BEYOND SPA DAYS AND SELF-CARE

BEYOND SPA DAYS AND SELF-CARE: AN
EXAMINATION OF WORKPLACE CULTURE
AND WELLNESS IN CHILD PROTECTION
WORK

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ABSTRACT

Social work practice in child welfare is widely acknowledged as a challenging field. Most social workers who choose to enter this field of practice do so with the knowledge that they will be exposed to difficult, at times traumatic, situations. They expect that the job will be stressful; that they will need to manage complex and challenging cases; and they will do so with few resources and often little public support. They also expect to be supported by their workplace in carrying out their mandated roles, however increasingly, a disconnect exists between those administer child welfare services and their understanding of front-line work (Herbert, 2007). Social workers' wellbeing in child protection practice is directly affected by workplace culture; a subject that is often unexamined when addressing the high turnover of staff in the field. Instead, workers who leave child welfare practice – as well as though who stay while experiencing compassion fatigue or vicarious trauma - are viewed by administrators as being unsuitable for the work, a way of individualizing systemic issues (La Rose, 2009).

This study sought to understand the ways that the culture of the workplace contributes to worker experiences of vicarious trauma, compassion fatigue and burnout. Survey research was conducted anonymously with child protection workers in Southern Ontario to understand the aspects of workplace culture that child welfare workers find helpful and supportive in managing the day-to-day of their work, as well as in addressing mental health in the workplace. From the seventy responses that were received, a number of themes emerged including Workplace Culture; Worker Well-being; Agency Support; Safety; Systemic Issues and Training.

In this study, participants identified informal peer support and reflexive, supportive supervision as key areas that either sustained their practice or worsened their experiences. Workplace culture emerged as a significant factor in determining worker well-being and resiliency. Survey participants provided examples that illustrated clearly the ways in which neo-liberal policies and austerity measures have contributed to a workplace culture in which workers expressed feeling replaceable, devalued, and in precarious situations. Cutbacks to services and staffing, crushing workload and increasingly complex client situations contribute to the sense of being overwhelmed experienced by workers. Addressing experiences of compassion fatigue and vicarious trauma requires a paradigm shift from exclusively individual responsibility and towards an understanding of the broader systemic context and organizational responsibility (Antonopoulou, 2017; Mathieu, 2012; van Dernoot Lipsky, 2009). Organizational strategies to support worker wellbeing are shown to be significant factors in addressing and preventing compassion fatigue and vicarious trauma, ultimately preventing burnout and staff turnover.

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"Do everything you fear
In this there's power
Fear is not to be afraid of"
– "Sound", James, 1992

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Chapter One: Introduction

Social work practice in child welfare is widely acknowledged as a challenging field; one that exposes practitioners to a variety of circumstances in the lives of their clients. Workers are expected to support and assist children and families, while also holding immense power to drastically alter the lives of their clients. Child welfare workers are often maligned and criticized by the families they serve, other professionals and society at large. Some of this criticism is warranted, such as the recent efforts towards decolonizing practice to address past atrocities committed against First Nations people, such as Residential Schools and "the 60's Scoop." Other criticism reflects the challenges inherent to the role, and the sense that workers are "damned if they do" intervene with a family, and "damned if they don't" (Herbert, 2007).

Most social workers who choose to enter this field of practice do so with the knowledge that they will be exposed to difficult, at times traumatic, situations. They expect that the job will be stressful; that they will need to manage complex and challenging cases; and they will do so with few resources and often little public support. They also expect to be supported by their employer in carrying out their mandated roles, however increasingly, a disconnect exists between those administer child welfare services and their understanding of front-line work (Herbert, 2007). Social workers' well-being in child protection practice is directly affected by workplace culture; a subject that is often unexamined when addressing the high turnover of staff in the field. Instead, workers who leave child welfare practice – as well as though who stay while experiencing compassion

fatigue or vicarious trauma - are viewed by administrators as being unsuitable for the work, a way of individualizing systemic issues (La Rose, 2009). This relationship between workplace culture; systemic issues in child welfare; and worker experiences of compassion fatigue, vicarious trauma and burnout will be explored further in this thesis.

The current literature is extensive regarding the impact of neo-liberalism and managerialism in social services, including child welfare. There is also considerable data regarding the incidence of compassion fatigue and vicarious trauma in social work and child welfare. With my research, I built on the existing data by surveying child welfare workers in Southern Ontario about their experiences of compassion fatigue and vicarious trauma. In this thesis, the questions that I have attempted to answer are as follows: in what ways does the culture of the workplace contribute to worker experience of vicarious trauma, compassion fatigue and burnout? Are there ways in which the workplace culture exacerbates or mitigates these experiences? In what ways can employers support workers to better cope with the mental and emotional demands of this work?

Specifically, I am building an understanding of whether child welfare workers self-identify as having experienced compassion fatigue, vicarious trauma or burnout during the course of their career or understand their risk of experiencing it in the future. There continues to be significant stigma and shame surrounding mental health issues, particularly amongst helping professionals. Shame contributes to a culture of silence in which mental health is not talked about in a supportive way, and those suffering can become the subject of gossip or ostracization. The risk of developing issues as a result of

work-related stress is high, and yet the stigma and "professional discourse of invincibility" persists (Moll, 2014, p. 10).

Further, I hoped to understand the aspects of workplace culture that child welfare workers find helpful and supportive in managing the day-to-day of their work, as well as in addressing mental health in the workplace. I also intend to understand better the challenging aspects of child welfare culture and how these challenges are exacerbated by agency practices and policies. If workers are experiencing high levels of compassion satisfaction, it may suggest that their workplace culture is supportive and helps to ameliorate burnout. Other workplaces may contribute to different experiences, which is why further research in this area is necessary

In surveying workers, I gathered data respecting their workload, and the ways they feel their job has changed in recent years. I asked participants about their satisfaction with their work and ability to affect change in their work with clients. I sought to understand the nature of the supervisor-worker relationship, including how it has changed over recent years, what they think is working and what is not.

The literature that I reviewed addressed various aspects of child welfare work, but few scholars seemed to address the impact that Neo-Liberalism has had on workplace culture, including supervision, and how these issues combine to either mitigate or exacerbate worker's mental health and wellbeing. Much of the research that I have reviewed was conducted in the U.K. or the United States, and in my research endeavoured to explore how these issues are experienced in Southern Ontario. While my

hypothesis emphasized the idea that many experiences among child protection workers are universal, I have also learned there are unique challenges in Southern Ontario that may be identified as areas for change in the future.

I locate myself within this research as a social worker who has worked in child welfare in Southern Ontario for the better part of two decades. Additionally, my experience as the president of a Union local, allowed me to observe how these issues play out within a workplace culture. Specifically, while negotiating collective agreements, I became aware of the tension and disconnect between worker experiences of workload and vicarious trauma and the employer's understanding of the issues and willingness to make a supportive change. Further, I worked with colleagues to address concerns of workplace harassment and bullying from supervisors, as well as managing return-to-work programs for those whose experience of vicarious trauma resulted in time away from work to heal. My experiences have brought the issues to light in a practical way and lead me to explore these experiences further through scholarly research.

In the next chapter, I explore workplace culture and worker wellbeing through the lens of critical social work theory. I then guide the reader through my methodological approach to this project, including the design, implementation, and analysis of my research. In the following chapter, I discuss and examine the literature regarding workplace culture and the impact of Neoliberal policies on child welfare practice. I provide definitions of compassion fatigue, vicarious and secondary trauma, compassion satisfaction, and burnout and discuss how these concepts are taken up in literature in the culture of child welfare. In Chapter Four, I discuss the findings of my research, followed

by a discussion of the meaning of the data in the context of existing research. Finally, I explore suggestions for implementing the research into practice, as well as limitations of the study and areas for future research.

Chapter Two: Theoretical Frame and Methodology

Workplace Culture in Child Welfare: A Critical Look at Neoliberalism

Throughout this project, I have utilised a critical perspective to explore the ways in which workplace culture impacts child welfare social workers' experiences of vicarious trauma, compassion fatigue and burnout. In this chapter, I examine the basic assumptions of critical theory and demonstrate how my research questions fit within this theoretical perspective. I briefly explore the systemic structures influencing child protection work, and why it is necessary to examine worker experiences in the context of workplace culture to inform change. Finally, I describe how critical social theory influences data analysis, including what questions I intend for the data to answer and the limitations this framework may impose.

Critical Theoretical Perspective holds that as citizens, we become willing subjects of the dominant discourse. In our current society, this is reflected in neoliberal policies and practice. When we internalise the values and perspectives of our oppressors, we continually enact them without being aware that we are doing so. Critical Theory seeks to make this apparent to disrupt the oppressors and enact social change (Freeman, 2010). What is unique about critical theory is that it engages the participation of stakeholders to reflect on and share their experiences and perspectives to challenge the status quo and enact change. Through the engagement of stakeholder participation, we can develop new ways of understanding how systemic structures impact stakeholder experiences and utilise this information to guide action for change (Freeman, 2010). Freeman (2010) explains that it is the engagement of "constituents or stakeholders in a reflective and

critical reassessment of the relationship between overarching social, economic, or political systems, such as capitalism or accountability, and everyday practices" (p. 8).

Critical theory has application in academia and practice as it provides the resources needed to address and critique contradictions within structures/institutions and to promote well-being through the application of theory (Cox & Hardwick, 2002). Critical theory allows us to examine the impact of systems (government, economy etc.) on an individual's social experiences, through the examination of the intersecting forces such as class, need, social exclusion and other forms of oppression (Cox & Hardwick, 2002). Critical theory allows users to plan for meaningful change through the keen assessment of how things are now and constructing an understanding of the ways systems influence experiences (Freeman, 2010). Exploring how the workplace environment impacts worker's experiences is an important area of study; the knowledge created through this inquiry could guide change with the goals of enhancing worker wellbeing, and ultimately leading to a reduction in staff turnover, leading to a more stable workforce and enhanced client experiences.

Gallop (2013) asserts that there are considerable differences between critical theory and "mainstream social work" reflected in theoretical perspectives, politics and stance; as a result, these tensions shape and influence current social work practice. To this end the author states:

> "A growing neoliberal momentum toward theories and practices that bring order, predictability and cohesion to our profession has begun to tip the balance in the social work profession in a manner that has many in the field questioning who we are, and what we actually do" (Gallop, 2013, p.2).

Furthermore, Gallop states that an increasing emphasis on neo-liberal policy directly impacts practice, through a "devaluing of social work knowledge and skills" that elevates the acquisition of technical skills over the application of a framework of structural analysis and work for "emancipatory change" (Gallop, 2013, p.3). Other researchers have also identified and linked the de-professionalisation of the social work role as a factor in workers' experience of compassion satisfaction as their role is reduced from helper or practitioner to that of technician (Miller & Hoggett, 2006),

At the same time, that there is a growing movement to legitimize the profession through accreditation and registration with a governing/regulatory college, in an effort to provide accountability by workers and oversight to the public. This creates a contradiction between a social worker's lack of autonomy to utilize their professional skills in the current climate of child welfare, and the push from professional regulators to hold social workers to a higher standard of professional accountability (Baines, 2014; Beddoe, 2010). This increased regulation and technical accountability also serves to shift responsibility for policy outcomes onto social workers. As argued by Cox and Hardwick (2002):

> "…that there are opposing forces to this ideal process, which seek to undermine the balance of communication between welfare providers and social groups – forces such as the politicians of the Right and the mass media…such forces seek to displace government failures onto individuals, families and communities, rather than government acknowledging their own responsibilities in relation to the provision (or not) of resources" (Habermas, 1987 in Cox & Hardwick, 2002, pg. 38).

> The view that the problem lies with the individual and not as a problem of a flaw

in the system seems to be a key aspect of neoliberal policies, and "mainstream social

work" practices that centre on establishing order by labelling individuals as deficient (Mullaly, 2017). With regard to child protection workers and their experiences of vicarious trauma and compassion fatigue, the system blames the individual as the one experiencing the problem by framing them as weak or wanting (Dombo et al., 2016). Often, statements are made regarding an individuals' "suitability" for the work, rather than recognising the ways in which the system creates and reinforces a culture that is detrimental to worker well-being (La Rose, 2009). Cox & Hardwick (2002) reflect this sentiment well in their statement: "such individuals and groups become re-defined by the forces of mass culture or political agendas – they are 'excluded' and are then blamed for being so" (pg. 38).

Worker Wellbeing under a Neoliberal Agenda

There exists a disjuncture in considering Vicarious Trauma and Compassion Fatigue through a critical theory lens. These concepts are based in a 'psychological orientation' and therefore focus on individual functioning and outcomes and are less tied to structural issues, and therefore do not fit tidily with critical theory. Nevertheless, by examining these issues in the context of neoliberal practice and workplace culture, space is created to examine the structural connections and move toward systemic, rather than just individual change.

Vicarious Trauma and compassion fatigue are often experienced by child welfare social workers, but rarely, if ever discussed within the workplace (Conrad et al., 2006; Dombo et al., 2016), which contributes to feelings of isolation and reinforces the "individual as problem" narrative. However, high workloads and job stress often act in

concert with experiences of vicarious trauma and contribute to the high levels of turnover of staff members in these positions (Antonopoulou et al., 2017; Conrad et al., 2006). Yet, the onus for managing experiences of vicarious trauma and compassion fatigue largely fall on the individual worker (Dombo et al., 2016).

Workers cope with their vicarious and first-hand exposure to traumatic events in different ways, and for some, their experiences contribute to needing a leave from their jobs to maintain and restore their mental health. Under neoliberalism, management policies are introduced to deter, and at times, punish, workers for taking sick time, and again reinforcing the notion that it is an issue of individual suitability for the work rather than a broader systemic issue (Moll, 2014; Conrad, 2006). Examining these issues through the lens of critical theory allows researchers to consider the broader systemic issues and their impact on workers, while also taking up worker experiences as knowledge, which is often discounted in the neoliberal discourse.

Critical theory regards reflexivity as significant and holds that in order to provide context that may assist readers in their understanding, researchers must identify and locate themselves within their research (Cox & Hardwick, 2002). Other scholars, such as Neuman (1997) assert that "people have a great deal of unrealized potential. People are creative, changeable, and adaptive" (p. 76) but are also easily lead or exploited. As social work practitioners, we ought to engage in critical self-reflection, as well as reflective supervision, to sustain our critical lens in practice as a prevention strategy. However, without a strong grounding in critical theory and opportunity for critical reflection, there is a danger that social workers "will tend to adopt prevailing lay or agency-based

definitions of social problems" which tend to focus on individual responsibility rather

than problems of social structure (Mullaly, 2017, p. 74). While "mainstream" social

work seeks to return the individual to equilibrium and order to the system, critical social

work examines the nature of the system and seeks to address the ways in which it creates

oppression of those within it (Mullaly, 2017).

Social Work Practice: A Focus on Outputs

With the rise of managerialism and modernisation in social work practice, over-

regulation is contributing to workers experiencing ethical dilemmas and emotional

tensions in their practice (Miller & Hoggett, 2006). Cox and Hardwick (2002) assert that

"in child protection practice, investigation and assessment is increasingly predominant,

with less attention paid to the effects of the uncertainties and complexities of the process

for service users and for workers" (p. 39). As a child protection worker, I have observed

that the uncertainties and nuance of experiences for clients and workers are often

minimised, or at the very least, not captured or reflected as part of these assessments in

the in current documentation practices. This is echoed in the authors' assertion that

"reflexivity/self-reflexivity on the part of the social worker does not usually constitute

part of the assessment process" (Ibid. p. 43) when assessing families for levels of risk.

Within the current climate of neo-Liberalism and managerialism, the focus is

increasingly on outputs (Miller & Hoggett, 2006), utilizing checkbox documents, that

leave little time, or space, for the worker to engage in reflexivity, either independently or

with a supervisor (Baines et al, 2014; Rogowski, 2015; Aronson & Sammon, 2000;

Trevithick, 2014). My research sought to establish whether this was an overarching

experience of workers within the region, by asking questions relating to how their time is spent and whether they are able to have some autonomy over how they meet the needs of their clients. Specifically, I wished to determine the percentage of time spent on paperwork and other administrative tasks compared to direct service to clients. I also sought to establish whether this has changed in their practice since they began in child welfare, and in what ways. Further, I wished to ascertain how this has impacted their experience of satisfaction in their work. Additionally, I asked a series of questions aimed at having workers consider the role that supervision plays in their work and whether or not they felt that it meets their needs, and how their agency supports reflexive practice and supervision.

