>Hear the complaint neutrally - help the individual and if there is a systemic problem identified, try to change the system</td>
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One advocate described ombudsmen this way, “An ombudsman usually is an internal position … and they usually help a complainant or someone who has a concern, sort of navigate through systems.” Whereas an advocate describing advocates stated, “… it leads us to try to effectuate perhaps some change in a particular situation or case but also then to bring that to a higher policy level to then make some more systemic recommendations for change.” The advocate identified essentially the same approach with the addition of attempting to change the system.

Alternatively, ombudsmen think of an advocate as one who is seeking relief for an individual they represent regardless of any law or policy. One ombudsman noted, “Well, an advocate will take … a position of the person regardless. They will advocate for that person’s right … So they don’t take into consideration all these other things … they will advocate for their person.” Meanwhile an ombudsman’s description of ombudsmen seems fairly similar to the advocate’s description of an advocate. “All of our complaints give us a window into the system. And from that…often we see a pattern in the system that we really want to address more fully.”

Some on both sides argued the difference is found in legal authority and power. Table 6 (p.83) shows their variations in legal authority. Although the majority of offices with advanced legal authority are titled advocates, the USOA-endorsed essential characteristics of an ombudsman state include legal powers also.

Ombudsman acts give the Ombudsman certain powers, such as the right to summon or subpoena testimony or documents, that on occasion may not be honored by agencies … Litigation is a necessary option for the Ombudsman to enforce those powers. (gotterher & hostina, 1998, p. 4)

Ombudsmen emphasized their neutrality as a key identifying characteristic. However, the best interest standard for advocates and ombudsmen revealed a tendency
away from complete neutrality. One advocate explained the focus on children’s interest, “… I much prefer the term child advocate because in my mind … we’re representing…children who need a voice in our state. And that means we will advocate for their best interest.” A “neutral” ombudsman expressed the same sentiment, “My job is to make a recommendation as to the child’s best interest.” This shift from neutrality has been evolving in the field. The “advocate ombudsman,” described in the American Bar Association’s 2004 revised Standards for Establishment and Operation of Ombuds Offices, has the authority to help or be required to advocate on behalf of aggrieved individuals or groups. They have the ability to initiate action on a complainant’s behalf in administrative, judicial, or legislative forums when warranted (Davidson, 2010). The state children’s ombudsman offices fit that model. The standards and essential characteristics of classical ombudsman endorsed by the USOA also contain those elements. Ombudsmen by any name misunderstood who comprised their network. There were also other reasons given for lack of peer networking. One ombudsman conjectured that workload interfered with peer networking,

I think people are just so busy, trying to do what they’re doing in their own states, they don’t see it as a priority… I tried contacting when I first got in, Connecticut, Massachusetts and what not, but it was just so overwhelming to try and develop a relationship when you were bombarded with a child fatality and then when the next year came around there were more issues.

Another common explanation was lack of financial resources to invest in association membership or attending conferences. One ombudsman noted that staff attended conferences in the past but, “We’ve run out of money.” Budget problems caused discomfort as one explained, “given the economic atmosphere, I don’t feel right doing that.” They appeared to assume association membership and conference fees should be

131
paid for with office resources. A mediocre attendance at the 2010 U.S.O.A. annual conference was attributed to various public budget restrictions. One participant at the conference was twice singled out by the host as being there, “on her own dime,” as if that were highly unusual. The USOA membership dues are moderate ($150 per year for voting members), but it does not appear as though ombudsmen personally invest in their professional organization membership compared to other professionals.

One ombudsman who was not a member of the USOA, reported networking with ombudsmen from the international community. That ombudsman described reaching out to state peers to organize without success and then becoming involved with the United Nations and UNICEF through an academic connection. The goals of the international ombudsmen, the state ombudsman explained, included implementation of the UNCRC, which the U.S. has yet to ratify, and establishment of national ombudsmen in every country. This ombudsman expressed a desire for UNCRC ratification in the U.S. and described advocating with state Congressional members to establish a national children’s office. These efforts were undertaken without input of peer U.S. children’s ombudsmen.

Ombudsman work is focused around the taking of complaints and investigating apparent failures of child-serving system. The ombudsmen have systems of response to complaints and take strategic approaches to the relationships they encounter in the process of investigating and seeking improved systems. The work is difficult and they have little in the way of supportive networks. Other elements in the situation may at first seem extraneous, but in fact can have significant impact on how the ombudsman performs duties.
Symbolic, temporal and discursive obstacles to ombudsman work. I have described the structure of the ombudsman as situated in the context of various social arenas, discourse and state and federal laws. I have further explored the ombudsman role as a response to failures in the situation. The structure of human and nonhuman elements rarely completes a depiction of the situation and its activities. In this next section I describe key conditions of the situation that are potentially obstructive to the ombudsman’s work. They are symbolic, temporal and discursive elements that impact all other elements of the situation, potentially influencing the effectiveness of the ombudsman.

Clarke (2005) separated sociocultural/symbolic from political/economic elements; I have combined them because of their strong overlap in my analysis. They are too imbedded with one another to deconstruct and therefore more robust when considered together. These elements represent a bridge to understanding the connection between broader social arenas emanating from the federal government to the state and local arenas. I begin with political elements such as law and taxes and their impact on children’s services and ombudsman work. Next I turn to the economic recession which is a powerful all-encompassing element of the situation. The ombudsmen’s need for justification to sustain their offices in light of the economic situation follows with discussion of some creative funding solutions that address budget problems. The section closes with a discussion of the United Nations Convention on the Rights of the Child and a recent proposal for a national office for children – both silent elements in the ombudsman situation.
Laws, taxes and recession: Challenges for ombudsmen. A law may be viewed as a manifestation of a social agreement. Depending upon a position on the law or its source, it may have meaning beyond its original intent. It may be viewed as symbolic of a human right or a form of oppression. Federal laws are symbolic of both the process that I have described and of cultural values in general. The Child Abuse Prevention and Treatment Act (CAPTA) has its own meaning beyond legal implications and social initiatives. The ombudsman interprets both meanings in order to respond to complaints and influence children’s policy.

As explained earlier, CAPTA was developed based upon identified needs of children and desired outcomes that were agreed upon by groups of experts and leaders. Yet for some, federal law is symbolic of interference rather than the kinds of support, guidance or service the supporters of CAPTA suggest. One ombudsman noted the challenge of holding a state accountable to federal law when working in a state with strong state’s rights sentiment eschewing federal interferences.

... if you would say the federal law requires x, y, or z - that was the end of the conversation ... here ... that’s the start of an argument. So even when we testify at the legislature on behalf of laws, bringing our state law into compliance with federal law ... you try to avoid if at all possible, the argument that, ‘we need this to preserve our state’s federal funding under 4-E.’ ... they threaten to [give up the funding], whether they actually would or not is a different thing ...

Politics and political parties are symbols that will play a significant part in passing laws to set up systems. While the ombudsmen endeavor to remain neutral and free from partisan discourse (some express this intention and some are actually mandated), they are aware of the influence of politics on their world in two ways: one in the social policies politicians espouse that affect children and the other in whether they support the
ombudsman or not. For example, one governor rationalized eliminating a plethora of social services and most of the ombudsman office as a means to avoid raising taxes.

Taxes are an established political or economic process that supports the activities of government; they are the fuel for civilization (Adams, 1993). Yet in the context of political campaigns or legislative arguments, the concept of taxes may symbolize political positions, impositions, and even threats to security. Budgets are both nonhuman and powerful symbolic elements of a situation, especially when slashed. My travels around the country to conduct ombudsman interviews in the spring of 2010 coincided with budget deficit negotiations in each state. Listening to local news each night I learned that there was powerful political will to hold the line on taxes everywhere. It always seemed to be balanced by cuts in social services, particularly those directed to children such as education, or workforce downsizing, including that of child welfare and other child-serving agencies. It was in that atmosphere that I interviewed ombudsmen. One explained the severity of the situation,

... our social services network here ... and state agents aren't really free to say this, but it's been completely decimated. I mean ... the way our budget is structured ... something like 87-89% of the general revenue budget is dedicated to social service, Medicaid and the like and education. And so when you have cut after cut, sustained cut year after year and at greater, increasing severity, it comes from that network, it doesn't come from the roads it doesn't come from - you know it's not like everything is on the table ... the impact is magnified around social services.

At the expense of children. The demise of social services reflected the impact of the persistent economic downturn that families were experiencing directly. The ombudsmen expressed concern about the increasing needs of families and the decreasing ability of state systems to respond to those needs. Their perspective was that children were the most vulnerable to budget cuts.
One thing that has been very clear is that the first thing cut [is] always children [’s] programs. And I’ve been arguing that, ‘why you looking there? Why there?’... But given what’s happening in our state right now, it’s very hard to justify in their minds giving more money or certain things to children. And to me I’m like, ‘Give it to them first, then worry about the rest of it.’

The ombudsman’s observation underscores the fact that U.S. children have historically fared poorly as a constituency and political agenda item; their issues are typically subjugated by those of adults (Imig, 1996; Lindenmeyer, 1997). This is most commonly explained by their lack of a vote as Senator Riegle (D-MI) noted in his 1994 address entered into the Congressional Record introducing the Children’s Ombudsman Act, “No downsizing of government and no effort to win votes should come at the expense of children who cannot vote, do not organize, and will not protest,” (p. S7150). In the persistent economic recession with deeper budget cuts expected, ombudsmen face additional obstacles to ensuring the proper care and protection of children. Since children rarely have a voice in political processes, the ombudsman is the conduit for their First Amendment right to petition the Government for a redress of grievances. They described themselves as “the voice of children.” All were mandated to produce annual reports of their activities, findings and recommendations. Some were further mandated to inform policy makers about the circumstances of children and the performance of state agencies. Not all, but many saw themselves as using this information to keep children on political agendas. The ability to do this was deeply impacted by state budget deficits, and has been severely tested by hiring freezes, travel restrictions, furlough days, and limited resources for day to day operations such as database supports.

I can’t even tell you how many other issues we’d love to be working on in my office right now. But we don’t have the resources so in some ways I’m failing children because we just can’t do everything.
We're all vulnerable. The discourse on laws and taxes in the context of an economic situation hobbles governments’ intent upon serving children. It further threatens the sustainability of ombudsman offices in some states. Although most of the ombudsmen expressed hope that their insignificant budgets (ranging from $250,000 to 1.3 million) would protect them from “any grand gesture to eliminate the office,” they all worried about budget cuts. Resource limitations interfered with the ombudsman’s ability to meet mandates. Even before the economic crisis most of the ombudsmen were insufficiently staffed. Two ombudsmen with legal authority did not have attorneys on staff. One of them issued subpoenas without the benefit of legal counsel and hired attorneys by contract only when necessary. The other simply did not exercise the legal authority. The sense of uncertainty was pervasive,

... you gotta show your worth, I mean all the time. And that, and even when you are … there’s a lot of good work that you know, maybe it has to go if things don’t improve. So we’re all vulnerable. You just keep working, working, working.

In the process of pursuing sustained funding, three ombudsmen expressed an inner struggle to come to terms with the cost of preserving their offices and jobs or preserving direct services to children.

... AIDS patients and older people and poor people and legal services and...look, you can make a real good argument that, ‘Yeh, the [ombudsman] is a really important service.’ But in the face of all these direct service cuts, we can use that [money] in other places.

Still all of the ombudsmen agreed on the value of the role they play in ensuring children are served properly and government services are administered as intended, particularly as public systems are stressed and quality of services compromised. Consequently, most of the ombudsmen described intensified efforts to educate policy makers about the importance of their role. “I think at this point I just realized that I need to have more
direct legislative outreach, again, just to inform them of different things … let them know that we’re available to help them.” The need for promoting and justifying all ombudsmen offices was also a very present theme at the 2010 annual meeting of the U.S. Ombudsman’s Association.

Only two ombudsmen were aware that the New Jersey ombudsman was being eliminated. One ombudsman was stunned, “You probably know New Jersey’s governor … It looks like they have struck it from the budget. So our budget of course is also part of the governor’s budget so he could essentially do the same thing.” The Connecticut ombudsman also faced a challenge by the governor’s intention to eliminate, but staff and allies rallied to persuade the legislature not to pass the governor’s bill.

Consent Decrees: Cause for role confusion. Consent Decrees are another element that may hold symbolic properties in the ombudsman/child welfare situation. Consent decrees represent failure. They represent settlements of class action law suits filed on behalf of children for whom systems have failed to properly provide care and protection. The class actions are often representative of tragic events, thus they carry intense emotional significance for the community. They occur in federal and state courts and the consent decrees represent negotiated agreements for improvements with which the system must comply. They also usually include the appointment of a court monitor to oversee compliance with the stipulations of the decree. Thirty-two states and municipalities experienced class actions between 1995 and 2005, with 30 resulting in consent decrees (Kosanovich, Joseph & Hasbargen, 2005). Eight of these states were represented in the sample for this study. Interaction between children’s ombudsmen and federal court monitors appointed to oversee compliance with federal consent decrees was
common. There were times when their roles were confused. The ombudsmen found it was common for their mandates of broad oversight to be confused with a monitor’s oversight of very specific benchmarks outlined in a consent decree. Achievement of benchmarks in a consent decree were sometimes confused with improvement across the system, leaving ombudsmen vulnerable to budget cuts due to an assumption that the system had improved enough as to make the ombudsman unnecessary.

In one state the governor proposed eliminating the ombudsman based upon improvements in the child welfare agency’s performance and the presence of a consent monitor. States must pay for the monitor’s service under court order and cannot discontinue the relationship unless they fulfill the stipulations of the consent decree or they successfully convince the judge to vacate the orders. Thus unable to eliminate the federal monitor, the governor of that state pursued elimination of the ombudsman, The ombudsman explained that while there were indeed improvements in their child welfare system, there were still significant shortcomings that only the ombudsman could identify and address because of a unique and broad authority to access information. The monitors do not have authority to review the system’s performance in its entirety. They also do not receive citizen complaints.

The [child welfare] agency became focused almost entirely on conforming, meeting the benchmarks of the federal law suit. And those benchmarks, although they were excellent and I think well-defined, they captured only part of the agency’s mission. And so some of the other sides of the mission … there was not as much attention paid to them.”

At the same time a governor attempted to vacate or terminate a consent decree in another state. The ombudsman fought the action. Referencing the considerable resources that are attached to a federal settlement the ombudsman noted, “We do not have the capacity to analyze and review the data and cases that the court monitor is required to do.” The
ombudsman and the federal court monitor had distinct roles. Each had responsibilities that would be unmanageable if combined.

