

CHILD WELFARE WORK RELATED STRESS, TRAUMA, AND BURNOUT

FRONT-LINE CHILD WELFARE EXPERIENCES OF WORK RELATED STRESS,
TRAUMA, AND BURNOUT – IS EXPERIENCE A MEDIATING FACTOR?

By

HEATHER A. E. BOVERHOF

B.A., B.S.W.

A Thesis

Submitted to the School of Graduate Studies

In Partial Fulfillment of the Requirements

for the Degree

Master of Social Work

McMaster University

© Copyright by Heather A. E. Boverhof, January 2007

MASTER OF SOCIAL WORK
2006

McMaster University
Hamilton, Ontario

TITLE: Front-Line Child Welfare Experiences of Work Related Stress,
Trauma, and Burnout – Is Experience a Mediating Factor?

AUTHOR: Heather A. E. Boverhof,
B.A. (Trinity Western University),
B.S.W. (University of British Columbia)

SUPERVISOR: Mirna Carranza

NUMBER OF PAGES: iv, 92

Abstract

Child welfare is stressful and child protection workers have the enormous responsibility to protect societies most vulnerable. Stress, trauma and burnout are serious issues affecting front-line child welfare workers and are not adequately being addressed. The enormously high turn over rate of child protection workers is seriously impacting the client worker relationship, case decisions, and time management. As a result of these high turnover rates work experience has often been in short supply (Howe *et al.*, 1999; Regehr *et al.*, 2000; Regehr, Hemsworth, Leslie, Howe & Chau, 2004; and Littlechild 2005).

The purpose of this study was to find out more about the experiences and perceptions of front-line child protection workers as they deal with work related stressors from a social justice perspective. More specifically this study explored whether or not there was a difference in the way that new front-line child protection workers versus experienced front-line child protection workers experience and cope with stress, trauma and burnout.

It was clear that participants felt frustrated about the issues of stress, trauma and burnout and many participants expressed anger about some of the situations they have endured.

New workers were clear that they require more support and positive feedback. It was important for this group to have a sense of working collaboratively in the decision making process, rather than their work being micromanaged. The new worker group also wanted to know that their health, their personal lives, their families and their children are important to their employer and that the job cannot always come first.

The experienced workers were clear that they wanted yearly evaluations and more of a connection to upper management; specifically they wanted more communication from upper management. This group also wanted to be known, and to feel like appreciated and valuable members within the agency.

Acknowledgements

My sincere gratitude to my supervisor Mirna Carranza for her time and direction throughout this process. Thanks for helping to keep me on track and for pointing me in the right direction.

I would like to acknowledge my employer, the Catholic Children's Aid Society of Hamilton for being flexible and in doing so allowing me to complete this project. I would also like to thank the Children's Aid Society of Hamilton for allowing me the opportunity to conduct this research. And to those who shared their stories with me, thank you for allowing me to enter into your lives.

Thanks to those family members and friends who took an interest, encouraged me and had patience with me as I traveled along this journey. You know who you are and what you mean to me. And then there are those who provided the laughter – thanks, this meant a lot and helped me to get through when I wasn't sure I would.

My heartfelt thanks to my husband, Jason, for believing in me and being flexible in our life so that I could accomplish this milestone.

And last, but certainly not least, thanks to my little man Josh, for keeping me on my toes, making me laugh and reminding me of the simple things in life. And to my baby girl on the way, with each kick you reminded me that this had to get done before your arrival!

My respect and appreciation goes out to all those who work in the field of child welfare. It is a demanding and difficult job and your service is more important and valuable than you know!

TABLE OF CONTENTS

Descriptive Note.....	ii
Abstract.....	iii
Acknowledgements.....	iv
Chapter one: Introduction.....	1
Chapter two: Literature Review.....	3
Chapter three: Methodology.....	25
Chapter four: Results.....	34
Chapter five: Discussion.....	57
References.....	80
Appendix A: Interview Guide.....	85
Appendix B: Letter of Information.....	86
Appendix C: Consent Form.....	88
Appendix D: Demographic Questionnaire.....	90
Table 1 – Present Position.....	92
Table 2 – Age	92
Table 3 – Years of Experience	92

Chapter 1: Introduction

Front-line child protection work is stressful. The stressors range from demanding workloads, overwhelming paperwork, court appearances and low paying salaries. Other stressors include changes in the political and social landscape, the heightened expectation to protect children while community services are being cut back, difficulty working with involuntary clients, and the enormous responsibility to protect societies' most vulnerable based on incomplete information (Howe, Leslie & Regehr, 1999; Regehr, Leslie, Howe & Chau, 2000;). Stress, trauma and burnout are serious issues affecting front-line child welfare workers. These issues are not being adequately addressed in the majority of child welfare agencies. The enormously high turn over rate of child protection workers is seriously impacting the client worker relationship, case decisions, and time management (Howe *et al.*, 1999; Regehr *et al.*, 2000; Regehr, Hemsworth, Leslie, Howe & Chau, 2004; Littlechild 2005).

As a result of such high turnover rates work experience has often been in short supply. There is evidence that links work experience to the resiliency of trauma. "Experience may mediate traumatic impact and allow the conceptualization of issues from a less interpersonal frame of reference" (Howe & McDonald, 2001, p.3). Empirical research suggest that those who are younger and have less work experience tend to display higher levels of stress and trauma, as they have had less time and experience to

develop their coping skills and less time to personally integrate the traumatic material (Bell, Kulkarni & Dalton, 2003).

Despite the known stressors impacting child protection workers, research on the trauma and stress responses experienced in child welfare is still in its infancy. The majority of studies exploring work related trauma, stress, and burnout have focused on emergency service workers (police, ambulance, firefighters and those in the military). The studies focusing on emergency services indicate that the force or intensity of the event, the workplace, the availability of social supports, and other individual factors are all related to the secondary trauma response (Regehr *et al.*, 2000; Regehr *et al.*, 2004).

Thesis Organization

This thesis is organized in the following manner. In Chapter Two I present a review of the research that is most significant to this study including definitions of important concepts and gaps found in the literature. In Chapter Three I present the type of research being used, the research process and an explanation of the data analysis. In Chapter Four I present the results of the study, where I provide thick segments of text in order to have the participants' voices heard. And, in Chapter Five I present a discussion of the results, recommendations for future research and limitations of the study.

Chapter 2: Literature Review

In this chapter I present a literature review which details the implications of stress, trauma and burnout within child welfare practice while touching on the issue of gender within the field. I then present some definitions of stress, trauma and burnout and some of the commonly associated and experienced symptoms. An explanation of how direct and indirect trauma impact the front-line worker will be provided as well as the inherent tensions which are present in the vital role of empathy. Following this, a presentation of previous research in the area of front-line child protection stress will be provided, where the reader will hear the voices of protection workers themselves. Consideration will be given to those child protection workers who do not experience the negative affects of stress, trauma and burnout before turning my attention to the vital role of the organization and its management. Finally, research will be presented concerning age and experience and the factors which mediate stress, trauma and burnout before outlining the gaps within the current literature.

Stress, Trauma and Burnout: Implications for Child Welfare Practice

Stress, trauma, and burnout are serious issues affecting child protection workers. These issues are not being adequately recognized and addressed within child welfare settings. Threats of harm, actual harm and critical incidents can result in stressful and traumatic experiences for child protection workers. “As a result of ongoing and chronic

stressors, researchers have cited a two-year turn over rate of 46 percent to 90 percent in child welfare practice” (Regehr *et al.*, 2000, p.3). This loss of front-line staff is alarming and problematic in terms of the cost needed for staff recruitment and training, the quality of service being provided, and the increased threat of compromised safety for the children being serviced (Howe & McDonald, 2001; Nissly, Barak & Levin, 2005). Interestingly researchers have found that approximately 38 percent of general social workers experience some type of secondary traumatic stress (Bell *et al.*, 2003).

As a result of their exposure to traumatic events, it has been argued that emergency service workers, police officers, sexual assault counselors, trauma therapists and child protection workers can develop symptoms and reactions similar to those experiencing posttraumatic stress (Bell *et al.*, 2003). Findings presented by the International Labor Organization within Finland, Germany, Great Britain, Italy and the United States suggested “that one adult in five suffered from depression, anxiety, stress or overwork” (Marchand, Demers & Durand, 2005b, p.2). It is becoming clear that stress, depression, and burnout are the most common mental health concerns affecting the workforce today (Marchand *et al.*, 2005b).

The high turnover rate of staff is likely the most serious concern affecting the Child Welfare system. “Among the contributing factors to worker turnover are stress, including traumatic stress, feelings of job dissatisfaction due to overwhelming accountability requirements, and concern over liability” (Howe & McDonald, 2001, p.1). Unfortunately, the implications for practice are many. With such high turnover rates service to clients has been and continues to be disrupted and this discontinuity has been

harmful for families and children. When a child protection worker leaves the job children who are already hurting from abuse and neglect may feel abandoned and unimportant. Furthermore, when files are transferred from one child protection worker to the next miscommunication and mistakes can occur leaving already vulnerable children at even greater risk of harm (Jacobs, 2003). For example, The Toronto Children's Aid Society (CAS) cited disturbing statistics between 1999 and 2000, where they had 93% of terminations and internal staff transfers within their intake department and 79% within their family service department. They even reported that their statistics were somewhat lower than the average when compared with other Children's Aid Societies in Ontario! Among the front-line staff at Toronto CAS 82.7 percent reported experiencing a traumatic event while on the job. Of this group 70 percent reported a considerable amount of emotional disturbance as a direct result of the traumatic event (Howe & McDonald, 2001). It is clear from the limited research that stress and trauma are significantly affecting child protection workers. These reactions are resulting in problematic symptoms and ultimately fewer people willing to work in this "demanding and highly specialized area of practice" (Regehr *et al.*, p.3).

Gender and Front-Line Practice

Gender is another factor impacting the work force within child welfare institutions. Callahan (1993) stated: "Frontline child welfare work is predominantly 'women's work'; more than 70% of frontline workers are female (as cited in Gold, 1998, p.701). Although gender is not the focus of this research it will be briefly discussed for

the purpose of this study. Research has indicated that men who work in child welfare tend to rise faster into management positions than do their female counterparts. As a result there are far more men holding management positions, and not surprisingly, they tend to earn higher salaries (Gold, 1998).

Research in the area of gender and child welfare practice has found that “Many of the women who do this work do so at considerable cost, and out of a female ethic of ‘caring’ that, although experienced as personal, is structurally determined” (Gold, 1998, p.701). Typically it is women who tend to possess instinctual caring abilities, often leaving them limited to front-line work rather than management positions. Unfortunately front-line work related stress often puts the female worker in a double jeopardy type situation. One, she feels responsible for a child or family on her caseload. Two, she also worries that she is neglecting her own children or other family members at home (Jacobs, 2003). Not only are women dealing with the stressors and pressures of their paid work, they are also struggling with their unpaid and unrecognized work as they aim for the fulfillment of their own children’s needs. Therefore, gender appears to be an added source of stress and tension for female child protection workers.

Definitions and Concepts

It is only within the last 10 to 15 years that the issues discussed until this point have been explored through research (Bell *et al.*, 2003; Clemans, 2004). The impact of work related stress and trauma symptoms have been examined using several different titles: secondary traumatic stress/compassion fatigue, vicarious trauma, and burnout (Bell

et al., 2003; VanBergeijk & Sarmiento, 2006). For the purpose of this research I present the concepts that appear to be the most comprehensive definitions found in the literature.

Secondary traumatic stress/compassion fatigue. Figley (1983) defined secondary traumatic stress “as the emotional duress experienced by the persons having close contact with a trauma survivor, especially concerned family members, a natural response to a survivor’s traumatic material with which helpers may identify and empathize” (as cited in Jenkins and Baird, 2002, p.424). Secondary traumatic stress (STS) and post traumatic stress disorder (PTSD) are very similar in terms of their symptoms. The most significant difference between PTSD and STS is how the trauma is experienced. Typically the person who has directly experienced the trauma is at risk of developing PTSD, whereas the person who has indirectly experienced the trauma (usually through hearing about it) is at risk of developing STS. “Figley has now renamed it compassion fatigue, seeing it as a normative occupational hazard for trauma workers and mental health professionals and explaining that this term is preferred because it is less stigmatizing” (as cited by Jenkins & Baird, 2002, p.424).

When the literature speaks about compassion fatigue, it is being defined as the child protection workers reduced interest or ability to be empathetic or of “bearing the suffering of clients” and is “the natural consequence of behaviors and emotions resulting from knowing about a traumatizing event experienced or suffered by a person” (Adams, Boscarino & Figley, 2006, p.103). Compassion and empathy are both “a function of bearing witness to the suffering of others” (Figley, 2002, p.1435). It has also been stated that “Compassion fatigue, like any other kind of fatigue, reduces our capacity or our

interest in bearing the suffering of others” (p.1434). With this reduced capacity to bear the suffering of others, the front-line child protection worker is plunged into a state of anxiety with the traumatic events of the client’s life (Figley, 2002).

The stress symptoms being experienced among front-line child protection workers is an important issue. Not only is the well-being of the worker affected but so is the effectiveness of the service being offered to clients, potentially leaving families and children at risk (Collings & Murray, 1996). If stress is not recognized and dealt with the child protection worker may experience: headaches, poor sleep, dizziness, indigestion, depression, low-self esteem, tiredness, anxiety, emotional withdrawal, low work morale, high staff turnover, high absenteeism rates, and ineffective service delivery. More importantly, an accumulation of any of the symptoms related to burnout, stress, and trauma can lead to social isolation, insomnia, personal and/or marital breakdown, neuroses, and even heart disease (Dillenburg, 2004). Researchers have argued that:

Attention has to be given to these types of behavioral patterns of ill-health because the life expectancy of individuals exposed to stressful contingencies may be shortened, the quality of their life may be compromised, either now or at some point prior to death, or a combination of the two may be experienced (Dillenburg, 2004, p.214).