Critical Theory, as applied to social policy and social work practice, takes the position that the welfare state should meet the needs of the community and should seek to develop "a true reflection of the shared understanding between families and social groups (the lifeworld), and the system (including the welfare state" (Cox & Hardwick, 2002, p. 38). It is my position that exploring how workplace culture (the system) impacts child welfare social workers' experiences of vicarious trauma, compassion fatigue and burnout (the lifeworld) will help workers to develop their understanding of their shared experiences and provide a collective voice to advocate for and implement change. Changing neoliberal policies at the Provincial government level is daunting and difficult at best. Similarly, effecting change at the agency level is also a slow process, measured by small victories in the day-to-day of practice or collective bargaining every few years. Nevertheless, by engaging workers in sharing their experiences and struggles and

identifying what they need, the opportunity exists for collective movement towards change.

Methodology

In order to answer my research questions, I conducted a thorough review of the literature, including peer-reviewed journals, book chapters and grey literature. Through this review, I have sought to understand the connections between workplace culture and worker experiences of compassion fatigue, vicarious trauma and burnout in the field of child welfare. Additionally, I have reviewed the literature concerning workplace culture and the factors that can either act to support worker wellness or act as barriers to managing vicarious trauma. Specifically, I examined how neoliberal policies have contributed to a rise in managerialism, which directly effects the ways the work is conducted and worker satisfaction (Antonopoulou et al., 2017; Conrad et al., 2006; Cox & Hardwick, 2002).

I approached this research with inside knowledge of child welfare, having worked in the field for the past nineteen years. To better understand these issues within the local context of child welfare, I conducted survey research of workers from child welfare agencies in Southern Ontario to gather examples of workplace culture, that act as barriers to worker experiences or as mitigating supportive factors. In order to minimize potential influence and assure participants of confidentiality, I decided to conduct an anonymous qualitative and quantitative survey over a focus group or individual interviews. This method allowed me to reach a broader audience, which allowed responses to be potentially less recognizable to future readers. While the data in this research is not

statistically significant, the size of the survey sample allows for some broad generalizations to compare with existing literature.

Through this survey, I sought to understand worker experiences of vicarious trauma, compassion fatigue and burnout and the impact that this has on their experiences of job satisfaction. Participation in the survey was voluntary, and participants identities remained anonymous. Most questions in the survey questions were Likkert scales. However, I also incorporated several open-ended questions for respondents to provide more detailed answers regarding the context at their agencies as well as their own experiences.

I developed the survey to determine what workplace factors contributed to vicarious trauma and compassion fatigue. I built on questions asked in a previous research study that took place in Ontario in 2013/14 as I hoped to learn whether my results aligned with the broader study and whether anything had changed over the past four years. This original, independent study was conducted by SPR Associates on behalf of the Worker Safety Subcommittee of the Joint Labour-Management Committee of the Ontario Association of Children's Aid Societies (OACAS) and was funded by the Ontario Ministry of Children and Youth Services (SPR Associates Inc, 2014).

I sought to understand the connections between workplace training and other supports offered to workers and whether this was detrimental to or contributed to their experience of personal well-being. Through narrative questions I asked workers to comment on the services offered by at their workplace/by their employer, and whether

they had made use of them, and if so, did workers find these resources helpful. Although most questions were Likkert scales, there were options for respondents to fill in their answers, as well as follow-up questions regarding their experiences of engaging (or not) with these supports. I intended to critically examine the connections between systemic pressures, in the form of increased managerialism and de-professionalization, and how concepts of vicarious trauma and compassion fatigue are taken up and attended to in the workplace. In utilising critical theory, I took the position that workers themselves are in the best position to articulate their experiences and identify what is working and where there remains room for improvement.

In developing the survey, I also drew from existing surveys designed by the Occupational Health Clinics for Ontario Workers as part of their Mental Injuries Toolkit (MIT). I did so to ensure that I was asking questions that I knew would elicit the information I required, and also in the hopes that future research might allow me to compare results to other studies using the same survey. The MIT survey was updated in 2017 and was developed based on the Copenhagen Psychosocial Questionnaire. The purpose of the Copenhagen and MIT tools is not to provide a diagnosis, but rather "to identify problems that may exist within the workplace and provide possible avenues to address them" (Occupational Health Clinics for Ontario Workers, 2017). Similarly, the purpose of my questionnaire was not to identify the prevalence of vicarious trauma and compassion fatigue within agencies in Southern Ontario, but instead identify themes and areas of concern, as well as what is working to improve workplace conditions and what areas continue to need attention.

Child welfare social workers often experience vicarious trauma and compassion fatigue, but rarely, if ever discuss it within the workplace (Conrad et al., 2006; Dombo et al., 2016). Keeping silent about our experiences contributes to a sense of stigma and shame, as well as diminished awareness that they are, in fact, occupational hazards (Moll, 2014). When workers struggle, their experiences are often framed as individual problems, rather than resulting from broader systemic issues (La Rose, 2009), which may make some reticent to attach a label to how they are feeling. In conducting my research, I framed the questions in various ways, including asking whether respondents have experienced various symptoms, consistent with vicarious trauma and compassion fatigue, rather than relying on self-identification. I further sought to establish whether there were connections between their experiences of workplace culture - through questions regarding workload, availability of reflexive supervision and other supports and training - and their psychosocial well-being. In this way, I utilised critical theory to examine the structure of workplace culture, within the broader neoliberal paradigm, and how it impacts workers.

I anticipated that the survey would take participants approximately 20-30 minutes to complete. Data was collected through an anonymous online survey, using the McMaster Lime Survey platform. Participants were social workers/child protection workers at child welfare agencies within Southern Ontario.

Critical theory emphasizes the importance of understanding knowledge belonging to the people who contribute their understandings and perspectives to the research process. On this basis, I intend to share my results with workers, and their labour unions, in hopes that they can continue to effect change that is meaningful to them. I will share

this information by providing a summary of the data and providing it to local CUPE

representatives to share with their local presidents. I will also share the data via social

media, such as Facebook, Twitter and LinkedIn to align with my recruitment methods

and potentially reach participants with the results of the study. In future, I hope to utilize

this data to produce articles for publication so that it may reach a broader audience and

contribute to broader research in the area.

The research participants and recruitment.

In my original ethics application, I intended to recruit child protection social

workers at six child welfare agencies in Southern Ontario, who are represented by the

Canadian Union of Public Employees as the key participants in this research project.

Initially, I intended to send the surveys to workers through their CUPE representatives.

Participation would be limited to those members employed in the Grand River Zone (as

set out by the Ministry of Children and Youth) which includes: Hamilton Children's Aid

Society; Hamilton Catholic Children's Aid Society; Halton Children's Aid Society; Brant

Family and Children's Services; Haldimand-Norfolk Children's Aid Society and Niagara

Family and Children's Services. In doing so, the survey would have reached

approximately 500-600 potential participants, and I was hoping to achieve a 10%

response rate.

The inclusion criteria required that participants were currently employed as a

child protection worker at one of the above-listed agencies. Participants could be of any

gender, age (over age 18 years), length of employment or race. These demographic

questions were asked for the purpose of understanding if any of these characteristics had

an impact on their experience of vicarious trauma. These questions were open-ended so that participants could self-identify in whatever way that they chose. Participants also had the option to decline to answer the question if they wished. To ensure anonymity, I requested that the representative from the Canadian Union of Public Employees (CUPE) for each agency listed above send out an email to their members who fit the inclusion criteria. Within the email was a brief overview of the research, request to participate, the Letter of Information, and a Link to the survey. I elected to distribute the survey through the Union as I was asking questions about worker's experiences of potential vicarious trauma, compassion fatigue and/or burnout. Additionally, I was seeking information about how their workplace culture, including policies and practices, contribute to or mitigate against these experiences. As such, distributing the survey through the employer may have caused potential participants to feel uncomfortable or worry about being monitored, and I hoped to mitigate against this by utilizing the union.

At the time of my original application, I had made arrangements with the CUPE National Representative for several local child welfare agencies to assist me with recruitment. At that time, the CUPE representative had agreed to forward information about my study, including an email script, Letter of Information, and link to my online survey, to the Executive members of CUPE locals representing the agencies listed above. He had agreed to forward this information so that the survey could be accessed as of April 30. This date was significant, as the intention was to have members complete the survey ahead of massive changes that would be occurring at some of the agencies, which might prevent participation.

Unfortunately, although the information was forwarded to the CUPE representative as agreed, the CUPE representative failed to forward it to the Union locals. I later learned that the representative had been reassigned and no longer represented some of the agencies originally identified. However, he provided assurances that he would be forwarding the surveys the next day as planned. Unfortunately, this did not occur, and the representative ceased communicating with me. As such, I sought approval to amend my recruitment strategy.

Once approval was obtained from MREB, I contacted the Executive members of a union local directly and requested that they forward the information and link to my online survey to their members (child protection workers only). Unfortunately, they were unable to comply with my request within the necessary timeline, and as such, I then turned to social media. I posted information about my research, including a link to my survey, using my personal accounts on Facebook, and Twitter. This approach took on what might be described as more of a "snowball sampling approach" in that the sharing of recruitment information involved others with whom I am connected, sharing my post within their friend groups and passing along the survey information to people whom they thought may be interested in participating. The survey was accessed by child protection workers who are employed at agencies outside of the six agencies originally listed in my request, but who were within the Southern Ontario Region as well as other possible individuals who may have had ambient exposure to the materials on social media.

As the survey was anonymous, I did not collect data on which agency participants were employed with and had no way to control for this. I do not believe that this had a

negative impact on my data, as the original parameters were in place for ease of dissemination, and not to specifically exclude any other workers who may wish to participate. Individuals were directed to contact me should they have any questions or concerns about the study, rather than contacting their friend/referee, and to click the link to complete the survey. Additionally, my survey information, with a link to my survey was sent to McMaster Social Work alumni and Field Instructors by Darlene Savoy, Director's/Graduate Administrative Assistant. I did not have any knowledge of the names or emails to whom it was sent to preserve anonymity.

Ethical considerations.
The risks involved in participating in this study were minimal. There was potential for participants to feel uncomfortable with some of the questions asked in the survey. They may have found it stressful to reflect on some of their challenging on the job experiences. Participation in the survey was anonymous and strictly voluntary. Participants had the option to quit the survey at any time, and their information was not stored. They also had the option to check "prefer not to answer" for most questions. Participants were instructed that they did not need to answer questions that they did not want to or that made them feel uncomfortable. The email and links to the survey were sent to participants personal emails or social media accounts, whenever possible. Additionally, they were instructed to ensure that they completed the survey in a confidential location where their computer screen would not be seen by other co-workers or managers in their agency. Ethics approval was originally obtained on April 2, 2018

(certificate #2018 050), and secondary approval for the revised recruitment strategy was obtained on May 11, 2018.

Data analysis.

Given the nature of this research project, data analysis was broken into two distinct sections. The Likkert scale questions were tabulated using the Lime survey software, which also tracked the number of responses for each question. Surveys that were partially completed were also included in the results. By including partially completed surveys, the percentages were inaccurately calculated by the software, as it included the over 600 responses that had agreed to participate but did not answer any questions. To correct for this issue, I manually calculated percentages based on the number of respondents that completed each question. The survey questions were designed along existing theories and concepts, resulting in the data already being partially organized. I reviewed results for each question multiple times, highlighting results that were consistent with the literature findings, as well as anything that deviated or was surprising. The survey was lengthy, and as such, not all of the data was captured in this analysis, due to the size and time constraints of a Master's level thesis.

To analyze the responses to the open-ended questions, I initially reviewed all responses multiple times to gain a sense of the data. I next created separate word documents for each open-ended question from the survey and copied the responses to upload the information to Quirkos Qualitative research software. In the initial review of the data, I highlighted responses that were interesting along the themes and concepts identified in the literature. As I reviewed subsequent times, other themes and categories

began to emerge and were included in the coding. A combination of deductive and inductive coding was used in analysing the data, to ensure that I did not miss anything significant and to challenge my hypotheses by looking at the data from different perspectives.

Once I had reviewed and coded the data several times, I began to organize them into themes. Themes emerging from the data included, Workplace Culture; Worker Wellbeing; Agency Support; Safety; Systemic/'big picture' issues and Training. With the assistance of the software, I was also able to engage in axial coding by reviewing which codes, or "quirks," were overlapping, which helped to further organize the data into themes. The themes that emerged fit with the themes identified in the literature, as well as within my research questions, which allowed for critical analysis of the data. Due to the constraints of this project, the findings will centre on the themes of agency/workplace culture; worker wellbeing; and support, however issues of safety are also touched on. These themes are also critically examined within the context of the broader theme of neo-liberalism and managerialism within social work, and specifically, child welfare.

In the following chapter, I critically examine the literature relating to workplace culture, child welfare workers' experiences of vicarious trauma, compassion fatigue and burnout. Definitions of these phenomena are provided to contextualize the discussions and findings of the data, while also exploring the structural and systemic issues that contribute to workplace culture and practices.

Chapter Three: A Critical Review of the Literature

In this chapter, I will provide explanations of what is meant by the terms compassion fatigue, vicarious and secondary trauma, burnout and compassion satisfaction. Next, I will examine how the rise in neo-liberal managerial policies and practices have changed the nature of the work to focus on documentation and risk management, and how these changes impact worker wellbeing and their experiences of compassion fatigue and vicarious trauma. Finally, I will examine how these policies affect the supervisor-worker relationship, and whether and how workers and leaders can make space for reflexivity to enhance job satisfaction (Antonopoulou, Killian, & and Forrester, 2017; Baines, 2014; Beddoe, 2010; Hofmann, 2003)

Compassion Fatigue, Vicarious and Secondary Trauma, and Burnout in the Context of Child Welfare

In order to understand compassion fatigue, vicarious trauma and burnout in the context of child welfare, it is important to outline what is meant by these terms. In much of the literature, compassion fatigue and vicarious or secondary trauma are often used interchangeably (Conrad, 2006; Dombo, 2016), while others, such as Mathieu (2012), document these terms as separate, but related issues. For the purpose of this research, I will be utilising the definitions provided by Francoise Mathieu (2012) as they represent the nuance of difference in these terms while highlighting how they are linked together.

Compassion fatigue is described by Mathieu (2012) as the "cost of caring for others in emotional pain" (p.8). Furthermore, the author describes compassion fatigue as an "occupational hazard" that is extremely common, asserting that over the course of

their career "every helper who cares about their patients/clients will eventually develop a certain amount of it in varying degrees of severity" (p. 9). For many, the advent of compassion fatigue progresses generally, impacting home and personal life, as well as experiences at work, and can spill over into their interactions with others, contributing to a "toxic work environment" (Mathieu, 2012, p.8).

These phenomena are further characterised by "profound emotional and physical exhaustion" and an "erosion of all the things that keep us connected to others in our caregiver role: our empathy, our hope, and of course our compassion – not only for others but also for ourselves" (Mathieu, 2012, p.8). Compassion fatigue is commonly experienced by those who strive to do their work well and can be worsened or brought on by high workloads, and the cumulative impact of working with traumatic content or crisis-driven work. It is what happens when "helpers are unable to refuel and regenerate", and the impact of the work begins to erode emotional and physical wellbeing (Mathieu, 2012, p. 14).

Similarly, vicarious trauma "describes the transformation of our view of the world due to the cumulative exposure to traumatic images and stories" and is often "accompanied by intrusive thoughts and imagery" (Mathieu, 2012, p. 14). Laura van Dernoot Lipsky (2009) described her own experience with vicarious trauma:

> I finally came to understand that my exposure to other people's trauma had changed me on a fundamental level. There had been an osmosis: I had absorbed and accumulated trauma to the point that it had become part of me, and my view of the world had changed (p. 3).

Furthermore, Van Dernoot Lipsky described these changes as "building up walls," which began to manifest as becoming "cocky, lacking humility, and becoming more dogmatic, opinionated and intolerant" in an effort to protect herself from the pain of vicarious trauma (p. 3).

Vicarious trauma, like compassion fatigue, is cumulative and not necessarily linked to the most harrowing of work experiences. It can take the form of intrusive thoughts or graphic dreams made up of images created from the many stories a helper has heard or read over their career (Mathieu, 2012). Vicarious trauma can manifest itself as anger or sadness, feeling overwhelmed or developing numbness as a way of coping. Most helpers are not prepared for these changes in their emotions and behaviour, nor are they provided with the necessary tools to manage and cope with the context and situations of the work that can potentially lead to vicarious trauma (Mathieu, 2012).

Some scholars, use the terms compassion fatigue, vicarious trauma and secondary trauma interchangeably (Conrad & Kellar-Guenther, 2006; Dombo & Whiting Blome, 2016). Mathieu (2012) further underscores these as different experiences in describing secondary trauma as the "result of bearing witness to a traumatic event (or to a series of events) which can lead to PTSD-like symptoms (e.g. hearing a graphic account of abuse, debriefing first responders etc.)" (p. 14). She further asserts that vicarious trauma is what results from experiencing multiple secondary traumatic events.