Alternatively, in one state the ombudsman noted that the role of an ombudsman often prevents expensive law suits and subsequent consent decrees. That ombudsman recalled that years before under state financial crisis the office avoided elimination through support of well-placed allies. They argued that “the office... save(s) lives and ... tax payers’ money,” by getting, “out there before a civil suit ... We see ... a train wreck coming because we’re there and we can intervene before something happens”

**Creative funding solutions.** Several states have taken the initiative to respond to tightening state budgets by exploring creative funding solutions. Since the Challenge Grants of the 1992 iteration of the Juvenile Justice and Delinquency Prevention Act (42 U.S.C. 5601 et seq.) were designed to support development of juvenile justice ombudsmen, there have been few opportunities for direct funding to state ombudsmen from the federal government. However, several have identified alternative grants or streams of funding in creative ways.

Only two states met the challenge from the Office of Juvenile Justice and Delinquency Prevention (OJDDP) to establish an office. When the grants were exhausted the offices continued on state funds. One ombudsman used a Challenge Grant in the late 1990s to support the development of a database and other infrastructure enhancements. Another ombudsman was recently awarded a grant from the Centers for Disease Control and Prevention (CDC) and was among eight ombudsmen in the sample with obligations to conduct or support some level of child death review. The CDC Case Registry Project Grant is designed to support training and technical assistance for local child death review
teams. Although the grant targets specific activities, the ombudsman explained that it complements mandates and supplements state appropriations.

...we try and be as flexible with grant money as we can so we satisfy deliverables, but that we sort of bring that into our work in a way that helps to support our existing functions too. For example that grant allows for training to the local teams that we would train anyway. And so we are able, instead of using our state budget for that we can use the training dollars available under the grant to do the training that we would have otherwise done.

One ombudsman’s office uniquely accessed Medicaid funds to supplement its annual budget allotment. The ombudsman explained how they were able to tap into that source of federal funds.

When I began this the appropriation was $120,000 and I said to my boss we really can’t do it for this but, if we’re sharp we can convince them to give us some Medicaid money. And so we went to them with a proposal...and said, ‘you should think of this as part of your quality assurance process,’ because it really is. I am their early warning system. For example ... time after time we see case plans that say ‘Mrs. Smith will go to counseling. Mrs. Smith will go to Dr. Jones and get an assessment and do whatever he says and Mr. Smith will go to Men’s Work and stop beating his wife.’ Nowhere in there is there any kind of plan for the caseworker. These are all services that [the child welfare agency] is going to provide but doesn’t say anything about what the caseworker is going to do. And so as a Medicaid funding agency under targeted case management it has to. It has to say what that case worker is going to do. And again, from our practice model thinking about accountability and how we want people to work, here is another tool. We use these case plans to much more clearly specify what the case worker is going to be held accountable for.

In another state 44.18 % of the ombudsman’s annual budget came from federal funds, an appropriation from the Foster Care Title IV-E program. The ombudsman is considered a provider of quality assurance to the Department of Social Services Children’s Division. These sources of funding allowed states to take advantage of available federal matching resources targeting quality services and programs. Their applicability to children’s ombudsman work underscores a role of ombudsmen in quality
assurance processes. In a time when states are struggling and ombudsman offices have to justify their existence, identifying alternative sources of funding through other social arenas is not only creative, it may be linked to survival.

Silent elements: The UNCRC and a national discourse. Silent elements are the “elephants” in the room. They are elements one might expect to see or are known to be present but not discussed. A glaring example of a silence in a situation is the recently repealed “don’t ask, don’t tell” policy in the U.S. military regarding disclosure of sexual orientation (O’Keefe, 2010). The silence that policy enforced violated the Civil Rights of men and women serving their country. Clarke (2005) challenges the researcher to seek out and generate data in which “invisible issues and silences” are expressed because these “empty spaces and silences have implications” (p. 76). In this section I explore the silence of discourse on the United Nations Convention on the Rights of the Child (UNCRC) and recent calls for a national office to represent the interests of children.

In the ombudsman situation the UNCRC was a distinctly silent element. Elsewhere the UNCRC has generated a “global movement for the development of independent institutions for children’s rights … and their central role in the realization of children’s rights has been increasingly recognized internationally” (UNICEF Innocenti Research Center, 2010, The Global Study, para. 1). The children’s ombudsmen who participated in this study were silent and absent from the global movement of their international peers. The U.S. government participated in development of the UNCRC and even signed it, but never ratified it to make it applicable to children in this country. The ombudsmen all described themselves as facilitators of the best interest of children. The
treaty is symbolic of all of the basic human rights that best interest entails, yet there was no discourse on the UNCRC among the ombudsmen.

With the exception of one, study participants either did not know about the UNCRC and/or did not see its ratification as a jurisdictional concern. One ombudsman was familiar with the fact it had yet to be ratified and expressed a desire to influence that process. But that ombudsman was not in communication with any established U.S.-based advocates engaged in ratification efforts. The rest of the ombudsmen expressed an inability to devote time, “Not that I wouldn’t, it’s just those places where I can spend time,” or step out of perceived jurisdiction to national or international initiatives.

I think each state has its own way of operating. And when it gets down to it, what you have to do is you have to operate within the authority that your state gives you and not so much what somebody would decide in principle which you may or may not agree with.

Attention to the UNCRC and the promotion of its principles may not be entirely out of the jurisdiction of the state ombudsmen. In the majority opinion of Roper v. Simmons, 2005 ruling the death penalty unconstitutional for juvenile offenders, the Supreme Court noted that the United States stands alone on the practice. Justice Kennedy’s opinion went so far as to cite Article 37 of the UNCRC that expressly prohibits capital punishment for juveniles 543 U.S. 22 (2005). Although Justice Scalia vigorously dissented from the application of international treaties or practices in the U.S. courts, 542 U.S. 16 (2005), the decision demonstrated the impact of the UNCRC in the lives of American children. It illustrated the content of the treaty as relevant to the work of a state ombudsman. In this case, a seemingly distant symbolic element can have powerful effect in the lives of children in the U.S.
The one ombudsman who claimed to know and advocate for the ratification of the UNCRC agreed that there are limited resources to be stepping beyond state jurisdiction in promoting the international treaty, but explained,

... the bottom line is, I’m the advocate for kids - in (my state), yes that’s true. But if we can help other kids in other states, because of the work we’ve done, then I feel like I have a responsibility to do that.

This ombudsman has attended three international meetings and reported being considered a model ombudsman internationally. However, there had been no dialogue between that ombudsman and other U.S. peers. In the meantime, the worldwide expansion of children’s ombudsman institutions has prompted a global study to understand their structure and function. The global research purports to assess the ombudsmen’s effectiveness and to develop guidance to build new, and strengthen existing ombudsman offices. Additional intended outcomes underscore the absence of U.S. children’s ombudsmen in the global discourse on children’s rights.

The study could also contribute to strengthening the Global Network of Independent Human Rights Institutions for Children ... as well as regional networks, by highlighting commonalities in approaches, strengths and challenges, among institutions across all regions of the globe (UNICEF Innocenti Research Center, 2010, The Global Study, para. 5).

The children’s ombudsmen are absent from the international dialogue that their missions represent and that could potentially impact them. More recently a national dialogue in the U.S. has been initiated from which the ombudsmen are again noticeably missing. Advocates for children have undertaken a new initiative to address the needs of children at a national level. First Focus, a children’s advocacy organization published a book of 17 papers outlining proposals to impact federal policy affecting children (First Focus, 2010). The papers covered 4 themes: creating an agenda for children, holding
government accountable, children’s rights and investments in children for the future. Written by a wide variety of experts on children, the book represents a dynamic dialogue that includes two proposals for a national office. One calls for a National Council on Children (Lesley and Houshyar, 2010) and one for a National Ombudsman for Children (Davidson, 2010). Shortly after publication of the book, U.S. Senator Christopher Dodd (D-CT) proposed legislation establishing a National Children’s Council (S. 3968, 2010 Children’s Act).

These recent events took place after my interviews with ombudsmen were completed. I did not solicit comment from the ombudsmen on these developments. However I did meet with Senator Dodd’s staff in order to assess what structure and function he was seeking in the proposed council. The staff indicated little active participation on this initiative from ombudsmen outside of his state.

These silent elements in the situation underscore a lack of cohesion among the ombudsmen manifested as a lack of voice in the dialogue. They also represent a failure of policy makers to acknowledge the presence of the ombudsmen in the situation or recognize them as a resource. Senator Dodd has suggested a need for oversight of the implementation of child-related public policy (Dodd, 2010). Children’s ombudsmen are already doing that in their states. The silence in the situation has great potential to impact children, the ombudsmen, and the entirety of the situation.

Understanding the structure and function of the ombudsman offices may be illuminated in examining the conceptual underpinnings upon which they choose to operate and how they influence the situation. In the next section I address the second
research question and examine the philosophical approaches to ombudsman work discussed by the participants.

**Question Two: What are the Operational Philosophical Underpinnings of the Ombudsman Offices?**

In this section I seek to illuminate underpinnings of the ombudsmen’s structure and function by examining their philosophical approaches to interpreting their mandates and doing ombudsman work. Blumer’s (1969) premises of symbolic interactionism hold that humans act towards things and each other according to the meaning they have for them. Those meanings arise from social interactions and are processed interpretively. Accepting Blumer’s premises, I would expect the ombudsmen to have individualized interpretations of their statutes, their work and indeed all of the elements of their situation. These interpretations may be influenced by experiences or professional alliances that are incorporated in the philosophical underpinnings of the ombudsman’s approach to his or her role. I asked the question to understand if and what philosophical underpinnings they used.

Ombudsman offices, similar to any organization, may be made up of individuals whose goals are not congruent. Some members may not identify with all of the levels of objectives; others may not interpret the vagaries of the work in the same way. For example, Guggenheim (2005) suggested there are “no guideposts for assessing best interests” (p. 39), which can be intensely value-laden. Faced with a complaint of poorly interpreted best interest for a child, the philosophical underpinning of the office could provide support for whatever stand the ombudsman takes. This kind of organizational clarity will impact the ombudsman’s effectiveness, goal achievement, and mandate.
fulfillment (Flamholtz, Das & Tsui, 1985). Thus a framework of operation that is informed by some philosophical or practice model is likely to contribute to the effectiveness of the office.

**Philosophical underpinnings: Four (potential) models.** Not all of the ombudsmen articulated a specific philosophy underpinning their work. All of them spoke about key conceptual influences, such as best interest of the child or quality assurance. However, these were not necessarily posited as guiding practice, more as goals or objectives. Of the nine ombudsmen interviewed, three very clearly stated a model by which they operate. They referred to them as the ombudsman model and social work model. Three other ombudsmen spoke about the importance of an interdisciplinary team approach. Two ombudsmen spoke about the importance of community involvement in the context of a philosophical approach suggesting a moral code of duty to care. For ease of description I describe these four approaches as models, and refer to them as identified in the interviews, as the Ombudsman Model, Social Work Model, Interdisciplinary Model, and Community Engagement Model.

**Ombudsman model.** Philosophical underpinnings of the ombudsman framework stemmed from democratic principles. Some argue that the ombudsman is the conduit to the first amendment right to grievance. Frank (1975) suggested that, “the right to complain, the right to be heard, the right to have corrective action taken if one has suffered harm from government – are human rights” (p. 48). The ombudsman is the machinery that effectively implements the Constitution and other legal documents designed to protect human rights. In that lofty spirit, the ombudsman model underpins operations with the essential characteristics of: independence, impartiality and fairness,
confidentiality, and a credible review process, as instruments of citizen protection (Gottehrer & Hostina, 1998). But the role also comes with limits and needs clarity regarding what an ombudsman is and is not. The two study participants who claimed an ombudsman model discussed those limitations as they described their work.

One ombudsman witnessed the intellectual work that went into development of the office. She described a deliberate and thoughtful approach in creating an ombudsman identity,

From the very beginning, it was really kind of built in consultation, you know with the United States Ombudsman Association. [The first ombudsman] spent a lot of time ... she was just ... incredibly thoughtful in building the office and structuring, you know... she was talking to Howard Davidson10 and the United States Ombudsmen [Association] …”

With a well-articulated framework, the ombudsman and staff were able to clarify the underpinnings of their operations for role and mission.

… we always go back to the role of the ombudsman. And it’s a very important thing that you also get the training through the United States Ombudsman Association. But all along the way... when it was being built: ‘Ok, what is the role of an ombudsman?’ And trying to be very aware of when you are stepping out of that role. And what is under our authority? And what is not? … What is our role? [It] is to investigate and be open to citizens’ complaints across the board, when they are calling in about their perception that a child is at risk. And the agency has already had an opportunity to do something and they haven’t. So, it was built on that and the safety, it’s all...protecting the safety of children and the safety of families ... when government has so much power and authority ... so we were built on that, really protecting and making sure that there was not an abuse of power.

In this interpretation the ombudsman’s model creates an environment in which hearing complaints is viewed as protections from abuse of power. The ombudsman goes beyond

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10 Howard Davidson is director of the American Bar Association’s Center on Children and the Law and is considered an authority on children’s ombudsmen.
focus on the best interest of the child and also endeavors to be the machinery that protects the right to complain about violations of those rights.

The second ombudsman claiming this model adopted a narrower version. This ombudsman office focused on responding to citizen complaints while systemic and policy issues were addressed elsewhere. They practiced a very pure form of complaint resolution and had honed skills for reviewing cases and intervening as mediators, with "over 100 hours of mediation training." The ombudsman was seen primarily as an alternative to the adversary system (Verkuil, 1975). In this state the ombudsman model appeared to facilitate the work of government oversight.

"We try and stick to as strict ... that traditional model as possible. And that’s part of also considering that both [ombudsmen] are members of the United States Ombudsman Association. We try and follow their guidelines. Because that’s the only guidelines out there, there are no formal legal guidelines for ombudsmen period. So we use theirs."

**Social work model.** Born out of the discourses of disparities in wealth and wellbeing, social work intersects the private and public/state concerns for the common good and welfare (Howe, 1994). The social worker makes judgments on the safety and wellbeing of children. Thus a social work model in the context of a children’s ombudsman would reflect the acknowledgement of the state’s role in personal lives (in the case of children: the doctrine of *parens patriae*). Social work treatment in this arena might be directed to the social worker or system they represent, either facilitating towards or engaging in good practice. Using this model one ombudsman extended oversight into the arena of social work purposefully maintaining a common symbolic language with the child welfare system. Thus the ombudsman was recognized and understood as part of the child welfare world versus one of an outsider who might be seen as interfering or unsupported.
As the first ombudsman to a new office, this ombudsman had the opportunity to build the program through incorporation of past professional experience and philosophy. By profession the ombudsman is a social worker, and by experience has professionally advocated for persons with disabilities. Noting the structure set by statute the ombudsman acknowledged that professional identity and experience influenced the development of an operational model.

Yes we have a practice law that sets out where our values are about the work. And obviously I have my own clinical training. Also, that work that I did … on behalf of people with disability strongly influences how I think about individual rights.