Vicarious trauma. Vicarious Trauma was originally introduced in 1990 by Pearlman and McCann and can be defined as a “transformative process which

permanently alters the identity, cognitive system, imagery system, spirituality, and world view of the social worker” (as cited in Dane & Chachkes, 2001, p.33). Since its conception the concept of vicarious trauma has been extended in other literature to include secondary victimization, contact victimization, secondary traumatic stress and compassion fatigue (Dane & Chachkes, 2001; Lerias & Byrne, 2003). Given the numerous names applied to vicarious trauma, it is furthermore defined as “the response of those persons who have witnessed, been subject to explicit knowledge of or, had the responsibility to intervene in a seriously distressing or tragic event” (Lerias & Byrne, 2003, p. 130).

The literature has described similar symptoms for those who experience vicarious traumatization or post-traumatic stress. The symptoms may include re-experiencing the traumatic event, persistence in avoiding certain thoughts, feelings, places or activities, increased anxiety or arousal, difficulty falling asleep, difficulty concentrating, experiencing outbursts of anger or increased irritability and a hypervigilance about one’s own safety. Other symptoms can include suppression of emotions, nightmares, flashbacks, feeling alienated, loss of control and suicidal thoughts (Cornile & Meyers, 1999; Lerias & Byrne, 2003; Regehr *et al*, 2000). The symptoms outlined can affect the child protection workers life personally, professionally, emotionally, and spiritually, usually leaving life dramatically changed.

Burnout. Burnout was first used in psychology literature. “Burnout is conceptualized as a defensive response to prolonged occupational exposure to demanding interpersonal situations that produce psychological strain and provide inadequate support”

(Jenkins & Baird, 2002, p.424). Burnout is the result of consistent exposure to trauma material but is not limited only to those working with traumatized individuals. Burnout can result from, but is not limited to, a conflict between individual values and those of the organization, an overload of responsibilities, or a sense of having no control over the quality of service provided (Salston & Figley, 2003). Burnout is described “as having three dimensions: (a) emotional exhaustion; (b) depersonalization, defined as a negative attitude towards clients, a personal detachment, or loss of ideals; and; (c) reduced personal accomplishment and commitment to the profession” (Bell *et al.*, 2003, p.463). Research says that the workplace can encourage and advance job satisfaction or the workplace can contribute to higher rates of burnout and stress. Specifically researchers have found that higher burnout and stress rates exist where there is a low level of professional challenge, unsupportive management, low wages, and where there are difficult client worker relationships (Bell *et al.*, 2003).

Some physiological symptoms of burnout include hypertension, headaches and exhaustion (Salston & Figley, 2003). The emotional responses may include emotional exhaustion, anxiety and depression. The behavioral responses include a decline in work performance, boredom, insomnia, addictions and dependencies, interpersonal difficulties, self-doubt, blame and an overall sense of disillusionment (Salston & Figley, 2003). Some people experiencing burnout may feel a loss of purpose in their life, they may feel helpless or hopeless, and they may develop negative attitudes towards about their work, their life or other people (Regehr *et al.*, 2004). “Chronic work stressors combined with a

sense of powerlessness in the organization reduces the worker's sense of professional competence and ultimately leads to burnout" (p.25).

Direct trauma. Direct trauma has to do with events that are specifically aimed at the child protection worker. These events can overwhelm the worker to the point where trauma effects result. Direct traumas can include assaults, acts of vandalism (most often to their cars), verbal abuse, and threats of assault (Horwitz, 1998). Another type of direct trauma comes from the public's tendency to blame child protection workers rather than appreciate the efforts workers make to assist their clients. There is a sense that the public does not support child protection work as court personnel, other community agencies, mental health workers, counselors, and educational professionals present at times as disrespectful (Horwitz, 1998; Munro, 1996). A final source of direct trauma results from the organizational demands placed on the worker, including high case loads, lack of support and a lack of resources for clients (Horwitz, 1998).

Indirect trauma. This concept refers to events that are directed at clients and as a result leave the child protection worker with trauma symptoms. "Child protection clients are often involved with social workers at particularly difficult times in their lives, and the sadness and anger they experience is often extreme" (Horwitz, 1998, p.367). Clients often experience ongoing neglect, physical abuse, and domestic violence ranging from severe to chronic and child protection workers can be negatively affected by such events (Horwitz, 1998). Child protection workers often feel a sense of responsibility for the children they are trying to protect and at times the worker has a sense or a feeling that they could have, or should have prevented the situation (Horwitz, 1998; Munro, 1996).

Research Review

There has been some research specifically related to front-line child protection worker stress, trauma and burnout however the research is limited. These limitations will be discussed later in this chapter. In a fairly recent study child protection workers would joke with other staff, "...if you hadn't been hit, you hadn't been there long enough" (Regehr *et al.*, 2000, p.11). Other child protection workers spoke of the powerful impact that threats of violence and known histories of violence had on increasing their fear and the fear that these workers had for their own families. One child protection worker in this study commented that police would not even attend certain neighborhoods alone. These were neighborhoods that child protection workers needed to attend to ensure the safety of the children, and unfortunately due to a lack of resources and adequate staff numbers, workers were often required to attend on their own (Regehr *et al.*, 2000). The participants in this study also ranked the workload as being the highest source of stress followed by critical incidents which included: the death of a child, assault against one self, threats of violence or injury against one self or another staff member, apprehensions, and any other serious events (Regehr *et al.*, 2000).

In other studies exploring the impact of the job on front-line staff, child protection workers made the following comments:

Workload was crushing in my first two years. In my first year, the load was emotionally exhausting but closer to physically impossible (Coulthard, Duncan, Goranson, Hewson, Howe, Lee, Persad, McDonald, Raposa & Schatia, 2001, p.7).

Removing children from their families is painful for everybody, including the workers... You have all this pain coming at you, and it keeps hitting you and hitting you. That's the root of stress (Gold, 1998, p. 709).

You have to give 110%, your needs don't matter... You nurture everyone but yourself, and you're totally drained at the end of the day (Gold, 1998, p. 709).

It's being day-to-day, hour-to-hour, minute-to-minute, face-to-face with human suffering. It doesn't matter what the case number is, these are human beings, and there is so much suffering in this job, and you cannot become totally inured to it. You can't if you're going to be effective in this job... Sometimes I think we use our busyness as a way of protecting ourselves from that, but there are other times when you sit and think of the enormity of it, and it just overwhelms you (Gold, 1998 p. 709).

Front-line child protection workers are subject to the graphic details of violent and, at times, heinous events and are left with feelings of helplessness and horror as they "are forced to acknowledge cruelty to children in society"; whether the graphic details are made known by reading files or through the direct contact with the abuser or the abused (Cornille & Meyers, 1999, p.3). While investigating abuse allegations, child protection workers often find themselves in situations where there is threatened harm or actual harm.

It seems that front-line child protection workers would be just as vulnerable, if not more vulnerable, to traumatic stress symptoms as any other type of emergency service worker (Cornille & Meyers, 1999). Rank (1986) suggested that front-line child protection workers are at risk of experiencing significantly greater emotional exhaustion than those in other helping fields (as cited in DiGiulio, 1995). “Indeed, workers in child welfare services may be particularly vulnerable to distress by virtue of their prolonged relationship with the victims and perpetrators and their capacity for empathetic engagement” (Howe *et al.*, 1999, p.22). There is other literature to suggest that social workers experience high levels of work-related stress when compared with those who work in other professions (Coyle, Edwards, Hannigan, Fothergill & Burnard, 2005; Regehr *et al.*, 2000).

Child protection workers are at additional risk of experiencing work related stress and trauma due to the empathetic engagement required on the job. There is a dilemma with empathy as it is “a critical factor in effective casework” while also playing a key role in generating traumatic material for the child protection worker (Howe *et al.*, 1999, p.22). “In exploring traumatic events with clients, child welfare workers are exposed to trauma in a more intense way than police and emergency service staff who do not normally use empathy in their work and seldom establish on-going relationships with clients” (Howe & Milstein, 2001, p.33). Those who work in the helping field are often affected by burnout and stress because they often contribute more than they receive (Dillenburger, 2004). Research has shown that effective casework and case management is linked with a high level of empathy; unfortunately it is this high demand for empathy which may drain the

field of competent front-line workers (Howe & McDonald, 2001). “...On the other hand we cannot avoid our compassion and empathy. They provide the tools required in the art of human service” (Figley, 2002, p.1434).

There is an extensive amount of evidence suggesting that trauma symptoms are not limited only to the victim (Lerias & Byrne, 2003). “Bearing witness to an event, having to listen to explicit accounts of a traumatic event or even having explicit knowledge of an event have been shown to cause serious, prolonged anxiety in varying degrees” (Lerias & Byrne, 2001, p.129). Front-line child protection workers can also experience trauma when they feel that the events occurring on their caseload are beyond their capacity or ability to manage. Although not every work related challenge will result in a traumatic experience, it is important to understand that when there is a possibility of danger or when the worker cannot handle the events emotionally, trauma effects may result (Horwitz, 1998).

Traumatic events are understood as “those which are extraordinary, because they overwhelm the ordinary human adaptations to life, and generally involve threats to life or bodily integrity, or a close encounter with violence and death” (Herman, 1992, p. 68). And, when one loses a sense of safety in relationship, space, or within oneself – psychological trauma can occur (Dane & Chachkes, 2001). It is a serious matter when child protection workers are placed at risk, physically, mentally or emotionally – it is serious for the worker, the organization, the children and the community to which they are accountable.

Age and Experience

After exploring the results of stress, trauma and burnout, questions about mediating factors emerge, because it cannot be possible for every front-line worker to be affected so deeply by the job. In a study of hospital social workers one worker said “In the first six months I could hardly set boundaries, so I questioned whether I could do the work. Five years later, I involve myself in a different way” (Danes & Chachkes, 2001, p.40). In other literature the development of vicarious trauma was examined in therapists and it was found that work experience and age are highly correlated. Researchers suggested that those who are younger and have less work experience tend to display higher levels of stress and trauma, as they have had less time and experience to develop their coping skills and less time to personally integrate the traumatic material (Bell *et al*, 2003).

Researchers have found that there is a considerable difference between the short-term, younger child care worker who had only been qualified for a short amount of time; and the long-term child care worker who was somewhat older and qualified for a longer period of time. The average psychological well-being of the short-term worker was considerably lower than that of the long-term worker, indicating that there is a possibility of length of experience alleviating the effects of trauma and stress faced while on the job (Dillenburger, 2004). Other researchers suggest that younger social workers experience a greater amount of distress related to their jobs as a result of immaturity and inexperience; and it is believed that age, years of experience, and feelings of accomplishment contribute to improved coping strategies (Adams, Matto & Harrington, 2001). Some researchers

have stated that “Work experience, often in short supply on the front-lines of child welfare, has been positively linked to resilience to trauma. Experience may mediate traumatic impact and allow the conceptualization of issues from a less interpersonal frame of reference” (Howe & Milstein, 2001, p.3).

In a study of emergency personnel researchers found that younger staff reported more physical symptoms related to vicarious trauma and intrusive images outside of working hours than did those staff who were older ((Lerias & Byrne, 2003). Some studies found that the younger the age of the emergency service worker when the trauma occurred, the greater the likelihood that posttraumatic stress would be experienced ((Lerias & Byrne, 2003). Another study of emergency workers found that “older subjects reported fewer symptoms of posttraumatic stress and also experienced less avoidance” (p.134). It is believed that older staff members experience less trauma effects due to their life experiences which have left them better able to handle stressful events as they arise (Lerias & Byrne, 2003).

The primary concern for the front-line child protection worker should be his or her safety. Safety should also be one of the most important issues within child welfare agencies. Every effort made to keep child protection workers safe will result in fewer direct traumas (Horwitz, 1998). “Less experienced staff need assistance in determining when verbal abuse from clients must be tolerated and then the contacts are no longer productive and can be terminated” (p.370). Although child welfare workers must realize that there is a certain amount of risk associated with their jobs, new workers must also be taught how to identify when a situation has become too risky (Horwitz, 1998).

Resiliency as a Preventative Factor

Front-line child protection workers have an enormous amount of responsibilities and pressures within the job, and after a lengthy discussion of how detrimental the job can be to a workers well-being, it would be incorrect to assume that all front-line child protection workers experience this pressure in terms of trauma or burnout. Personal trauma histories play a major role in how the child protection worker will experience the traumatic stories of clients and the pressures of the job. Although the research in this area is inconclusive and inconsistent it is believed that personal characteristics and factors independent of the workplace contribute to the amount of stress that will be experienced (Marchand *et al.*, 2005a).

There is a great deal of controversy around who is affected by indirect or direct trauma. Some researchers have found that personal trauma histories increase the risk of experiencing more trauma symptoms and distress than those with no history at all. Personal trauma histories, however, are not believed to be predictive of experiencing burnout on the job (Stevens & Higgins, 2002). Other researchers have concluded that personal trauma histories do not increase the risk of experiencing trauma symptoms (Stevens & Higgins, 2002). The bottom line is that not all child protection workers will be affected, and not every person exposed to the trauma will develop trauma symptoms. For example, there was a study of rescue workers dealing with an oilrig disaster and it was found that only 24 percent of the workers reported stress and trauma symptoms related to the disaster (Lerias & Byrne, 2003).