Mathieu (2012) describes burnout as related to the stressors created or exacerbated by the workplace environment and culture. For example, poor pay, heavy or

unrealistic workloads, poor or inadequate supervision and management. These examples are not unique to helping professions and can be experienced anywhere. Burnout is often characterised by a sense of powerlessness, reduced satisfaction with the work and experiences of being overwhelmed. In child protection work, as in other professions, burnout can be caused by the cumulation of excessive workload demands; a lack of control over the work; a breakdown of trust amongst colleagues and between workers and management; and a real or perceived experience of being treated unfairly (Maslach & Leiter, 1997).

In contrast, Compassion satisfaction is described as the level of satisfaction and success that helping professionals experience in their jobs, as well as the degree to which they feel supported by their colleagues (Conrad & Kellar-Guenther, 2006). These researchers examined whether compassion satisfaction could have a mitigating effect on workers' experiences of compassion fatigue and whether it was possible to experience compassion fatigue while also maintaining a sense of satisfaction in their position. They discovered that in one region of Colorado where child protection workers were surveyed, workers experienced a very high rate of compassion fatigue, but a low rate of burnout, and surmised that compassion satisfaction might play a role in mitigating this risk. The researchers discussed that a limitation of their study was that it was limited to child protection workers in one region and identified that future research would examine whether their findings were consistent in other regions, where workplace practices and cultures may be different.

By its definition, burnout is related to the workplace environment and culture. If workers are experiencing high levels of compassion satisfaction in that region, it may suggest that their workplace culture is supportive and enhances their experience of compassion satisfaction. Other regions may experience things differently, which is why further research in this area is necessary. Conrad and Kellar-Guenther (2006) concluded that compassion fatigue was a serious and prevalent issue in child welfare while identifying compassion satisfaction as a potential mitigating factor in counteracting compassion fatigue and reducing the incidence of burnout. They further conclude that more research is needed to determine the relationship between compassion fatigue/satisfaction and burnout.

Workplace Culture

In this section, I will explore various definitions of workplace culture and how these concepts are taken up and understood by academics and practitioners, before outlining the definitions I used for my research. Next, I will explore the origins of workplace culture, examining the influence of Braverman and radical social work scholars, as well as Bureau-Professionalism of the 1970's and the rise of managerialism from the 1990's onward. Finally, I will examine how workplace culture is influenced by macro and micro contexts, including legislation and individual workplace environments. In doing so, I will explore the ways that workplace culture influences worker wellbeing.

Definitions and influences of workplace culture.

Defining what workplace culture is and isn't and how it manifests is difficult. Culture is not a tangible variable that can be easily "created, measured and manipulated" (Meek, 1988, p. 454). Some organizational scholars view workplace culture as a

collection of top-down philosophies that have been internalized by workers, inclusive of expected behavioural norms, both stated and unstated but understood (Meek, 1988).

Others understand that culture is the development of shared meaning that emerges as a result of social interactions within groups and communities, including organizations, and not created by leaders (managers in the workplace culture) (ibid). Meek (1988) argues that culture and structure are separate but linked concepts: "they are parallel and complementary and consistently interacting with one another" (p. 465). The concept and experience of workplace culture are not universal and are heavily dependent on the context of the workplace and its leaders.

The culture within social work workplaces are influenced poly-contextually (Harris, 1998). In addition to individual workplace differences, culture is influenced by various levels of government, legislation, allocation of resources, top and middle management, and front-line management (Harris, 1998). Top and middle management act as the liaison between the government/legislative levels and how these rules are taken up in practice. It is at this level that the culture of the organization is most easily influenced through the implementation of policy and practice directives. Workplace culture is also influenced by peer/collegial relationships, how workers interact and support one another, whether and how breaks are taken etc.

In the context the of the child welfare sector, the nature of the job is shaped by legislation that frames how problems and needs are defined, who qualifies for services and how services are implemented. For example, the Eligibility Spectrum is utilized

across the province of Ontario as a means of putting the legislation (the Child and Family

Services Act) into practice. This tool assists workers to determine which problems

indicate the need for intervention, and which do not. However individual supervisors can

make decisions to deviate from these rules to provide services or alter deadlines. Further,

the Safety and Risk Assessment tools determine what interventions are used. How the

tools are utilized is dependent on worker interpretation and skill; the support and

supervision they receive; as well as how agencies allocate resources within their budget.

Policies around workplace safety, overtime, workload also influence how and when

service is rendered, and contribute to the nature and culture of the workplace, as are

discussed further in the chapter in more detail.

The components that makeup workplace culture are often intangible,

encompassing more than employment practices and can be based, at least in part, on

workers feelings and perceptions (Falter Mennino, Rubin, & Brayfield, 2005; van

Dernoot Lipsky, 2009). Culture includes "the shared set of beliefs about the norms,

values and goals of an organization" (Falter Mennino, Rubin, & Brayfield, 2005). In

assessing burnout, Christina Maslach considers several aspects of workplace culture as

predictors of burnout. Aspects such as "sustainable workload; feelings of choice and

control; recognition and reward; a sense of community; fairness, respect, and justice;

meaningful and valued work" are considered to be significant indicators of workers'

perceptions of their workplace and have considerable impact on their overall wellbeing

(Maslach, 1997, p. 149).

Additionally, it is important to consider concepts such as:

"how a workplace feels. [w[hat's the energy level? [w]hat's the vibe? These qualities have nothing to do with the intensity of the work. Instead they have to do with the degree to which the organization's structures, policies, and attitudes support or impede the workers' efforts to fulfil the mission" (van Dernoot Lipsky, 2009, p. 24).

The values and beliefs held by members of an organization manifest in the way in which we communicate, behave and interact, often outside of our awareness (Peterson & Wilson, 2002). They also contribute to assumptions that "shape and bias thought as well as provide an identity for employees" (Peterson & Wilson, 2002, p. 17).

The origins and evolution of workplace culture in the social work context. Scholars began to study organizational culture during a time that Western society was experiencing precarity and stress, "naively operationaliz[ing]" cultural problems in terms of "people problems" (Meek, 1988, p.453). There was an assumption that culture was "tangible" and could be "created, measured and manipulated" to maximize efficiency (Meek, 1988, p. 454). The connection between the culture of the workplace and it's ability to be efficient, effective and productive has become the dominant discourse in many organization studies (Meek, 1988; Harris, 1998). Organizational culture is viewed as a variable to be controlled: "something that an organization has" (Meek, 1988, p. 463).

Early organizational theory was grounded in structural-functionalism and largely based on anthropological perspectives. Traditionally, this has led to the view that corporate culture is the equivalent of "a natural force for social integration within the organization – with a unitary organizational collective consciousness that can both be measured and manipulated" (Meek, 1988, p. 456). This limited view of corporate culture

ignores the influence of organizational context as well as different perspectives within an

organization (Meek, 1988). Many scholars have taken up Durkheim's theory of

"collective consciousness" which has lead to an assumption that there exists a

"unifying…universal homogenous culture" within organizations (Meek, 1988, p. 456).

These notions of culture are largely understood as aligning with management or

organizational interests and treated as "the collective will or consciousness of the

organization" (Meek, 1988, p. 457). Meek (1988) identified scholars such as Sathe

(1985), Martin (1985) and Allen (1985) as taken the view that culture as top-down

philosophies that have been internalized by workers.

> "…norms encompass[ing] all behaviour that is expected, accepted or supported
> by the group, whether the behaviour is stated or unstated. The norm is the
> sanctioned behaviour, and people are rewarded and encouraged when they follow
> the norms, and chastised, confronted, and ostracized when they violate them"
> (Allen, 1985 as quoted in Meek, 1988, p. 457).

Meek furthered this point stating "those who deviate from the dominant norms are either

to be re-socialized or excluded from the organization" (p. 457).

Meek argued that these definitions/theories are based on a "very narrow

conceptualization of culture" that is not reflected in reality (p. 458). Unlike the earlier

example, culture is viewed as something that an "organization is…the product of

negotiated and shared symbols and meanings" formed through the social interaction of

groups and not created by leaders (Meek, 1988, p. 463). Further, "culture, if it is to have

any meaning, needs to be related to the total organization, not regarded as phenomena

solely vested in the hands of management" (Meek, 1988, p. 458). Nevertheless, the

notion of workplace culture being within the control of management persists, with

management studies including the view of culture as "a form of social control to be created and manipulated by management" (Meek, 1988, p. 459; Harris, 1998). Culture is not universal and is heavily dependent on context.

In examining the labour of social workers, Harris (1998), and others argue that social workers should be understood as workers first, before being framed within the context of professionalization. He identifies that a tension exists between radical social work scholars, utilizing a socialist paradigm, and mainstream social work scholars, working within the social-democratic paradigm. Harris examines the work of Braverman – specifically his book Labor and Monopoly Capital (1974) – and its impact on radical social work in the 1970's and early 1980's.

Braverman's thesis was that scientific management was becoming pervasive in the management of social services. Scientific Management operates on the premise that knowledge of the labour process is held almost exclusively by management which allows them control over the labour force. Scholars of radical social work built on Braverman's theories and asserted that social workers were losing autonomy over their work, as managers adopted a form of Scientific Management.

> "This model of intensified managerial control through scientific management
> became the analytical framework for understanding the labor process within and
> against which radical social work was to be created" (Harris, 1998, p. 840).

Harris argued Braverman's thesis "was neither contextualized or researched [nor] substantiated by empirical studies" (1998, p. 841). Harris suggested that the weaknesses of radical social work scholar's approach could be overcome by locating social work as 'professional labour' within the state.

Drawing on the work of Johnson (1972), Harris described "professional power structures," identifying social work as a "mediated profession" (p. 841). That is, social services organizations must be viewed as an arm of the State. In this context, the State mediates the terms of service, including who can access these services, through the establishment of legal and legislative frameworks and allocation of resources (Harris, 1998). Harris also draws upon the work of Derber (1982, 1983), arguing that social work labour is distinct as it does not follow Scientific Management. Further, management interests are not threatened by social workers possession of knowledge and skill. On this basis Derber asserts:

> "…the therapeutic approach formed the basis for a highly sophisticated ideological co-optation: where social workers moral concerns for the well-being of their clients could be accommodated in a form of practice that served institutional ends…" (Derber, 1983, p. 333 as quoted in Harris, 1998, p. 842).

Harris utilizes Derber's analysis to locate "social work as a state-mediated bureau-professional labour process," in the context of the "social-democratic welfare state of the 1970's and early 1980's" (1998, p. 843). In doing so, he refutes the theories of radical social work scholars who, utilizing Braverman's theories, asserted that social work was becoming increasingly subjected to management control.

Bureau-professional social work is characterized by "the rational administration of bureaucratic systems and the professional expertise in control over the context of services" (Clark & Langan, 1993 in Harris, 1998, p. 843). At this time, social work was beginning to organize itself as a profession in its own right. A bureaucratic framework developed, creating "the legislative, fiscal and organizational base" (Harris, 1998, p.

844). Within this framework, social workers were able to maintain considerable autonomy in performing casework, allowing "professional work to develop further than previously" (Harris, 1998, p. 844).

During the 1970's and early 1980's, front-line managers were able to utilize a great deal of discretion within their teams, maximizing worker autonomy (Harris, 1998). Under Bureau-Professionalism, supervision focussed on encouraging best-practice and reflected relationships between supervisor and worker that was viewed as "a meeting of two colleagues" rather than "superior-subordinate" (Harris, 1998, p. 849). Workers were afforded the necessary discretion to manage their time and pace of work as well as the tools they utilized in their interactions with clients. During this period,

> "the research suggests that permissive supervision was the key indicator of the existence of a parochial professional culture in the social work labour process…it was simply a way of front-line managers and social workers attempting to construct a shared view of social work as a way of managing their working relations within a bureau-professional labour process" (Harris, 1998, p. 849).

Christina Maslach, an expert in the field of burnout and organisations, holds that successful organisations focus on maintaining skilled, motivated and engaged employees while providing managers who view their job as providing support and removing barriers to allow employees to get on with doing their work (1997). Under this definition, Bureau-Professionalism contributes to workplace cultures that were conducive to worker wellbeing and the establishment and maintenance of an engaged workforce.

By the late 1990's, the implementation of New Public Management (NPM) brought fundamental changes to Social Work practice (Harris, 1998; Baines, 2004; Baines et al., 2014; Rogowski, 2015; Miller & Hoggett, 2006; Aronson & Sammon,

2000; Trevithick, 2014). Conservative governments in Western societies branded social services as sources of wastefulness and inefficiency (Harris, 1998) introducing private sector business frameworks, such as privatization, P3's and austerity budget measures (Harris, 1998; Baines, 2014). This had a significant impact on "internal managerial cultures" and labour processes (Harris, 1998, p. 854), the impact of which is discussed further in this chapter.

Workplace Culture in Child Welfare and its Affect on Worker Wellbeing

Relationships: A shift from authentic interactions to transactional.
Relationships are critical to a worker's ability to support change for a client's life situation. Trevithick (2014) utilises information about attachment theory and neuroscience to explain the importance of relationships in effecting change. Change is more likely to occur when a helper connects and responds to a client's emotions sensitively, which leads to a more satisfying and supported experience for the client, as well as satisfaction for the worker. Trevithick (2014) identifies affect regulation and attunement as critical aspects of empathy, through which a worker can convey genuine interest and care and assist a client by modelling emotion regulation and communication.

Under managerialism, interactions become focussed on completing documents and meeting standards, rather than developing relationships to empower and support change. The interactions become transactional instead of relational, and these opportunities for connections are lost. Without opportunities for connection, clients are left to perform tasks as prescribed by their worker to 'reduce risk', often without support or respect for the context of their lives, over which they may already have limited control.

Under neo-liberalism, workers experience a parallel process (Baines, 2012) and are also robbed of the opportunity to connect with clients as unique individuals, rather than as 'cases' defined simply by risk factors (Baines et al., 2014; Rogowski, 2015).

Over time, this type of engagement contributes to workers' growing sense of futility and a diminished experience of compassion satisfaction. Stress and lack of connection to the work has a cumulative effect on workers that over time, can lead to compassion fatigue (Baines, 2014). These circumstances are illustrated clearly in the quote below:

> "For example, too much prescription of practice, which diminishes professional responsibility for judgements and decisions, has an unintended consequence of reducing the job satisfaction, self-esteem and sense of personal responsibility experienced by child protection workers. This leads to the further unintended consequence of increasing amounts of time taken off absent or sick. In fact, this goes on to create a reinforcing loop … those still at work have to take on larger caseloads and in turn have less time to build relationships with children and young people, which further reduces the sense of job satisfaction … Another unintended consequence of prescription is that dissatisfaction with the role causes high staff turnover…" (Munro as quoted in Trevithick, 2014, p. 302).

The nature of child welfare work means that workers are regularly exposed to circumstances that may contribute to experiences of secondary or vicarious trauma (Dombo, 2016). Stressful working conditions have intensified under managerialism, with increased documentation requirements; focus on outcome measures; and more scrutiny over decisions have contributed to increased pace and volume of work (Baines et al., 2014; Rogowski, 2015). The intensification of the pace and volume of work, combined with complex situations and a lack of resources leads to a constant state of high stress for most workers (Baines, 2014; Dombo, 2016; Conrad, 2006). Chronic stress can become

toxic and have a dramatic impact on the health and well-being of workers, leading to increased sick time, absenteeism and staff turnover (Trevithick, 2014; Moll, 2014). As will be discussed in the final section, the impact of chronic stress on worker wellbeing can be mitigated by a supportive workplace culture, including their relationships with their supervisor and peers.

New public management and conditions of work in child welfare.
Antonopoulou et al. (2017) report that child welfare social workers experience a great deal of stress due to the nature of their roles. Stress and emotional upset are inherent to Child Protection work when supporting families with complex challenges and working to prevent and address child abuse and neglect constitute the core of practice. Stress experienced by workers is exacerbated by considerable reform and restructuring within the child welfare system. The researchers identified that previous studies show work-related stress to be one of the primary reasons for workers leaving jobs in child welfare and queried how systemic and workplace issues contributed to or mitigate the workers' experiences. These and other authors have identified individual and organisational factors as predictors of stress and turnover (Antonopoulou, Killian, & and Forrester, 2017).

The rise of managerialism in social services has contributed to detrimental changes in the workplace and workforce leading to increased risks of violence and stress-related illness (Baines, 2004). The social services sector continues to experience cutbacks and a rise in performance management focusing on outcomes and risk management as organisations endeavour to maintain a 'defensible position' (Baines et al.,

2014; Rogowski, 2015). With the focus on performance and outcomes, relationships continue to take a back seat to the work of documenting 'facts'. The child welfare field of practice has become more focused on ensuring that auditor standards are met or 'defensible positions' are created (Baines et al., 2014; Rogowski, 2015) undermining "worker identities as caring people" and diminishing compassion satisfaction (Baines et al., 2014).