A model the ombudsman previously experienced in advocacy work was strongly legal, thus characterized by litigious actions or threats.

I had lawyers on staff. I am not convinced that it is the best way. We have consent decrees for kids, for example, that have been as much a help as a hindrance. [We] spent a whole pile of money doing something that we knew didn’t work. Set up a system that was very complex for parents. But it was a legal model that was done by lawyers who didn’t fully understand how the system operates and so what looked good on paper didn’t look so in practice.

The ombudsman underscored the rigidity of legal language that is often in conflict with real life experience. The sensitivity to the difficulties of translating legal advocacy to community life appeared to have influenced the ombudsman’s decision to embrace a social work model. This reflected concerns for how the community may interact with the office and the office with the child welfare system.

… I did that [embracing the social work model] for a number of reasons. Number one, I did it as a process of relationship building with the child welfare system. I wanted them to understand that we had shared values and I wanted to do that in a way that involved them in helping us think it through. And all of our protocols, by the way were developed jointly with them.
The ombudsman committed to a relationship-building approach in his oversight. This reflects the essence of social work in the employment of both judgment and treatment of errant behavior (Howe, 1994). As overseer, the ombudsman will point out shortcomings in the child welfare system. As social work partner the ombudsman builds therapeutic relationships aimed at improving practice and systemic behavior towards children in need.

**Interdisciplinary model.** The complexity of the ombudsman’s social worlds/arenas underscored the intersection of multiple human actors and collectives in the common goals. Whether those goals are child-, human services-, policy- or other-focused, the ombudsman was challenged to interpret and function within the symbolic language and culture of each arena. It has become common to employ interdisciplinary models of practice in most human services today. Collaborations contribute to the work and also serve as translating mechanisms from one arena to the other. In many circumstances it is a matter of approach or inclusiveness in doing business and some have endeavored to develop precise theoretical frameworks, (Bronstein, 2003). It was not clear whether ombudsman describing interdisciplinary approaches were referencing specific models of practice or just practiced inclusiveness. Still, their practice indicated a philosophical foundation of interdisciplinary models.

One ombudsman office utilized an investigatory model of practice when it was first established. The office employed former policemen who conducted sweeping investigations. Subsequent successor ombudsmen took a broader approach to the work, focusing on policy and standards of practice. Although the office continued to hear citizen complaints, the police investigators were replaced by an array of other disciplines.
The current ombudsman explained, “we have almost a [inter]disciplinary team here of lawyers and social workers and public health folks with public health backgrounds.” To that end, the multiple disciplines represented in the office each contributed to an amassing of expertise in children’s policy and practice.

A second ombudsman was still relatively new and the establishment of the office’s culture and underpinnings of operation was a work in progress. The ombudsman came from a judicial background, but prior to that had extensive experience in an interdisciplinary health care environment. Citing an interdisciplinary approach, the ombudsman insisted there must be at least one attorney on staff to implement the legal authorities of the office.

... my deputy director has a nursing background and is also a lawyer and the two of us talk a lot about the fact that there has to be “A” lawyer in this office. It doesn’t necessarily have to be “THE” [ombudsman]. But we feel it’s critical that there be a clinical piece, that there be a legal piece and you know in the ideal world we would love to have a research-policy piece, we’d love to have ... somebody who had stronger fiscal budget kinds of skills. But I do think that minimally the legal and the clinical is ... critical.

A third ombudsman suggested variety in disciplines and experiences bring valuable expertise to the role of ombudsman and ombudsman work. Noting the wide range of responsibilities outlined in the office’s statute that require different expertise and perspective, this ombudsman embraced the notion of an interdisciplinary team.

So when I do an investigation my investigation is only as good as those individuals around me who are doing the actual work. And that’s why I made a calculated decision early on to make sure that we had nurses, that we had individuals with expertise in special education, in disabilities, in investigation of facilities, in understanding how you do a sort of psychosocial autopsy when it comes to child fatalities...people who understand also the workings of state government ... people who know how to research and people who know how to do public education ... I think the model involves a lot of tools in the toolkit. Legal action is one tool. Public education is another tool.
Community engagement model. Two ombudsmen spoke about the important role of the community in the lives of children. They each expressed their obligation to find ways to engage the public to care about children and they believed strongly in community service. Community Action and models of community engagement in the U.S. policy arena most notably stem from President Johnson’s War on Poverty (Kearns Goodwin, 1976, 1991; Zigler & Valentine, 1979). A key component of that initiative was the disbursement of resources at the local level in order to engage local people in the effort; conferring on them ownership of both the problem and the solution. The engagement of otherwise uninvolved members of the community captured the spirit of President Kennedy’s call to service (Brauer, 1982). Since then, community involvement models have been applied in several realms involving the circumstances of children, including education and truancy prevention (Epstein and Sheldon, 2002). One of the ombudsman taking this approach nodded to discourse on moral duty (Mappes & DeGrazio, 2005) when he referred to Elie Weisel in response to my question about a philosophical framework of operations. Weisel, a Holocaust survivor and Nobel Peace laureate has written about experiences in Nazi concentration camps (Wiesel, 1960). The ombudsman shared a quotation from Weisel that was a reference to the Holocaust but that the ombudsman felt applied to ombudsman work,

…it drives me frankly, in the way I try to deal with children and his quote is, ‘The victim is harmed not just … by the action of the perpetrator…but by the silence of the bystander.’ And I think that when I say philosophy, there are so many folks that I have run across, good folks, good people, who just are afraid to get involved. They’re afraid. They’re afraid for themselves. They’re afraid, ‘if I tell somebody something that involves me and does that put me at risk?’ And my feeling is, when it comes to protecting the safety or wellbeing of the child, shame on anyone who is silent. And so my philosophy is, ‘let’s do everything we can to tell folks
that are out there that we have a responsibility to speak up if we think a child is being abused or neglected.

The ombudsman further emphasized a belief in respect for all citizens who call the ombudsman office. Each has a right to good customer service and to be heard.

...I think most people who call feel like they have real legitimate complaints. And you know I think they deserve to be respected. And I think we try to do that. And regardless of whether we would see that as a legitimate complaint or not, I think all people should be respected when they contact the state for help. And so we try to do that.

The second ombudsman to claim this kind of model first described her office as having a legal model because of the legal authority the office has. However community engagement was described as the prime underpinning of the office.

I believe in community involvement in a child’s life ... if there’s a framework that I work in, it’s community responsibility. And that’s why I’ve worked very hard to go to so many meetings ... my goal has always been to develop connections and ties to different community groups ... if I had to say my framework and how I see what we do in here, it’s community involvement.

In the limited time for the interviews it was not possible to delve more deeply into the roots of the ombudsmen’s expressed beliefs. Both described their passion for the work as a key qualifying characteristic. As if referencing a moral duty, one explained the importance of the role as informer and educator of the circumstances of children, “... I have a passion for what I do ... if nothing else, you tell the truth.”

The four models suggested by the ombudsmen all have room for some degree of interdisciplinary approach. Social work and law have dominated the discourse of ombudsman work but there may be other professions with potential to contribute to the field. In the next section I review nursing for its place in ombudsman work.
Question Three: What are the (Potential) Roles of Nurses within Children’s Ombudsman Offices?

In the process of answering the third research question I encountered an intriguing silence in the discourse. Attorneys and social workers are the professions most commonly associated with children’s ombudsman work. What intrigued me was that in preparation for and during ombudsman interviews I clearly identified myself as a nurse and one who does ombudsman work. However when I presented myself in interviews and attempted to prompt discussion about alternative credentials for the position, nursing was never suggested as an option. Although there are nurses doing children’s ombudsman work in the U.S. and around the world, they are not a noticeable cohort among all of the attorneys and social workers. As Melton (1991) pointed out, the character or personality of the ombudsman may have more influence on the role than credentials. However, there appeared to be little curiosity or consideration of a nursing role with the exception of two ombudsmen who employed nurses on staff.

To answer the third research question of this study I used several approaches to the data. First I culled all references to nurses mentioned in the interviews. To this I added my own experience and observations of other nurses doing ombudsman work. Clarke (2005) encourages the researcher to include personal knowledge and beliefs about the situation. Next I noted references made in the interviews to children’s health and obligations to ensure good health care. In this case my rationale was to identify a potential role of nurses or other health professionals as experts in health. I used references made in interviews about the health of children or the capacity of health systems to respond to children’s health needs. I also searched every use of the word
health, therefore capturing all references to children’s health and health systems. I coupled those findings with documented concerns in ombudsman reports and the literature about children’s health, specifically the health of children engaged in state systems like foster care and juvenile justice. Attention to the health and health care of children in the custody of states was also noted in several court documents, specifically those associated with class actions and settlements. I mapped these data to exhaust all possible commentary on the research question. I then developed an ordered working map with data categorized to create a narrative about the situation of children’s health and the potential role of a specific collective human element: nurses.

Figure 6 presents the Nursing/Health Ordered/Working map to illustrate the potential role for nurses within ombudsman offices. I articulate the results in narrative below that begins with the two ombudsman offices. Then I review the manner in which concerns about children’s health may be either framed by historical or legal elements of the situation or identified by the ombudsman themselves. I finish with an exploration of the awareness and/or concerns for children placed in institutions who were also silent actors in the situation.

Nurses and other health professionals doing ombudsman work. Two ombudsman offices employed nurses. In one office the second in command was a nurse attorney. Both the ombudsman and the nurse attorney had worked in a medical center setting in the past on legal and forensic aspects of child abuse and neglect. Their experience was highly interdisciplinary and shaped their approach to the ombudsman office. The nursing perspective was valued.

I do find it’s informative [the nursing perspective]. I do. And every now and then when we meet somebody … that we think that they’re really cool
Figure 6

Nursing/Health Concerns – Ordered Working Map

**Individual Human Elements/Actors**
The researcher/nurse, Ombudsmen  
Deputy Director Ombudsman  
Nurse/Attorney

**Historical / Legal Elements**
Child welfare reform  
Class actions and settlements

**Collective Human Elements/Actors**
Children in state custody  
Nurses  
Physicians and other health professionals

**Silent Elements**
Children in institutions  
Nurses as ombudsmen

**Discursive Constructions of Collective Human Actors**
Nurses as having health expertise  
Children in custody as having complex health needs

**Social/Cultural Symbolic Elements**
Children’s best interest

**Related Discursive Elements**
Poor access to health care  
Poor integration of systems / silos  
Over-use of psychotropic medications in children

**Major Issues**
Child welfare systems not addressing children’s health
she’ll say, ‘nursing background’... I think that she certainly does, in some of the case reviews, bring that nursing information and training to help us look at particular cases.

The other ombudsman also had a nurse in the second in command position and an additional nurse on staff. This ombudsman emphasized the benefits of nursing expertise applied to a past investigation of a residential treatment facility.

So we have one nurse, for example, who’s got a specialty in disabilities. She was really able to ... go in and immediately identify areas where medications weren’t being stored properly, they weren’t being administered properly. That is something that only someone with education and experience in the field would actually know.

The investigation the ombudsman described involved a 116-bed residential treatment facility for children with co-occurring mental illness and developmental disabilities. State licensing inspectors responsible for the facility were not health professionals. According to the ombudsman’s report, findings included violations of the Health Insurance Portability and Accountability Act (P.L. 104-191) (HIPAA) by failure to provide children with confidentiality in accessing health care; violations of state regulations including licensed practical nurses practicing without supervision (Conn. Gen. Stat. § 20-87a(c)); and failure to follow nursing standards of practice in documentation, care planning and patient education. One premise of the investigation findings was that inspectors and investigators do not look for problems they do not have the expertise to expect. In that case, nursing knowledge contributed to the identification of serious safety risks to a large group of children.

**Health and health care: Concerns for class action and reform.** One ombudsman referred to a former ombudsman in that office who was a physician. The ombudsman’s expertise formed a “natural alliance” with policy initiatives that historically included,
... health, wellbeing, and safety. And that was sort of the tripod against which everything was measured and decided. So health was certainly one of the three areas that we identified ... and then [the ombudsman] brought on a person who had a very - although not a professional health degree, very strong, lots of background in child health and welfare ... [the ombudsman] had lots of contacts ... really pushed that. But some of those things were already set in place, for instance ... some of the health initiatives were part of the child welfare reform package.

In that state the child welfare agency’s health initiative promised full health evaluations of every child in care. Its impetus was the very first ombudsman’s investigation with findings of severe medical neglect by the child welfare agency identified in a sentinel case of severely malnourished and neglected boys (Jones, 2003). That case prompted child welfare reform, including the establishment of the children’s ombudsman office. So as the ombudsman noted, “... it was natural to monitor those.”

In one of the states where the ombudsman employed nurses, the ombudsman took part in initiating class action on behalf of youth with mental illness and youth with serious behavioral problems in the care of the child welfare system. The resulting 3-year settlement agreement included investment in expanding emergency mobile psychiatric services and individualized community-based options for placements as alternatives to institutionalization. The nursing expertise in the office contributed to the development of the suit and subsequently assisted with monitoring the implementation of the settlement agreement. That office also routinely served as a learning site for graduate nursing students from a forensic nursing program. In a clinical rotation they would be immersed in child fatality reviews. Thus the office would benefit from the students’ expert clinical skills and they in turn would learn about the ombudsman role.

The catalyst for child welfare reform in another state was a class action involving a foster child who experienced multiple placements. She did not receive proper mental
health care and was placed with foster parents ill-equipped to manage her diabetes. The
ombudsman in that state explained that the settlement in that case included a specific goal
for both physical and mental health screenings within 30 days of entry into care. The
child health, education and tracking screens since required recently achieved an 85%
compliance rate. Consequently the ombudsman expressed satisfaction with improvements
in the provision of health care to children in custody of the child welfare agency, “Oh, it’s
huge … kids are being seen by a doctor, they are being seen by a dentist. You know
before you know, they weren’t”. Thus the system in that state is perceived as working
and oversight of health is not currently a priority for the ombudsman, although they do
monitor the outcomes of the settlement agreement. Without any health professionals on
staff, I asked the ombudsman how those kinds of cases would be approached. The
response was to seek expertise elsewhere.

Well we’ll reach out to people who do know - who have that expertise. So
we’ll call Children’s Hospital … there are also medical consultants, child
abuse medical consultants that we can reach out to. So we… have built a
kind of a reservoir of medical expertise that we can call. I have three
advisory boards across the state and they have medical people involved …
you know you have somebody to call.

With or without health expert consultation, the ombudsman routinely queried the child
welfare agency about health and health decisions and whether they were tapping all
available resources.

… and we’ll also ask the department if there is an issue about a medical
thing to get a, we’ll ask them to get a second opinion. We’ll make sure
that they talk to their medical consultants. And we’ve done a lot of work
in educating I think throughout the state that these people are available.