It has been argued that lowered social support, a history of trauma, and an inability to cope with the demands of the job can lead to the increased likelihood that child protection workers will experience stress, compassion fatigue, trauma or burnout (Adams *et al.*, 2006). Other predictive factors which are commonly found in the literature are: psychological well-being, age, gender, education, coping styles and socio-economic status (Lerias & Byrne, 2003). Personal trauma histories are particularly important for adults who experienced childhood abuse or other such traumas. It was found that these adults displayed more symptoms of severe anxiety following the traumatic event compared with those adults who had positive childhood experiences (Brewin, Andrew & Valentine, 2000 as referred to in Lerias & Byrne, 2003). It has been argued that adults who have not fully recovered from childhood abuse or trauma may re-experience parts of these experiences as they are faced with new critical incidents or traumatic material (Lerias & Byrne, 2003). Others have argued that personal trauma histories may be the factor that promotes resiliency on the job, particularly when the worker has learned to deal with his or her own trauma (Stevens & Higgins, 2002). Although there is dissention over personal trauma histories, it is important to be mindful that some people are affected negatively while others gained great resources of resiliency through their experiences.

Management's Role

After a comprehensive examination of the stressors and the effects within child welfare, we cannot forget about the organization and the important role of management.

Front-line child protection workers are required to “manage the expectations of their clients, Child and Family Services Act legislation, Ministry of Community and Social Services standards, organizational policies, and expectations of supervisors and managers” (Howe *et al.*, 1999, p.22). Child protection workers are supposed to comply with all of these expectations while the standard for protecting children becomes more and more stringent. In addition, child protection workers are being held responsible and even liable when they are unable to meet these mounting demands (Howe *et al.*, 1999). It has been said that:

“Child welfare workers are often faced with situations where decisions must be made quickly on the basis of limited information. Failure to deal with these acute situations in a manner that appears effective in hindsight may result in professional condemnation, community sanctions and possible legal action against the individual” (Howe *et al.*, 1999, p.23).

This scrutiny has lead to a to a substantial amount of attention from the public domain, placing even higher demands on the child welfare system, managers, supervisors and front-line child protection workers (Howe *et al.*, 1999; Munro, 1996).

With all of this said and the pressures outlined by the organization, managers and supervisors – what can be done for the front-line child protection workers who actually deliver the services to children and families? How can they be better supported as to

minimize the costs of turnover, training, stressful workloads, low staff morale while ensuring a certain quality of service for clients? How can the stressors of the job be alleviated as to decrease the effects of trauma, burnout and stress? A staff member doesn't usually hear from his or her supervisor that they are working too hard or that they should slow down; usually they hear the opposite as extra demands are placed upon them. Since job security is important in sustaining a certain standard of living and providing for dependants, employees usually accept the stressful situation they work within. The research is clear that work related stress is an important factor facing the workforce and stress effects will continue to rise if change does not occur (Tennant, 2001).

Research indicates that compassion fatigue, specifically, is distinctive to the workplace. Compassion fatigue is not a different label for our own trauma histories, or other negative events occurring in our personal lives (Adams, *et al*, 2006). Seeing that compassion fatigue is unique to the workplace it is important for employers to create strategies that will support employees as they encounter traumatic and stressful events. This type of organizational support would be considered best practice in terms of child welfare and child welfare practice (Stevens & Higgins, 2002). The same authors further promote that:

“Rather than ignoring the relationship between personal experiences and workplace motivation, human service organizations need to be sensitive to workers’ own histories and the potential for vicarious traumatization and to

identify organizational factors that can be used to enhance workers' perceptions of organizational support" (p.328).

If action is not taken to relieve the stressors of the workplace, those who suffer from work related trauma may very well be at risk of living with permanent stress symptoms, sadly due to their source of income (Hogh & Mikkelsen, 2005).

It has been said that "the organizational context remains the most important factor" in the reduction of work related distress for front-line child protection workers (Regehr *et al.*, 2004, p.28). "The reactions of managers and colleagues and their expressions of concern, were clearly a major feature in respondents' judgments on how they felt supported and protected" (Littlechild, 2005, p.392). In another study it was found that affirmation from immediate supervisors and senior management was very important to front-line child protection workers but was often lacking from immediate supervisors and was almost non-existent from senior management (Littlechild, 2005). One manager in this study said:

One of the complaints I pick up from social workers...is there is far less time spent (than in the past) in supervision on...'are you keeping yourself together, and keeping on top of the job?' The focus is on task issues; there is less of a supportive relationship built into supervision (p.397)

Lammin (2003) also stated that:

Supervision is the cornerstone of good social work practice and should be seen to operate effectively at all levels of the organization...in practice it was woefully inadequate for many front-line staff. This must change (as cited in Littlechild, 2005, p.397).

Supervision is vitally important in order to support the child protection worker, to assess the workload, to assess the level of stress, to find out if the worker is being personally or professionally affected by the trauma experienced on the job, and to find out if the worker is potentially putting him or herself or the child(ren) at risk by avoiding certain aspects of the job (Littlechild, 2005).

Only “Responsible supervision creates a relationship in which the social worker feels safe in expressing fears, concerns, and inadequacies” (Bell *et al*, 2003, p.466). A front-line child protection worker may be left feeling ineffective, powerless, and unskilled if left with the reactions of trauma and stress. It is only within “an organizational culture that normalizes” the effects of the job where an employee can feel supported and can feel like they have permission to take care of themselves (Bell *et al*, 2003, p.466).

Gaps in the Literature

Although there is some information on the impact of stress, trauma and burnout for front-line child protection workers, there are some gaps which are worthy of attention. Over the past two decades researchers have focused on the response of traumatized

individuals and the impact of providing support. However, very little research has focused on the trauma responses of child protection workers as they work with vulnerable and traumatized children (Adams *et al.*, 2006; Howe *et al.*, 1999). The majority of studies exploring work related trauma, stress, and burnout have focused on emergency service workers (police, ambulance, firefighters and those in the military). The studies focusing on emergency services indicate that the force or intensity of the event, the workplace, the availability of social supports, and other individual factors are all related to the secondary trauma response (Regehr *et al.*, 2000; Regehr *et al.*, 2004). Figley (1995) stated, “that firefighters, police and emergency service personnel are most susceptible to trauma when their work involves children” (as cited in Howe & Milstein, 2001, p.32). Seeing that front-line child protection workers are subject to the traumas of children on a regular basis, more research is needed in this area. Furthermore, there is next to no research on the difference in coping strategies between inexperienced and experienced child protection workers, although there are little ‘plugs’ throughout the literature suggesting that experience may in fact be a mediating factor in the experience and expression of stress and trauma.

Chapter 3: Methodology

This chapter has been organized with the purpose of allowing the reader to understand the intent and flow of the research by explaining the goal of the study, the location of the researcher, the justification for doing qualitative research, the purpose of using focus groups, the recruitment process of participants, the interview process and the analysis of the data.

Goal of the Study

Given the gaps in the literature related to front-line child protection work, I decided to conduct a qualitative study to explore the experiences and perceptions of front-line child protection workers as they deal with work related stressors. In particular, this study explored whether or not there was a difference in the way that new front-line child protection workers versus experienced front-line child protection workers experience and cope with stress, trauma and burnout. The secondary purpose of this research was to provide the space for front-line child protection workers to voice stories and experiences. At the same time, I sought suggestions for further support during stressful times in order to minimize the impact of stress, trauma and burnout.

Locating Myself as Researcher

It has been argued that when conducting research it is important that the researcher is clear and upfront about his or her own social location. Researchers have stated: “When we self-locate, we represent our own truths. We represent our own realities” (Absolon and Willett, 2005, p.109). Furthermore, it is ethical for researchers to locate themselves as responsibility and ownership are brought to the forefront. “When researchers own who or what they represent, they also reveal what they do not represent” (p.110). With this said, it is important for readers to understand my location as a researcher and to be aware of the limitations and insights that I bring to this research.

I am an ‘insider’; that is I am a front-line child protection worker with four years of experience. As an insider I have lived “in the same world” as my participants, and with that comes certain advantages and limitations (LaSala, 2003, p.18). Some of the limitations are that I have not been in the field for a considerable length of time. I am too close to the group being studied which may have restricted me when analyzing the data or seeing the data from another perspective. As an insider I may have overemphasized parts of the research leaving the results limited and biased. Also, being aware of the structural issues within the field my analysis of the results may have been influenced and biased. Finally, as an insider I may have failed to explore certain responses on a deeper level as I could have taken for granted that I come from the same world as my participants (LaSala, 2003)

However, being an ‘insider’ also means that I have some insights which have been extremely helpful while conducting this study. As an insider I was able to draw out the

perspectives and experiences of the participants. I was able to understand the importance of the participants' responses as I have experienced similar stressors; that is, I understand the pressures and demands of the day-to-day job. Being an insider also allowed me to ask questions and formulate hypotheses in a way that may not have been obvious or accessible to an outsider; that is, someone who has not worked in the field. I am familiar with the culture of Children's Aid, the nature of the job and the language used within the Child Welfare system. As an insider, people may have been more willing to offer their time to participate in this research. Finally, I was able to engage, establish rapport, gain the trust of the participants and sensitively probe in a way that an outsider would not be able to. Overall, as an insider I feel that I was able to pick-up on subtleties which were important to this research (LaSala, 2003).

In doing this study my goal was to: (1) shed light on the problem of workplace trauma, stress and burnout within Child Welfare and, (2) begin to seek change for those who participated in this research. Given the busy nature within the field of Child Welfare the voices of child protection workers are not usually heard. Therefore, I was drawn to using a social justice perspective. This perspective allowed me to expose the complexities of being a child protection worker (Strega, 2005). It allowed me to represent the voices, experiences and knowledge of those who tirelessly work in this demanding field. Hence a social justice perspective in this particular research allowed me to question the issues of power and privilege that are embedded within the system. Child protection workers do an extremely important job which impacts our society as a whole. My hope in doing this research was to raise awareness about the needs of front-line child

protection workers as an initial step for change. Management and policy makers need to give attention to these issues. And true to the heart of social justice it was my goal that, “rather than the onus for change resting on the shoulders of those with the least power...the responsibility is placed directly on the shoulders of those with more power to make the changes” (Parker, 2003, p.290). Furthermore, as social workers doing social justice research we must “take every opportunity to advocate for more just and effective policies and service systems” (Marsh, 2005, p.294).

Qualitative Research

A qualitative research design was used in this study. Qualitative methodologies seemed appropriate because the aim of this study was to understand a phenomenon which is context-specific; in this case the field of Child Welfare and the impact of stress, trauma and burnout. Some of the strengths of the qualitative approach are derived from the focus on people and their personal experiences, which includes obtaining information about emotions, feelings, thoughts and processes (Maxwell, 1996; Strauss & Corbin, 1990). Although qualitative research is usually descriptive of the participants’ stories and experiences, the “presence of voice in the text” will allow the participants voices, experiences and stories to be heard (Eisner, 1991, p. 36). Qualitative research is appropriate for this study as detailed descriptions of the participant’s experiences, perceptions and interpretations will be provided (Janesick, 1994).

Qualitative research often uses the criteria for trustworthiness; and refers to whether or not the findings correctly portray and express the participants’ voices and

experiences. The criteria's used for trustworthiness include credibility and confirmability. Credibility is the attempt to represent the realities of the participants accurately. Confirmability refers to the researcher's ability to remain neutral in the research findings (Lincoln & Guba, 1985). Credibility was ensured by clarifying and checking the correct meaning of what was heard (Campbell & Gregor, 2002). Confirmability was ensured through a paper trail of raw data, analysis notes, and personal notes (Lincoln & Guba, 1985).

Focus Groups

The data was gathered through open-ended semi-structured conversational focus groups. Focus groups were utilized as they are useful in eliciting thoughts, reactions and feelings from the group members. "Focus groups provide opportunities for participants to respond to questions on a specific topic in a comfortable environment. The interaction of participants engaging in dialogue provides insight while generating new ideas in a relatively brief period of time" (Morgan, 1988 as cited in Dane & Chachkes, 2001, p.37). Focus groups are also useful in reducing inaccurate information as the participants challenge and question each other (Borkan, 1993). The interactive approach of focus groups can be beneficial, providing participants with an "enjoyable forum" for generating new ideas or for finding support through their peers (p.75). I believe this method allowed me to gather the participants' views on the gaps in services and support, and suggestions for future support, while allowing me to examine the difference between new and experienced child protection workers.

Recruitment Process

A purposive sampling approach was used in this research project. This type of sampling is used when a researcher wants to purposefully choose a particular sample of participants (Grinnell & Williams, 1990). For the purpose of this study, participants were drawn from one Child Welfare agency in Southern Ontario. Only those who have worked in front-line child protection work at some point in their Child Welfare career were included. Permission to canvas employees was requested at the Hamilton Children's Aid Society, reviewed by management, and granted by the Human Resource Director. I had one contact person at the agency who aided me in sending out a recruitment e-mail which clearly stated that the research was voluntary and was being done independent of the agency. This e-mail was sent out to child protection staff only.

The recruitment e-mail contained information regarding the purpose of the study; the time, the location, as well as the letter of information containing information about the purpose of the study and consent form for review (see Appendix B & C). Participants were advised in this e-mail that, for the purpose of this study, an experienced worker will have five or more years of experience and will be referred to as an "experienced worker", whereas a new worker will have less than five years of experience and will be referred to as a "new worker". This division was decided based on another study which explored the relationship between work related stress and years of experience among mental health nurses (Humpel & Caputi, 2001). Those interested in participating contacted me directly through e-mail or phone to express their interest. Repeatedly, the child protection workers who expressed an interest stated that this study was important and the topic

would be easy to discuss. 154 child protection workers were advised of the study and 13 child protection workers participated in the study.

Interview Process

Participants were provided, via e-mail, a letter of informed consent for review prior to the study, which included: the purpose of the research, how the information would be used, who I am and who I am affiliated with, contact information about the McMaster University ethics board, my own contact information, how long participants will be involved, the ability for the participant to withdraw at any time, benefits and risks of the study, assurance that the results will be kept confidential and anonymous, how the results of the study will be disseminated, how the information will be stored and when it will be destroyed, along with a place for the participant to sign.