Within the current climate of neo-Liberalism and managerialism, the focus is increasingly on outputs. In one study by Miller and Hoggett (2006), some workers acknowledged that this level of structure and accountability made their job easier by reducing some of the emotional risks of "over-involvement." The majority, however, felt that it undermined "the legitimacy of their emotional commitments and constrict the space available for effective practice" (Miller & Hoggett, 2006). Specifically, the focus on "output" in Social Work practice, changes the nature and quality of the work, "from role immersion to more distant technician" (Miller & Hoggett, 2006, p.376).

Baines (2004), discusses the impact of downsizing and restructuring in the Canadian developmental services sector. These changes to the social services sector occurred simultaneously with the introduction of New Public Management (NPM) schemes, adapted from the private sector, which emphasises 'lean and flexible' work environments. New Public Management schemes in the public-sector impact women disproportionately to men. Baines (2004) asserts that women dominate the workforce of affected services, where occupational hazards also include a high risk of violence, stress and heavy workload. Baines goes on to explain that women are characterised as caring

and self-sacrificing, which allows employers to assume that they will continue to perform the job, even under challenging circumstances, all the while they continue to do more with less. These assumptions contribute to a workplace culture in child welfare in which workers are expected to continue to 'do as they are told' while achieving the performance outcomes expected of them without complaint.

In many sectors, including child welfare, Neo-Liberal policies have created a reduction in "face-to-face practice and corresponding deprofessionalisation because practitioners have to comply with procedures and bureaucracy, meaning most of their time is spent with computers" (Rogowski, 2015, p.100). Efficiency and effectiveness have become code for austerity measures, while accountability and performance outcomes reflect a diminished tolerance for risk and desire for control. Since the 1990's, the public has continued to become less tolerant of errors in public services, as evidenced by a focus on accountability and blame-culture, perpetuated by risk-averse managers and funders and media scrutiny (Beddoe, 2010; Rogowski, 2015).

Baines et al. (2014) illustrate how the implementation of performance management and an increased focus on outcomes "undermined worker identities as caring people" and diminished worker experiences of compassion satisfaction. Their study identified that New Public Management (NPM) leads to an increase in workload and a decrease of care across the social services sector. For workers, the focus on technology and bureaucracy included a 'one-size fits all' approach to practice, wherein people's life circumstances are reduced to ticked boxes (Aronson & Sammon, 2000; Munro in Trevithick, 2014).

Trevithick (2014) draws on Munro's considerations of workplace culture; she comments eloquently on the impact of risk and compliant culture in the field of child welfare. She describes it as a "low-trust culture" wherein "the opportunity for learning and change is hampered by organisational priorities that are 'focused on complying with targets and performance indicators'" (Munro as quoted in Trevithick, 2014, p. 302). Overly focussing on risk leads workers to work in a manner that often does not leave room to meet the needs of the client compassionately and contributes to experiences of moral dilemma and ethical tension (Trevithick, 2014).

Leadership, Resiliency & The Way Forward

Supervision under New Public Management.

Leadership is defined in many ways. For many people, it is synonymous with the position they hold, such as a supervisor, manager, or director. I prefer the following definition: "a leader is anyone who holds her-or himself accountable for finding potential in people and processes" (Brown, 2012). In this section, I intend to discuss leadership primarily in the context of supervisory or management roles and will identify the roles within the culture of child welfare when providing examples. When discussing leaders who do not hold management roles, I will identify them as such to provide clarity.

New Public Management (NPM) focusses on increasing efficiency in the public sector and has a significant impact on how workers, and managers, work within these systems. Specifically, NPM was shown to lead to an increase in workload and a decrease in quality of care across the social services sector. In this section, I will discuss how NPM impacts supervision and relationships between supervisors/management and workers.

Under performative culture, Baines et al. (2014) found that supervisors and agency mission and values play an important role in workers' longevity in their social work careers. They concluded that supportive supervision helped to mitigate against poor working conditions and wages.

Conversely, implementation of performance management and an increased focus on outcomes "undermined worker identities as caring people" and diminished worker experiences of compassion satisfaction (p. 434.) Christina Maslach, an expert in the field of burnout and organisations, holds that "successful organisations have strong cultures that are consistent with their missions" (1997, p. 102). Moreover, these organisations focus on maintaining skilled, motivated and engaged employees, while providing managers who view their job as providing support and removing barriers to allow employees to get on with doing their work (Maslach & Leiter, 1997).

As I have outlined in the previous sections, managerialism has a significant impact on child welfare organisations and workers' abilities to use professional discretion in conducting their work. Cutbacks and high staff turnover have led to a workforce that is typically made up of workers who are early in their careers and who have had less opportunity for training and experience. Furthermore, staffing and program cutbacks result in higher workloads, which is strongly related to worker exhaustion (Maslach & Leiter, 1997). In the long-run, any cost savings that may have been realised by implementing austerity are soon eclipsed by the expense of training new workers (Conrad & Kellar-Guenther, 2006; Dombo & Whiting Blome, 2016). The increase in

documentation requirements and a prevalent audit culture have negatively impacted employee engagement and motivation.

With respect to management and supervisors, their roles have also changed significantly under managerialism as they are sandwiched between wanting to provide support to their direct reports and being accountable to their superiors (Sims, 2003; Patterson, 2015). The same managerial forces creating challenges for workers also result in the restructuring of funding and accountability measures. Most recently, agency funding was tied to 'performance indicators' which significantly impacts budgets, making it difficult for agencies to predict what their budgets will be from year to year (Ontario Association of Children's Aid Societies, 2018). As such, supervisors and middle-managers are increasingly having to focus on ensuring that performance targets are met so as not to risk future funding. This can contribute to a negative impact on the supervisor-worker relationship and changes the nature of supervision from a reflective and interactive relationship to one focused on ensuring that boxes are checked, and PI's met (Beddoe, 2010).

The implementation of risk-management policies has created a shift in the goals and function of supervision and has given rise to an audit culture, to ensure adherence to the checks and balances. What was intended as an opportunity for support and reflexivity is now "a practice in danger of becoming captured by unthinking adherence to politically and bureaucratically defined roles" (Beddoe, 2010, p.1280). A focus on risk management has led to supervision becoming a form of surveillance (Beddoe, 2010) in which workers

are micro-managed, and the agency reputation is protected. For example, supervision is typically spent ensuring adherence to Ministry standards and that files are "audit ready".

Very little space exists for reflexivity or processing of emotions, due to time constraints and a view that reflexive supervision is a "nice-to-do" rather than a "need-to-do" practice. Over time, these issues can be made performance issues for workers (Beddoe, 2010), rather than a symptom of an overburdened system, and have contributed to a culture of low morale, a sense of being devalued as a worker and an unsustainable workload (Dombo, 2016). This describes another example of a "low-trust culture" that prioritizes meeting standards over meeting the needs of workers and ensuring good social work practice (Trevithick, 2014, p. 302).

Performance and attendance management.
As stated in previous sections, chronic stress can become toxic, contribute to compassion fatigue and burnout, and have a dramatic impact on the health and well-being of workers, leading to increased sick time, absenteeism and staff turnover (Conrad, 2006; Trevithick, 2014; Moll, 2014). Under neo-liberalism, an individual's ability to contribute to society through employment defines their worth, rendering only a narrowly defined few as deserving of assistance (Mahon, 2008; Schram, 2012). A good citizen is one who not only takes personal responsibility and contributes to society by working but also one that is self-surveilling and self-disciplining (Baines, 2012; Smith, 2008).

Audit culture is one way that a worker's performance is monitored and assessed (Munro, 2004). Another is in the implementation of attendance management. Specifically, the introduction of third-party sick leave management has been particularly

problematic. Attendance management programs are marketed to employers as a way of noticing employees who may be needing more support. However, the way that they implement these policies is often punitive, rather than supportive (Moll, 2014). Schram & Silverman (2012), quote a former case manager, who illustrated this shift in policy and workplace culture with a metaphor: "it is now herding cattle instead of tending sheep, where a shepherd takes care of the sheep, a cattle herder just runs the herd through a pen in an insensitive fashion" (p. 135).

In the example of sick-leave management, workers are no longer interacting directly with their human resources department, where they were previously potentially treated as colleagues, and their individual needs were considered within the agency context (Moll, 2014). Instead, their cases are adjudicated by third parties who are assigned or employed by insurance providers in exchange for decreased premiums on benefits (The Conference Board of Canada & Sunlife Financial, 2013). These case managers adjudicate sick leave based on actuarial tables of average recovery times for various illnesses or injuries. These case managers have at their disposal consultant physicians who can rule on a worker's sick time needs without having ever met them or reviewed their records, basing their decisions on how the patient's physician has completed the forms. Parallel to the way in which policies are applied to clients, the sick leave management is also applied to workers in a blanket approach without flexibility. When workers don't conform or return to work within the time specified, they are labelled as non-compliant, much like clients in treatment programs or work-to-welfare schemes (Schram & Silverman, 2012).

Addressing compassion fatigue & vicarious trauma in the workplace culture.
Maslach & Leiter (1997) outline six paths or guideposts to employee engagement
that "are the starting points for the journey from burnout to engagement" (p. 148). These
guidelines provide an opportunity to discuss some of the cultural challenges experienced
today in child welfare. Maslach identifies the key elements as: "sustainable workload;
feelings of choice and control; recognition and reward; a sense of community; fairness,
respect, and justice; meaningful and valued work" (p. 149). In the previous section, I
discussed the challenges of workload and the deskilling of work under managerialism.
This section will highlight the other guideposts listed above and their impact on
workplace culture.

Supervision and a supportive work culture are strong mitigating factors against
compassion fatigue, vicarious trauma and burnout. When workers are unable to access
reflexive supervision, they turn to peers for support and leadership. In many workplaces,
this is not formalised, or sanctioned, as peer supervision, but rather an informal
arrangement of peer support and guidance (Aronson & Sammon, 2000; Mathieu, 2012;
Moll, 2014; Trevithick, 2014). Unfortunately, in some workplaces, management has
actively tried to curtail informal peer consultation through various overt and covert
messages. The consequence of these actions, however, is that it furthers employee
disengagement and a feeling of there being an "us" and a "them." Effectively, it serves to
undermine a "sense of community, respect, fairness and justice" (Maslach & Leiter,
1997, p. 149).

Peer relationships can be a positive influence on worker well-being. However, there is also a potential downside, in that they can breed negativity and contribute to a toxic work environment. Often this is unintentional, as the offloading of stress and vicarious trauma can result in inadvertently adding to a colleague's stress load. Françoise Mathieu advocates "low-impact debriefing" to avoid "sliming" one another with the graphic details of traumatic incidents (2012, p. 41). Mathieu discusses two types of debriefing: formal, which includes supervision, peer consultation or critical incident debriefing; and informal, which is more ad hoc. The advantage of ad hoc peer supervision is that is often immediate, easily accessed, and between peers with first-hand knowledge of the nature of the work. However, the potential downside is that it typically lacks structure and parameters to minimize the contagion effect of stressful experiences between colleagues. Mathieu's describes this as "sliming" when referring to the sharing of potentially traumatic details; however, it can also include the overall amplification of stressful experiences that can occur in informal peer consultations.

The challenge with formal supervision in child welfare, as already discussed, is the tendency to focus solely on the tasks, rather than the emotional work. Another challenge is that in a busy, often crisis-oriented work week, scheduling can be a challenge which contributes to a "lack of immediacy" (Mathieu, 2012, p. 42).

In my workplace, peer consultation is not legitimised, and as such, cannot be scheduled or planned for with intention. As such, informal, ad hoc consultation is the typical format. The solution to preventing burnout does not necessarily lie in creating more policies or layers of bureaucracy (Maslach & Leiter, 1997). Making peer

consultation a formally recognised activity can allow for a more intentional interaction, including setting ground rules to avoid "sliming" our colleagues (Mathieu, 2012).

In Ontario, changes have occurred to health and safety legislation and policies in recent years, including amended language in the Occupational Health and Safety Act (OHSA). These changes improved 'safety-focused language' in the workplace and included legislation regarding violence and harassment. What is missing is attention to mental-health prevention and support.

In 2013/2014, researchers from SPR Associates surveyed workers and Directors across all child welfare agencies in Ontario on behalf of the Worker Safety Subcommittee of the Joint Labour-Management Committee of the Ontario Association of Children's Aid Societies (OACAS) and was funded by the Ontario Ministry of Children and Youth Services (SPR Associates Inc, 2014). The researchers examined issues of workplace health and safety in the sector, including issues of vicarious trauma and compassion fatigue. In conducting their research, the researchers demonstrated a disconnect between workers' reported experiences and management perceptions concerning incidents of violence/threat; traumatic incidents; vicarious trauma and the supports offered by agencies (SPR Associates Inc, 2014). The research presents a number of findings that suggest the importance of this issue. For example, the directors surveyed indicated that they felt that they provided a great deal of support (80-90% agreed) whereas worker response indicated a significantly lower perception of support (30-40% agreement) (SPR Associates Inc, 2014). These findings illustrated a disconnect between what employers offered, and what workers felt was actually needed and helpful in supporting their well-

being. The researchers identified that while "most of the safety and violence manuals and policies reviewed provide for worker support after a traumatic incident, few address secondary trauma and other sources of stress" (SPR Associates Inc, 2014, Appendix A: Best practices Report, p25).

Similarly, the amended language within the Occupational Health and Safety Act (OHSA), while welcome, focusses primarily on the risk of physical violence in the workplace but does not include reference to secondary (ST) or vicarious trauma (VT). The language regarding harassment is also geared to firsthand experience of psycho-social trauma and does not explicitly allow room for secondary experiences. For most workplaces in Ontario the risk of secondary or vicarious trauma is lower, and as the legislation is intended to be broad, the exclusion of this form of trauma appears justified. In the case of child welfare, many employers have not included language in their policies or collective agreements regarding vicarious or secondary trauma, despite workers being at extremely high risk of experiencing VT in the course of their career.

There continues to be significant stigma and shame surrounding mental health issues, particularly amongst helping professionals (Moll, 2014). Shame contributes to a culture of silence in which it is not talked about in a supportive way, and those suffering can become the subject of gossip or ostracization (Moll, 2014; Dombo, 2016). I have always been struck by how helping professionals, such as social workers, approach the issue of mental health issues within the profession, particularly when the risk of developing issues as a result of work-related stress is high. The stigma has been attributed, in part, to "a professional discourse of invincibility…[that] is congruent with

traditional views about the service provider who is supposed to be an objective, detached expert with social distance from the problem of illness" (Moll, 2014, p.10). Research is clear in identifying what works to reduce compassion fatigue and vicarious trauma, including a shift in organizational culture, to include reflexive supervision and peer support (Dombo, 2016; Mathieu, 2012). Important organizational shifts also include the need to address workload by reducing unnecessary documentation and permitting greater worker discretion, while also allowing time off to assist with work-life balance (Dombo, 2016; Mathieu, 2012).

Additionally, reflexive supervision and a supportive team are critical to mitigating the impact of work-related stress (Mathieu, 2012). Mental health and trauma should be talked about openly to reduce the stigma and shame that often prevent workers from seeking the help they need (Mathieu, 2012). Workplaces can implement "top-down approaches that consider organisational structures and policies are important to build a culture of support for psychological health and safety. Bottom-up approaches are also needed, however, to build a culture of compassion and peer support" (Moll, 2014, p. 11). To do so requires leadership, both within the upper management structure, as well as amongst peers. The Unions also play a significant role in addressing the issue through advocacy and negotiating the inclusion of language in collective agreements to address the risk of harm to staff.

Humanizing managerialism – changing the culture.
It seems unlikely that managerialism and neo-liberal policies will disappear from our work landscape anytime soon. As such, to effectively shift the culture within our

social service organisations, we need to examine the ways that we can "humanise

managerialism" (Trevithick, 2014). Specifically, how can we shift the culture to value

and create space for reflexivity and critical practice? How can we empower our leaders,

as well as supervisors and managers, to better support workers so that they can get on

with meeting the needs of clients? How do we ensure that work-enabling conditions

(Antonopoulou, Killian, & and Forrester, 2017) are present and embedded in the

workplace culture?

Audits, accountability and risk management are likely here to stay. However,

organisations can shift from a pattern of rigid, rational responses to ones that embrace the

emotional aspects of the work. Many challenges experienced by workers

> "could be turned around if we could move away from culture of compliance based
> on 'perverse incentives' and 'too much focus on achieving targets' and instead
> create a learning culture that supports ongoing feedback, learning and change in
> social work and toward a culture where practitioners feel in touch and able to
> communicate their emotions in ways that are caring and supportive" (Munro in
> Trevithick, 2014, p. 303).