That ombudsman has built a support circle of health professionals for addressing health
concerns of children that come to their attention.
Children’s health & health care: Ombudsman-identified concerns. Concerns regarding health or access to health services are a common theme in child welfare class action. Kosanovich, Joseph and Hasbargen (2005) identified 32 of 35 federal consent decrees that required state child welfare agencies provide a range of medical services. These legal actions, along with child welfare reform initiatives, give structure to the ombudsman’s oversight on the health of children. But the children’s ombudsmen, including those without health professionals on staff, also identified shortcomings in the care and attention to children’s health through the process of receiving citizen complaints. Several concerns for children’s health or health systems were expressed by the ombudsmen including the use of psychotropic medications. The integration of services and the assessment of children’s health in general were also discussed. Children’s health problems were exacerbated by state systems that do not integrate primary health care.

…We’ve created a generation of kids in state custody who’re not going to live beyond 55. They’re taking antipsychotic drugs and they have been doing it for years and they will continue and their liver will be shot and their kidneys will be gone and they’ll probably have diabetes … I think the integration of primary and behavioral health care is one of the things we need to do, partly for financing, partly because I think it will be cheaper. But also because I think that it will be more usable for families. For years and years families said to me, we got trouble we go to two places, we go to school or we go to the doctor. We don’t go to mental health agencies. So I think we have to make that system work better…So, one of our songs is that our children’s behavioral health, health care system needs to be much better integrated and that includes the education and preschool system.

Another ombudsman noted improvements in systemic ability to manage and analyze data about children involved in public systems. Echoing an enthusiasm and valuing of data expressed by most of the other participating ombudsmen, the ombudsman
lauded the new systems that are identifying areas that may need more attention or monitoring.

... some good work coming out of ... cross walking data and matching with our Medicaid system, our community health system so that we understand Medicaid billings for kids in foster care as a proxy to understanding their ... psycho-pharmacology needs and utilization ...

That ombudsman enthusiastically identified ways to monitor children’s health using technology. However initiatives addressing children’s health in that state were secondary to efforts addressing reduction in foster care placement. Either the ombudsman did not have the resources to address both concerns at once, or did not recognize potential for a connection between placement and health status. The class action law suits discussed earlier reflect the widespread failure of child welfare systems to address the needs of victims of abuse and neglect who enter state custody with chronic health, developmental and psychiatric disorders (Simms, Dubowitz & Szilagy, 2000). If the ombudsmen were established on the wave of child welfare reform or in response to poor care of children, would expertise in health be necessary or useful in ombudsman work?

The ombudsmen also identified the need for improved assessment of children’s health from the very first point of contact with the state child protection system and onward.

That’s a big one on our radar. A couple of the points in our plan address sort of the health care needs of the [child welfare agency] population. And one of the things we’re really pushing for very hard is a better system for a better medical, broadly defined, system ... at every stage of the process, from investigation identification through delivery of services through second opinions or consultations through the psychoactive meds.

In addition to identifying a need for systemic change around health care the ombudsman reported a recent move in that direction in which the child welfare agency conducted medical focus groups to begin examining the situation towards identifying
solutions. The child welfare agency in that state had recently established a medical services focus group to develop a strategic plan for addressing the health needs of children in custody. That state has achieved a proactive approach to improving the health of children coming into state custody while the state reviewed above has systemic improvements in health on the back burner. The ombudsmen did not indicate whether the presence of health professionals on staff did or would make a difference in identifying these kinds of priorities.

**Nursing: Unique expertise and perspective.** Health concerns are universal in child welfare and not unique to any particular state. However, the topic was not spontaneously raised in several interviews. One ombudsman described a routine that assessed whether a child’s health was being tended to in state custody and sounded confident that overall children were having health needs met.

... we’ll look and say, “OK did the child go to their dental appointment? Did the child go and get their health check up? Get their shots for school?” I mean they are required to do that and I’d say as a whole it’s being done.”

That ombudsman appeared comfortable and confident with general review of access to basic health care. However, when presented with a more complex situation, the ombudsman’s response reflected a lack of expertise or health-oriented perspective. For example, the ombudsman described a call in which a mother contacted the office with a complaint about her son’s placement and plan for imminent discharge.

... she just said that, ‘... Our son has been in state custody ... going to this program ... he has these issues, he has some developmental issues, he has some medical issues, and [the child welfare agency] is saying ... he’s ready to be discharged from state custody.’ So if they’re not willing to take him back home then they are going to look at terminating parental rights and put him up for adoption. When I looked into it I saw that the child has been in state custody for 2 and a half years. There’s a point when [child welfare] ... can do what they can do ... I said ... ‘according to policy and procedure ... They have a child in custody for 13 months
they can start termination of parental rights. This child has been in there for 30 months.’ And when I said that, the parent just started saying you know, ‘I can’t do this and I can’t handle that and I can’t.’ you know and it’s like, ‘you’re sitting here telling me you can’t handle this child … you can’t care for this child’s needs and it almost sounds like you’re not willing to. So you’re putting [the child welfare agency’s] back against the wall, what are they supposed to do?’

The ombudsman focused on specific law and policy expectations for time periods of care.

An ombudsman with a health background, a nurse for example, might see and respond to this scenario with a different approach. Nurses assess families for capacity to care for a child and deal with the situation. Family coping is a measurable phenomenon that indicates a family’s capacity to provide care and cope with the illness of a member.

Before a child is returned home, an assessment of the family’s coping strengths and weaknesses would determine the appropriate transition plan. The assessment will identify the family’s strengths and needs related to caring for a child with a chronic condition. It would include parenting skills, available supports, financial resources, knowledge and comfort level with medical condition and related interventions (Carpenito-Moyet, 2010).

The ombudsman would not be responsible to conduct a family coping assessment but a nurse ombudsman would know to inquire whether one has taken place. This expertise would prompt a nurse to evaluate the planning and family support provided by the child welfare agency. A comprehensive assessment would identify whether the family is equipped for the child to return home or if returning home, what resources and supports would be required for that reunification to be successful.

Another ombudsman reported that children placed in institutional settings were not on the radar, with the exception of isolated cases.

… we do occasional deal with kids that are involved in residential care. And yes, of course I’m concerned about them. But not because of some
When asked to estimate how many children were living in institutional care the ombudsman replied, “… I honestly couldn’t tell you. I would say there are probably hundreds. But I don’t know what the number is. I couldn’t give you a number on that.” Similarly, a second ombudsman was not able to estimate a number of children living in institutions. Of the estimated 463,000 children in foster care in 2008 across the U.S., ten percent were in institutions (Child Welfare Information Gateway, 2010). That is more than 46,000 children. Given those numbers and the well-documented negative effects of institutionalization on children’s health and development the lack of awareness among children’s ombudsmen about institutionalized children has potential for significant concern. There is no way to know if a nurse ombudsman would have a heightened sensitivity to institutionalized children. I can only conjecture that a nursing assessment for deficits in health among children in state care might identify areas of highest risk, particularly those in institutional settings. Even then, the situation would have to include health as a priority in the ombudsman’s office.

Summary of Chapter Four

There were 31 states with some form of statutorily enabled children’s ombudsmen. Ten (now 11 since this study was conducted) were classically modeled independent offices. All of them held the essential characteristics of an ombudsman espoused by the U.S. Ombudsman’s Association, including independence, a credible review process for citizen complaints, fair and impartial operations and a mandate to maintain confidentiality. Some had legal authorities and some required specific credentials for the position. Instilled with these authorities and privileges, the
ombudsmen oversaw state child-serving agencies, most commonly the child welfare/child protection agency. Child welfare, as guided by the federal Child Abuse Prevention and Treatment Act (CAPTA), was used to illustrate the social worlds/arenas of government, scientific and community arenas of the ombudsman office and work.

The ombudsmen came about on the heels of tragic failures in the application of the doctrine of *parens patriae*. The state as the ultimate parent failed to keep children safe when their parents were not able or willing to do so. Specifically, the brutal deaths of children mobilized state communities to create a level of independent oversight aimed at improving systems for children. The children’s ombudsmen were described as watchdogs protecting vulnerable citizens by taking complaints, exposing the failures of state systems and warning of impending crises. They believed they saved lives and money. Citizen complaints were received and responded to when appropriate in order to improve the circumstances of individual children. Embracing the use of increasingly sophisticated data collection systems, the ombudsmen identified trends in citizen complaints that indicated systemic shortcomings. After rough starts with contentious relationships, probably due to the emotional intensity of failure resulting in child deaths, the ombudsmen in this sample were finessing better relationships with child welfare agencies. They aspired to respectful partnerships that promoted transparency, accountability, and improved conditions for children in state systems.

Both human and nonhuman elements can threaten the integrity and work of an ombudsman. People in positions of power could simply choose to eliminate an office and with the right conditions as were experienced in New Jersey, they can be successful. Nonhuman elements, such as the current overwhelming economic recession, create
conditions for symbolic elements to intensify in meaning and challenge the positions and
discourse in the ombudsman’s situation. Symbolic elements such as taxes and federal law
are often viewed by citizens and political groups as intrusive rather than contributive to
healthy communities. When these perceptions are exacerbated by temporal elements like
the recession the ombudsmen found themselves vulnerable to budget cuts or worse. It is
an uphill battle advocating for children, a constituency often ignored. Things get worse
when, in the face of brutal budget cuts ombudsmen have to come to terms with the fact
that every dollar for the office may be one less dollar for children’s direct services.
Accordingly, while some ombudsmen may disappear, survivors seek solutions to regain
strength and independence.

Ombudsman work is hard and lonely. Ombudsmen are at risk for the very same
trauma their abused clients’ experience. They often did not recognize peers or reach out
to them in an organized way. When work overwhelmed them they went it alone. Failure
to recognize peers as resources resulted in missed opportunities for improving practice,
learning about creative solutions including funding streams, and accessing social
supports.

The ombudsmen’s philosophical approaches to their work and practice varied
widely. The most common theme was the absence of any purposefully articulated
operational framework that guided staff training, functioning, objectives, and
relationships of the ombudsmen. Only three of the nine ombudsmen interviewed
identified formal philosophical underpinnings. Two used an ombudsman model based
upon principles of ombudsman work and one used a social work model that mirrored the
values and symbolism of the child welfare system. The ombudsman framework works
well to provide focus on the role of an ombudsman. Underpinning an office with the concepts and standards of practice that are the nuts and bolts of ombudsman work is logical but requires that ombudsmen are identified and defined in that role, and not as another entity. Study participants titled child advocates did not identify as ombudsmen.

The social work model provided common language and meaning in the worlds of the overseer and the overseen. It is also a therapeutic model that endeavors to heal rather than punish, easing communication processes for sensitive management. Other approaches to ombudsman work included the interdisciplinary and community engagement models. The interdisciplinary model is more inclusive and promises broader resources in terms of expertise if successful. The broad statutory responsibilities of the ombudsmen might benefit from a variety of professionals with mixed expertise and skills and might better equip the ombudsman to implement enabling statutes. A model that holds communities responsible and empowers all to engage in serving children, also offers at a more elemental level an integrated approach to operating an ombudsman office. In particular because citizens approach a children’s ombudsman at a point where state services have already failed, the duty to serve and resolve disputes does underpin basic democratic principles. Perhaps the answer is the development of a model of practice that incorporates all of those approaches, which will be addressed in Chapter Five.

There were four distinctly silent elements in this study. They may represent unspoken truths, untended obligations, or simple ignorance. In this situation the ombudsmen’s silent elements included nurses, children with disabilities, the discourses on the United Nations Convention on the Rights of the Child, and a national dialogue currently focused on establishing a national office. The absence of nurses in the dialogue
may have been the root of the silence on children with disabilities. There were pervasive themes of concerns about children’s health expressed by the ombudsmen as well as class actions and reform initiatives. Consequently, some level of ability to assess health needs and the delivery of care through the ombudsman office seems logical. Without that ability, there may be no understanding or recognition of the needs of children with disabilities. Cases presented often had or should have had concerns of health in the mix. Systemic response to health concerns in the aggregate also warrant assessment. Nursing practice extends beyond individuals to all life domains and thus could bring broad perspective and expertise to the ombudsman’s table (Orem, 1980). Finally, the silence on the UNCRC leaves the ombudsmen behind in a global initiative to promote the best interest of children and establish ombudsmen as effective mechanisms of oversight. The ombudsmen bring people “round the table” in the interest of children but they are not seated at the global table where their craft may be in the process of refinement.
CHAPTER FIVE

Discussion

The purpose of this qualitative study was to describe the structure and function of the ombudsmen as a first step in evaluating their impact on children. It endeavored to answer three questions: (1) What are state children’s ombudsmen, their structure and function? (2) What are the operational philosophical underpinnings of children’s ombudsman offices? and (3) What are the (potential) roles of nurses within children’s ombudsman offices? Doing so contributes knowledge and sets the stage for evaluation and replication of their work in the support of children’s well-being. To answer the research questions designed for the study, I used situational analysis, a postmodern qualitative research method, to examine available data about the ombudsmen. Data were drawn from state laws, public documents, news items, web sites, and the ombudsmen’s own narratives. In this chapter, I discuss the findings and their implications for policy, practice, and future research. I also outline the strengths and limitations of the study.

The nature of ombudsmen work was complex and multidimensional. They were progressing from contentious punitive relationships to finessed cooperative, if not collaborative, relationships with the agencies they oversaw. Part of those improvements included the influence of their increasing use of data with which they informed and engaged the agencies they oversaw. Within the complexity of their worlds, the ombudsmen did not all identify as ombudsmen and missed opportunities to ally with peers. These were missed opportunities because ombudsman work is difficult and may even have deleterious effects. Strong themes regarding concerns for children’s health and
the need for expertise about health and health care indicated a role for nurses as or with ombudsmen.

**The Ombudsman Situation**

The first research question examined the structure and function of the ombudsmen. A review of state laws identified 31 ombudsmen or ombudsman-like programs that held characteristics described in the literature. I focused on 10 ombudsmen whose statutes reflected a classical ombudsman model. Nine of them participated in study interviews. The statutes defined structure and function by establishing the ombudsmen and outlining mandates, which included taking complaints, legal authority, advising on policy, and making reports.

Employing the interactionist approach in a situational analysis, I went beyond the uni-dimensional view of the enabling statute to interpret the meaning of those mandates as implemented by the ombudsmen. I considered all of the elements of the ombudsmen’s situation as contributing to what they were and how they operated. Reviewing the history of those statutes, I discovered common tragic circumstances that prompted policy makers to establish the position. The emotional elements and symbolism of those tragedies affect the ombudsman’s purpose and meaning. Using a single federal law as a lens revealed the ombudsmen’s situation as a broad and complex world. I found interconnectedness of federal and state law with arenas of policy, science, human services, advocacy, and other social groups interested in the wellbeing of children. The ombudsmen were influenced by all of those elements, including the emotional elements of the position’s origins. There were also temporal elements, most notably the current economic crisis that would influence the ombudsman. The structure of the situation, the bureaucracy, provider
networks, community groups and safety nets, and the ombudsmen themselves, were all impacted deeply by the economic crisis. Subsequently, socio-economic and political elements influenced both the state of child-serving systems and the stability of the ombudsmen. The complexity of the ombudsman’s world signaled a need for an individual who could negotiate its many dimensions and elements.