All participants in this research were female, full-time employees with permanent positions. For more information on the demographics of the groups please refer to Table 1 – Present Position, Table 2 – Age, and Table 3 – Years of Experience. There were two focus groups; the “new worker” groups contained five people and the “experienced worker” group contained eight people. The usual number for focus groups is six to ten participants (Linhorst, 2002).

The purpose of the research was explained, again, at the beginning of each group session and participants were also asked to re-read and sign the consent form as well as fill out a demographic questionnaire (see Appendix C & D). No identifying information was recorded on or attached to the demographic questionnaires. Due to the nature of the

study and the group format participants were asked that all information shared during the group sessions be kept confidential; everyone agreed to this before the session began.

Each focus group was audio-taped with the permission of all participants, and each session lasted approximately one hour in length. An interview guide was used during the group session with the purpose of reminding me of the issues and questions needing to be addressed, and to keep me on track. I took additional notes during each group session for the purpose of analysis. Participants had the opportunity to debrief at the end of each focus group session and counseling information was available.

Data Analysis

The tapes were transcribed by a professional transcriber. The transcriber was informed of the confidential nature of the tapes and she assured me that the information would remain confidential. All identifying information was removed from the transcriptions with a black-out marker where required. Using inductive analysis also means that important themes or categories surface from the stories and experiences provided by participants (Patton, 1990). In qualitative research creativity is required to place the stories and experiences into themes and categories; this creativity is also required in order to communicate this interpretation to others. I began the analysis by reading, re-reading, listening to the audio-tapes, and making notes in the margins of the transcriptions. I went through the transcriptions and my notes and began to tentatively identify and name emerging categories from the raw data. From the shared stories and experiences, I identified and labeled categories based on what appeared to be important to

the participants in this study. Since qualitative research is characterized by its attention on people and their experiences, I felt it was very important to incorporate a strong presence of the participants' voices, emotions, feelings, and thoughts throughout the analysis (Eisner, 1991; Maxwell, 1996; Strauss & Corbin, 1990).

Chapter 4: Results

The primary goal of this study was to determine if there was a difference in the way that new child protection workers versus experienced child protection workers experience and cope with stress, trauma and burnout. The second goal of this research was to give front-line child protection workers a voice by allowing their stories and experiences to be heard. The third goal of this research was to find out directly from front-line child protection workers what type of support(s) they would need to minimize the impact of stress, trauma and burnout. The following chapter is organized into categories and each category will detail the similarities and then the differences, where they exist, between the new worker group and the experienced worker group.

Significant Findings

Participants were asked to share their day-to-day experiences as front-line child protection workers. From the shared stories and experiences, I identified and labeled the following categories based on what appeared to be important to the participants in this study. Each category is broken down into similarities and differences between the two groups where necessary. Some of the experiences and issues shared may fall into two or more categories; where this occurred I attempted to be clear that the issue would be addressed later in the chapter in greater detail. The categories are: structural barriers, pressures and changes, physical and emotional effects, and methods of coping.

Structural Barriers: Differences Across Groups

A major difference found between the two groups was around the discussion of structural barriers, or what both groups spoke of as supervisors and upper management. It was clear from all participants that supervisors were very important in mediating the effects of stress. However, it was the new worker group who focused solely on their immediate supervisors whereas the experienced worker group focused mainly on upper management. It seemed to me that the experienced worker group was able to look at the larger structure of the organization and was able to see that the structure and its barriers go beyond that of the immediate supervisor. With this said, supervisors do play a vitally important role in mediating the effects of stress which was extremely clear from the new worker group through some of the experiences they shared, experiences that will be detailed below.

New Worker Group

Need for supportive and consistent supervisors. All of the participants in the new worker group spoke about the importance of having a supportive supervisor. The majority of the participants in this group could recall negative experiences very easily, and it was some of these experiences which almost drove several participants to leave the job. One worker spoke of her supervisor and recalled, “On my second day she called me fucking annoying because I had to keep coming to ask her questions...I didn’t know anything at all.” This same participant explained that it took almost a year before the job started to make sense to her as the learning curve in Child Welfare is so steep. Another participant recalled showing up for her first day as a child protection worker, with no

previous experience, and explained that nothing had been arranged for her in way of training or meeting with her supervisor to discuss what the plan was for her. She explained that her supervisor had not been informed that a new staff member would be joining her team that day. That very same worker said “It took me about a year and a half to know what I was doing, to feel comfortable asking questions. I have been here four years and I’m on my third supervisor, and I have never left that team. So it’s just been a revolving door.”

Undermining worker’s decisions and independence. Another participant explained that she did not feel encouraged to think for herself or to make assessments and decisions on her own, and that later she believed she was faulted for this:

He had an open door, I could go in whenever I wanted to go in, things were great, but then I got my one year evaluation done and it was horrible. It turned out he was saying things like I can’t make decisions on my own, and I need the support of my supervisor to make any little decision, but that was sort of what we set up when I first started and that’s what he kept fostering in me, was that I couldn’t make a decision on my own, I thought that’s how things were done. I honestly thought the information comes in and you go to your supervisor – it wasn’t...you have a thought, now go think about it, and then come back and tell me what you think.

The worker above, although she did not label it as such, seemed to experience the supervisory structure as punitive. A major complaint from the participants in the new worker group was that they felt they were not asked what they thought, or what their assessment of the situation would be. Several participants wished that their supervisors would ask “what do you think?” The participants in this group expressed a desire to be involved in the decision-making process as they were the ones with first hand knowledge of their client’s lives and situations. Unfortunately, the participants in this group had the perception that their opinions did not matter. These participants appeared to struggle with the lack of responsibility and autonomy they were given in the decision making process, and explained that their work was micromanaged and directed by their supervisors.

Lack of positive feedback. Another concern that participants in the new worker group expressed was about the lack of confidence they felt they had. These group members did not believe that this lack of confidence was due to their lack of experience or their own personal styles, but rather due to what they described as a “constant knocking down” from their supervisors. “Nobody ever wants to say, oh my god you are an amazing worker, we trust you, and you’re doing a good job.” The participants perceived that they were given very little positive feedback in terms of their work. During the focus group session they easily recalled the negative feedback they were provided with. One participant said that she can take the negative, but positive feedback, no matter how small it is “makes me feel like I am sailing on cloud nine for the rest of the day.”

Double edged sword. Another participant pointed out that she is given positive feedback but that the moment things don't get done she feels she is blamed. She said:

I am in a situation where I do get things done and I'm actually given a lot of positive feedback around that. But the minute that things aren't getting done they say 'What's going on?' or 'What's wrong?' or 'Your work is falling' you know what I mean? Its almost like it's a double edged sword, you do really well, you keep on top of things, but then you're just given more because you're in good shape, you're good at these cases, here's the worst one possible, you can handle it...But if I'm feeling really tired that week and just don't feel productive or I have more intense cases than normal it's, "what's going in your personal life?" or "Is everything ok because your work is going downhill?" And it's used against you.

Several participants echoed the perception that everything is held against them the moment they are not able to keep on top of their workload, or the moment they have an 'off' day. The participants in this group explained that work issues were easily turned into personal issues by their supervisors. The same participants perceived that they could not share some of their personal struggles with their supervisors out of fear that it would be used against them at a later date, they believed that they had to come to work and hide anything personal that might be troubling them. The participants agreed that they needed to have a supervisor who could be trusted to support them and "go to bat" for them, rather

than a supervisor only concerned about making him or herself look competent, able to direct and manage their staff.

Balancing work and family. One participant in this group spoke about the frustration she experiences in trying to manage her work life and family life and the pressure she has felt from her supervisor around these priorities. She shared an experience of her child being sick at home and wanting to be there for him:

There was this appointment I had made with a client, it would have been something I could have cancelled and rescheduled, my son was at home and he was very sick and my parents had to be somewhere, and my supervisor said absolutely no, you are not going home you have to go to this appointment.

This participant spoke about the guilt and sadness that she felt as she sat in her car crying knowing that she could not attend to her own child's needs and that she had to attend to another child instead. For this participant, her meeting was not an emergency, but the needs of her child were, still she was not afforded the time to attend to her own child.

Difficulties being assertive. Many of the participants in the new worker group commented that it is difficult for them to say 'no' to their supervisors. An example given was when files are transferred or being assigned to staff and the fear of saying "no, you know what, I don't think that file works for me" or saying "no, I can't handle any more court involved files, I already have 13 files which are involved in court." Another participant shared a similar story. She reported that her supervisor reprimanded her due

to her poor work performance, however, she believed that she was reprimanded for saying ‘no’ to her supervisor. This was the first time that this participant had been told that she had a poor work performance. Filled with the same fear of saying ‘no’ participants also talked about the inability to ask for a day off, even a day that they were entitled to.

Lack of structural supports. A common concern expressed among the members of the new worker group was that they perceived the agency did not adequately train the supervisors for their supervisory responsibilities. One participant said:

I think our agency is really lacking support for us, in general. I don’t think we have supervisors who are equipped emotionally or in a caring capacity to be supervisors. They may have the credentials and they may have kissed ass long enough to get there and they may have been part of the right group; they have the right friends that they grew up with at CAS, and that’s why they’re there.

Not only did most of the participants believe that the agency did not properly equip the supervisors, they also shared that the peer support groups their agency offered did not meet their needs. One participant said:

Police, ambulance and fire services all have such great supportive and very strong unions, they have a really good peer support crisis intervention system and our agency pretends that we have a peer support crisis intervention system. I’ve been

on the peer support team, and I think a bunch of bull shit. It just makes us look good. I just think our agency is so . . . I think the agency is really fake. I think we have a lot of programs that could be so good but it's more about looking good than actually making them work.

It appears that from the participants' point of view the well-being of workers is not a high priority. They seem to believe that other emergency services are deemed as being more important within society.

The participants explained that they do have a peer support team within their agency, however the person designated as their peer support group coordinator, is not actually a peer to the participants. Members of this group perceive that the supports being offered to them were "fake". There was a sense of helplessness and hopelessness, as one participant said, "The saddest thing about this agency in particular, is that when you feel this way there is nothing you can do."

Experienced Worker Group

The importance of feedback. Members of the experienced worker group spoke about the importance of receiving feedback about their work. Although the new worker group also spoke about feedback, the experienced group spoke of feedback in terms of yearly evaluations. In conversation two participants said,

Do you know how many people I've heard say, 'I didn't know until I was leaving that I was valued as an employee.' The person is on their way out the door to

have a breakdown, and then they start hearing that there is all this respect for them.

Part of that is no evaluations, that's a huge part!

Evaluations are so important. Because I mean of all of the jobs, this is the one where you should be receiving that kind of attention and feedback on a regular basis.

Social distance between management and staff. Not only were evaluations important to this group, but so was some type of acknowledgement from upper management that Child Welfare is a difficult job. One participant talked about how she had a supportive supervisor and a great team and how those two factors helped get her through the job, she also said, "But I get frustrated by how I don't feel that support from upper management...no other acknowledgement of 'wow this is a tough job,' except for lip service at staff appreciation once a year." The following quotes highlight this theme:

I think part of it is the visibility, I mean when I first started here some years ago, we had an Executive Director that would walk around every single day, come to people's office's and say 'hello,' 'how are you doing,' 'is it a good day' kind of thing. I don't necessarily need someone doing that everyday, but I mean it has

gone the total opposite, we are in the same building but I feel sometimes more isolated now than ever before.

Well upper management is so segregated over in their little uppity corner, with their little reserved parking spots, what the hell do they need those for? Where are they going? Honestly, I'm the one that's going out there four or five times a day. And they are just so secluded over there in their little happy place; you hardly ever see them any more.

I know, I honestly still think at times that our Executive Director doesn't know who I am. I've been here 8 years, and he should know!

Many participants from the experienced group expressed that they do not identify as being part of the larger organization. These participants shared experiences which made them believe they were isolated and unknown to those in upper management when they should know that they are a vital and integral part of their agency. Furthermore, several workers reported that they felt management was not dealing properly with those staff members who are truly inadequate. One participant explained:

I also feel like they do not deal with the people that aren't doing a good job. It also happens your supervisor knows but is doing nothing about the fact that the person in the cubicle next to you can't handle a full caseload, and guess what,

once again you get more cases and that's what drives me nuts! Or when they know somebody is making up case notes and not doing the requirements of the job, but they just turn a blind eye, that drives me nuts too. I don't understand why this happens.

It was clear that group members believed ensuring supervisors were adequately trained did not seem to be a priority within the agency. The group members perceived that management would put an inexperienced supervisor onto a mature team in order to minimize the risk of poor supervision and poor direction.

Lack of voice. A participant in this group told a story of how she was about to return from a leave back into her position and was told one week before her return date that she was being re-located and assigned to a different position. She explained to the group that this was actually against the union contract and therefore had the right to say 'no' to being moved. However she felt saying 'no' would be frowned upon by upper management. Although this participant perceived that she was not able to say 'no' as a result of the pressure she felt by upper management, others in the group shared stories about how they believe they are more able to say 'no' now due to their years of experience.

Part of it is knowing that I know what my job is and you know, I'm not doing that and I'm not jeopardizing my kids (clients) and I'm not putting my kids in a placement that I don't trust. You think somebody's telling you, and they *are*

telling you, and you decide whether or not you're going to fight. No, I'm not agreeing to that placement, or I'm not agreeing to this. But you have to pick and choose your battles.

Not only are workers sharing struggles with saying 'no' over their own needs as employees; they have the added pressure and responsibility of advocating for the needs of their clients, as expressed in the story above.

Pressures and Changes: Differences Across Groups

Both new and experienced group members spoke of some of the pressures and changes that have occurred for them while working in Child Welfare; however each group focused on a completely different area that was challenging for them given the time they have spent working in the field.