Multiple studies have demonstrated that the single largest factor in child welfare

affecting staff turnover, poor wellbeing and absenteeism is work-related stress

(Antonopoulou, Killian, & and Forrester, 2017). Further, multiple researchers have

suggested that "social workers get satisfaction and enjoyment from their work with

families, it has been suggested that it is the organisational settings and their policies that

generate the feelings of stress and anxiety" (Antonopoulou, Killian, & and Forrester,

2017, p. 43). As such, it is the responsibility of the organisations to bear some additional

responsibility in addressing these stressors, rather than simply promoting the individuals' responsibility to "rise to the occasion" (Aronson, 2000).

To this end, Antononpoulou et al. (2017) identified nine organisational characteristics within child welfare that they refer to as work-enabling conditions. These include practical organisation support; strong administrative support; small teams; a high ratio of supervisors to staff; recruitment of high-quality staff; limited workload; articulating clear values; quality of individual supervision; and small group discussions.

Shifting focus from individual to organizational change.
Maslach & Leiter (1997) identify the following as keys to preventing burnout in organisations: "recognition and reward; a sense of community; fairness, respect and justice; and meaningful and valued work" (p. 149). These key concepts point to the significance of relationship in practice. Keeping relationships at the heart of social work requires "managerialism to be humanised and for us to challenge the myth which states that we cannot afford quality services" (Trevithick, 2014, p. 288). "Unlike processing inanimate material, work with people is done in the context of relationships that are not just the backdrop to the work, but a central element and a condition of success" (Aronson & Sammon, 2000, p. 173).

Research indicates that social support from managers and peers to cope with daily job pressures, along with job clarity and control, can be more influential on worker wellbeing than a reduced workload (Antonopoulou, Killian, & and Forrester, 2017). Further, Antonopoulou et al. discovered that:

"only organisational factors were found to be significantly associated with high-stress scores and specific structural elements were found to be critical for the worker's reported job control, job satisfaction, and perceived workplace opportunities" (2017, p. 49).

These findings are significant, as workers experiencing stress, compassion fatigue and vicarious trauma are often told, or made to feel, as though it is due to a shortcoming on their part. Statements such as "if you can't cope, get out of the profession" (Moll, 2014, p.6) and "rise to the challenge" (Aronson & Sammon, 2000, p. 14) and when you can't, the problem is reframed as poor time management or the worker being unsuitable for the work.

Much of the available literature in workplaces to address these concerns is focused on improving self-care, such as developing 'work-life balance', increasing physical activity and getting a hobby. This effectively perpetuates the sense that compassion fatigue and vicarious trauma are personal issues, and if you burn out, then it must be because you didn't look after yourself. By rewriting this narrative to focus on the organisational responsibilities, as supported by a growing body of research, we can begin to make cultural changes in the workplace. Addressing the myth of invincibility costs little but could make a considerable difference in shifting the culture of the workplace to become more compassionate and supportive.

Chapter Four: Findings and Discussion

The following chapter will provide an overview and critical analysis of the responses received to the online survey, completed by child welfare workers in southern Ontario. The survey was undertaken through an anonymous online program (Lime Survey) designed to gain an understanding of how child welfare workers in this region view their workplace culture. Additionally, participants were surveyed regarding the aspects of their job that they find rewarding and challenging; in what ways their workplace provides support in managing the emotional demands of the job; and the various ways that they are affected by the work that they do. While most of the questions were multiple choice, many questions offered participants the opportunity to expand on their answers and provide contextual details. Participants were recruited through social media and email, and developed into snowball sampling as participants passed on the survey to their contacts.

Findings

Demographics and context.
The Lime Survey software shows that there were 682 records for the survey, which indicates that it was opened, or started, 682 times. Since the survey was anonymous, it did not ask users to enter a name or email address, nor did the survey track internet protocol (IP) addresses. Therefore, it is not known whether the 682 records reflect unique viewings or people who started and quit or returned to it another time. Of these records, 83 indicated that they had read the Letter of Information and agreed to participate; however, 11 of those did not answer any further questions, effectively

quitting the survey. Survey participants could select "prefer not to answer" for many of the questions and were also permitted to skip a question if they did not wish to answer it.

As such, some of the participants only partially completed the survey. Of those who agreed to participate, 61 answered all of the questions in the survey, while an additional 9 individuals partially completed the survey. Initially, I only viewed surveys that had been fully completed, however when I added the data from partially completed surveys; I realized that by limiting my view to fully completed surveys, I was potentially missing some significant responses, and included them as I did not wish to discount or exclude any responses. The analysis of the survey data includes all surveys whether fully completed or only partially completed.

Child Welfare in Ontario tends to be dominated by women (SPR Associates Inc, 2014; Baines, 2004), so it was not surprising that of the 70 participants who responded, 66 identified as female, 4 identified as male, and 2 declined to answer. Participants were asked to self-identify their race and/or ethnicity. Of the 70 responses, 64 identified as White/Caucasian; 2 identified as Latino/Hispanic; 2 identified as Black; 1 identified as First Nations; 1 identified as Biracial and 2 declined to answer.

Participants in the survey ranged in years of experience from 9 months to 38 years, with the median of 15 years of service. Participants represented all areas of front-line service work in child welfare, taking into consideration regional differences as to how agencies define and organize roles, such as carrying blended caseloads of intake and ongoing/family services (6%) or workers who are seconded into temporary CPIN training

roles[1] (4%). The majority of respondents identified as serving in Intake (22%), followed

by Family Services/Ongoing (18%); Children's Services (12%); Crown Ward/Longterm

Care (10%); Adoption (7.4%) and Foster/Kin Resources (9%). One participant identified

as a Supervisor in Children's Services, while another shared that she recently quit her

position due to stress. With the exception of the worker who had recently resigned and

another who was on maternity leave, all workers were employed Full-Time.

Working conditions.
Workload and control over work are factors that feature prominently in the

literature regarding burnout (Maslach, 1997); therefore attention to these issues within the

research findings is an important aspect of understanding workers' experiences.

Hours of work/overtime.

The number of hours that constitute a "work week" in Child Welfare workplaces

are set out in individual collective agreements/agency policies and appear to be fairly

consistent across child welfare agencies in the province; as reflected in the data of this

study, participants identified their regular work hours as falling in a range of 34-36 hours

per week. Participants were asked to estimate the average amount of claimed and

unclaimed overtime that they performed each week. Among these respondents, 54%

identified that they worked between 0 and 5 hours of claimed overtime per week.

Further, 54% of respondents also identified working between 0 and 5 hours of unclaimed

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[1] CPIN is the Child Protection Information Network, a centralized, online network of documentation for all child protection agencies in Ontario. The network is part of the Provincial "government's plan to modernize the child protection system" (Ontario Ministry of Children, Community and Social Services, 2016). CPIN was gradually rolled out across the Province and each agency had workers from each service area seconded as trainers for their own agency to assist with the transition.

overtime per week. Much of this overtime seemed to occur with workers working

through their breaks and lunches, which they are afforded in their collective agreements

and on the basis of employment standards, with 46% reporting that they "Usually"

worked through breaks/lunch; 31% reporting that they did so "Sometimes" and 18%

indicating that they did so "Always."

Respondents were invited to comment on their experiences of hours of

work/overtime. Some respondents report trying to set boundaries around the amount of

time that they work, acknowledging that the supervisor plays a significant role in whether

this is possible. The following comments reflect social workers comments on these

issues:

> "My current supervisor has made a huge difference. The supervisor understands
> and acknowledges that the volume of work assigned is impossible to accomplish
> in a 34 hour work week and encourages staff to find balance to make life work.
> This isn't the case with most supervisors."
>
> "On a whole, I have clear boundaries about my work and while there is enough
> work for me to work through a lunch, I refuse to do so. I take a lunch every day.
> In 4 years I would say I've missed 4 lunches total due to emergencies. The work
> will always be there - I'm not going to burn myself out trying to get it all done
> today because there's never ending work."

Respondents were generally pleased with the flexibility that their work allowed

them, including attending to personal, family or household issues, "flexing" their

scheduled hours worked or ability to take "personal days". The majority (80%) "Agreed"

or "Strongly Agreed" their agency provided adequate accommodations to allow them to

deal with responsibilities outside the workplace, such as attend doctor's appointments or

pick up a sick child. One worker commented:

"My schedule is generally flexible, I can accommodate personal life demands, I receive a good amount of vacation and I have good benefits. I am given challenging (in a positive way) opportunities in my work and I generally feel supported in making clinical and administrative decisions. While the work can be heartbreaking, at times, it is also incredibly rewarding!"

However, while flexibility within the workday was seen as a positive, workers

still experience too much work and too little time to conduct the kind of work that they

wanted to do with clients. This is exemplified in respondents' comments like:

"It is frustrating to bounce from crisis to crisis because you are managing 23 files (families) and only having time to put out fires."

Despite the ability to "flex" their schedule, workers are expected to be present during

specific hours, such as 8:30-4:30, and stay until the work is completed if there is an

emergency. Additionally, the expectation is that standards are met, even if that means

completing documentation in the evening, on weekends, and even while on holidays.

This impacts work-life balance and results in workers never truly having a break from

their workday, as illustrated in one participant's comment:

"Worker well-being is almost, unfortunately, non-existent at most CAS agencies. The nature of the job, the insane workloads, the insane deadlines, all stand as barriers to worker safety, well-being and good mental health. There seems to be this attitude that if you need help, support or time off, there is something wrong with you - you are not resilient enough, or you are weak, or incompetent."

Administrative workload.

Child Welfare work in Ontario has been significantly impacted by managerialism

and New Public Management schemes over the past few decades (Baines, 2004; Baines,

2014, Rogowski, 2015).   The recent implementation of a new computer program for all

documentation (CPIN) has added significantly to the administrative workload in

preparing for the transition, and in the complete change in how daily documentation is completed (Ontario Ministry of Children, Community and Social Services, 2018). These changes, accompanied with stalled funding formulas and funding cuts have impacted the resources available to agencies to fulfill their mandate (Ontario Association of Children's Aid Societies, 2018). Respondents reflected these experiences in their answers, with 78% of respondents selecting "Disagree" or "Strongly Disagree" to the statement that their agency has "enough resources to do the job the way it should be done." Similarly, 79% responded that "staffing levels were not adequate to meet their agency's needs." Some of the responses offered provided further context through their comments:

> "The changes in child welfare are varied and many. Changes in legislation, changes with CPIN, changes with workload etc."

> "The workload is not manageable. The employer keeps on adding "just one more thing". New programing that we are expected to continue to meet ministry stands while learning a new system."

Workload/work design.

Participants were asked a number of questions regarding the volume and pace of their workload, and the expectation of productivity. The majority of respondents reported that they often (32%) or sometimes (31%) fell behind with their work, while an additional 23% indicated that they were always behind. Similarly, 43% felt that they often did not have time to complete all of their work tasks. One worker summed up the experience in the following way:

> "My to do list is never ending, my paperwork is always behind and I struggle to meet standards while also providing all the families I work with good service and the support and guidance they need/want - which is my main priority."

In addition to the volume of work, 43% of workers reported that they "often" and 32% "always" have to work at a fast pace. Additionally, 51% reported that they "often" have to sustain the high pace throughout the day. As will be discussed further in the chapter, high workloads and the expectation of a fast pace of work completion contribute to chronic stress and a decline in worker well-being as expressed in the following respondent quote:

> "Love my job but increasingly big demands make it impossible to do right. Direct supervisor is great, but only so much she can do."

Workers report spending increasing time on documentation compared to time spent working directly with clients. In this survey, participants were asked to consider their job over the past twelve-month period and estimate the amount of time spent on direct practice versus documentation. Overall, respondents report that their time spent in direct practice over the past twelve months has decreased (43%) or stayed the same (31%), while 20% indicated that it had increased and 6% responded that they did not know. On average, workers felt that time spent in direct practice represented 34% of their time, while approximately 64% of their time was spent on documentation. The range of responses centre around a mean that is in the lower percentage range, indicating that most respondents estimate that they spend less time with direct practice than on documentation. This is illustrated clearly in the following quotes:

> "The expectation of management is to meet standards at all cost. The lower and upper management teams are becoming increasingly distant from front line protection work and are not in tune to the current issues with clinical work with clients. Subsequently, it becomes "standards" driven as opposed to client

> need/risk driven. The stress is really related to standards of documentation, recording, court, administration rather than direct clinical work."

> "It seems as though the ministry is just interested on what we are doing paperwork wise and not allowing CPW's to focus on the real job - keeping children safe."

> "It is a long-standing view that in child welfare work there is too much paper work, red tape and not enough time spent in person with clients. It always amazes me there haven't been more tragedies."

Maslach (1997) discusses a worker's ability to have some level of control over their work, including the ability to make decisions, as a protective factor against burnout. Given the nature of child protection work as a mandated service, it is not surprising then that the majority of respondents' report having little (42%) to no control (31%) over the amount of work assigned to them. Similarly, there is a perception that work is not distributed fairly, with competent and experienced workers taking on a higher workload, as reflected in the quote below:

> "I wish my immediate supervisor would have been more open and understanding that my case load is the highest in the team and I'm stressed. There didn't seem to be much of any understanding as she stated I'm the strongest worker on the team. It seems like they pile work on the strong workers to save those who are not as resilient which in turn burns the strong ones out."

Worker wellbeing.
Compassion satisfaction.

As discussed in previous chapters, compassion satisfaction is described as the level of satisfaction and sense of success that helping professionals experience in their jobs, as well as the degree to which they feel supported by their colleagues (Conrad & Kellar-Guenther, 2006). In this survey, participants were asked whether they consider their work to be meaningful, to which 37% responded that it was "often" meaningful;

and 32% indicated "sometimes;" while 26% answered "always." Similarly, 76% felt that their work was either "often" or "always" important.

When asked to scale their overall satisfaction with their current job, the majority of workers rated their satisfaction as a 3 (32%) or 4 (37%) out of 5 (with five representing complete satisfaction). Comparatively, 9% rated their satisfaction at a 1 while 8% rated at a 5. In response to the question "how satisfied are you with your ability to affect positive change in the lives of your clients," with 1 representing "I am not at all satisfied" and 5 representing "I am completely satisfied," the highest number of respondents (34%) answered with a rating of 3; 28% with a rating of 4; 20% with a rating of 2; 11% rated 1 and 6% rated 5. This suggests that despite the identified stressors and challenges of the work, most workers continue to view their job as having impact, and derive some satisfaction that they are able to make a difference in the lives of others. The belief that they are doing "good work" and hope that things may improve in the future may be what allows them to continue in their positions. When workers experience lower satisfaction with the work, the risk of experiencing compassion fatigue increases, along with absenteeism, sick leave and turnover (Conrad, 2006).

While most respondents found informal peer support to be helpful and most frequently accessed form of support when they were struggling with the emotional demands of their work, there was some acknowledgement of the drawbacks and challenges of peer support, particularly when a worker has needed to be off work due to stress or mental health-related reasons. The following quotes reflect how workers can be impacted negatively when peer support is lacking:

"The spoke about my absence in negative terms and were not welcoming when I returned."

"They feel angry at you because they had increased work while a worker is away."

"It is difficult when peers 'one-up' each other - when you describe something that was traumatizing to you, and your peer says 'it's not that bad, I had something worse happen to me'."

"Co-workers can be judgmental about this, and I think this is harmful."

Overwhelmingly participants reported that the informal peer support that they receive from coworkers is their most significant source of support. For example, 93% reported that they would "often" or "always" receive support from their colleagues if they needed it, and 89% reported that there was "often" or "always" a good atmosphere amongst peers. For many social workers, peer support has taken the place of reflexive supervision, allowing them to "share overload, gain insight into practice dilemmas, and relieve their sense of isolation (Aronson, 2000, p. 179) These workers commented:

"Informal conversations with peers is immediate and generally helps."

"Informal peer support effective because they understand and offer immediate and ongoing support. They check in after."

"I have used the support of my supervisors and other staff. I find this helpful."

Compassion fatigue.

In this survey, workers were not asked whether they identified as having experienced compassion fatigue. Rather, some questions were posed regarding conditions that are known to contribute to compassion fatigue - such as exposure to emotionally disturbing situations and availability of support - as well as the symptoms associated with it – such as feeling worn-out, emotionally exhausted, experiencing

headaches and difficulty sleeping. Some of these questions were adapted from existing

surveys designed by the Occupational Health Clinics for Ontario Workers as part of their

Mental Injuries Toolkit (MIT). This survey was updated in 2017 and was developed

based on the Copenhagen Psychosocial Questionnaire (Occupational Health Clinics for

Ontario Workers , 2017).