**Taking Complaints and Building Trust**

The essence of what ombudsmen do was founded on their first function of taking citizen complaints. Equipped with the authority to access information the ombudsman pulls back the curtain and sheds light on the facts of a child’s story or policy shortcomings. Combined, the complaints and the facts of discovery revealed systemic trends within their world of ensuring children’s interest. All of the ombudsmen developed similar processes for receiving and responding to citizens’ complaints (Figure 6). Within those systems, many had or were developing the capacity for data collection to capture performance outcomes of state services across geographical regions and individual caseworkers. This is valuable feedback on public systems. Ombudsmen were using data to resolve systemic problems through routine data sharing with child welfare agencies. Some agencies were using the data to review their own processes and adjust accordingly. Several ombudsmen described routine meetings with agency administrators to review data trends or specific complaints. Consistently reliable data reinforced the ombudsmen’s credibility and enhanced trust with the agencies.

When ombudsmen completed investigations that warranted public reporting, most of them routinely shared findings with the agencies of scrutiny and solicited responses which were published with the findings. These collaborative processes served as
mechanisms for transparency and accountability. At least one ombudsman posted ombudsman and agency responses on the office website, readily available to the public. When recommendations or promises were made, the public had a means to monitor implementation and hold the agency and the ombudsmen accountable. The solicitation of response does not require that an ombudsman’s report and findings are changed in any way. It simply provided the agency of scrutiny the opportunity to provide their perspective as publicly as the ombudsman’s report. Gottehrer and Hostina (1998) alluded to this civility with the expectation that the ombudsmen will exhibit the same fairness, due process and natural justice sought in the agencies they oversee.

**Relationships as Strategy**

The ombudsman offices represented in this study were born of outrageous tragedy blamed on failures of the child welfare system. When the state fails and emotions are high, it is not surprising that relationships between the failed agency and its scrutinizer will be tense and defensive. All of the ombudsmen described having had difficult relationships with the child welfare agencies, but most had moved beyond this adversity. The adversarial approach was described as obstructive to investigations in that agency personnel would resist cooperating. Alternatively, most of the ombudsmen described the evolution of a more respectful, almost nurturing approach that “nudged” people towards cooperation and system improvements.

Several suitable personality characteristics have been described for the role of ombudsman (“Practice and Perspective,” 1988). Mediators rather than advocates or judges do better at ombudsman work. Persons with the right skills and temperament tend to be problem solvers more than justice-seekers. Successful ombudsmen promote success
in others and are patient but persistent. These skills are well-suited to relationship
building and this type of temperament would fit better the engaging approach to system
reform versus the punitive. Nudging and prodding does not have to be an absconding of
independence. Keeping things open, public and civil encourages a discourse that the
majority of ombudsmen found to be productive. Their experiences have been validated in
studies of cooperative relationships. De Dreu, Giebels and Van de Vliert (1998) noted
that cooperative motives are key in realizing constructive negotiations. Furthermore,
balancing power and decreasing use of punitive capabilities promotes trust and the kind
of integrative behaviors that conceivably facilitate systemic change. De Cremer and Tyler
(2007) acknowledged the impact of perceived fairness, but emphasized trust in an
authoritative body as most effective in developing and maintaining cooperative
relationships.

The ombudsmen used various interactive strategies that evolved from teeth-baring
watchdogs to nudging partners aimed at achieving shared goals for children. They
purposefully “finessed” cooperative relationships despite the complexities of emotional
defensiveness and flawed bureaucratic systems. Sharing data routinely as a quality
assurance mechanism and accepting responses to reports probably also contributed to
relationship building. By promoting a cooperative approach through employing non-
adversarial tactics, they believed the agency personnel interpreted them in a positive light
rather than negative associated with punitive and threatening interactions. The
ombudsmen described how they believed agency personnel perceived them as having
evolved from “headhunters” after people’s jobs to gathering around the table to resolve
problems. Elements of the situation that were not assessed, however, were actual
perspectives of the child welfare agencies. When actors fail to come to the table, it may be a manifestation of failure to be engaged or refusal to engage despite best efforts. Without further research, the ombudsmen’s effectiveness in developing relationships cannot be confirmed. However, given their perceptions, which are grounded in the literature, it appears attention to non-adversarial relationships can be a successful approach.

The emphasis of the ombudsman’s attempts to create a cooperative/collaborative relationship with the agency should not overshadow the ombudsman’s relationship with the complainant or the community. A working relationship with shared goals does not necessarily ally both parties. The ombudsman’s position as independent oversight is still necessary, particularly when trust is lost between agency and community. The ombudsman represents a repository for concerns from the community. Impartiality is critical to that relationship and is perhaps why one of the ombudsmen described relationships as being finessed as community and agency needs and demands were balanced.

**Ombudsman Challenges and Need for Networking**

All of the ombudsmen displayed a clear sense of pride in what they considered to be important and valuable work on behalf of children. Perhaps it is that valuing of the work that allowed them to tolerate its difficulties and negative impacts of the position. A prime source of stress was the economic crisis impacting and increasing the needs of children that were further exacerbated by state budget cuts. Complicating the situation was the necessity to justify preservation of their own budgets while direct services to children were slashed. All of the ombudsmen reported heavy workloads and mandates
that were difficult to fulfill with insufficient staffing and resources. The uncertainty of budget cuts and other stress exacerbated the impact of routine exposure to trauma. The unique role of the ombudsman appears to be associated with considerable risks.

Despite uniqueness and difficulty of the work, the ombudsmen were not quick to draw upon their peers as a resource, or to align with them. There was also a discrepancy in the understanding of the difference between an ombudsman and an advocate. When pressed to define each category, the ombudsmen and advocates all described themselves similarly. The perceived differences were not well supported.

The silence on the United Nations Convention on the Rights of the Child (UNCRC) in the ombudsman situation represents an individual and collective blind spot in the discourse on children’s rights. Lack of a network and collective voice leaves the children’s ombudsmen out of a dialogue that their missions represent and that could potentially impact them. As children’s ombudsmen programs advance globally, the U.S. ombudsmen stand to be left behind, and in their wake the children they are mandated to serve. With focus on implementation of the UNCRC, national ombudsmen in the international arena are contributing to a new status for children that goes beyond protection to acknowledging special rights and freedoms (Rios-Kohn, 1997). The treaty provides guidance for determining best interest and emphasizes engaging youth as participants in decision making for their futures. The ombudsmen “act as a channel for children’s views. These institutions are not only working reactively on children’s rights violations,” they are promoting “more child-friendly societies, in which children’s rights can pass from rhetoric to reality” (United Nations, 2002).
Were the ombudsmen better networked they could raise a collective voice and promote ratification of the human rights treaty or at least implementation of the principles upon which it is grounded. They could also better promote their existence and expansion of ombudsman roles in other states. Along with the trend of increasing numbers of national ombudsman for children globally, international networks of ombudsmen have taken hold. In Europe the European Network of Ombudspersons for Children (ENOC) endeavors to facilitate better service to children through standard setting and consensus building (Newell, 2001). Established in 1997, ENOC holds annual meetings and maintains a website in which technical assistance, consensus building and establishment and maintenance of ombudsman institutions are promoted. ENOC membership is limited to institutions in Council of Europe member states (ENOC, not dated) but they do allow observers and their website is well-resourced. There is also a Global Network of Independent Human Rights Institutions for Children, established in 2002, and aligned with UNICEF. The UNICEF Innocenti Research Centre (IRC) serves as its Secretariat. Since 2002 independent human rights institutions for children have met periodically to discuss means to strengthen their work through information-sharing and cooperation. They too promote establishment and maintenance of similar institutions in other countries (United Nations, 2002). The IRC has advocated for the establishment and alliance of children’s ombudsman since 1989 and has undertaken a global evaluative study of the institutions (UNICEF Innocenti Research Center, 2010).

Perhaps more concerning is the potential for the state children’s ombudsmen to be left behind in their own national dialogue. The proposal for a National Children’s Council (S. 3968, 2010 Children’s Act) to oversee the implementation of public policy affecting
children without the input of the ombudsmen already providing that oversight in the states represents a missed opportunity for expertise and technical assistance. These silences underscore a lack of cohesion among ombudsmen and poor recognition by national players of their existence and the resource they represent.

In addition to raising a collective voice to benefit children at all levels, peer networking holds potential to benefit the welfare of ombudsmen themselves personally and validate their approaches to the work. Ombudsmen resolved problems for children and families by promoting good communication and bringing stakeholders to the table. When the ombudsmen in this study did not have the expertise to recognize health risks for children, they sought those who did to ensure children’s welfare. They did not do the same for themselves. Better networking with peers has potential for accessing technical assistance to improve workload management and identify funding streams. Peers also represent a unique source of emotional support. The therapeutic effects of peer support are based upon connections founded in shared experiences and empathy (Mead, Hilton, & Curtis, 2001). Professional benefits to peer networking facilitate the sharing and filtering of information and ideas such as funding sources and data management. They also represent a conduit for establishing a professional subculture in which belief systems may be tested or validated (Galaskiewicz, 1985). Children’s ombudsmen work in a heavily moralistic field. They seek to enforce or change policy and procedure in the best interest of children. Peers are best suited to effectively validate or assist in determining courses of action for each other.
Models for Practice

The second research question aimed to identify philosophical underpinnings of the ombudsman work. Philosophical foundations influence the development and application of concepts (Rodgers, 2000). Philosophical approaches shape and define viewpoints on the world and work; they translate into meaning and interpretation of the role. Underpinning organizational clarification, this includes how an ombudsman will take and value citizen complaints, what the nature of relationships with individual and collective humans will be, and positions taken on related discourses of the situation. Logistically the viewpoint will direct the daily operations of an ombudsman’s office, including the training and expectations of staff.

Three ombudsmen thought carefully about how they structured and staffed their offices. Others seemed to rely more heavily on a passion for children to determine actions and positions. Each ombudsman described some form of philosophical underpinnings to their operations and four potential models were identified: an ombudsman model, a social work model, an interdisciplinary model, and a community engagement model.

The ombudsman model embraced ombudsman work as its own discipline. Referring to established guidelines by the professional organization, the ombudsman model created structure for carrying out defined duties by operationalizing the principles of independence, fairness, credibility and respect for confidentiality. The social work model embraced the symbolism of the child welfare system and promoted relationships of trust. Interestingly, the ombudsman model was utilized by ombudsmen with social work backgrounds and they generally successfully incorporated social work skills in their approach. The interdisciplinary model, though not formalized as a practice model in any
of the offices where it was claimed, underscored the multi-dimensionality of the ombudsman situation and the corresponding need for multiple areas of expertise. Finally, the community engagement model reinforced the understanding that government represents community and children are a part of that. The care and protection of children is, as one ombudsman suggested, a community affair. The ombudsman’s reference to Wiesel imploring action in the face of human suffering reflected the deeper moralistic teachings of Kant whose deontological theory asserted the principle of duty (Beauchamp & Walters, 1982). Kant’s view could be interpreted to suggest there is a moral duty to respond to the indignities of human suffering such as child abuse or neglect (Mappes & DeGrazio, 2005). The type of community engagement and moral duty the ombudsmen described was targeted more towards primary child protection, however. That is, the ombudsmen were promoting community action in preventing and reporting child abuse and neglect or community engagement in nurturing children. There are broader child welfare safety nets designed for that role that the ombudsmen actually oversee. Typically, the community engagement model of the 1970s promoted citizen involvement in developing and operating community programs such as Head Start (Zigler & Valentine, 1979). However, the role of oversight with special authorities such as access to information and power to issue subpoenas might not fit well with an informal community advisory. An ombudsman established in law not only has authority to do work, but also credibility with the public as a permanent (or near permanent) responsive oversight (Gottehrer & Hostina, 1998). Special authorities and privileges require special abilities and expertise.
A future model that might be most effective would integrate the guiding principles of ombudsman work with interdisciplinary resources and community support. The ombudsman mandates are too broad and encompass far too many areas of expertise for one professional model of approach. The role of an ombudsman is so unique that the underpinning of the ombudsman principles may direct its operations and interpretations. Regardless of model, ombudsmen should have some kind of framework upon which they operate. Frameworks guide practice and inform consumers of what to expect. They also clarify conceptual, and statutory interpretation, as well as establish criteria for evaluation and benchmarks.

**A Role for Nurses**

The third research question sought to answer whether there is a role for nurses in children’s ombudsman offices. Although nurses’ engagement in political discourses and activism has matured in recent years (Warner, 2003), they are not commonly associated with policy-type roles and even thought not to have an intellectual affinity for policy (Gebbie, Wakefield & Kerfoot, 2000). Thus, it may not be surprising that the ombudsmen in the study overlooked the potential for nurses. The question posed is answered with four additional questions: (a) What is nursing? (b) What is health? (c) What is the need for nurses in ombudsman work? And (d) What can nurses bring to ombudsman work? These questions represent a dissertation in itself. However I offer below just a brief response to make a point.

The definition of nursing has been pondered and argued extensively. Henderson (1961) broadly defined nursing.

The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery.
(or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible (p. 42).

Henderson’s conceptualization leaves open the place and reason for a nursing role in its assumption of a broad definition of health. The World Health Organization has since 1946 defined health as, “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 2010, para. 1). These vague conceptual boundaries support the idea that a nurse, as a promoter of health, may have a role in a variety of settings for a variety of reasons. Reasons for nurses within ombudsman work are taken from the ombudsmen’s narratives.

Of the two ombudsman offices that employed nurses, initiatives addressing the health needs of children had been undertaken. Similarly, another office that had employed a physician also directed special attention to health issues. All of the ombudsmen expressed concerns about children’s health issues and these were common factors in class action law suits and child welfare reform. Some ombudsmen relied upon consultations with health experts or prompted child welfare agencies to consult health experts to ensure proper decision making processes. At least two identified serious concerns about children’s mental health, but were not actively pursuing remedy. It is difficult to know if nurses made or would make a difference in how children’s health is addressed by ombudsmen from this limited study. However, an assessment of the nature of children’s needs when engaged in state services indicated a need for health expertise. The primary purpose of child welfare is to protect children or rescue them from abuse and neglect. Abuse and neglect affect health. Child welfare, therefore, can be viewed as a system of health promotion and recovery, thus a nurse’s role should be implied at all
levels. In the account one ombudsman gave of a residential facility investigation, the nursing care was found to be problematic. The ombudsman’s investigation discovered that the problematic care had not been previously identified because the state inspectors were not nurses, nor did they have expertise to assess the provision of nursing care. The nurse diagnosed a systemic health deficit.