New Worker Group

Dichotomy in values. The new worker group was able to identify that a dichotomy existed for them between the role of a social worker and the role of a child protection worker. One participant said,

When I first started I thought I was going to be a social worker. I started working here. I kept struggling with the two different roles and someone said to me, 'you're a protection worker, not a social worker and they're very different.' It doesn't mean that I don't still carry it with me. Apparently one of my strengths is

working with people and that's great, but you're not evaluated on that here. It doesn't matter here. If you are good with just working with people and respecting them and being aware of their social issues and social history, it doesn't matter. It's how fast you can record this document, how fast you can close down a file, that's what they care about. The things that you went to school for, they're completely undervalued, the skills you learned...you get new skills here that you don't find very valuable, but everyone else does.

It seemed to be difficult for this participant to find a balance between the competing roles of a social worker and a child protection worker, particularly when the values of social work seemed so important to her as part of her self and part of her professional self. Perhaps the awareness around this issue was present for members of this particular group as they have not been in the field for a long time and the majority of them came straight into Child Welfare as recent grads from University.

Societal pressures. Another area that the new worker group really seemed to struggle with was the pressures and attitudes they received from friends, family, neighbors and community members (including professionals) about their role as a child protection worker. One participant said,

I see this little ice chip picking away. Lawyers treat us as if we don't know what the hell we're doing, when we go out with police they think they know how to make better decisions for our cases, our supervisors, media, doctors, our peers

sometimes, it just feels like you're here and everybody else is there and everybody's coming down on you instead of supporting you. It's unfortunate because I just think in general we don't get the support that's required. I think we are all left to our own, and if you struggle, well that's your problem.

Another participant said,

You feel like you're always defending yourself to people who don't work here, clients are a given, but when I'm talking to someone and they say 'you work where?' It's unfortunate, the media slams us...it doesn't matter we're always at fault. We're at fault because we don't take kids, we're at fault because we do, it's constant. I've gotten to a point where, when I go to a gathering, I just don't tell people what I do anymore.

Another participant joked and said she just tells people that she has a completely different career and then talks about it with them for a great length of time!

A further difficult aspect of the job that was mentioned was the fear some workers had for their own children, one parent was particularly fearful that her child would get beat up at school if he said that his mommy was a CAS worker. This participant joked and said that she was not going to tell her own son what she does for a living until he is old enough and able to lie about it. Another Mom in the group said that it becomes very annoying when her son's friends parents try to tell her what great parents they are all the

time. She said, as she reflected back on some of these conversations and imagined saying to these parents, “This isn’t a normal conversation, why are you telling me this?”

Experienced Worker Group

Systemic changes. The experienced worker group did not mention or seem to share any of the same struggles as the new worker group. They spoke more about the pressures they experienced with all of the changes over the years, moving from paper assessments to learning new computer systems, how to make internal agency requests over the computer system and so on. Many of these participants commented that the new way of recording and doing paperwork was more time consuming than it used to be when they first began in the field. There was also a sense of frustration over all the changes, as one worker said “I hate change when no one can explain the purpose and the value for it. Another worker commented that she believed the changes in paperwork made things easier for the supervisor, but as a result more time consuming for the staff.

Government funding and resources. Another area that this group talked about was the lack of resources and funding available for clients and the frustration they experienced with extremely long waitlists. One experienced worker said,

I think one of the biggest changes for me, is that there are even less resources and that the waiting period is much longer than it was 23 years ago. The hoops that you have to go through now to get service for kids is what pains me, and you know it’s only getting worse as they wait.

Interestingly I think this group is more aware of the limited resources because they worked as protection workers at a time when there were more human and financial resources available for children and families. The new worker group does not have first hand experience of a time when services were more available.

Physical and Emotional Effects: Similarities Across Groups

Both groups spoke of the physical and emotional effects of working in the Child Welfare system. One worker said, “I think back all the time to my first day and my first year, I can’t believe I even survived getting out of bed every morning because it was awful. I felt sick every morning when I woke up.” The same worker continued to talk about the fear she experienced as a new intake worker, “having to knock on people’s doors and I don’t know who’s behind there, and it’s scary when you’re not used to it, and there was no support around that.” Another worker talked about being threatened by a client in her second week and spoke of the isolation she felt. Other workers talked about breaking down into tears at work as a result of being yelled at or threatened by a client, and how this experience seemed to be viewed as normal by their supervisors.

One worker spoke about the stress and pressure of the vast administrative tasks and being torn between her clients and completing her paperwork. She explained that she was pulled from her caseload by her supervisor to complete paperwork, yet at the same time she felt blamed by her supervisor for not being involved enough when people/clients on her caseload reacted in her absence. This worker said, as she was referring to the amount of time she was pouring into administrative tasks, “I’m barely hanging on as it is,

I don't sleep..." The perception this participant had of being blamed for a caseload issue when being told to focus on some other task was a serious source of tension and stress for this worker, ultimately affecting her emotional and physical quality of life beyond the workday.

Another participant spoke of being close to stress leave numerous times. She said "There would be times I would be sitting in the parking lot and staring up at the building thinking 'I can't go in there today, I can't.'" This participant continued to say "I definitely have sleep disturbances, dreaming about clients, thinking about them...or waking up in the middle of the night thinking I've got to do this and this and this." There was some laughter and joking among the group about the need to leave a pad of paper on their nightstands so that they could write down things in the middle of the night about what they forgot to do or still need to do at work. Another member of the group commented that she had an aversion to Sunday nights and spoke of the dread she often felt about going into work on Monday morning. I noticed there was a fair amount of laughter among both groups during the sessions, which the participants self-identified as a coping mechanism and will be addressed later in this chapter.

Another participant spoke of a specific time which was stressful for her around a trial and how she felt overwhelmed; she said "I wished the day wouldn't start. I just wished nothing would start that day. I felt so overwhelmed by dread." The same participant also talked about feeling "traumatized around certain periods of time on the job," she specifically stated that the trauma of the job "really shook my whole being, how I felt about work and everything else."

Physical and Emotional Effects: Differences Across Group

Both new and experienced group members spoke of some of the physical and emotional effects of the job; however each group focused on a completely different area that was difficult for them given the time they have spent working in the field.

New Worker Group

The new worker group spoke of the physical and emotional effects that come from apprehending children, which was not mentioned at all by the experienced group. We must keep in mind here that all five participants in the new worker group were in a position requiring them to apprehend children, whereas only two workers in the experienced group were in a position requiring them to apprehend. A worker from the new group spoke of apprehending a woman's baby and about how she was an emotional mess after the event. Another participant agreed and said,

It's unfortunate because I just think in general that we don't get the support that's required, I think everybody's kind of left on their own and if you struggle, well that's your problem. If you can't handle it, well you're just not cut out for this...I'm sorry maybe you should look for work somewhere else instead of them saying, you should feel this way you just took a baby out of his mother's arms and that it's not normal and you should be crying because this isn't normal.

This worker touched on the emotional effects of apprehending children and the lack of support she felt around this particular aspect of her job. This perceived lack of support

will be addressed later in the chapter. Members of the new worker group also expressed that it is a constant emotional drain not only to work with “dysfunctional” people on a daily basis, but also to intrude in their lives, to hear stories of abuse on a daily basis, and to be responsible for assessing the safety of a child possibly leading to an emotionally charged apprehension.

Experienced Worker Group

When speaking about the physical and emotional effects of the job a parent in the experienced group linked her professional life to her personal life and said, “When I’m stressed from work it affects my work as a mother and as a wife and as a friend.” There were also others in the experienced group who were able to identify that the difference in their stress levels depended on what else was going on in their personal lives. One experienced participant said “I learned that I cannot manage to have a stressful personal life and a stressful work life...I think this is one of those jobs where the job itself impacts on everything else in your life.” Another participant spoke of outside stressors which impact her work life, she said:

And then there’s the whole piece about when you leave, you actually have a life out there, your children are sick or your fiend is sick or your colleague dies...In the years that I’ve been here any number of those things have happened. You know, good teams, bad teams, bad supervisors, grief, loss, death, you know, marriage breakdowns...Your childcare called in sick, you don’t have a

back up...its all these different things that are thrown at you on top of everything you already have to deal with in this job.

The experienced group agreed that in order to minimize the physical and emotional effects of being a child protection worker they were only able to handle one stressor at a time, either at home or at work.

Most participants in the group perceived that management (including supervisors and upper management) were not aware of what was happening to the staff around them. As one participant said,

I don't think they think that this agency is aware that we have so many depressed, emotionally damaged, fragile people that are hanging on here and I think it is very apparent. People are walking around with the flu and they are not being sent home, they are just petrified of getting behind in their recordings, and the rest of the people that are sitting in the next cubicle are going to be sick too. The thought that someone is sitting there crying...and we're social workers! Most of our supervisors have social work training and these issues are not even being noticed or addressed. I've even gone to a supervisor directly, in tears and I've said 'I cannot cope any more, you need to help me.' The response was, 'oh there's nothing I can do about that.'

Another participant agreed, “I think they are aware of what’s going on, but I don’t think they know what to do.” On participant explained that if management had to deal with the issues of stress, trauma and burnout then they would have to look at what’s fueling the problem. “They’ll have to look at the same old issues, case load management, paperwork, staffing issues...” and the list goes on.

Methods of Coping: Similarities Across Groups

Both groups also talked about the importance of having a good team and team members who could be supportive and also about learning from their negative experiences. One participant said,

Now I’m on a team with really good workers, who have that self confidence to them. So when a new girl joined our team who had no Child Welfare experience, she had a totally different experience, she never went into the supervisor’s office because she just turned around and said ‘how do I do this?’ She’s doing so well, she loves every minute of it because she has all this support from all these experienced people who are willing to take 5 minutes and say this is how you fill out a comprehensive risk assessment, or this is how you fill out an application for Court or something. We’ve all been able to at least learn from what happened to us.

Others spoke of bad experiences with certain supervisors and how their teams became very close and supportive and how friendships were established. These friendships were especially important as several participants talked about their inability to talk to their friends and family about their work stress as their friends and family did not understand and could not relate.

Both groups talked about coping through humor, as was mentioned earlier on in this chapter. The participants explained how this humor was often about the lives of their clients, and as bad as this humor would sound to outsiders, it was needed to lighten the mood. One participant spoke of her faith and how prayer and her beliefs would get her through the stressful times. Another participant joked and said that stress could be monitored through people's weight gain and weight loss, and several people agreed that food often got them through stressful times. Many people agreed that they experienced less stress now than when they first began the job and shared stories about what would happen now would have made them cry in their first or second year on the job. One person explained that it was not that the job was less stressful now; it was just that she handled the stress in a healthier way now. Several people agreed that coping skills are self taught and that it is not the supervisor's role to teach you how to cope, although many agreed that supervisors should pay greater attention to this.

Several participants talked about enrolling in a course or taking up a hobby, something completely different from their job. And those who took time off work for education, for maternity leave, or for a stress leave all said that the time off allowed them to reflect on the job, their work, what they could do differently, and many of them came to

realize that the job was just a job, it was not worth their health, and when it was 4:30 pm the day was done and they could come back to whatever they were working on tomorrow.

Methods of Coping: Differences Across Groups

Both groups had similar coping strategies with the exception of one major difference. Those in the experienced worker group moved into different departments of Child Welfare. Out of eight participants in the experienced group, only two were still working in the Family Service department, while the others moved into the Adoption department, the Children Service department, the Resource department, and the Crown Ward department, whereas the five participants in the new worker group were either in the Family Service department or Intake department. This is not to say that other departments within Child Welfare are not stressful, as one worker explained it is a different kind of stress,

I loved family work when I was over there, but children's services, now I'm finding it very overwhelming, love the work, but the liability...although I'm not going to bed at night like I used to, worrying about my infants who are in a home that you're not too sure of, so it's a different type of stress I guess you could say.

Although other departments are stressful, as described by this worker, it seems that moving into other departments is a way for experienced workers to mediate some of the effects of stress and trauma.

Chapter 5: Discussion

It is clear from the shared voices and experiences of the participants in this study that front-line child protection workers perceive that they have a difficult and emotionally draining job. It seems that the demands of the job and the heartbreaking events that occur in the lives of children can lead child protection workers to experience some levels of stress, trauma and burnout. Several participants in this study spoke about their first year in Child Welfare and reported feeling physically ill at the thought of going into work. Others spoke of the fear that rose up in them as they were threatened or had to attend an unknown home and, sadly enough, these same child protection workers spoke about the lack of support they were offered through these difficult times. It seems that if a greater amount of support, attention and care was offered to front-line child protection workers throughout their careers, retention levels would not be as low as they currently are.

The area where the greatest discrepancy was found was in the category I identified as structural barriers. Members of the new worker group spoke about the concerns they had with their immediate supervisor's, while the experienced group spoke about the concerns they had with upper management. I think this major difference occurred as the experienced group had an increased awareness of the structural issues supervisors face whereas the new worker group had a limited perspective due to their being employed for a shorter length of time. More specifically, I think the members of the experienced worker group were able to recognize that supervisors are restricted in their roles and

instead held upper management accountable for their supervisor's limitations. Those in the new worker group however, still seem to rely heavily on the direction provided by their immediate supervisors and appeared to have more difficulty looking beyond at the larger structure they work within. Furthermore it was clear from the experienced workers that they did not seem to depend on their immediate supervisors as much as they did when they were new to the field, many of the experienced workers felt that their team and their experience carried their supervisor rather than their supervisor carrying them. The findings indicate that more work experience enables child protection workers to view the larger structure and its barriers whereas limited experience limits child protection workers' views and consequently they tend to struggle with the immediate, being their supervisors and their emotions related to the job.