While it is beyond the scope of this study to determine the rate of compassion

fatigue amongst child welfare workers in Southern Ontario, it is revealing to consider the

working conditions and the subsequent impact these conditions have on workers

wellbeing. For example, 43% of respondents acknowledged that their work "often"

places them in emotionally disturbing situations, with an additional 32% reporting that

this occurred "Sometimes," and 15% "Always." Further, 46% responded that their work

was "Always" emotionally demanding, while 38% described it as "Often." Many

respondents described a perception that these conditions were part of the job, and if they

were struggling, it was an individual issue, rather than a reflection of systemic conditions.

For example, workers stated:

> "Beyond my immediate supervisor and co-workers, the agency expects you to
> suck it up and just get back to work."

> "Management seems to lack an understanding of the toll the work and
> responsibility takes on staff."

> "Perhaps I feel there is stigma; it makes me look weak."

> Workers were asked to describe their current general health over the past four-

week period. The results were interesting in that 34% described their health as "good"

while those who described their health as "very good" or "fair" were almost equal at 25%

and 23% respectively. Only 8% described their health as "excellent" or "poor" while 2%

declined to answer. Nevertheless, when asked questions regarding symptoms of physical

and mental health, a significant number reported feeling "worn out," (87%); "emotionally

exhausted," (80%); and "stressed," (88%) at least part of the time over the previous four-

week period. Additionally, symptoms such as "irritability," (71%); "poor sleep," (70%);

and "physical exhaustion," (72%) were also prevalent. Other common symptoms were

"feeling tired," (89%); "headaches," (53%); "difficulty relaxing," (78%); "feeling tense,"

(76%); and "muscle tension," (84%). These experiences impact workers overall

wellbeing and can contribute to burnout, as illustrated below:

> "Hearing about others similar experiences and not being validated made me aware I needed to quit after 15 years of service. My health is more important than living in a job where my life isn't valued. "

> "I'm going to retire early because I can feel myself burning out. Not yet but soon. Thank you."

> "Great workers quit or stay and become bitter."

Safety and trauma exposure.

A prevalent theme that arose from the data is that of worker safety. While worker

safety was not the direct focus of the study, it is significant as it has a direct impact on

worker wellbeing and the cumulative affects of their exposure on a daily basis. Workers

were asked whether they ever worried about their safety, or that of their family, because

of the work that they do for their agency. A significant number of workers (87%)

responded that they worry about their own safety, and that of their family, as a result of

the work that they do, while 12% responded that they did not. They were invited to

elaborate on these experiences, and reported numerous incidents of physical assault,

threats to their personal safety or that of their family and being followed and harassed.

The following quotes are a sample of the workers' disclosures related to safety risks:

> "I had a client follow me when I was with my children and threaten me (some years ago)."
>
> "My children have been followed after school."
>
> "Threat of coming to my home resulting in police safety surveillance."
>
> "Threat of harm to my family and police investigation resulting in charges, conviction and jail sentence."
>
> "I have been assaulted by youth twice and had bruises."

Verbal threats and harassment were also common, such as being called names,

sworn at, and subjected to verbal statements of racism and misogyny. Workers also

identified managing aggressive and volatile clients, often on their own or with another

worker, and feeling vulnerable and without support or protection or a viable safety plan.

The workers commented:

> "Threatening messages/ phone interactions; threats of being sued, fired, reported to the college."
>
> "A client told me to be careful as my pretty car could blow up anytime."
>
> "A client told me to be careful as she was watching me and could hurt me."
>
> "A client told me he had the ability "right now right here rape me ... if he wanted to"."
>
> "There also needs to be more in-depth practical measures taken by management to ensure the physical safety of workers, and more training on how to address abuse and threats from clients. At this point, many workers just feel that they have to take it."

Workers are at risk while in the community and out on home visits from volatile people; aggressive pets; unsafe/unsanitary environments and the risk of being exposed to substances, such as fentanyl. This leads to a need for constant vigilance of their surroundings when in the community, adding to their overall stress load. A sample of these experiences includes:

> "I have had my shoes taken so I have had to leave in my bare feet."
>
> "[I've] worried about being attacked by family pets and the family is encouraging or doing nothing to help."
>
> "I have been in homes where there are weapons and exposure to drugs has been high."

In addition to threats of safety to themselves, workers identified being impacted by threats to co-workers and threats to the building. Specifically, 81% of respondents report experiencing worry or distress as a result of seeing, being aware of, or hearing about violence, threats, abuse or trauma to a client, co-worker, or another person in the course of their work.

Workers were asked how many times they believed that they had experienced vicarious or secondary trauma through the course of their job. In retrospect, this question could have been constructed more clearly, as participants seemed to respond by providing the number of trauma events that they could recall, rather than whether they had experienced vicarious trauma as defined in previous chapters. Nevertheless, the results revealed an average of 26 incidents indicates frequent exposure. In fact, 10% reported experiencing a traumatic event in the previous week, while 27% during the previous

month. Incidents included the death or traumatic incident involving a client (44%); abuse

of a child (35%); or threats to themselves and/or coworker (21%). Also reported is the

effects of bearing witness to client stories and histories of abuse and neglect, whether

through hearing about it directly from a client, or reading about details in a file to prepare

court or social history documents.

A significant number of participants (73%) also reported being aware of

deliberate damage or threats made to the building where they work. Events included fires

set deliberately; bomb threats; damage to doors and threats of violence to any staff in the

building. The workers reflected on the following examples:

> "There was a person that was making bombs and was arrested before he bombed
> the agency."
>
> "A birth parent threatened to drive her dump truck (which she drove for a living)
> into the building because we all deserved to die."
>
> "There were shots fired into windows."

Support and supervision.

A recurring theme in the data was the way in which good supervision could either

mitigate the challenges of the work or worsen a worker's experience. While there were

many statements regarding the positive impact that their supervisor had on their work, as

will be explored below, there was an almost equal representation of workers who had

negative experiences with supervisors. Many participants responded that they felt

comfortable going to their supervisor regarding workload issues only "sometimes,"

(45%), while only 32% were comfortable "often" or "always".

When asked if their supervisor was willing to listen to their problems at work if needed 73% respondents selected either "Always" or "Often." This number decreased when respondents were asked whether they felt supported by their immediate supervisor when discussing the stress and emotional/mental demands of the job, with 36% responding that they "agreed," 26% responding with "neutral" and 25% disagreeing. These results are in contrast to responses about feeling supported by peers in discussing these issues, with 85% feeling supported or strongly supported. The respondents had a lot to say about these issues as illustrated below:

> "good team relationships and a supportive supervisor is the best way of dealing with this and even excellent training may not be enough if these other factors are lacking."

> "I regularly speak with my supervisor (and have during all roles in my agency over the years) about how I am coping and if I need help, what I am finding amusing or discomforting, and to receive feedback on how I am perceived to be coping. I have learned that this, along with informal peer support and outside of work supports, is the best way for me to manage my stress in this (insane) job."

> "In my experience in child welfare, workers' experiences of stress and trauma and how these are coped with and overcome depend hugely on management's response - both at the supervisor and director level. I've had managers (and directors) that were extremely supportive and helpful in terms of debriefing and checking in on me, and I've also had managers that didn't really acknowledge the incident or ask if I needed to debrief and this was frustrating."

> "This isn't the case with most supervisors. Too many supervisors lack emotional intelligence when dealing with workers having compassion fatigue/burn out/trauma issues turn into discussions about the worker needing to figure out a way to get the work done and standards met rather than joining with the worker in acknowledging the challenge and distress that assigning such volumes of work can have on staff."

> "I wish I had a supportive supervisor with some skills."

> "Beyond my immediate supervisor and coworkers, the agency expects you to suck it up and just get back to work."

When workers required time off from their jobs due to stress and the emotional/mental demands of the work, 38% reported feeling supported by their employer in taking time off; however, only 20% were honest about why they needed the time off. In returning to work, only 8% reported feeling supported in their return, such as being provided with a gradual return or accommodations. Respondents were asked to elaborate on their experiences, and many shared not feeling supported because they either had only taken a few days off, so there was no need for accommodations, or they hadn't been honest with why they were off. For those who required support and accommodations during their return to work, the majority reported negative experiences. The following quotes illustrated some of the experiences shared:

> "These accommodations were provided by external company....my work didn't contact me at all when I was off to support in any way was never required."

> "I wanted to return on modified hours but was told it was all or nothing. When I did come back, was given full caseload and expected to pick right up where I left off."

> "The first morning of my return I was treated disrespectfully in regards to not providing medical note on time and was forced to meet with human resources."

> "They spoke about my absence in negative terms and were not welcoming when I returned."

> "I personally was not ready to return and resumed sick leave."

> "They just are not supportive nor do they acknowledge how horrific some of the situations we hear about and have to deal with are. It is always a 'move forward and carry on attitude'."

Participants were asked to respond to the statement "my workplace has supports in place to support workers in managing secondary trauma, including the cumulative stress relating to the work and workload." The majority "disagreed" (36%) or "strongly

disagreed" (20%) with this statement, while 28% were "neutral." Many acknowledged

that their workplace has a Critical Incident Debriefing Team in place, but found it limited

in its helpfulness in processing the emotional aspects of the work. Issues reported

included competing schedules that make it difficult to schedule debriefing in a timely

way, and a perception that the debrief was more focused on issues of liability than

supporting the workers involved, or even learning from the experience. The workers

commented:

> "I note that the critical response team follows a very regimented format for after meetings and that these meetings are generally not beneficial. Myself and other workers have commented on how these meetings are conducted to satisfy liability more than out of concern and care for the worker. Also, the directors run these meetings and do a poor job of it. They will not depart from the format and their presence can cause more trauma to the worker as it is not a safe place when your bosses boss is there taking in everything you say. You know they have power over you and they don't really seem to care to begin with."

> "Critical debriefing takes too long to arrange a time for multiple staff to meet."

> Respondents also reported that many workplaces have a formal 'Peer Support'

Team available, which many reported as helpful to them. However other respondents felt

that the Peer Support Team was limited in its usefulness, as it was only made available to

them following a crisis and was very short term. Other concerns raised included the

presence of supervisors and managers on the team which added to a sense of

vulnerability. The workers stated:

> "Peer Support Team - I was a member for many tears and also received services from them many times, which was helpful in reducing the impact of a trauma and reminding me about self-care."

> "Poor experience with a brief interaction with Peer support."

> "Do not access Peer Support Team due to concerns around confidentiality therefore have obtain peer support from trusted co-workers."

> "Peer support team is not diverse or made up of staff I trust."

> "Have been contacted by peer support. I didn't find it helpful. They asked if I was ok and I said I was and that was all that was provided. It's hard to be contacted by phone at your work desk and actually discuss how you're doing."

Most respondents were aware that their agency offered the services of an Employee Assistance Program (EAP) for counselling and other supportive services, and many had accessed these services. Responses were mixed as to the effectiveness or helpfulness of these services. Of those who had commented about their experiences with EAP services (27 in total) 15 reported negative experiences, while 12 reported positive experiences. Issues raised included inexperienced clinicians who were not trained with respect to vicarious trauma and compassion fatigue; interactions that were too brief and limited in the number of sessions, and a lack of trust in the confidentiality of services. Others acknowledged that the services offered by their agency focus on the individual rather than acknowledging that the issues are systemic. The workers stated:

> "The problem isn't with me....the problem is with denial of issues with management"

> "We deserve more understanding from our management rather than being treated like we are weak or lazy. This is why so many people leave the field."

> "There needs to be more training time dedicated to addressing vicarious trauma in a more meaningful, and in-depth kind of way. Eating healthy and going to a spa are not going to counter PTSD."

Workplace Culture and Morale.

Workplace culture may be framed through considerations of how workers perceive the psychological health and safety of their organization. Participants in this

survey were asked to rate their agency's overall psychological health and safety from a

list of options. The highest number of respondents (29%) listed their organization as

"Fair"; followed by "Not So Good" (18%); "Toxic" (17%) and "Poor" (11%). Only 4%

of respondents felt that their workplace was "Healthy", while 8% rated it as "Good". A

negative or toxic work environment is often "a consequence of compassion fatigue,

vicarious traumatization and burnout in our field" (Mathieu, 2012, p. 71). A negative

work environment creates an "atmosphere of mistrust" and further distancing between

management and workers. Bitterness, negativity, and "horizontal violence" can also

ensue as workers begin to turn their frustration towards others rather than working

together to improve their situation (Mathieu, 2012). Workers discussed their experiences

and perceptions, illustrating negative workplace culture:

> "The agency is critical. Fear of reprisal and discipline is constant."
>
> "The job is about checking boxes. We are all replaceable and treated as such. They forget we are human beings out in the field being treated poorly, threatened and that we have real feelings that are being impacted constantly. There is no time to breathe and only front-line staff acknowledge it."
>
> "Our executive management time has been clear that our safety and well-being is of no concern to them unless a third party is involved as demonstrated by both their words and actions. For example, when a worker recently inquired about a safety concern re: working in the community they were told "you knew what you were getting into when you took this job".

Participants were asked specific questions, such as whether they felt that their

organization encouraged behaviour that supported the mental health of its employees.

Only 1.5% responded that they "Strongly Agree", and 18% "Agreed" with that statement

while the remainder disagreed or were neutral. Workers stated:

"Overall it would just feel nice to feel like Management cared about our wellbeing and it would be nice to be able to openly discuss how we're doing emotionally without feeling like management thinks we can't handle our job or that we're falling apart. And feeling like we can be open without fear of losing our job."

"As a result I experienced a high level of stress. I was not sleeping, I had high anxiety and depression symptoms. I had a good supervisor but I think it is challenging as a new worker to express concerns about handling a caseload. [It is} also the culture of the agency.

"Management seems to lack an understanding of the toll the work and responsibility takes on staff. "

"The agency is not supportive of worker mental health."

Similarly, respondents were asked whether their organization tolerated behavior that could be harmful to employee mental health. Although 37% "Agreed" with this statement, 34% were "Neutral", while only 12% "Disagreed." Examples provided by workers included the following statements:

"I had several clients be openly racist and discriminatory towards me. My agency did not offer me anything in terms of support for my emotional or cultural support. What worsened the experience, and ultimately broke my trust with the agency, was that the higher ups completely dismissed my concerns, and told me that assigning my cases to a white worker would solve the problem."

"Management denied my supervisors incompetence to support me when I had a death threat. Management looked at me like I was a trouble maker. Didn't support me at all."

"They just are not supportive nor do they acknowledge how horrific some of the situations we hear about and have to deal with are. It is always a 'move forward and carry on attitude'"

"nothing changes - despite people voicing concerns."

"The culture at my agency has declined so significantly that more and more workers are having to take sick leave."

Some participants discussed the implications of long-standing neoliberalism, in the form of budget cuts, underfunding and policy changes. Several raised the perspective that it was not the fault of their respective agencies, but rather the various higher-level bureaucracies that impact what can be done. For example:

> "I haven't found that this is the fault of my agency, who have shown that they are committed to trying to help us get as many qualified workers on the front lines as possible and work hard at retention, but rather the fault of the provincial government in their poor support of child welfare (blowing up the system, as Wynne threatened, does nothing for the morale of those workers on the front lines)."

> "Our job is frustrating. Our supervisors are also tired and burned out. They want to keep their jobs and pay their mortgages. They do what they are told too."

Others illustrated the ways that these systemic issues have continued to impact clients by limiting their access to resources. These issues contribute to a sense of futility amongst workers who are constantly being asked to do more with less, and finding that the community resources are no longer available to refer people to.

> "The lack of funding for more workers, and much more importantly the incredible lack of funding for fundamental community programs that keeps family out of the purview of child welfare agencies, leads to an increased stress load on workers - myself included - and accordingly, a decreased ability to do the job as well as we could do."

> "poor funding of community programs and social assistance."

Discussion

Through this project, I sought to examine how the workplace culture in child welfare either contributes to or mitigates worker experiences of vicarious trauma, compassion fatigue and burnout. In doing so, I hoped to illustrate what employers could

do differently to better support worker wellbeing. In this section, I will explore the answers to these questions by linking the data from my survey to the literature, as well as my own experiences as a veteran child welfare social worker.

As discussed in previous chapters, the concept of workplace culture can be intangible and may be based, at least in part, on workers feelings and perceptions (Falter Mennino, Rubin, & Brayfield, 2005; van Dernoot Lipsky, 2009). In order to discuss the implications of my findings, I will be examining the data in the context of Maslach's (1997) view that certain aspects of workplace culture can be predictors of burnout. Specifically, aspects such as "sustainable workload; feelings of choice and control; recognition and reward; a sense of community; fairness, respect, and justice; meaningful and valued work" are considered to be significant indicators of workers' perceptions of their workplace and are important factors in mitigating burnout (Maslach, 1997, p. 149).