Nurses have a great deal to bring to ombudsman work. They have a broad understanding of the nature of health and as such nursing is defined broadly (Warner, 2003, Henderson, 1961). With an expansive view, nurses are most likely to recognize when a child’s health is at risk and advocate appropriately for needs to be met. The example above attests the use of a nurse’s knowledge about practice and regulation of nursing. In Chapter Four I outlined the family coping assessment a nurse might utilize in the scenario of a parent of a child with chronic condition. In addition to such assessment skills, nurses also hold skills in observation, communication, and time management (Gebbie, Wakefield, & Kerfoot, 2000). Some nursing skills are well-matched to ombudsman needs. Nurses are prepared and experienced in dealing with people challenged in coping with complex and emotional situations. In other words, they are able to deal with the “difficult people” the ombudsmen described who call them with complaints. Nurses have skills in collecting and analyzing data, something the ombudsmen are just beginning to master. They know how to respond to traumatic events and are problem solvers. “If you know how to get kids to take their medicine, you can work with a lot of people” (Gebbie, Wakefield, and Kerfoot, 2000, p. 309). Nursing expertise and nursing assessment, all adjusted to specific populations and environments, provide a rich resource for overseeing the care and protection of children. Spratlen (1997)
noted parallels in the essential characteristics of an ombudsman and the functions of a professional nurse that suggest a good fit for nurses as ombudsmen. For example, with education and expertise nurses aspire to act independently within their scope of practice. They embrace impartiality through the principle of unconditional acceptance of all clients. Nurses bring forth their values for equality of service and multidisciplinary collaboration (Warner, 2003). Alternatively, there are already a great many potential partnerships between ombudsmen and nurses in children’s lives. I have previously described nurses who care for children in residential treatment programs. Child welfare agencies also employ nurses to consult on the health and health care of children in state custody. Perhaps the most common relationship children have with nurses is that with the school nurse who is available to children in the place they spend the bulk of their waking hours. These nurse-child encounters represent a safety net to children. Their expertise includes nurses as mandated reporters of suspected abuse and neglect. A partnership for oversight in their encounters with child welfare and other services designed to care and protect children holds great potential for enhancing those systems. Whether aligning with ombudsmen as partners or engaging in ombudsman work directly, nurses represent a significant resource. However, until they are better situated in or with ombudsman work, nurses will not be fully recognized for their value in this arena.

**Strengths and Limitations of the Study**

This study had several strengths and weaknesses. As a doctoral dissertation it was both an endeavor to contribute to the science and a learning process. Therefore, its outcomes are mixed. Below I outline first the strengths and then the limitations of the study.
Strengths. The greatest strength of this study is that it was the first to fully explore the work, structure, and functions of children’s ombudsmen in the United States. There is a growing literature on children’s ombudsmen in the international arena, but little has been published about children’s ombudsmen in the U.S. Because they are increasing in numbers and they are public offices supported by taxpayer dollars to carry out an important mandate, it is critical to understand the context of their work and identify areas that need further evaluation, as well as common strategies that could be of value to this growing national trend. The findings will be useful in theory building about how ombudsmen operate. The study literally gives voice to the ombudsmen, which lends an authenticity to their description, and thus provides a means for confirming and supporting my interpretations of meaning.

Situational analysis was a well-suited method of research given the complex multi-dimensional worlds of the ombudsmen. An adequate description could not be made from a less dynamic approach. The study yielded more data than required to answer the research questions. It will be useful in future analysis and for developing a body of publications on the topic. Finally, my bias as one who does ombudsman work and as a nurse were strengths for the study. I had the knowledge to recognize the problem and the expertise to negotiate all of the ombudsman social worlds/arenas and symbolisms. My bias as a nurse led me to recognize a gap in the human elements of the situation that has potential for value. My assessment skills were useful in identifying the health risks associated with ombudsman work. It also underscored a gap in nursing knowledge as well. Nurses who serve any citizens engaged in public systems should be aware of
mechanisms of oversight and complaint taking. This research undertaken in a nursing program introduced the concept of children’s ombudsman to the discipline.

Limitations. There were several limitations with this study. Primarily my lack of experience and skill as a researcher may impact credibility. The study sample did not achieve 100% participation because one ombudsman was reticent to participate and ultimately would only do so with a change of my protocol. I had also received evidence that the ombudsman made inquiries about my interviews with others, which raised the threat of contamination across study participants. Another potential participant was not included due to an error in my interpretation of statute. I was not able to clarify the statute until after that ombudsman had attended a presentation of my preliminary findings and was thus not included because of exposure to the study.

Because of time and resource constraints I only interviewed the chief ombudsman at each office. Including other staff members from the offices could have enriched the data through confirmations or alternative views of how the offices are structured and how they function. Administrators and personnel from the agencies the ombudsman oversees as well as other state stakeholders such as legislators, the governor, advocates, and consumers of the ombudsman’s services would also inform a broader view of the situation. Throughout nine interviews I heard little to no criticisms of the ombudsmen. The data are biased towards them without any input from other actors in the situation. These shortcomings all represent implications for additional research.

My own bias also presented limitations to the study. Although I purport my nursing background to be a strength, the standards I hold may not be representative of the nursing profession. The extreme variations in concern about children living in
institutions suggests knowledge deficits regarding the rights of people with disabilities, but also a values-laden discourse about that population in general. It lead me to introduce the topic in the interviews. My interpretation of the silence in the discourse on these children may be influenced by my bias towards deinstitutionalization. Also, my familiarity with ombudsman work may have precluded participants from being more expansive in their explanations.

The ombudsman of interest was the classically modeled because it is considered the “real” ombudsman most true to the concept (Hill, 2002). However, there are a growing number of differently modeled ombudsmen which should not be ignored. These results are not applicable to other models of children’s ombudsmen or general jurisdiction ombudsmen. They may be helpful or of interest but I cannot claim they represent the situations of those ombudsmen.

**Implications for Policy and Practice**

This study has produced a comprehensive inventory of children’s ombudsmen across the United States. Their variation and the complexity of their situation signals a need for careful planning when establishing and operating offices. Several implications for policy were identified to advance the work of ombudsmen and ultimately the circumstances of children. I outline them in three categories: policy implications for government, the ombudsman offices and nursing.

**Implications for policy and practice in government.** Two areas of government-generated policy and practice implications regarding the ombudsmen were identified. They include decisions in establishing and maintaining offices and national initiatives. The study findings identified significant identity confusion among participants. The
perceptions of the meaning of the titles “ombudsman” and “advocate” were consistently dissonant from statutory mandates. Policy makers establishing ombudsman offices should consider carefully what the office will be called. This study produced no comparative evidence of the different categories of ombudsman. Future research, discussed below, should guide policy makers with decisions about types of ombudsman programs they establish. When considering the statutory design of an ombudsman office, avoiding single appointment power in the governor and placement in the executive branch would ensure independence and contribute to permanency. Appointment with confirmation by more than one body, as well as protection from removal without cause, will protect offices from ease of elimination. A statutory mandate that precludes vacancy of the position also insures consistent representation to children and the office. Policy makers should keep in mind the multi-dimensional situation of the role and the demands of maintaining working relationships with agencies of scrutiny. Accordingly, skills that match the uniqueness of the role should be sought in appointments of ombudsmen.

In the national arena federal policy makers and advocates supporting an effort to establish a national office to represent children’s interest should draw on the experience of the state ombudsmen. To avoid redundancy in systems, a national arrangement should incorporate state children’s ombudsmen. The long term care ombudsman program serves as a well-established model for that approach. Although there is no one national ombudsman position, there is a national state-to-state network that benefits from the guidance and support of the National Long Term Care Ombudsman Resource Center (NORC) (NORC, 2011). The potential for ombudsman data as a means to assess adequacy of public policy and its implementation is wide-ranging. Trends in citizen
complaints at the state level represent policy implementation directly at point of service. Their investigations and program reviews also assess the incorporation of standards of care and efficiencies of service delivery that inform public expenditures. The recent initiative of capturing child death data nationwide through the National MCH Center on Child Death Review (CDR) is a good model for opportunities in data sharing. First piloted in 14 states in 2006, a standardized CDR database is now widely available (National MCH Center for Child Death Review, 2010). Five ombudsmen in this study had responsibilities to review child deaths and at least two of them are already participating in the national database. Consolidation of these kinds of efforts could be effective and efficient. On a broader level, the values that underpin public systems for children are articulated in the UNCRC. Policy makers and ombudsmen should be promoting the treaty’s ratification to ensure the principles of human rights for children are consistently implemented. Even without ratification individual states should be holding up the standards and principles of the UNCRC to be incorporated in all state policy affecting children.

**Implications for policy and practice in ombudsman offices.** Engagement in the global dialogue on children’s rights opens a door for a wider network and sources of support to the ombudsmen. A collective discourse of ombudsmen would contribute to the knowledge of the field. A national voice would enhance the knowledge of ombudsmen and their activities, drawing interest from researchers who could contribute to the development of models and standards as well as examination of ombudsman-generated data and outcomes. This kind of attention would situate the ombudsman as a spokesperson for children’s interest and an expert on the performance of government
child-serving agencies on a broader level. An established reputation would also be effective for advocating on behalf of peer offices vulnerable to being eliminated or facing extreme budget cuts. On a practical level, active peer networks share technical assistance, training and emotional support. Building and nurturing peer networks will contribute to the effectiveness and efficiency of ombudsman work and provide a source of support for the individuals doing it. A broader discourse would also improve understanding of the contribution of multiple disciplines to the field, including that of nurses.

**Implications for policy and practice among nurses.** Children’s health represents a consensus of concern among ombudsmen, class action and child welfare reform. In order to substantially address those issues ombudsmen must have the capacity to consistently and reliably assess for children’s health and delivery of health care services. As a profession skilled in assessing children and the delivery of health care, nurses are uniquely situated to fill that role. Nurses who specialize in pediatrics, community health or public policy should see partnerships with ombudsmen as opportunities to enhance the lens of nursing and identify common ground for improving the circumstances and health of children. Because it is not a traditional arena for nurses, they must be introduced to ombudsman work and encouraged to recognize the opportunities ombudsmen represent as resources, partnerships and career opportunities.

Ombudsman work represents just one more area demanding political participation by health professionals (Cramer, 2002). A possible entre for nurses would be interactions as students with their state ombudsman. Exposure to community and government leaders raises awareness of the leaders and the role they play in the lives of nursing clients (Reutter & Duncan, 2002). Cohen and Milone-Nuzzo (2001) suggested a service learning
approach in a political framework through which graduate students were immersed in health policy activities. Students gained hands-on experience, the university engages with organizations in the community and the receiving organization gains support for a dedicated project. Following the trend of ombudsman credentials, ombudsman offices are commonly sites for social work and law student internships. One ombudsman however, routinely precepts nursing students on a clinical rotation from a forensic nursing program. They spend time immersed in child fatality review activities. Another creative nursing initiative is a fellowship program that aims to build policy confidence while engaging students in specialty areas (Algase & Beel-Bates, 2004). These programs should be replicated with ombudsman offices.

Through interactions with ombudsmen, students will build knowledge about other related government services such as child welfare. Increasing awareness of child welfare and its impact on children’s health will prompt nurses to assess for negative effects when they encounter young patients as foster children for example (American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care, 2002). Nurses may also learn to assess in their young clients the need for an ombudsman to help them negotiate state services. Whether as primary care providers, school nurses or other community-based specialists, nurses are uniquely positioned to be a conduit for effective children’s policy. Stepping into the ombudsman role or aligning with ombudsmen may be viewed as an outlet for nurses to improve public systems that are poorly impacting children. At a time when nurses are being called to step upon in joint initiatives as partners and collaborators (Davies, 2004), the ombudsman role is a dynamic option. Accordingly, nurses who recognize the value of ombudsman through the experiences of
their clients could be strong allies for ombudsman offices vulnerable to elimination or extreme budget cuts.

The unique role of nursing involves assisting children in health promoting activities (Henderson, 1961). That logically includes assessing their needs while in state custody and assuring the care they receive is appropriate. The ombudsman takes complaints about services provided to children and determines whether the state has failed to meet the child’s needs. With health expertise nurses may accomplish that determination and additionally identify other health concerns. The interdisciplinary model that suits ombudsman work is also a natural approach for nurses who traditionally interact with multiple disciplines in health care and community settings. Nurses should consider ombudsman work as a good fit whether in partnership or in the role itself.

**Implications for Research**

This study marks the beginning of research on children’s ombudsmen in the U.S. There is much to learn about what they are, how they operate, and most importantly how they affect the wellbeing of children. The findings of this study helped to sketch a portrait of the ombudsmen. Although it was grounded in multiple sources of data, there are several perspectives missing.

The key sources of data for this study were the ombudsmen themselves. They could only represent their personal interpretation of the situation. The only way to get the full picture of the situation from all sides would be to include other actors. This study could be continued with examination of the perspectives of the rest of the human actors and collectives. For example, including ombudsman staff might confirm the ombudsman’s views or instill different perspectives of how the offices operate. Actors
from the child welfare arena will have their perceptions of the ombudsman and how the ombudsman’s work affects them. The policy makers who championed the establishment of the ombudsman offices might offer insight into the intent of the enabling legislation and their views of its interpretation and implementation. Policy makers might have views of day to day operations, what they feel the office does for them and their constituency, and whether it is a worthwhile venture for their state. Including children and families could reveal their personal experiences with, and perceptions of how well they were served by, the ombudsmen.

A comparison study of the variations in categories of ombudsmen would serve to inform policy makers of an appropriate type of ombudsman to create. Identifying ways of measuring outcomes would be helpful in this endeavor. We cannot assume the ombudsmen are an effective worthwhile investment if the only available data comes from their own reporting. A concept analysis of the titles ombudsman and child advocate would clarify the understanding and meaning of the roles, as well as the differences between the two, if any. Two of the ombudsmen in the study were first established as ombudsmen and later changed to child advocates. Examining those changes further and the associated meanings of the titles could serve to clarify identities for the ombudsman and expectations for citizens. The general jurisdiction ombudsman represents a consolidation of resources and authority. Given the limited resources of each children’s ombudsmen and the need for multiple disciplines and expertise, comparing the types of ombudsmen for effectiveness, outcomes, and return on investment could guide policy makers in making good decisions about type of ombudsman to establish in the future or adjustments to current offices.
Research that undertakes to understand the experience of consumers of ombudsman services may take shape as quality assurance. The work of ombudsmen has to date been difficult to quantify for any means of measuring outcome or return on investment. Many state governments are instituting results based accountability (RBA) programs to enhance effectiveness of state services. These are multi-stepped programs that include planning, delivering, evaluating and improving programs (Wiseman, Chinman, Ebener, Hunter, Imm and Wandersman, not dated). There was no apparent evidence that ombudsmen were using RBA but it is highly likely they will be in the future. Examining approaches to identify measurable outcomes for evaluation would be useful in preparation for that likelihood.