Members of the new worker group spoke about the lack of support they perceived they had from their supervisors and how they would like to have a supportive supervisor; that is, someone willing to stand up for them and to put their neck on the line for them. As one participant stated, a supervisor willing to "go to bat" for them. Some participants in this group recalled what they felt were belittling comments made by supervisors and how it took many of them anywhere from one – two years to feel comfortable with the job and with asking questions. The disturbing part about this finding is that Child Welfare is not the type of job where staff members should feel scared or intimidated about asking questions, especially considering the well-being of children are at stake and personal and professional liability is so high.

The participants in the new worker group stated they needed positive feedback from their supervisors, rather than only hearing the negative. This is consistent with other research which found that affirmation from immediate supervisors and senior management was very important to front-line child protection workers, but was often lacking from immediate supervisors and was almost non-existent from senior management (Littlechild, 2005). It is possible that participants in the new worker group feel unsupported, not due to their supervisor, but due to the structure and the system in which the supervisor is located. Structural inequalities may become personalized in the form of blaming the supervisor. Inadvertently, labeling supervisors as the source of the problem diverts attention away from other issues which are imbedded in the system. For example, supervisors and senior management are limited and restricted by funding frameworks, legislation, policy makers, board members, community stakeholders and Ministry officials (OPSEU, 2001).

Some of the stressors and workload demands that front-line workers face are a result, not of their agency, but of flawed funding formulas, changes to the Child and Family Services Act which has led to the increase of referrals of child protection concerns, the introduction of the Eligibility Spectrum increasing the amount of investigations a worker must complete, and an increase in recordings which has left front-line workers with less time to see their clients (OPSEU, 2001). With these changes supervisors were pressured to focus on “directing, monitoring, checking, approving and auditing of worker interventions against prescribed standards, policies and procedures. This process was spawned by the liability-focused, deficit-based, risk reduction, approach

which was one of the unintended consequences of Child Welfare (Provincial Directors of Service, 2001 as referred to in Dumbrill, 2005).

Child Welfare in Ontario: Developing a Collaborative Intervention Model is a position paper that was submitted by the Provincial Project Committee on enhancing positive worker interventions with children and their families in protection services. In this position paper supervisors stated that their hope was to return back to the core social work values which were so important to them when they entered supervisory positions. When discussing the hopes of supervisors, it was said: “the belief in the leadership position of a supervisor includes the challenging but motivating roles of coach, teacher, mentor, trainer, and supporter of their staff” (Dumbrill, 2005, p.51). The literature has made it very clear that support for child protection workers must be taken seriously as direct trauma to the front-line worker can result from organizational demands; which include high case loads, overwhelming amounts of paperwork and a lack of support for staff (Horwitz, 1998).

Another issue that came up strongly for members of the new worker group was the lack of autonomy they believed they were afforded in the decision making process. Many participants in this group thought that they were required to take every piece of information to their supervisor so that they could be provided with direction. What the participants in this group really wanted was to be asked “what do you think?” As previously mentioned, liability within the field of Child Welfare is extremely high and there are times when children die while being monitored by child protective service agencies. I think it is important for new workers to have the ability to approach their

supervisors with information so that a final decision can be made, however I think it is just as important for new workers to be involved in the decision making process rather than feeling rigidly directed and told what to do.

Perhaps supervision should be set-up in such a way that time is allocated for the worker to make a decision with the supervisor present. If the decision is not appropriate the supervisor would be able to take the time to explain why that is not an acceptable decision before offering other options for the worker to think through. As stated in the literature review, supervision is the cornerstone for effective case management and effective social work (Littlechild, 2005). With this said, supervisors, by nature of the system are very limited in their time due to the amount of staff they supervise and other obligations they are required to fulfill.

Ultimately the new worker group was asking to be involved in the process, rather than feeling directed and told what to do without explanation. This seems a fair request as it is the front-line child protection workers who have first hand knowledge of the clients and the situation, as supervisors very rarely meet clients. Perhaps there needs to be a shift away from a micromanaged style of supervision to a case conference style where there is more conversation and dialogue rather than what seems to be a direction only approach. I believe this would provide a rich and optimal learning environment for new front-line workers where they could be encouraged to deepen their assessment skills, to identify structural and systemic barriers in the lives of clients, and to strengthen their people skills as they learn how to work with challenging family constellations and populations.

Several participants in the new worker group shared their frustrations and stories about how they believed their shortcomings were personalized within their work. For example, one participant explained that it was assumed by her supervisor that there was something going on in her personal life when paperwork was not being completed in a timely fashion, paperwork that is already overwhelming in amount on the best of days. Many workers in the new worker group felt, as a result, that they were not able to share anything personal with their supervisor out of fear that it would be held against them and used against them at a later date. It is problematic when a worker believes that he or she must hide personal stressors out of fear, particularly when the job is riddled with stress. One may wonder if these kinds of stressors are the reasons behind front-line child protection workers' burn out, high incidents of stress leave, illness, and/or inadequate service to families and children. As indicated through the literature review, approximately 38 percent of general social workers experience some type of secondary traumatic stress resulting from both direct and indirect trauma's (Bell *et al.*, 2003; Horwitz, 1998). Therefore the findings are congruent with previous research.

It seems that a higher quality of service might be provided to families and children if front-line workers were offered stronger support systems through their agencies. This could be a support system created specifically for staff members and directed by staff members or an outsider. It is also important for supervisors to be equipped personally, professionally and in terms of time to address some of these concerns. Supervisors are under immense stress and pressure and seemingly not afforded the time to be a strong source of support for their staff. It would be interesting to examine the stress, trauma and

burnout that supervisors experience on the job as related to the larger Child Welfare system.

A significant finding among members of the new worker group is the pressure workers feel that when it comes to the demands between their work and family. This is particularly disturbing as one participant in the new worker group reported sitting in her car crying because she could not attend to her own child's needs. The purpose of Child Welfare agencies is to protect children, to keep them safe and healthy, yet Child Welfare employees report not being able to do this for their own children. There needs to be a balance between work and family obligations and a consideration by the agency that staff members need to be present for their own children as well. Supervisors and management may be able to do this by increasing their level of sensitivity toward their workers, especially when their workers are being pulled in all different directions. I believe this increased sensitivity may result in fewer stressed out and burned out child protection workers, especially if the staff members were afforded the flexibility in work hours that the job promotes.

Another finding within the new worker group was that they had the perception that their supervisors' empathy toward front-line workers was weak. That is, they believed that supervisors were not equipped emotionally in terms of offering the support that they needed. Participants in the new worker group seemed to believe that their supervisors were there only to direct and micromanage. Some participants perceived that several supervisors were in the positions they were in, not due to their skills and

education, but due to being part of the right group and knowing the right people within the agency.

Another group member talked about the supports that are in place for police, ambulance and fire services and spoke of the peer support crisis intervention programs these groups had. This group member talked about her own agency's peer support crisis intervention team and how she believed it was only there to make the agency look good, and how she experienced it to be "fake" in its attempts at offering support. The participants in the new worker group explained that they would prefer a peer to be running the peer support crisis intervention team. When the existing supports are not able to meet the needs of the staff members, who clearly need them during times of distress, one might wonder if it is time to evaluate the efficiency of what is offered. Perhaps management needs to be in constant contact with their staff members as they implement new programs to find out if they are actually working, and if they are not working management need to be open to making the changes required to meet the needs. Otherwise management risks contradicting their own policies and practices when it comes to supporting their staff members; they also risk wasting scarce and needed resources.

Members of the experienced worker group did discuss one similar need as the new worker group, which had to do with receiving feedback. Although the experienced worker group did not talk about receiving positive feedback per se, they did talk about the importance of having yearly evaluations completed. Group members felt evaluations were important in terms of their work and their work performance, but also in terms of knowing that they are valuable staff members within their agency. It is important for

management and upper management to be aware that sending the message out to employees that they are valuable contributing members within the agency may help to alleviate the effects of stress, trauma and burnout within the workplace.

The most important factor for members of the experienced group was to receive support and validation from upper management that child protection work is a difficult job. This is particularly important since “workers in child welfare services may be particularly vulnerable to distress by virtue of their prolonged relationship with the victims and perpetrators and their capacity for empathic engagement” (Howe *et al.*, 1999, p.22). Many members in this group seemed frustrated that upper management did not seem to care how each of them were doing individually and how upper management seemed so segregated from them. The experienced workers in this group seemed to believe that they were not an integral part of the larger system; they reported feeling isolated and unknown to upper management which they perceived to be a concerning problem. One participant who had been at the agency for many years was certain that the executive director did not know her name. Most of the group members believed that upper management knew there was a problem with the amount of stress and burnout that workers were experiencing, but also believed that if upper management tried to do something about it they would have to look at the same old issues that keep coming up over and over again, case load numbers, paperwork, training, pay, etc. Although members of the experienced worker group seemed aware of the barriers management themselves were facing in terms of funding, resources and legalities, they still believed that management needed to do something about the issues facing child protection

workers. It seems that more communication, validation and encouragement between management and staff would be adequate for the experienced worker group. Whether the focus is on new child protection workers or experienced child protection workers, as the literature indicates, “the organizational context remains the most important factor” in the reduction of work related distress for front-line child protection workers (Regehr *et al.*, 2004, p.28).

A final issue that members of the experienced group believed was not being properly addressed by upper management was the workers who were not able to carry a full case load and those who were dishonest with their work (i.e. creating fake case notes). I believe this group was able to share these frustrations as they have gotten a handle on own job over the years, they have established a sense of confidence and are now able to stand back and look at the shortcomings around them. This is an important concern facing staff members as the experienced worker group reported having to pick up the slack for these other workers, adding to their already high case loads. I believe that this is a structural issue which needs attention if some of these issues are going to be resolved. The sense I got from the experienced worker group was that it is time for upper management to take a stand on certain issues, and if they don’t know what to do, then they need to share with their staff members that they don’t know what to do and reassure them that they are not turning a ‘blind eye’ to these important issues.

Members of both groups talked about the ability to say “no” to their superiors and it was clear that members of the new worker group felt less able to say “no” than the members of the experienced worker group, however members of the new worker group

felt that they were able to say no more so now than in their first two years on the job. Participants from both groups shared stories about being written up for saying no. One member from the experienced group explained that there seemed to be a belief and awareness among staff that saying no would be frowned upon by upper management, despite the right to say no to certain things (things outlined in their union contract). So, while time and experience do not seem to make a significant difference in the ability to say no, the experienced worker group did seem to have more confidence in saying no and being assertive, even if the outcome was the same as it would be for anyone with any amount of experience. The ability for a child protection worker to be assertive is important as they are not only advocating and asserting their own needs as employees, but also for the needs of their clients.

In discussing the pressures and tensions of the job members of each group ended up in completely different conversations about what was important to them and where they were at. Members of the new worker group talked about the dichotomy between what they learned in school as emerging social workers versus what they were expected to know and do in their roles as child protection workers. Members of the new worker group also talked about the attitudes they experienced from their friends, family and community members once they became aware of what they do for a living. Members of the experienced worker group focused on the pressure and stress they have encountered over the years as they have seen so many changes in the system, cuts in funding for resources and in the way paperwork is now done.

It seemed that the differences between the group members occurred due to the different years of experience between members of the new worker group and members of the experienced worker group. Most of the members in the new worker group came to the job fresh out of school. Perhaps they were excited and idyllic at the thought of being social workers and ambitious in what they were going to accomplish – although not vocalized, many of them seemed to have a sense of wanting to make an important contribution. However, once they entered the field of Child Welfare they found things to be much different. The skills they learned in school and the skills they thought were important seemed to be no longer valued. Workers in this group struggled between the competing role of social worker and child protection worker. They also found that they struggled when they told people what they did for a living. Many of the participants reported that they were proud to say what they did and where they worked, but once they received such negative responses and attitudes many participants reported shutting off this part of their lives with others, narrowing external sources of support even more. As indicated in the literature, there is a sense that the public does not support child protection work as court personnel, other community agencies, mental health workers, counselors, and educational professionals present at times as disrespectful (Horwitz, 1998; Munro, 1996). The field of Child Welfare has received such negative publicity throughout media and the general population. This negative image makes the job of being a child protection worker even more isolating and further highlights the need for a supportive work environment.

The members of the experienced worker group had a response which indicated that they had been around for some time and it seemed that this group no longer struggled with the issues currently facing the new worker group. Had these participants' struggles been captured at an earlier time in their career it is likely that they, as the members of the new worker group, struggled through the very same dilemmas. Instead members of the experienced group shared their struggles with advocating for services for their clients, which are extremely limited due to funding cuts. They also struggled with the changes that have been made to the Child Welfare system throughout their years in the field. The experienced workers in this group said it is important for these systemic changes to be explained, as many of the changes have not made sense to them and they reported only being directed to do things a new way. Perhaps there needs to be a stronger communication protocol within the entire field of Child Welfare when changes are made to the system so that the changes are meaningful to the workers and are implemented properly and for the right reasons.

In the physical and emotional effects category members of both groups were able to recall and share stories about times when they felt high levels of stress, trauma or burnout. As indicated in the literature review, front-line child protection workers can also experience trauma when they feel that the events occurring on their caseload are beyond their capacity or ability to manage (Horwitz, 1998). Trauma can also occur due to the high demand of empathy that is required for effective casework (Howe & McDonald, 2001). Many participants shared significant disturbances in their lives as a result of the stress and trauma they have experienced, such as sleep loss, feeling ill and an immobility

or sense of frozenness. One participant spoke about the dread that overwhelmed her and how it shook her whole being and affected every aspect of her life. It was clear from the focus group format that working as a child protection worker can impact every area of life, at times to the detriment of the worker's health and well-being.