Additionally, I will draw from the work of Laura van Dernoot Lipsky (2009), and Francoise Mathieu (2012) who have conducted extensive work regarding the impact of trauma on those involved in care work, such as social work. Van Dernoot Lipsky (2009) holds that it is important to consider "…how a workplace feels. What's the energy level? What's the vibe?" (p. 24). She states that these qualities are closely linked to the way in which organizational policies and attitudes "support or impede the workers' efforts to fulfil the mission" (ibid).

Child welfare practice in the age of Neo-liberalism and austerity.
One of the themes evident in the findings is that workers are struggling with their workload, particularly the administrative aspects of the job that include increased

demands for documentation. These demands continue to intensify under Neo-liberal policies that focus on streamlined services, accountability and performance indicators (Baines, 2014; Rogowski, 2015). Over the past decade, child welfare in Ontario has experienced considerable reform and changes, including increased "accountability" through annual audits for protection services, Crown Ward reviews and finances (Ontario Public Services Employees Union, 2016; Ontario Ministry of Children, Community and Social Services, 2018).

The focus on output in Social Work practice, changes the nature and quality of the work, 'from role immersion to more distant technician' (Miller & Hoggett, 2006, p.376). This is also reflected in my findings, as workers identified that their direct work with clients decreased over the last year, compared with administrative tasks, and that their time spent on the administrative tasks of their job is approximately twice the amount of time spent in direct service to clients. Multiple respondents discussed the sense that their work has become driven by "standards" as opposed to the needs of the clients.

This shift is further exacerbated in Ontario through chronic underfunding of child welfare services. Funding formulas have changed and have not kept pace with inflation, increased service demands and changes in technology (Ontario Association of Children's Aid Societies, 2018; Ontario Public Services Employees Union, 2016). At a time when funding has been cut, the Ministry of Children, Community and Social Services has also implemented technological changes with a single system of computer documentation, the Child Protection Information Network (CPIN). The implementation of CPIN was a response to recommendations from a child death inquest, and while not unwelcome by

the field, it has brought with it significant challenges. Specifically, the Ontario Auditor General identified significant delays with implementation due to "poor project planning" by the Ministry, which has also resulted in excess costs (Ontario Ministry of Children, Community and Social Services, 2018).

The costs of these changes are born by individual agencies and have not been accounted for in funding formulas (Ontario Association of Children's Aid Societies, 2018). This has resulted in further deficits in agencies, contributing to reductions in service staff and programming (Ontario Public Services Employees Union, 2016). The implications of these funding changes are also reflected in the findings of this study, as respondents identified that their agencies did not have adequate resources to fulfil their mandate or to "do the job the way it should be done." Respondents also identified that "staffing levels were not adequate to meet the agency's needs." Many respondents expressed feeling that the issues regarding staffing levels were not the fault of their agencies, but rather acknowledged the broader systemic issues.

Workload, documentation and audit compliance.

Changes to staffing levels and increased documentation and accountability has a direct effect on workload. The majority of workers identified that they worked both *claimed* and *unclaimed* overtime on a weekly basis to fulfil the expectations of the work, including forgoing breaks and taking work home with them. Despite this, the majority of respondents identified that they were often behind in their work, despite working at an intense pace throughout the day. The following quote reflects the sentiments of many of the respondents:

"The job is about checking boxes. We are all replaceable and treated as such. They forget we are human beings out in the field being treated poorly, threatened and that we have real feelings that are being impacted constantly. There is no time to breathe and only front-line staff acknowledge it."

Social work practice in child welfare has become increasingly prescriptive, contributing to stifling workloads and more time spent on administrative work to ensure documentation of standards, instead of direct work with clients (Munro in Trevithick, 2014). Child welfare workers practice within a "compliance culture", in which the unintended consequence is a reduction in job satisfaction and personal accomplishment, and ultimately can contribute to compassion fatigue. At times, working within the compliance culture leads workers to experience moral and ethical dilemmas (Trevithick, 2014) when agency expectations are in conflict with professional training and best practice approaches (Baines, 2012). Further, workers can become "deskilled through a lack of opportunity to use the knowledge, skills and experience they have acquired" (Trevithick, 2014, p. 303). Baines (2012) quoted a research participant who stated "you become a processor…processing young people rather than engaging with them" (p. 365). Eileen Munro advocates a shift away from "compliance culture" towards a "learning culture that supports ongoing feedback…where practitioners feel in touch and able to communicate their emotions in ways that are caring and supportive" (as cited in Trevithick, 2014, p. 303). This would contribute to overall compassion satisfaction by creating a culture that is supportive of ongoing learning and emotional support, and likely mitigating experiences of compassion fatigue and vicarious trauma.

Support and supervision.
Formal and informal peer support.

While workload and administrative expectations have a significant impact on the services and levels of support that clients experience, an often-overlooked aspect of this issue is the impact on workers themselves. With the focus on outcome measures, workers have increased demands to complete administrative tasks, which creates a growing sense of frustration and futility about their work. Less time available to clients can often contribute to a diminished experience of compassion satisfaction.

A surprising finding in the data is that despite the significant reports of feeling overwhelmed by the work, and the symptoms consistent with vicarious trauma and compassion fatigue, the majority of respondents indicated that they felt their work was meaningful and important. Similarly, the majority rated themselves as relatively satisfied with their job and the positive changes they could affect in the lives of their clients. A possible reason for this apparent discrepancy could be their identification of peers as a significant source of support. Conrad et al. (2006) describe compassion satisfaction as being partly related to the degree to which workers feel supported by their colleagues, which was also expressed by a majority of participants in my study.

Informal peer support was largely reported as positive and mitigating because it was often immediate and accessible. Findings suggest that having experienced peers to turn to for support or consultation to be extremely helpful. For some, it is one of the only ways in which to engage in reflexivity and critical analysis of practice; however, it's informal nature means that his is not a universal experience and is often not sanctioned or

supported by managers. Peer support can take multiple forms, from holding one another accountable to take breaks and engage in self-care and camaraderie.

Peer support is often an opportunity to discuss a challenging case or wrestle with our emotions or the most ethical course of action (Mathieu, 2012). It is an opportunity to support and validate one another, while also challenging assumptions and decisions. Sometimes it is an opportunity to vent frustrations, others times it provides an opportunity to gain insight from our colleague's experiences. When it is done well, peer support can support a "sense of community, respect, fairness and justice" (Maslach, 1997, p. 149) and has been shown to contribute to a reduction in experiences of compassion fatigue (Mathieu, 2012).

Informal peer support can also pose challenges to workers as it can breed negativity and contribute to a toxic work environment. Some survey participants shared examples of gossip, chronic negativity and peers engaging in one-upmanship concerning experiences they have endured, and how invalidating these experiences can be. Matheiu (2012) discusses how this often unintentional behaviour can inadvertently add to a colleague's stress level, and advocates for "low-impact debriefing" to limit this impact.

Many agencies now offer formalized Peer Support Teams, as well as Critical Incident Debriefing teams. Most participants acknowledged being aware of these services, and many had accessed them during their work at their agency. The findings indicated mixed experiences with these formal teams. Many indicated that they found formal peer support to be helpful following an incident, while many others felt

mistrustful and concerned about what people might think about them. Some of the challenges included that the teams are designed for quick response immediately following a critical incident and amounts to little more than a check-in. One respondent shared that it was awkward to receive a call from a Peer Support team member while sitting at their desk and felt that they would be uncomfortable sharing in this manner if they were struggling. Several indicated that the Peer Support Team did not provide any opportunity for follow-up or group debriefing unless it was specifically requested or followed an agency-wide incident, such as grief following the death of a colleague.

Further, Peer Support Teams do not provide for any response to address widespread, cumulative effects of secondary trauma, vicarious trauma, or compassion fatigue. Secondly, the peer support teams at many agencies had supervisors as part of the team, often in the position of coordinators. This would be acceptable if their support was provided to supervisors and managers only. However, this is not always the case. As such, their presence in prominent roles on the team serves as a barrier to many for accessing their services for fear of reprisal or stigmatization that could impact others perceptions of them as a worker.

There is a vulnerability that exists given the power differential between supervisors/managers and workers. This vulnerability is also present in Critical Incident Debriefing meetings, which several respondents identified as not being helpful. Specifically, they shared feeling like these meetings, often facilitated by Directors, are held to satisfy concerns about liability rather than concern about the worker's well-being.

Others shared that rather than being an opportunity for reflexivity and learning, it becomes a fault-finding meeting.

Supervision: an opportunity for reflection or a form of surveillance?

In addition to informal peer support, participants identified having a supportive and competent supervisor is key to their longevity in the job. The emotional responsiveness of their supervisor, as well as an understanding of the mental and emotional impact of the job by the supervisor, was of critical importance for many respondents and was often identified as being a mitigating factor. In contrast, those who reported having a supervisor that was not supportive could worsen their experiences and overall satisfaction with the job. The data findings illustrated that there was an almost equal division between those who had positive and negative experiences. However, workers overall impression of attitudes from higher management was that they did not feel supported in managing the emotional and relational aspects of the work.

When workers do not feel supported by management, they can experience a feeling of isolation, reinforcing the narrative of their inability to manage the job, rather than systemic issues that make the job impossible to do. This perception is reinforced by management decisions and policies that lead to workers feeling that they are not trusted and can not trust their managers. For example, participants shared examples of being told that the documentation requirements are paramount and feeling that the work they do with clients is viewed as less important, leading them to feel "replaceable" and their jobs reduced to "ticking boxes." The findings from this study are corroborated by research in

the field that indicates how implementation of performance management and increased focus on outcomes diminishes the worker's role as a caring practitioner while reducing their experiences of compassion satisfaction (Baines, 2014; Aronson & Sammon, 2000; Trevithick, 2014; Beddoe, 2010; Rogowski, 2015).

Supervisors are not immune to the strain of the work, and most have also seen a significant increase in their workload and expectations. Many are stuck between wanting to support their team members and having to toe the line with their superiors (Sims, 2003; Patterson, 2015). Several survey participants discussed feeling that their supervisor was supportive while adding "but there is only so much that she can do," in recognition of their limitations as well. One of the significant changes is supervisors accountability to ensure that performance targets are met so as not to risk future funding (Ontario Association of Children's Aid Societies, 2018). The focus on outcome measurement has had a negative impact on the supervisor-worker relationship and changed the nature of supervision from a reflective and interactive relationship to one focused on ensuring that boxes are checked and PI's met.

Over the course of my child welfare career, I have worked under several supervisors who maintained different approaches to supervision. Despite having different styles, and the constant pressure of looming work to be done, supervision almost always allowed some room for the emotional work of the job, or at the very least, an opportunity to develop a relationship between supervisor and worker.

In recent years, this has changed and may be due to the influx of accountability and audits as a mainstay of the job. Just as the nature of the worker-client relationship has shifted, the nature of supervision has become more transactional – an opportunity to ensure task completion and meeting Ministry standards – rather than relational – an opportunity for reflexivity and processing difficult cases. The change has become rather striking as supervisors now have their computers positioned prominently on their desks and often type notes during supervision. A second screen has been added to face the worker to ensure that the notes are accurate; however, the unintended consequence is that each person is focussed on a screen, rather than engaging directly with one another. The conversations become stilted and focus on providing the supervisor with short statements that are typed into a case note, rather than a conversation that invites input and reflexivity. Regular supervision involves going through each case to provide a brief update, but largely focusses on ensuring that documents are completed and time is managed appropriately. My experiences do not appear to be unique in child welfare and are supported in the findings as well as in the work of many researchers (Beddoe, 2010; Baines, 2014; Trevithick, 2014).

With continued cutbacks resulting from chronic underfunding, we are unlikely to see smaller teams that would allow for higher ratios of supervisors to staff. Improving the quality of individual supervision, by focusing on the worker-supervisor relationship would foster an environment conducive to engaging in critical reflection and support the emotional work inherent in social work practice. As discussed earlier, peer consultation is another avenue to support this work, particularly as supervision is increasingly focused

on compliance. One way to legitimise this practice may be through the creation of Team Lead positions. These experienced workers could take on a leadership role as part of their duties and assist with peer support and guidance in exchange for a nominal increase to their salary and a reduction in caseload to allow for availability to their team.

Trauma exposure and chronic stress.
Threats to safety.

The findings suggest that child welfare workers are very much aware of the risks that are inherent to the job, from stress, exposure to the trauma of others and even threats of violence to themselves or their workplace. While workers seem to accept these risks as part of their job, I was struck by the prevalence of threats to worker safety. In my experience, the prominent narrative within child welfare agencies is that although workers may perceive that there are threats to their safety, they are regularly told that the risk is low, minimizing their concerns and negating requests for additional safety supports. The findings of this study suggest that it is not just a matter of perception, but rather a significant lived experience. Participants described multiple and varied experiences of being threatened with harm; being assaulted; and enduring regular threats to themselves, their families, and to their workplace. This is further supported by other studies that report child welfare workers as experiencing significant levels of violence (including threats of violence), the levels of which are exceeded only by the police (SPR Associates Inc, 2014).   One reason for this apparent disconnect may be due to gaps in systems established to report these incidents, which "may reflect in part, 'cultural and organizational features of CASs" (SPR Associates Inc, 2014, p. ii). One of these gaps is

that there is no system in place to measure or attend to worker experiences of vicarious and secondary trauma, compassion fatigue and chronic stress.

Although workers may accept that there are inherent risks to their job, there is a cost associated with the cumulative exposure to threat to their safety, whether they are consciously aware of it or not. While many respondents did not identify themselves as having experienced vicarious trauma or compassion fatigue, they identified frequent experiences of trauma exposure, chronic stress, and impacts on their physical and mental wellbeing.

Compassion fatigue.

As identified in previous chapters, compassion fatigue is an occupational hazard of social work, and the "cost of caring for others in emotional pain" (Mathieu, 2012, p.8). It can contribute to an unhealthy or "toxic" work environment (Mathieu, 2012) which is reflected in the findings, as the majority identified their "agency's overall psychological health and safety" in negative terms. The intention of this study was not to determine the rate of compassion fatigue amongst child welfare workers in Southern Ontario.

Nevertheless, by examining the cluster of characteristics and symptoms of compassion fatigue in the findings, a picture emerges of a workforce that is experiencing compassion fatigue in significant numbers. Workers are frequently placed in emotionally disturbing situations, and their work is emotionally demanding. These conditions contribute to emotional and physical exhaustion (Mathieu, 2012) and are reflected in the findings by reports of "feeling worn out", "emotionally exhausted," and "stressed" in

significant numbers. These symptoms were also accompanied by experiences of "irritability," "poor sleep," and "physical exhaustion" in the findings.

Vicarious and secondary trauma.

Survey participants identified frequent exposure to trauma and worry for their safety and that of their family. A limitation to this study was in the construction of some of the questions relating to vicarious trauma, as participants responded with the number of trauma events that they could recall, rather than whether they had experienced vicarious trauma. Nevertheless, the findings revealed frequent exposure to traumatic events, including the cumulative impact of reading disturbing details in a case file. Although workers did not necessarily identify with having experienced vicarious trauma as defined in previous chapters, some participants shared examples that were consistent with the symptoms described by Mathieu (2012), such as having their worldview changed, feeling numb and bitter, and having difficulty trusting others.

Sick-leave, absenteeism and the walking wounded.

Workers are often in a constant state of elevated stress, which can impact their physical and mental health. Chronic stress also results in a reduction in worker effectiveness with clients and a decrease in their satisfaction with the work, as well as an impact on worker wellness, increased sick time and absenteeism, and increased staff turnover (Moll, 2014; Trevithick, 2014). Survey participants indicated a reluctance to share with their supervisors, or more broadly, with Human Resources or upper management when they were struggling with their mental health as a result of their work.

The majority did not feel that they could be honest about why they needed time off, and for those who were open about their reason for sick leave, only 8% reported feeling supported in returning to work.

Many participants discussed feeling unsupported and disrespected in seeking accommodations or when returning from sick leave. Several identified their experiences with third-party sick leave management as worsening their stress and anxiety, describing a dehumanizing experience. This suggests that a rethinking of what organizations value, regarding staffing, is needed. If an agency's goal is to reduce the expenses relating to high staff turnover and absenteeism, investing in improving workplace culture is a wise place to start.

Currently, in many workplaces, absenteeism is addressed through the implementation of third-party management of sick leave. This change provides short-term savings in the form of reduced insurance premiums, however, is short-sighted if it continues to erode staff engagement and wellbeing. Instead, addressing the underlying causes of staff sick time usage and turnover would mitigate these expenses (Conrad et al., 2006; Dombo, 2016). Successful organizations focus on maintaining skilled, motivated and engaged employees while providing managers who view their job as providing support and removing barriers to allow employees to get on with doing their work (Maslach, 1997).