Developing instruments to measure consumer satisfaction would also be helpful. Some of the ombudsmen are doing call-backs to capture consumer response to service but given their limited resources, that process may be cumbersome. Research focused on instrument development for measuring consumer satisfaction and other outcomes would be helpful in quality assurance efforts. It could identify a means to compare citizen complaint data against federal outcome measures. For example, some states are taking advantage of the Adoptions Incentive Award, a federal performance based financial incentive authorized through the Adoption and Safe Families Act (P.L. 105-89). The incentive rewards speedy adoptions (U.S. Department of Health and Human Services, 2010). Ombudsman citizen complaint data regarding the management of adoption procedures could be used to compare whether the speed of the adoptions process has any negative effects on a child or the adopting parents.
Another structural inquiry would be a concept analysis of independence as it pertains to ombudsmen. There is some concept confusion when an ombudsman statute articulates independence, but a single authority has power to appoint or has control over budget allotments. Ombudsmen who were located in the executive branch with appointment by the governor were most vulnerable in their permanency. None reported having reports held or interfered with but most noticeably New Jersey was eliminated on the direction of the governor. The statutory articulated independence of organizational ombudsmen also warrants examination. Maintaining independence from an agency one is part of is laden with conflict. Concept clarification could provide guidance to policy makers when creating an ombudsman or considering altering a statute.

Research that undertakes development of a specific model of practice would provide foundation for the field of children’s ombudsman work. This study has outlined basic details of how ombudsmen are philosophically underpinning their operations. A more purposeful approach could be useful in formalizing procedure and clarifying role. Focus groups with ombudsmen and ombudsman staff would be a meaningful way of collecting data used to undergird the model.

Finally, because ombudsmen represent the citizens, it would be informative to examine the perceptions of the general public regarding the existence of a children’s ombudsman. In a sustained economic downturn, gauging the sentiment of citizens directly about the necessity and usefulness of oversight offices could inform public policy and expenditures.
Study Conclusions

This study represents the very first step in examining state children’s ombudsmen in the United States. In a sense it too pulls back the curtain and shines the light on the care and protection of children. Although not an evaluative endeavor, these first steps in describing the ombudsmen set the stage for evaluation and identification of ways to improve their structure and function where necessary. Oversight mechanisms should not be exempt from oversight themselves. Things have gone too wrong in the so-called safety net meant to protect children to assume an independent office with power to access private information and take systems to task would be without flaws or immune to improvements. This study is only a first step and the value of the children’s ombudsmen will not be adequately confirmed or reinforced until further study, especially that which includes the perspectives present in the rest of the situation.

This study has informed on the structure and function of state children’s ombudsmen. It described the power and authority of the offices and the systems they used to receive and respond to citizen complaints. They have developed processes for managing data and applying it as quality review. In their own words the ombudsmen described the systemic and personal difficulties of the work and the obstacles they encountered. They also described creative solutions including identification of funding streams and approaches to productive relationships. The ombudsmen evolved from angry teeth-baring watchdogs attacking failed child welfare agencies to sophisticated data-driven collaborators of improved children’s services. However, the health of children, a chief concern among the ombudsmen, may not be getting the full assessment needed. Ombudsmen who employ nurses or other health professionals appear to be more
aggressively pursuing health concerns. With a broad understanding of health and a wide mix of clinical, interpersonal and theoretical skills, there is an important place for nurses at the ombudsman table. But with or without nurses, there is no body of knowledge evidencing the ombudsmen are impacting the health and wellbeing of children or improving the performance of state services on a broad scale.

In the past 100 years a lot has changed and yet little has changed. Children are still at the bottom of political agendas unless the agenda is aimed at mitigating budget deficits. Then, according to the ombudsmen, children’s programs are the first to go. The existence of programs and the great infrastructure of child welfare and other services for children represent all that has changed. As the science of child development has advanced Florence Kelley’s (1905) vision of the government informing on the science of children as well as we do on corn and cattle has, to a large extent materialized. But balancing budgets on children’s services and refusing to respect them by ratifying a human rights treaty represent a persistent resistance to value children politically and see them for the investment Kelley and Wald claimed they were a century ago.

Senator Dodd claimed the U.S. is at a juncture once again of needing to re-examine the condition of children and assess the effectiveness of public systems meant to protect and care for them. He proposed a national children’s council (S. 3968, 2010 Children’s Act). Just as with the United Nations Convention on the Rights of the Child, the ombudsmen are not a party to that conversation despite the fact they are already doing the work.

Situational analysis as a method of study design embraced the context of the ombudsmen and allowed consideration of all the elements of the situation for the
broadest view. At this early stage, theory is not yet generated as with traditional grounded theory, but that was not a study aim. Instead, as Clarke (2005) allows, sensitivity to the children’s ombudsmen is percolating as conceptual characteristics have been discovered and a description initiated.

Going forward with development of this description there are new aims for the science on children’s ombudsmen. First, a reliable and readily accessible source of information about ombudsmen should be established. All of the ombudsmen acknowledged seeking guidance when new offices or new ombudsmen were starting out. A web-based directory could easily transform to a national database of ombudsman information. Links with the ENOC and UNICEF Innocenti Research Center websites would also broaden the reach of dialogue and capitalize on available resources and technical assistance. These kinds of resources could represent a catalyst to active peer networking among ombudsmen for professional and personal support. They would serve to create a community dedicated to theory building and discipline defining.

Next, as the discipline defines itself, it will become be recognized as the voice of children. A strong community of ombudsmen would be less likely to be left out of local, national or international dialogue regarding children. This study represents first steps in that direction for ombudsmen in the U.S. The state ombudsmen are now challenged to recognize the value of such research. Scientists are challenged to prompt policy makers to invest in expanded research to take the next steps in assuring the protection of, and investment in children. Without this commitment there will be no free process for children and their advocates to speak their grievances against government services “freely, unreservedly and without fear,” (Ali ibn Abi Talib, undated, p.146)
References


Gardinier, M. (2005, September). *Why the United States has failed to ratify the UN convention on the rights of the child*. Lecture conducted at Yale University Interdisciplinary Center for Bioethics, New Haven, CT.


Hanson, E. J. (1994). Issues concerning the familiarity of researchers with the research setting. *Journal of Advanced Nursing*, 20, 940-942.


211


2009 Annual Report. Retrieved from
http://www.governor.wa.gov/ofco/reports/ofco_09_annual.pdf


### Appendix A

Data Obtained by Type, Source and States Represented

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## Appendix A

### Data Obtained by Type, Source, and States Represented

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Appendix B

Research Study: State Children’s Ombudsmen in the US
Interview Guide

Participant No. ___________ Date: ________________

Thank you for taking the time to speak with me today. As I have told you, I am a doctoral student at the Yale School of Nursing and this interview constitutes data collection for my dissertation study on state children’s ombudsman agencies. I am trying to understand and describe how the various ombudsman agencies operate across the country. I will be asking a series of questions to guide this interview, but feel free to jump in and tell me what you think I should know about your agency and your experience as an ombudsman. I will be recording this interview with audiotape but I want to reiterate that if there are any questions you do not feel comfortable answering you do not have to and if you would like to tell me something off the record, I will absolutely accommodate that. I will keep track of what we have talked about, make notes if I have further questions about anything you have said, and ensure that we cover the topic as best we can.

(What is the situation?)

1. Tell me about being an ombudsman.
   Prompts:
   a. What personal or professional qualities, passions, goals, connections do you bring?
   b. Tell me a story about a typical day in your work as an ombudsman.
   c. How would you describe who you work for?
   d. Tell me a story about a typical constituent(s) and how they would get to you and what you would do for them?
   e. Tell me about your staff and what they bring to the agency?

2. How was your agency created?
   Prompts:
   a. Tell me about the sentinel event that prompted it?
   b. Who were the champions or detractors of the agency and why?
   c. What are your goals for the agency?
   d. Where do your goals come from? (Who sets them?)

3. What facilitates or hinders your ability to achieve agency goals?
   Prompts:
a. What resources, supports, and alliances do you or the agency have?
b. How do you identify priorities or commitment of resources?
c. How do you deal with different expectations people may have of your agency?

(Social Worlds / Arenas)

4. Tell me about the systems that you work with or within.

Prompts:

a. Who values your agency?
b. Who or what influences the way you operate day to day and long term?
   i. Constituent requests (special interests)
   ii. Legal
   iii. Policy
   iv. Professional Standards
   v. Philosophical perspectives

(Positions)

What are the issues that drive what the ombudsman agency does?

Prompts:

c. What are the hot issues or concerns about children that drive what you do?
d. What motivates you and your staff most?

5. Is there anything we haven’t covered that you think I should know about you or your agency?

Prompts:

a. What is the accomplishment you are most proud of?
b. What one thing would you want people to know about the agency?
c. What has been your greatest disappointment?
d. Who else should I talk to in order to learn more about the agency?
e. What should I read to learn more about the agency?

That completes this interview for now. If it is ok with you I would like to be able to contact you by phone or e-mail if I have follow-up questions. Thank you for your time and attention.
Appendix C

Ombudsman Study Invitation Letter

Yale School of Nursing
100 Church Street South
New Haven, CT 06536-0740

Ombudsman
State Office of Ombudsman
State

Dear,

I am writing to invite you to participate in a research study regarding state children’s ombudsman agencies. I am a doctoral student at the Yale School of Nursing and my dissertation research endeavors to understand and describe how the various children’s ombudsmen around the country operate. Because you serve as your state’s ombudsman for children, I would like to interview you about your agency and your experience as an ombudsman. This study will contribute to the knowledge base about children’s ombudsman agencies.

The interview will last approximately one hour. With your permission, the interview will be audio-taped for subsequent transcription to facilitate data analysis. I will not reveal your name or identity in the data analysis or reporting of the interview, unless you give me specific permission to do so. If I do wish to cite you by name, I will first give you the text to review for accuracy and obtain your written permission to do so. You should be aware, however, that your state will be identified in reporting, leading to the possibility that you will be identifiable. You may have the option to make statements “off the record” if you wish. Before the interview, I will provide you with an informed consent form, explaining the parameters of the study and your involvement in more detail. Participation in this study is completely voluntary. Failure to participate will have no effect on you or your work. Upon completion of the study I will provide you with an executive summary of findings and a table of contact and descriptive information on other state children’s ombudsmen agencies for your use.

If you have any questions or concerns, please contact me. I can be reached at moira.oneill@yale.edu or by calling 860-646-2224. Otherwise I will contact you to determine your willingness to participate in the study and to schedule an interview at your convenience. I look forward to meeting you and learning about your work with the ombudsman agency.

Sincerely,

Moira O’Neill, RN, Doctoral Student
Yale University
Appendix D

Statement for Consent for Participation in Research
Yale University School of Nursing

Title of Study: State Children’s Ombudsmen in the US: A Situational Analysis

Investigator: Moira O’Neill, RN, Candidate for PhD

You are invited to participate in a study that endeavors to explore and describe state children’s ombudsman agencies in the U.S. Participation in this research requires a face-to-face interview, lasting approximately 60 minutes. If scheduling logistics do not allow a face-to-face interview, a telephone interview may be scheduled. All interviews will be audio-recorded for subsequent transcription and analysis. The investigator in this study is interested in learning about your understanding of state children’s ombudsman agencies and your experience as an ombudsman.

If you agree to participate in the interview, it will be scheduled at a time and place that is convenient for you. Every effort will be made to ensure a private and distraction-free environment, conducive for the interview. All interviews will be conducted by the principal investigator, Moira O’Neill. In addition to an audio-record, the investigator may take notes to recall major themes discussed during the interview.

In the interview transcripts, your name and title will only be known to the investigator and her dissertation advisor. Your state will be identified, however, so there is some chance that you may be identifiable. Transcripts of interviews will be stored on a Yale University electronic secure data drive that is password protected for sole use by this study investigator. A back-up portable hard drive will also be used for periods when the Yale System is inaccessible. Hard copies will also be made of transcripts and when not in use, will be locked in a cabinet in the investigator’s private office together with the portable hard drive and audiotapes.

Analysis of the interview data and associated notes may be disseminated through books, articles, or presentations at professional meetings. You will not be identified by name or title in dissemination of any of the data, unless you review the text first and grant written permission for the investigator to do so. But your state will be identified so it is possible you will be identifiable. You are encouraged to inform the investigator if you have concern that information you disclose could easily be traced to you. In these cases, the information will not be used in a way that identifies you as its only obvious source. This is to protect your privacy and encourage you to freely share your thoughts and perceptions.

If you feel anything you report may cause controversy, please let the investigator know how you would like to handle it. She will do everything possible to prevent problems for you in the reporting of the data. The only other inconvenience is your time taken from other professional responsibilities, which will be minimized by conducting the interview
at a time and place convenient for you. You do not have to participate in this study if you feel it would conflict with your work or other personal or professional responsibilities. You may stop the interview at any time or decline to answer any questions. No penalty will occur if you choose not to participate or to withdraw from the study. There are no direct benefits for participation in the study. If you are interested, you can request a copy of the dissertation abstract and any publications resulting from the study for your personal use and interest.

If you have any questions about this study, please let me know at this time. Please feel free to contact Moira O’Neill using the contact information provided on this document. If you have any questions about your rights as a research subject, please contact the Yale University School of Nursing Office of Scholarly Affairs at 203-737-2420 or via mail at 100 Church St. South, P.O. Box 9740, New Haven, CT.

Principal Investigator:
Moira O’Neill, RN
Doctoral Student
Yale School of Nursing
100 Church St. South
Box 9740
New Haven, CT. 06536-0740
860-646-2224

I have read or have had read to me all of the above. Moira O’Neill has explained the study to me and answered all of my questions. I have been told of the inconveniences and possible benefits of the study.

I understand that I do not have to take part in this study and my choice not to participate will have no penalty or loss of rights to which I am entitled. I may withdraw from this study at any time.