Interestingly members of the experienced group seemed to be able to look beyond the work day and were able to identify that the stressors in the professional world and the personal world could not co-exist in order to function. Members of the new worker group, however, only spoke about the emotional drain of apprehending children and the abnormality of doing child protection work. I believe this difference occurred between members of the two groups because, as the literature indicated, those in the new worker group have had less time and experience to develop their coping skills and less time to personally integrate the traumatic material (Bell *et al*, 2003). It is also possible that differences could also be accounted due to personal resiliency, as indicated in the literature review (Marchand *et al.*, 2005a). It is important to remember that trauma effects are not present for every child protection worker; while some may be negatively affected by the job others are able to gain great strengths and resiliency through their experiences. The more experienced group consisted of workers who have been in the field long enough to know that they have limits in the amount of stress they are able to endure. Specifically, members of the experienced worker group seemed to have an acute awareness that in order to function well they could either be stressed out at work or at home, but both could lead them to the edge. It would be interesting to have a conversation with these child protection workers to find out how they balance the two

domains as people cannot always control which domain will be stressful, as work and personal emergencies often arise without notice. Members of the new worker group spoke about the emotional drain of apprehending children and being left on their own to struggle through their feelings and emotions as they took a child out of his mother's arms. Members of the new worker group said what they needed was a supportive supervisor who would validate their feelings and to say "that it's not normal and you should be crying because this isn't normal."

Another reason for the discrepancy between the two groups could be attributed to the position that the participants held within their agency. All participants in the new worker group were in family service or intake positions which required them to apprehend children, should they be found in need of protection. Whereas only two of the eight participants in the experienced worker group were in family service or intake position which required them to apprehend children if needed. Different positions aside, the experienced worker group may have had the ability to talk about stress beyond the workplace and the impact of both stressors in their lives as a result of being in the field for a greater length of time. It is possible that members of the new worker group were not able to see beyond the stressors of the workplace because the newness of their job did not allow them to make this connection. Another possibility may be that different conversations came up within each group due to the make-up of the different personalities and coping styles represented. Either way, the members of each group spoke about what was important and central to them given their years of experience.

Members of both groups had similar coping strategies when it came to coping with stress, trauma and burnout. All of the participants reported using humor and building friendships within the agency. Another participant shared that her faith got her through the difficult times, while a couple of other participants said that they have engaged in a hobby outside of work hours. Several others also commented that they used food to cope and admitted that this was not always a productive coping style. Most of the participants agreed that they experienced less stress now than when they first began working in the field. Several group members also reported that what would have made them cry in their first or second year on the job no longer affects them the same way.

The one remarkable difference was that the majority of those in the experienced worker group got out of front-line child protection altogether and went into other departments, such as Adoption, Placement, Crown Ward or Children's Services. Those in other departments reported that their jobs were still stressful, but indicated that the stress was a different type of stress (i.e., less liability and less wakeful nights wondering if certain children or infants would be safe as they were left in a particular home). The participants who moved into other departments also identified that they needed to make the move for their own children and families, as they were no longer able to work late nights as last minute emergencies (investigations, apprehensions, preparing affidavits, etc.) often arise for Family and Intake workers. It would seem that as personal priorities change and their personal life became more demanding workers were able to recognize that the role they were in at work did not fit their lifestyle.

Even though participants in both groups were able to recall times when they felt overwhelmed by the job, stressed out, on the brink of burnout, and in some cases traumatized, they seem to have acquired some resiliency and remain in the field. The experienced worker group, although very talkative, was less emotionally charged than the new worker group. It seemed as though members of the new worker group could have talked for hours and hours about these issues and the tension could be felt in the room as the participants expressed shock at some of their fellow participant's stories. It was clear that participants felt frustrated about these issues and some of them even expressed anger in their tone about some of the situations they have endured or been put through.

Interestingly, it was only those in the experienced worker group who were able to verbalize why they are still in the field of Child Welfare. Several participants said that they are true advocates at heart, one participant said that she was a "lifer" and knew she would always work in Child Welfare, and others said that deep down they love their job and what they do – they said the job gave them a sense of purpose. Members of the new worker group was not able to identify what has kept them in the field, they were however able to identify what it was that they needed in order to function personally, ethically and professionally. It seems from the comparison of groups that the new worker group has yet to come to the point of knowing or being able to verbalize why they have stuck around in the field. I tend to think that members of the new worker group are still working with their heads down (because there is so much to be done) while members of the experienced worker group seem to have more of a calmness to them as they have been able to look up, step back and take an honest look at the system and their agency as they

have already been through the struggles that come in the first few years on the job. I believe the new worker group will eventually get there, it is just a question of when; should they stick around as child protection workers for a considerable length of time.

Summary and Recommendations

Over the past two decades researchers have focused on the response of traumatized individuals and the impact of providing support. However, very little research has focused on the trauma responses of child protection workers as they work with vulnerable and traumatized children (Adams *et al.*, 2006; Howe *et al.*, 1999). It is clear that Family Service work and Intake work is much more emotionally demanding and draining than the work is in other departments, which would explain why most of the experienced workers eventually transferred into other departments. The age and experience of the participants must be factored in as well, as all of the participants in the new worker group reported being single whereas the majority of workers in the experienced group reported being married. It is possible that personal obligations and the demands of family life led most of the experienced participants to move into other departments as they could no longer put up with the emotional demands of the job and the unexpected late hours in addition to their home life. It seems, as research suggests, that younger social workers experience a greater amount of distress related to their jobs as a result of immaturity and inexperience; and it is believed that age, years of experience, and feelings of accomplishment all contribute to improve coping strategies (Adams *et al.*, 2001). Furthermore, it is important not to forget that all of the participants in this study were female and as I indicated in the literature review, work related stress often puts the

female worker in a double jeopardy type situation; where she is torn between the responsibilities of her work life and her home life (Jacobs, 2003).

It appeared that new workers were speaking loud and clear about what they thought they needed; that is, more support and positive feedback from their supervisors, a sense that they are working together in the decision making process, and some amount of autonomy. It appeared that new workers were also clear about wanting a peer support crisis intervention team that is tailored specifically for them. Members of the new worker group wanted to be able to share personal struggles with their supervisor, as appropriate, without it being held against them and their work. New workers also wanted to be able to find support within their agencies as they experienced a great amount of societal pressures. The new workers also wanted to know that their health, their personal lives, their families and their children were just as important as their clients. The experienced workers were clear that they wanted yearly evaluations and more of a connection to upper management. Specifically, they wanted more communication from upper management, to be known, to feel liked, appreciated and a valuable member of the agency. As indicated in the literature review an increase in organizational support would be considered best practice in terms of child welfare and child welfare practice (Stevens & Higgins, 2002). Again, “the organizational context remains the most important factor” in the reduction of work related distress for front-line child protection workers (Regehr *et al.*, 2004, p.28).

Suggestions for Future Research

This study focused on the voices of front-line child protection workers and their experiences with work related stress, trauma and burnout. Many under researched areas

came to surface throughout this project. The first under researched area was around the use of peer support groups, although there is some literature about the implementation and importance of peer support groups within the Child Welfare system, there are no studies looking at the success of these groups.

Another area requiring further attention has to do with work related stress for female child protection workers, I am specifically thinking of female workers who are also mothers and as a result the primary caregiver for their children, their homes, and other family members. A comparison study could also be done between male child protection workers and female child protection workers to see if they cope differently, if they are treated differently, and to explore and compare their opportunities for organizational advancement.

When studying the impact of stress, trauma and burnout it would be interesting to administer some type of stress measurement tool prior to conducting interviews to find out the actual stress levels of each participant. Personality testing tools and coping style tools could also be used in this type of future research.

It is of great importance that longitudinal studies are conducted. It would be important to examine front-line child protection workers from their start date until their second, maybe even their third year on the job. This would allow the researcher to assess levels of stress, when the levels change and could allow the researcher to deeply examine why stress levels change.

It would be interesting to examine the stress, trauma and burnout that supervisors experience on the job as related to the larger Child Welfare system. This study is of

particular importance as supervisors, by nature of the system, are very limited in their time due to the amount of staff they supervise and other obligations they are required to fulfill in addition to the demands of their personal lives.

An in-depth examination of the system in which child welfare agencies operate and how these systems contribute to stress, trauma and burnout is extremely important in order to understand and change the workplace. This is especially true since supervisors and senior management are limited and restricted by funding frameworks, legislation, policy makers, board members, community stakeholders and Ministry officials.

Finally, a comparison study could be done between agencies, for example between a Catholic agency and a public agency to assess whether or not there is a difference in stress levels and/or supports offered and why the differences exist, should any exist. This same study could also be done between regions.

Limitations of the Study

This study is limited in several ways. First, it became clear to me that new workers and experienced workers should not have been categorized the way they were. From speaking to members of the new worker group it was obvious that anyone with more than two years of experience should be considered ‘experienced’ in the field of Child Welfare, particularly as workers in the new group said it took them anywhere from one to two years to understand the job (as the learning curve is so steep) and to be able to ask questions. Unfortunately, in this study, the new worker group did not have anyone with less than two years of Child Welfare experience.

The second limitation of the study was that staff members from other departments were included, which was not my original intention, although all of them had previous front-line experience. The findings may have been different if only those working in Family Service or Intake departments as these departments were considered to be true front-line child protection positions.

The third limitation was time. There was only an hour allocated for each focus group, and in that time frame I had to make sure that the each group understood what the research was about, the terms of confidentiality, and I had to ensure that each participant agreed to the confidentiality of their peers before the discussion of the research topic began.

The fourth limitation was the amount of participants. I was aiming to have anywhere from six to eight participants in each group and ended up with five participants in the new worker group and eight participants in the experienced worker group. The balance seemed somewhat uneven for the purpose of this research, particularly as those in the experienced worker group were not afforded the same amount of air time.

The fifth limitation was that male front-line child protection workers were absent from the sample. Not having a diverse sample in terms of gender did not allow me to explore the possible implications of gender inequality among front-line workers as related to the literature dealing with gender and front-line practice.

The sixth limitation was my position as an insider. Being an insider I was limited in years of experience and I would categorize myself in the new worker group. This may have restricted my analysis of the data or hindered me from seeing the data from another

perspective. As a result I may have unintentionally overemphasized parts of the research leaving the results limited, biased, or influenced from my own experiences. As a member of the new worker group I may have overlooked specific structural inequalities in which the Child Welfare system operates.

REFERENCES

- Absolon, K., & Willett, C. (2005). Putting Ourselves Forward: Location in Aboriginal Research. In L. Brown & S. Strega (Eds.), *Research As Resistance* (pp.97-126). Toronto: Canadian Scholars' Press/Women's Press.
- Adams, K., Matto, H., & Harrington, D. (2001). The Traumatic Stress Institute Belief Scale as a Measure of Vicarious Trauma in a National Sample of Clinical Social Workers. *Families in Society: The Journal of Contemporary Human Services*, 82(4), 363-371.
- Adams, R., Boscarino, J., & Figley, C. (2006). Compassion Fatigue and Psychological Distress Among Social Workers: A Validation Study. *American Journal of Orthopsychiatry*, 76(1), 103-108.
- Bell, H., Kulkarni, S., & Dalton. (2003). Organizational Prevention of Vicarious Trauma. *Families in Society: The Journal of Contemporary Human Services*, 84(4), 463-470.
- Borkan, J. (1993). Conducting Qualitative Research in the Practice Setting. In M. Bass, M. Dunn, E. Norton, P. Stewart, M., and F. Tudiver (Ed.), *Conducting Research in the Practice Setting* (pp.69-84). Newbury Park: Sage Publications.
- Brewin, C., Andrews, B., & Valentine, B. (2000). Metaanalysis of risk factors for posttraumatic stress disorder in trauma exposed adults. *Journal of Consulting and Clinical Psychology*, 68, 748-766.
- Campbell, M. & Gregor, F. (2002). *Mapping Social Relations: A Primer in Doing Institutional Ethnography*. Aurora, Ontario: Garamond Press.
- Clemans, S. (2004). Recognizing Vicarious Traumatization: A Single Session Group Model for Trauma Workers. *Social Work with Groups*, 27(2/3), 55-74.
- Collings, J. A., & Murray, P. J. (1996). Predictors of Stress amongst Social Workers: An Empirical Study. *The British Journal of Social Work*, 26(3), 375-387.
- Cornille, T., & Meyers, T. (1999). *Secondary Traumatic Stress Among Child Protective Service Workers: Prevalence, Severity and Predictive Factors*. Retrieved January 26, 2006, from <http://www.fsu.edu/~trauma/art2v5il.htm>

- Coulthard, C., Duncan, K., Goranson, S., Hewson, L., Howe, P., Lee, K., Persad, S., McDonald, C., Raposa, C., & Schatla, D. (2001). Report on Staff Retention, unpublished report from the Toronto Children's Aid Society, January 2001.
- Coyle, D., Edwards, D., Hannigan, B., Fothergill, A., & Burnard, P. (2005). A systematic review of stress among mental health social workers. *International Social Work*, 48(2), 201-211.
- Dane, B., & Chachkes, E. (2001). The Cost of Caring for Patients with an Illness: Contagion to the Social Worker. *Social Work in Health Care*, 33(2), 31-51.
- DiGiulio, J. (1995). A more humane workplace: Responding to child welfare workers' personal losses. *Child Welfare*, 74(4), 877-881.
- Dillenburg, K. (2004). Causes and Alleviation of Occupational Stress in Child Care Work. *Child Care in Practice*, 10(3), 213-224.
- Dumbrill, G. (Ed.) (2005). *Child welfare in Ontario: Developing a collaborative intervention model*. Toronto: Ontario Association of Children's Aid Societies.
- Eisner, E. (1991). *The enlightened eye: Qualitative inquiry and the enhancement of educational practice*. New York, NY: Macmillan Publishing Company.
- Figley, C. R. (2002). Compassion fatigue: Psychotherapist's chronic lack of self care. *Journal of Clinical Psychology. Special Issue: Chronic Illness*, 58(11), 1433-1441.
- Gold, N. (1998). Using participatory research to help promote the physical and mental health of female social workers in child welfare. *Child Welfare*, 77(6), 701-725.
- Grinnell, Jr., R., & Williams, M. (1990). *Research in Social Work: A primer*. Itasca, Illinois: F.E. Peacock Publishers, Inc.
- Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.
- Hogh, A., & Mikkelsen, E. (2005). Personality and Social Sciences: Is sense of coherence a mediator or moderator of relationships between violence at work and stress reactions? *Scandinavian Journal of Psychology*, 46, 429-437.
- Horwitz, M. (1998). Social Worker Trauma: Building Resilience in Child Protection Social Workers. *Smith College Studies in Social Work*, 68(3), 363-377.
- Howe, P., Leslie, B., & Regehr, C. (1999). Stressors in Child Welfare Practice. *OACAS Journal*, 43(3), 22-24.