Recognition and reward.
Survey participants related a number of experiences relating to diminished morale within the child welfare in recent years. Examples such as fear of reprisal and discipline

were common, as were statements of feeling "replaceable" and "devalued". Significantly, participants reported feeling that their workplace did not encourage behaviour that supported the mental health of their organization, and more concerning, that they tolerated harmful behaviour.

A recent joint initiative between Unions representing child welfare workers and the OACAS in Ontario undertook a study of workplace safety in child welfare, to identify areas for improvement. The study illustrated a disjuncture between employee perceptions of how their workplace supports their well-being, and how management perceived their efforts to support employees (SPR Associates Inc, 2014). In the last 5-10 years, amidst a variety of cutbacks to frontline staff, workers at several local child welfare agencies were further demoralized by the elimination of annual staff recognition, awards for years of service, and recognition of staff who demonstrated exceptional work. While none of these were lavish gestures, they reflected an opportunity to take a break and come together and celebrate one another. At some agencies, breakaway days, often used for team building or strategic planning, were curtailed and teams were prohibited from holding these days at one another's homes. At other agencies, significant restrictions were placed on workers' ability to work remotely from home, with overt threats of discipline if the rules were broken. These changes furthered the gap between workers and management, eroding trust and contributing to feelings of disrespect and being devalued. None of these practices cost much, if anything, to maintain, and as such the changes often feel punitive. Creating genuine opportunities to provide positive feedback and validation cost nothing and go a long way toward improving employee engagement.

The findings of this study are consistent with the literature regarding the impact of Neoliberalism and austerity on workplace culture, and also support the findings regarding worker wellbeing. The findings create a picture of a workforce that is under immense pressure from many sides. The attrition rate in child welfare continues to be high, along with rising levels of sick leave, which contributes to workload as cases are left uncovered or absorbed by already overwhelmed team members. A shift towards compliance culture in the age of audits and performance management has led to a focus on documentation over direct engagement with clients. This has led to a reduction in worker satisfaction of their practice and contributes to increased stress. None of these findings are surprising to those who work in the field, however, what was most significant in these findings is the impact of workplace culture on how workers experience their workplaces and cope with the inherent challenges of the job. Consistent with other research (SPR Associates, 2014; Moll, 2014; Baines, 2014; Trevithick, 2014) the findings of this study suggest that a cultural shift from the top-down is required in order to better attend to the well-being of workers if we are to ultimately improve services to clients.

Chapter Five: Conclusion and Areas for Future Research

Areas for Future Research

Although some of the questions in the survey were gleaned from assessment tools designed to assist users in self-assessing their risk of vicarious trauma, compassion fatigue, burnout and workplace stress, it was beyond the scope of this study to assess or diagnose participants. Rather the intention was to look for themes and trends of experiences and the ways in which child welfare workers are affected by the work that they do. As such, it may be helpful for future researchers to conduct studies similar to the one by Conrad et al. (2006) to determine the number of respondents that are at risk of, or have experienced, vicarious trauma or compassion fatigue in the course of their work, which may assist in emphasizing the need for organizational change in this area.

The anonymous nature of the survey allowed for candid responses and a high number of responses, which was helpful in assessing the issue from a broad perspective. In future research, focus groups and individual interviews may allow for more in-depth discussions about experiences and provide an opportunity to gain a more specific understanding of what organizational changes are needed to sustain workers in their practice. This study resulted in a significant amount of data that could not be fully examined within the scope of this Master's level thesis. Future research, based on this data, could include examining for whether there were differences in experience, based on gender or race for example. The demographics from this survey reflect participants as largely identifying as white and female. A limitation is that, with one exception where a participant reported on her experiences of racism and the lack of support she received, the

findings did not capture the experiences of marginalized social workers within child welfare. Other areas for future research arising from this study include examining existing training practices versus what participants identified might be helpful to them. Finally, there was significant information reported regarding staff safety issues that were not explored in more detail as it was not the focus for this study.

Limitations to this Study

One of the challenges of this study occurred during the recruitment phase, as arrangements to recruit through CUPE fell through and recruitment instead became snowball sampling through social media and email. As such, the survey was limited by the number of potential participants that were reached, and exact numbers were unknown. This may have contributed to the largely absent voices of workers who identify as being part of marginalized populations. It is not clear whether this is in part reflective of the demographics of child welfare practice in general, or due to other factors, such as limitations of recruitment efforts, participants choosing not to self-identify, or other barriers that might limit participation.

Another limitation to the study was that changes to recruitment, as well as the timing of the stage of my research, coincided with the roll-out of CPIN, which may have prevented participation by some due to workload, and may have also influenced how some participants responded. This was mitigated somewhat by the participation of respondents from a variety of agencies, some of whom had already adopted CPIN, and thus were less influenced by this significant change and period of transition.

Regardless of these limitations, the data collected in this study was helpful in understanding the current workplace culture and what workers are finding helpful to sustain their work in the field, and what changes need to be made to better support their well-being.

Conclusion

The intention of this study is the exploration of experiences of compassion fatigue and vicarious trauma amongst child welfare workers within Southern Ontario. Specifically, this inquiry sought to understand how the culture of the workplace contributes to worker experience of vicarious trauma, compassion fatigue, compassion satisfaction and burnout. In doing so, I explored the ways in which the workplace culture exacerbates or mitigates these experiences, as well as the ways that employers can support workers to better cope with the mental and emotional demands of this work.

In much of the literature relating to experiences of compassion fatigue, burnout and vicarious trauma, the emphasis is often on individual factors, such as resiliency and self-care practices. Although self-care practices and personal resiliency have a role to play in how and if caring professionals experience these phenomena, by focussing only on 'the individual' we run the risk of "blaming helpers for developing CF and VT" (Mathieu, 2012, p. 67). Focussing on self-care suggests that those who experience CF and VT do so because they didn't try hard enough to prevent it, or because they have some kind of personal deficit or weakness that means they are simply "not cut out" for the work (Antonopoulou, 2017; Aronson, 2000; Mathieu, 2012).

Addressing experiences of compassion fatigue and vicarious trauma requires a paradigm shift from exclusively individual responsibility and towards an understanding of the broader systemic context and organizational responsibility (Antonopoulou, 2017; Mathieu, 2012; van Dernoot Lipsky, 2009). In fact, organizational strategies to support worker well-being are shown to be significant factors in addressing and preventing CF and VT, ultimately preventing burnout and staff turnover. Mathieu (2012) argues that ideally, strategies should exist in multiple levels: *professional,* such as debriefing and ongoing training; *organizational*, such as peer supervision and a workplace culture that recognizes compassion fatigue as an occupational hazard; and *personal,* such as self-care strategies.

In this study, participants identified informal peer support and reflexive, supportive supervision as key areas that either sustained their practice or worsened their experiences. This is consistent with the literature, that identified peer support and supervision as contributing significantly to workplace culture and worker well-being (Conrad, 2006; Mathieu, 2012; Maslach, 1997). Unfortunately, access to reflexive supervision is not universal under current managerialistic practices, where it often takes a back seat to ensuring compliance with standards and accountability. While many workers identified experiencing supervision that was less than satisfactory, many acknowledged that it was not the fault of their supervisors, but rather an unintended outcome of an overburdened system that values meeting performance targets over the needs of clients and workers. Challenges in establishing supportive peer and supervisory relations are also related to the nature of child welfare shifting towards "ticking boxes" to

ensure compliance, and away from relationship-based practice (Beddoe, 2010; Miller, 2006; Munro, 2004; Trevithick, 2014). The deskilling of practice contributes to a devaluing of the role that workers play and by extension, changes the nature of supervision. What was intended as an opportunity for support and reflexivity is now "a practice in danger of becoming captured by unthinking adherence to politically and bureaucratically defined roles" (Beddoe, 2010, p.1280).

Supportive peer relationships were identified as contributing to a positive culture in this study and are identified by other researchers as positively contributing to compassion satisfaction (Conrad, 2006; Mathieu, 2012; Maslach, 1997; van Dernoot Lipsky, 2009; Trevithick, 2014). Trusted and supportive peers are viewed as being able to provide immediate and knowledgeable support, in the form of assisting with workload; accountability; camaraderie and emotional support. By contrast, formal peer support teams were viewed almost equally in positive and negative light. Many participants reported that it was helpful to have the Peer Support Team check in with them following a critical incident, while others shared experiences of mistrust.

Specifically, concerns were raised when members of management were present on these teams, as the power imbalance led to an increased sense of vulnerability. Further, the support provided by these teams was limited to critical incidents and were not available to them to address chronic exposure to stress, trauma and experiences of compassion fatigue. Similarly, while some participants acknowledged that they found Employee Assistance Programs to be helpful, many expressed frustration at being referred to practitioners who were not trained in compassion fatigue or vicarious trauma

and had little understanding of the nature of the work. Others also expressed frustration with the short-term nature of the service when ongoing support is often necessary. These examples provide insight into some tangible ways in which organizations can improve support to their workers, such as providing access to ongoing peer support; increasing benefits to allow for ongoing mental health services; and formalizing mentorship, such as team leaders, to augment supervision and provide opportunities for reflexivity.

Peer relationships also have a potential downside and can contribute to negative workplace culture, as expressed by survey participants as well as researchers (Mathieu, 2012; Moll, 2014; Dombo, 2016). Issues such as stigma and shame regarding compassion fatigue and vicarious trauma lead to a culture of silence and a perpetuation of the myth of professional invincibility (Moll, 2014; Dombo, 2016; Mathieu, 2012). Participants reported feeling ostracized upon return from stress or sick leave or the subject of gossip. Additionally, experiences of "one-upmanship" can occur when seeking support for their experiences, and colleagues respond in ways that are unintentionally unsupportive.

The nature of child protection work creates circumstances in which workers are regularly exposed to potentially traumatic or disturbing experiences or information. In an effort to offload the weight of these experiences, venting or sharing with peers can occur as a means of processing their own feelings about it. An unintended consequence, however, can be the "sliming" of their colleague by adding to their load of distressing information (Mathieu, 2012). This can create a contagion effect, amplifying experiences of stress, if venting and sharing become chronically focussed on the negative rather than a means of support and encouragement. Informal peer support means that workers are

often unable to set boundaries around how information is shared and support provided and can breed negativity in the workplace. Mathieu recommends that workers be cognizant of what and how they share, and that they ask permission of their colleagues before sharing potentially upsetting details.

In order for peer support to be beneficial for all, it would be helpful for organizations to provide framework for the practice, which would both provide legitimacy to peer support, instead of viewing as a "gossip" or "bitch" session that contaminates the work environment and allows for workers to provide boundaries and limits to the process. An example of this could be through the use of team leads in facilitating weekly rounds or providing teams with space to check-in and consult one another as needed, while respecting that not everyone can provide this support.

Workplace culture is influenced by tangible factors, such as policies, rules, norms and structures (Meek, 1988) as well as intangible factors such as feelings and perceptions (van Dernoot Lipsky, 2009; Falter Mennino, 2005). Culture is also experienced as morale, a sense of community and connection, and of being valued as an employee (Maslach, 1997). Survey participants provided examples that illustrated clearly how neo-liberal policies and austerity measures have contributed to a workplace culture in which workers expressed feeling replaceable, devalued, and precarious. Cutbacks to services and staffing, crushing workload and increasingly complex client situations contribute to the sense of overwhelm experienced by workers.

The majority of participants expressed that they felt that their jobs were meaningful, and they derived satisfaction from their positions. This leads to an assumption that their low morale was not necessarily related to direct work with clients, but rather, with the design of work, the way in which social workers perceive their relationship with their employer and the effect of their workplace culture. This finding is consistent with the literature (Dombo, 2016; Antonopoulou, 2017; Aronson, 2000; Baines, 2004; Mathieu, 2012), which suggests that "clients and their stories are not always the main source of stress" (Mathieu, 2012, p. 64).

> "…It's also the paperwork, the new computerized system staff have to learn, and, let's not forget, the nth restructuring/merging with the agency next door/new executive director/best practice remodel that an agency is going through for the fourth time in 8 years" (Mathieu, 2012, p. 64).

Participants reported that it was these factors that most impacted their satisfaction with the work. Chronic upheaval and constantly increasing accountability measures not only add to workload in a negative way, but also contribute to growing negativity within the workplace due to chronic stress, unhappiness, and compassion fatigue (Mathieu, 2012).

Moving Forward Towards Sustainable Workplace Culture

The findings in this study are consistent with a much broader study conducted in Ontario in 2013/2014 by SPR Associates, on behalf of the OACAS and Ministry. This study made many recommendations for changes to the field; however, it would appear from this study that little has changed to address these needs. With respect to creating a culture of psychosocial safety within child welfare in Ontario, I would echo many of the recommendations made in this report. Specifically, the need to establish a "culture of

safety" in which there is more open communication and acknowledgement of the mental health risks inherent to the work. The SPR report suggested that a program be developed to address these issues and shared across the province (SPR Associates Inc, 2014). This could include the use of the Mental Injury Toolkit, as developed by the Occupational Health Clinic for Ontario Workers (Occupational Health Clinics for Ontario Workers, 2017). The recommendations also emphasized the need for a top-down shift in how mental injuries are viewed to create more acknowledgement and open communication, as well as "blame-free atmosphere" (SPR Associates Inc, 2014). By rewriting this narrative to focus on the organisational responsibilities, as supported by a growing body of research, we can begin to make cultural changes in the workplace. Addressing the myth of invincibility costs little but could make a considerable difference in shifting the culture of the workplace to become more compassionate and supportive.

Other considerations include ensuring access to formal peer support that is anonymous and without management involvement. These programs need to go beyond critical incident debriefing and address vicarious trauma, secondary trauma, post-traumatic stress and compassion fatigue (SPR Associates Inc, 2014). These recommendations were echoed in the statements by survey participants, who also reported that VT/ST/PTSD/CF were not discussed in training that they received, nor were they acknowledged in daily practice. The exception to this was newer workers who had participated in undergraduate programs aimed at developing skills for child welfare specialization, such as at McMaster, and those who had participated in new worker

authorization training. Participants reported the need for this training to be ongoing and supportive, rather than simply conveying policy.

With continued cutbacks resulting from chronic underfunding, we are unlikely to see smaller teams that would allow for higher ratios of supervisors to staff. What can occur is a rethinking of what organisations value, regarding staffing. If their goal is to reduce the expenses relating to high staff turnover and absenteeism, investing in improving workplace culture is a wise place to start. Currently, absenteeism is addressed through the implementation of third-party management of sick leave. This change provided short-term savings in the form of reduced insurance premiums, however, is short-sighted if it continues to erode staff engagement and wellbeing. Instead, addressing the underlying causes of staff sick time usage and turnover would mitigate these expenses.

Improving the quality of individual supervision, by focusing on the worker-supervisor relationship would foster an environment conducive to engaging in critical reflection and support the emotional work inherent in social work practice. As discussed earlier, peer consultation is another avenue to support this work, particularly as supervision is increasingly focused on compliance. One way to legitimise this practice may be through the creation of Team Lead positions. These experienced workers could take on a leadership role as part of their duties and assist with peer support and guidance in exchange for a nominal increase to their salary and a reduction in caseload to allow for availability to their team.

Workplace culture goes beyond the shared beliefs, norms and goals of an organization (Falter Mennino, 2005) and includes the often-intangible elements of worker perceptions and feelings (Falter Mennino, 2005; van Dernoot Lipsky, 2009). How a worker experiences their workplace, is heavily influenced by the way their workplace feels, more so than the intensity of the work (van Dernoot Lipsky, 2009). Specifically, "the degree to which the organization's structures, policies, and attitudes support or impede the worker's efforts to fulfil the mission" can affect how individual workers cope with the demands of the work and the degree to which they remain resilient (van Dernoot Lipsky, 2009, p. 24).

Participants in this study identified concerns that included not feeling that their agency supported worker wellbeing, and also that their agency tolerated conditions that were harmful to worker wellbeing. These perceptions were echoed throughout the findings as workers expressed feeling devalued, unappreciated and unsupported in addressing the mental and emotional aspects of their work. While participants did not identify directly with terms such as compassion fatigue, vicarious trauma and burnout, symptoms of these conditions were apparent in the findings as well as in reported increase in sick-time, absenteeism and turnover. The findings in this study echo concerns raised in the SPR Associates study (2014) and indicate that little has changed since the recommendations from that study were made.

The ability to provide quality child welfare services that meet the needs of communities and families depends heavily on maintaining healthy, engaged social workers who are supported by their organizations to provide quality social work services.

Organizations can no longer afford to ignore their role in supporting and maintaining worker wellbeing, which requires a shift in organizational culture from the top-down. Relationships matter – in supporting workers as well as families – and can't be measured by focusing on performance indicators and compliance culture.

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