I understand my rights as a research subject. I voluntarily consent to participate in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

Subject’s signature __________________________ Date __________

Signature of Principal Investigator __________________________ Date __________
## Appendix E

### State Children's Ombudsmen in the U.S.

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<th>Not Ind.(MI)</th>
<th>Take Complaints</th>
<th>Investigate</th>
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<th>Subpoena</th>
<th>Confidentiality</th>
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<th>GOV'T BRANCH</th>
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<td>x</td>
<td>x</td>
<td></td>
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</tr>
<tr>
<td>Hawaii</td>
<td>The Ombudsman § 96-1 1969</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Legislature</td>
<td>Legislative</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Idaho</td>
<td>Office of the Governor Early Childhood Intervention Ombudsman P.A 89-507</td>
<td>x</td>
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</tr>
<tr>
<td>Illinois</td>
<td>Office of Child Services Ombudsman IC 4-3-10 2009</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Governor</td>
<td>Executive</td>
<td>x</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Iowa</td>
<td>Office of Citizen's Aid 2C-1 et seq</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Legislature</td>
<td>Legislative</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Blank spaces denote absence of characteristic and/or ombudsman office.
## Appendix E

### State Children’s Ombudsmen in the U.S.

<table>
<thead>
<tr>
<th>STATE</th>
<th>Agency / Established</th>
<th>Independent Ind Within(TW)</th>
<th>Take Complaints</th>
<th>Investigate</th>
<th>Access to Info</th>
<th>Subpoena</th>
<th>Confidentiality</th>
<th>Appointed by</th>
<th>GOVT BRANCH</th>
<th>Public Reports</th>
<th>Annual Report</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansas</td>
<td>Office of the Ombudsman for Cabinet for Family and Children 920 KAR 1030</td>
<td>NI</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Agency Director</td>
<td>Executive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kentucky</td>
<td>Ombudsman Program 22 §4087-A 2001</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Governor</td>
<td>Executive</td>
<td></td>
<td></td>
<td>x</td>
<td>(Residential governance process)</td>
</tr>
<tr>
<td>Louisiana</td>
<td>Department of Juvenile Services, State Operated Residential Services, Child Advocacy Program COMAR 16 19 01 03</td>
<td>NI</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Executive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maine</td>
<td>Office of the Child Advocate 18§31-13 2008</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Governor with committee nomination</td>
<td>Executive</td>
<td></td>
<td>x</td>
<td></td>
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</tr>
<tr>
<td>Maryland</td>
<td>Office of Children's Ombudsman 1994 FA 204, 722 921 et seq</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Gov &amp; Legis</td>
<td>Executive</td>
<td></td>
<td></td>
<td>x</td>
<td>Four independent ombudsmen represent children of specific ethnic groups</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Office of Ombudsman for Families §217 0766, Subh 2 1991</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Racial/Ethnic Councils</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missouri</td>
<td>Office of Child Advocate for Children’s Protection and Services §37 705 2004</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Gov &amp; Legis and Supreme Court</td>
<td>Executive</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montana</td>
<td>Montana Citizen’s Advocate Office in the Office of the Governor (Executive Order, 1973)</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td>Legislative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebraska</td>
<td>Public Counsel - (Ombudsman) §218-1, 240 1969</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Legislation</td>
<td>Legislative</td>
<td></td>
<td></td>
<td>x</td>
<td>In the Office of the Attorney General</td>
</tr>
<tr>
<td>Nevada</td>
<td>Office of Nevada State Children’s Advocate for Missing Exploited Children NRS 412 1x7</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
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</tr>
</tbody>
</table>
Appendix E

State Children’s Ombudsmen in the U.S.

<table>
<thead>
<tr>
<th>STATE</th>
<th>Agency / Established</th>
<th>Independent Ind Within(EW)</th>
<th>Take Complaints</th>
<th>Investigate</th>
<th>Access to Info</th>
<th>Subpoena</th>
<th>Confidentiality</th>
<th>Appointed by</th>
<th>GOVT BRANCH</th>
<th>Public Reports</th>
<th>Annual Report</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Hampshire</td>
<td>Office of Ombudsman in DHHS 126 [A 4 III]</td>
<td>NH</td>
<td>x</td>
<td>x</td>
<td>Silent</td>
<td>x</td>
<td>Agency Director</td>
<td>Executive</td>
<td></td>
<td></td>
<td></td>
<td>ABOILISHED JUNE 2010</td>
</tr>
<tr>
<td>New Jersey</td>
<td>Office of the Child Advocate C-52 279E-66</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Governor</td>
<td>Executive</td>
<td>x</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>New Mexico</td>
<td>Office of the Ombudsmen in the Office of Children and Family Services ECL 19-G13 [B]</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Commissioner</td>
<td>Executive</td>
<td></td>
<td></td>
<td></td>
<td>Bill A 3233 for independent Office of the Child Advocate passed by the Assembly, vetoed by Governor Paterson</td>
</tr>
<tr>
<td>New York</td>
<td>Office of the Ombudsmen in the Office of Children and Family Services ECL 19-G13 [B]</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Commissioner</td>
<td>Executive</td>
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<tr>
<td>North Carolina</td>
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<td></td>
<td></td>
<td></td>
<td>Gov’s Advocacy Council on Children and Youth</td>
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<tr>
<td>North Dakota</td>
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</tr>
<tr>
<td>Ohio</td>
<td>Commission for Human Services Ombudsman Program 810-1415-1 et seq</td>
<td>NH</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Agency Director</td>
<td>Executive</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Oklahoma</td>
<td>Commission for Human Services Ombudsman Program 810-1415-1 et seq</td>
<td>NH</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Agency Director</td>
<td>Executive</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Oregon</td>
<td>Office of Children’s Advocate OR Gen Stat 417 B10</td>
<td>NH</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Agency Director</td>
<td>Executive</td>
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<tr>
<td>Pennsylvania</td>
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<tr>
<td>Rhode Island</td>
<td>Office of the Child Advocate 1 42-71</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Governor</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td>Not in Statute Office of Children’s Affairs - takes constituent concerns with child-serving public agencies</td>
</tr>
<tr>
<td>South Carolina</td>
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<tr>
<td>South Dakota</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Proposed Bill 2010 failed</td>
</tr>
<tr>
<td>Tennessee</td>
<td>Commissioner on Children &amp; Youth Ombudsman Program 1996 § 37-3-10</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Commission on Children</td>
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## Appendix E

### State Children's Ombudsmen in the U.S

<table>
<thead>
<tr>
<th>STATE</th>
<th>Agency / Established</th>
<th>Independent</th>
<th>Take Complaints</th>
<th>Investigate</th>
<th>Access to Info</th>
<th>Subpoena</th>
<th>Confidentiality</th>
<th>Appointed by</th>
<th>GOVT BRANCH</th>
<th>Public Reports</th>
<th>Annual Report</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas</td>
<td>Office of Independent Ombudsman of Texas Youth Commission C.S. 27EE-66</td>
<td>NI</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Gov &amp; Legis</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td>Dept of Juvenile Justice Ombudsman Program (facilities grievances) Office for P&amp;A Ombudsman for services to persons with mental, cognitive, sensory or physical disabilities Proposed Senate Bill 160 for Children's Services Ombudsman had a fiscal note and was not passed</td>
</tr>
<tr>
<td>Utah</td>
<td>Office of Child Protection Ombudsman s 62A-4a-208</td>
<td>NI</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td>Agency Director</td>
<td>Executive</td>
<td>x</td>
<td>x</td>
<td></td>
<td>Department of Children and Families' Milwaukee Bureau contract for child welfare ombudsman services ended June 30, 2010</td>
</tr>
<tr>
<td>Vermont</td>
<td>Office for Protection and Advocacy for Persons with Disabilities Section of Ombudsman Services for Persons with Disabilities s 51.5-19.7</td>
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<tr>
<td>Virginia</td>
<td>Office of the Family &amp; Children's Ombudsman RCW 43 06A 020</td>
<td>x</td>
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<td>x</td>
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<td>Washington</td>
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<td>West Virginia</td>
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<td>Wisconsin</td>
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<td>Wyoming</td>
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</table>
# Appendix F

## Ombudsman Study: Sample Audit

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/TOPIC</th>
<th>MEMO</th>
<th>REFLEXIVE JOURNALING</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/29/10</td>
<td>Section on What is an Ombudsman Question</td>
<td>After many starts and stops I have re-designed results section Keeping structural introduction using federal law as a blueprint of the situation But I found that the situation is so convoluted that I could not keep federal and state separated and the narrative did not flow clearly So after federal law structure introduction which has introduced the child welfare system, I introduce the ombudsman through sentinel events in child welfare specifically deaths of children that have caused ombudsmen to be established I created a table of all child deaths that impacted From there I transition from establishment to explanation of what they are For description I have returned to codes in interviews and clustered all descriptive codes, then categorized according to type of description, all codes in common and subsequently all quotations Next I will review all of the quotations and consolidate into summaries for sections of descriptive narrative I assign a summary code to each and choose to insert them in narrative according to how their description will flow easily I have followed the path of the ombudsman work from taking complaints to managing investigations, outcomes and subsequent relationships and other experiences</td>
<td>This is a very tedious and complex process I struggle with answering the question in the context of the research approach Revisiting Clarke reminds me of the deeper purpose of this research not just answering the questions but doing so from a philosophical viewpoint of science That eventually brings it together for me and actually the findings become better organized It’s hard</td>
</tr>
<tr>
<td>12/3/10</td>
<td>What Ombudsman does</td>
<td>All of the ombudsmen described a process of handling complaint calls and all were similar but none really had a specific algorithm of response So I distilled comments into a single description and created a nice flow chart to illustrate how they operate</td>
<td>This flow chart could probably be useful to ombuds, especially those setting up new offices I could foresee with all this information a little guide to help get an office started</td>
</tr>
<tr>
<td>12/6/10</td>
<td>Meeting with advisor more results and illustrations of findings</td>
<td>Instead of the straight table that I had created for child death sentinel events, advisor suggested a diagram from Atlas Ti network option that might be more visually informative So working on that Currently finishing up results section In re ombudsman to ombudsman relationships, I have compiled all of the quotations that were coded ombuds to ombuds which captured all mentions of peer interactions I and organized according to several themes Consultations for development, topics for consultation, Obstacles to networking, benefits of networking and interest in networking I am using the codes Difficult Work and Loneliness as an introduction to this topic to show that networking among ombudsmen which is largely missing from the situation could have lots of benefit for the ombudsmen</td>
<td></td>
</tr>
<tr>
<td>12/8/10</td>
<td>Obstacles to Ombuds work</td>
<td>Using codes Federal/Local System, Econ/Political, Data valuing, Consent Decrees and Law Suits, Permanence, Resource Limitations, Uncertainty noted key themes of obstacles including children not on agenda, economy and budget threatens work and sustainability, (with focus on budgets and funding stream alternatives) and consent decrees confusing the role of ombudsmen</td>
<td></td>
</tr>
</tbody>
</table>

232
## Appendix G

### Ombudsman Appointments, Credentials, and Other Duties

<table>
<thead>
<tr>
<th>Office</th>
<th>Appointment</th>
<th>Other Duties</th>
<th>Ombudsman Credential Required</th>
<th>Spring 2010 Ombudsman Gender/Credential/Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut Office of the Child Advocate</td>
<td>Advisory committee, Governor &amp; Legislature</td>
<td>Review delivery of services by all child-serving agencies</td>
<td>Knowledge of the child welfare system and the legal system qualified by training and experience to perform the duties of the office</td>
<td>Female Bachelor of Arts Government relations/legislative liaison</td>
</tr>
<tr>
<td>§46a-13k 1995</td>
<td></td>
<td>Review facilities where children are placed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide public education, legislative advocacy, training and technical assistance to attorneys</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Serve on Child Fatality Review Panel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Georgia Office of the Child Advocate for the</td>
<td>Nominating Committee, Governor</td>
<td>Coordinate and supervise Georgia Fatality Review Panel</td>
<td>Knowledge of the child welfare system, the juvenile justice system, and the legal system and qualified by training and experience to perform the duties of the office</td>
<td>Female Juris Doctor Child advocacy</td>
</tr>
<tr>
<td>Protection of Children § 15-11-170 2000</td>
<td></td>
<td>Convene quarterly meetings with child protection stakeholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maine Ombudsman Program 22 §4087-A 2001</td>
<td>Contracting Agency, Governor</td>
<td>Provide public education</td>
<td>Attorney or Master of Social Work</td>
<td>Male Master of Social Work Child welfare and disability advocacy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Analyze and provide opinions on state programs, rules, policies, laws</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Massachusetts Office of the Child Advocate</td>
<td>Nominating Committee, Governor</td>
<td>Shared duties of contracted nonprofit organization</td>
<td>None given</td>
<td>Female Juris Doctor Juvenile Court Judge</td>
</tr>
<tr>
<td>8C§1-13 2008</td>
<td></td>
<td>Provide public education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michigan Office of Children's Ombudsman</td>
<td>Governor &amp; Senate</td>
<td>Review all executive-branch care and services for children and all critical incidents</td>
<td></td>
<td>Female Unknown degree Child advocacy and social services</td>
</tr>
<tr>
<td>1994 PA 204, 722 921 et sec</td>
<td></td>
<td>Provide oversight functions and public education</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Formulate comprehensive 5-year plan for coordinated, system-wide response to child abuse and neglect</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Review policy and procedures of Department and provide legislative advocacy</td>
<td>Qualified by training and experience to perform the duties and exercise the powers of the office</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review departmental death review team studies and make recommendations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

233
### Appendix G

#### Ombudsman Appointments, Credentials, and Other Duties

<table>
<thead>
<tr>
<th>Office</th>
<th>Appointment</th>
<th>Other Duties</th>
<th>Ombudsman Credential Required</th>
<th>Spring 2010 Ombudsman Gender/Credential/E-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missouri Office of Child Advocate for Children's Protection and Services §37 705</td>
<td>Governor &amp; Chief Justice &amp; Senate</td>
<td>Review all current policy and procedures and all unsubstantiated reports of abuse and neglect. Analyze and monitor development and implementation of federal, state and local laws, regulations and policies with respect to services [for children].</td>
<td>None given</td>
<td>Male</td>
</tr>
<tr>
<td>New Jersey Office of the Child Advocate C 52 27EE-66</td>
<td>Governor</td>
<td>Make recommendations to improve entire child-serving system. Review any facility where children are placed. Review, audit all procedures established by any State agency providing services.</td>
<td>Attorney</td>
<td>Vacant</td>
</tr>
<tr>
<td>Rhode Island Office of the Child Advocate §42-73-1</td>
<td>Committee, Governor</td>
<td>Review department procedures, any facility. Review death of any child consumer of services. Provide public education and legislative advocacy, training and technical assistance to GAL and CASA. Review orders of the court.</td>
<td>Attorney</td>
<td>Female</td>
</tr>
<tr>
<td>Tennessee Commission on Children &amp; Youth Ombudsman Program § 37-3-101</td>
<td>Commission</td>
<td>N/A</td>
<td>None given</td>
<td>Male</td>
</tr>
<tr>
<td>Washington Office of the Family &amp; Children's Ombudsman RCW 43 06A 020</td>
<td>Committee, Governor &amp; Senate</td>
<td>Monitor department procedures, review facilities serving children. Monitor child fatality review recommendations.</td>
<td>A person of recognized judgment, independence, objectivity, and integrity qualified by training or experience, or both, in family and children's services law and policy.</td>
<td>Female</td>
</tr>
</tbody>
</table>

234