- Howe, P., & McDonald, C. (2001). *Traumatic Stress, Turnover and Peer Support in Child Welfare*. Retrieved January 26, 2006, from <http://www.torontocas.ca/Publicationsmainframe.htm>
- Howe, P., & Milstein, H. (2001). Peer Support Teams: An Effective Response to Child Welfare Trauma. *Canada's Children*, Summer, 12-15.
- Humpel, N., & Caputi, P. (2001). Exploring the relationship between work stress, years of experience and emotional competency using a sample of Australian mental health nurses. *Journal of Psychiatric and Mental Health Nursing*, 8, 399-403.
- Jacobs, D. C. (2003). The Coping Skills of Child Protection Workers Exposed to Primary and Secondary Trauma in the Workplace. *Dissertation Abstracts International, A: The Humanities and Social Sciences*, 64 (6), 2257-A. (Available from UMI, Ann Arbor, MI. Order No. DA3094967.)
- Janesick, V. (1994). *Dance of qualitative research design: Metaphor, methodology, and meaning*. Newbury Park, CA: Sage
- Jenkins, S. R., & Baird, S. (2002). Secondary Traumatic Stress and Vicarious Trauma: A Validation Study. *Journal of Traumatic Stress*, 15(5), 423-432.
- LaSala, M. (2003). When Interviewing "Family": Maximizing the Insider Advantage in the Qualitative Study of Lesbians and Gay Men. *Journal of Gay and Lesbian Social Services* 15(1), 15-30.
- Lerias, D., & Byrne, M. (2003). Vicarious Traumatization: Symptoms and Predictors. *Stress and Health*, 19, 129-138.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications, Inc.
- Linhorst, D. (2002). A Review of the Use and Potential of Focus Groups in Social Work Research. *Qualitative Social Work*, 1(2), 208-228.
- Littlechild, B. (2005). The Nature and Effects of Violence against Child-Protection Social Workers: Providing Effective Support. *The British Journal of Social Work*, 35(3), 387-401.
- Marchand, A., Demers, A., & Durand, P. (2005). Do occupation and work conditions really matter? A longitudinal analysis of psychological distress experiences among Canadian workers. *Sociology of Health & Illness*, 27(5), 602-627.

- Marchand, A., Demers, A., & Durand, P. (2005). Does work really cause distress? The contribution of occupational structure and work organization to the experience of psychological distress. *Social Science & Medicine*, 61, 1-14.
- Marsh, J. (2005). Social Justice: Social Work's Organizing Value. *Social Work*, 50(4), 293-294.
- Maxwell, J. (1996). *Qualitative research design: An interactive approach*. Thousand Oaks, CA: Sage.
- Munro, E. (1996). Avoidable and Unavoidable Mistakes in Child Protection Work. *The British Journal of Social Work*, 26(6), 793-808.
- Neuman, L. (1997). *The Meanings of Methodology. In Social Research Methods: Qualitative and Quantitative Approaches*. Boston: Allyn & Bacon.
- Nissly, J., Mor Barak, M., & Levin, A. (2005). Stress, Social Support, and Workers' Intentions to Leave Their Jobs in Public Child Welfare. *Administration in Social Work*, 29(1), 79-100.
- OPSEU (2001). Peoplework Not Paperwork. Retrieved December 11, 2006, from <http://www.opseu.org/bps/cas/policypeoplepaperwork.pdf>
- Parker, L. (2003). A Social Justice Model for Clinical Social Work Practice. *AFFILIA*, 18(3), 272-288.
- Patton, M. (1990). *Qualitative Evaluation and Research Methods* (2nd ed.). Newbury Park, CA: Sage Publications, Inc.
- Regehr, C., Hemsworth, D., Leslie, B., Howe, P., & Chau, S. (2004). Predictors of Post-Traumatic Distress in Child Welfare Workers: A Linear Structural Equation Model. *Children and Youth Services Review*, 26(4), 331-346.
- Regehr, C., Leslie, B., Howe, P., & Chau, S. (2000). *Stressors in Child Welfare Practice*. Retrieved January 26, 2006, from <http://cecw-cepb.ca/DocsEng/Stressors.pdf>
- Salston, M., & Figley, C. R. (2003). Secondary traumatic stress effects of working with survivors of criminal victimization. *Journal of Traumatic Stress*, 16(2), 167-174.
- Stevens, M., & Higgins, D. J. (2002). The influence of risk and protective factors on burnout experienced by those who work with maltreated children. *Child Abuse Review*, 11(5), 313-331.
- Strauss, A. & Corbin, J. (1990). *Basics of qualitative research: Grounded theory*

procedures and techniques. Newbury Park, CA: Sage Publications, Inc.

Strega, S. (2005). The View From The Poststructural Margins. In L. Brown & S. Strega (Eds.), *Research As Resistance* (pp.199-235). Toronto: Canadian Scholars' Press/Women's Press.

Tennant, C. (2001). Work-related stress and depressive disorders. *Journal of Psychosomatic Research*, 51, 697-704.

VanBergeijk, E., & Sarmiento, T. (2006). The Consequences of Reporting Child Maltreatment: Are School Personnel at Risk for Secondary Traumatic Stress? *Brief Treatment and Crisis Intervention*, 6(1), 79-98.

Appendix A

Focus Group Interview Guide

1. What was it like for you when you first began working as a child protection worker? Did you feel you had the support you needed?
2. Can you describe any changes that occurred for you over your career in child protection? What do you think lead to these changes?
3. Have you ever experienced: sleep disturbances, insomnia, appetite loss or increase, interpersonal difficulties, absenteeism, emotional exhaustion, anxiety, dreaming about work, reduced sense of personal accomplishment, depression, feelings of depersonalization, or any other difficulties since you began working as a child protection worker? Do you attribute any of these symptoms to your work life or your personal life? Has this job has an impact on your personal life? And, if so how?
4. When the work/job becomes difficult (i.e. workload, clients, feelings, lack of autonomy, supervisor, etc) how do you manage to cope? Do you cope differently now than when you first began this work? How would you explain this change?
5. Tell me about your support system – both personal and professional. How helpful are these supports to you? What would you like to be different to help you cope with the stress, trauma, and burnout of the job? What recommendations would you make (i.e. supervision, peer support, counseling, more support from family/friends, etc)?
6. How does repeated exposure to the difficult work in Child Welfare affect you professionally, emotionally, personally, and spiritually?
7. Is there anything else you would like to recommend or comment on?

Appendix B

Letter of Information

I am an MSW student at the McMaster University School of Social Work. To fulfill my MSW program I will be conducting a research project, and Mirna Carranza will supervise my work.

The purpose of this research is to learn more about the experiences of front-line child protection workers and how they experience their work. Despite some of the known stressors impacting Child Welfare workers very little research has been focused on this area; most research in this area has focused its attention on emergency services such as police, firefighters, ambulance workers and military personnel. The goal of this research is to increase knowledge in the area of work related stress and to identify sources of support for new and seasoned workers.

In participating in this study you will be asked to meet for one group session with other peers/colleagues who choose to participate in this study. The session will be approximately one hour in length and will include anywhere from 6-10 participants. The group session will be tape recorded and transcribed without any identifying information.

Some of the questions that will be asked are:

- When the work becomes difficult how do you cope? And, Do you cope differently now than when you first began this work?
- Tell me about your support system.
- How does exposure to this difficult, yet important work affect you professionally, emotionally, personally, and spiritually?

Your participation in this research is voluntary and confidential. Every care will be taken to respect your privacy. Each person participating in the group will agree that all information stays within the group, should someone not agree to the confidentiality of their group member they will be asked to excuse themselves from the research. With that said, I cannot guarantee that the request for confidentiality will be honored by all those participating in the group, therefore I would ask that you only make comments you feel comfortable making in a group setting. No identifying information or identifying quotes will be included in any of the written reports generated from this study. Comments which may be critical of the job or agency will not be traceable back to the speaker. Although a written copy of the research will be provided to your agency, they will not be informed of who did or did not participate in the research. All information you provide will be locked in a filing cabinet in my home to which only I have access and will be stored for a period of one year upon which time all records and audiotapes will be destroyed.

With any study there are risks. There is a risk of opening up and talking about emotional experiences as they relate to your work, and there is a potential risk of losing your privacy as you discuss your experiences in a group setting. At the same time you may find support through other colleagues, you may be able to offer support to other colleagues, you may be able to form a support network, and you will help further research in an under researched area.

You may choose not to answer some of the questions. You may choose to withdraw from the study at anytime without consequence or prejudice. If you choose to withdraw from the study, the information provided until the point of withdrawal will be deleted unless you indicate otherwise.

You will receive a written report of the findings upon completion of this research. This project has been reviewed and has received ethics clearance by the McMaster Research Ethics Board. Should you have any concerns or questions regarding your participation in this study, you may contact:

The McMaster Research Ethics Board Secretariat
c/o the Office of Research Ethics
Phone: 905-525-9140 ext. 23142
E-mail: ethicsoffice@mcmaster.ca

I will be conducting focus groups in July. To participate, please contact Heather Boverhof at jhboverhof@sympatico.ca or by phone 905-337-2816. In your response please identify your years of experience as a front-line child protection worker. You may also contact Mirna Carranza at carranz@mcmaster.ca or by phone at 905-525-9140 ext. 23789.

Thank you for your help in this research.

Appendix C

Project Title: Front-Line Child Welfare Experiences of Work Related Stress, Trauma, and Burnout – Is Experience a Mediating Factor?

Consent Form

I agree to take part in this study. I have been fully informed about this study and I understand that its purpose is to explore the experiences of stress, burnout, and work related trauma that both new and experienced child protection workers face as a result of the job.

I understand that Heather Boverhof is the principle investigator of this study, and that her work in this study is being supervised by Mirna Carranza (faculty member of the McMaster School of Social Work).

I am willing to take part in one focus group session that will last approximately one hour and will agree to have the interview audio-taped and transcribed. No identifying information will be included in the transcripts. I understand I may choose not to answer any particular question and/or may choose to withdraw from participating in the study at any time without consequence or prejudice. I understand that if I choose to withdraw, any information I have provided will be omitted from the transcription of the tape and therefore will not be included in the final research product.

I understand that I will not receive any direct benefits from taking part in this project, but that my participation may help to further research in the area of identifying stressors and potential supports in the field of Child Welfare.

I understand that my anonymity and confidentiality is assured. Any comments made which are critical of my agency or line of work will not be traceable back to me. Any information I have provided and that can identify me will remain confidential.

I understand if I have further questions about the study I can contact Mirna Carranza (faculty supervisor) or Heather Boverhof (principle investigator). I also understand that I may contact the McMaster Research Ethics Board should I have any concerns or questions about my rights as a participant in this study.

The McMaster Research Ethics Board Secretariat
c/o the Office of Research Ethics
1280 Main Street West, GH-306
Hamilton, ON L8S 4L9

Phone: 905-525-9140 ext. 23142
E-mail: ethicsoffice@mcmaster.ca
Fax: 905-8019

Principle Investigator: Heather Boverhof
E-mail: jhboverhof@sympatico.ca
Phone: 905-337-2816

Faculty Supervisor: Mirna Carranza
E-Mail: carranz@mcmaster.ca
Phone: 905-525-9140 ext. 23789

Name and signature of Participant

Date

Name and signature of Investigator

Date

Appendix D

Demographic Questionnaire

Please answer the following questions for recording and analysis purposes only.
Please *do not* put your name on this sheet.

1. Gender:

☐ M
☐ F

2. Age: (Please circle)

20-25 26-30 31-35 36-40 41-45 46-50 51-55 56-60 Over 60

3. Marital Status: _____ (Please answer as you feel fits)

4. What is your current position?

☐ Intake Worker
☐ CSW (Children's Service Worker)
☐ FSW (Family Service Worker)
☐ Adoption Worker
☐ Crown Ward Worker
☐ Resource Worker
Other: _____

5. How many years have you worked in Child Welfare? _____ (please indicate in years)

6. How many agencies have you worked at? _____ (please include current agency)

7. (a) What is your employment status?

☐ Permanent
☐ Contract
Other: _____

(b) And, are you:

☐ Full-time
☐ Part-time
Other: _____

8. What is your level of education?

☐ MSW
☐ BSW

____ BA in _____
____ Diploma in _____
____ Certificate in _____
Other: _____

9. What is the date of the focus group you will be attending? (Please circle)

July 25th or July 26th

Thank you for your time in filling this out!

Table 1 – Present Position

Position	New Worker Group	Experienced Worker Group
Intake Worker	2	-
Family Worker	3	2
Children's Service Worker	-	2
Adoption Worker	-	2
Resource Worker	-	1
Crown Ward Worker	-	1
Total Participants	5	8

Table 2 – Age

Group	20-25	26-30	31-35	36-40	41-45	46-50	51-55
New Worker Group	1	-	3	1	-	-	-
Experienced Worker Group	-	1	3	1	-	1	2

Table 3 – Years of Experience

Group	Mean Number of Years	Median Number of Years
New Worker Group	3.2	3
Experienced Worker Group	11.5	8