

Stressors in Child Welfare Practice

November 2, 2000

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Description of Study

The stressful nature of child welfare practice has been well documented in the professional literature and in the popular press. Stressful aspects of the job include excessive workloads caused by unwieldy caseloads, court appearances and overwhelming paperwork; poor working conditions; and low salary. Added to these administrative challenges are the difficulties associated with working with involuntary clients and the awesome responsibility of protecting society's most vulnerable citizens based on incomplete information and an inexact science. These volatile situations can result in traumatic events such as threats or injury towards a worker or death of a child for whom the worker has responsibility. In recent years, children's aid workers have further been confronted with a changing political and social landscape with regard to child protection issues. At the same time as expectations of protecting children are heightened, alternative community resources are diminishing, increasingly placing the entire burden of care on CAS's.

As a result of ongoing chronic stressors, researchers have cited a two-year turn over rate of 46 percent to 90 percent in child welfare practice. The alarming loss of staff in this demanding and highly specialized area of practice threatens the safety of children. Concerns are also present for those staff who stay and experience the cumulative effects of stresses in their work and resulting workload pressures. Yet, despite the fact that social work practice in general, and child welfare practice in particular have long been recognized as stressful, most reports remain anecdotal and few empirical studies on the subject appear in the professional literature.

The present study explores stress and traumatic events in a child welfare setting. The purpose of the research is to:

- ❑ Develop a better understanding of the ongoing stressors encountered by CAS workers
- ❑ Develop a better understanding of critical incident stressors or traumatic event that are encountered by CAS workers
- ❑ Examine the consequences of exposure to stress and trauma on individual workers
- ❑ Explore individual and organizational strengths and supports that contribute to managing the impact of stress and trauma among CAS workers

This research is being carried out in the Children's Aid Society of Toronto, which with approximately 700 staff is one of the largest board operated child welfare organizations in North America. Data collection involves both qualitative and quantitative methods. The quantitative measures were selected on the basis on established research use in the area as well as published validity and reliability data. A total of 175 questionnaires have been returned from front line, clerical and management staff. This represents approximately a 30% response rate from the total staff employed at the time of the study. This rate was somewhat higher in some subgroups, such as intake social workers.

Workers who participated in the quantitative component of the study were asked if they would be willing to participate in a one-hour interview in order to more fully explore their experiences. A subsample of 20 workers was selected for interviews. Finally, consultation group meetings were held with members of three constituencies, management, front line workers and union executive during which the initial data was presented. Participants in the consultation groups were then asked to address the primary questions.

- 1) Does the data feel valid in light of your work experience.
- 2) What ideas do you have for addressing these issues in the agency and beyond?
- 3) What do you feel may be negative outcomes from this data and how can we avoid them in the reporting process?

This report focuses on the quantitative data collection, suggestions provided by the consultation groups and a preliminary review of individual interviews.

Description of Participants

One hundred and seventy –five workers at CAST participated in the questionnaire component of the study. Thirty-eight men and 135 women. (Please note that when categorical data does not add up to 175, this is due to missing data on individual questionnaires). Areas of work can be found in Table 1. For the purposes of all further data analysis, any category containing less than 10 people was combined. Children’s service social worker was placed in the “other social worker” category. All remaining small categories were place in “other”.

Table 1 – Present Position

Intake social worker	26
Family service social worker.....	25
Children’ service social worker.....	9
Other social worker	11
Medical	9
Property / finance.....	2
Child and youth worker	20
Case aid	2
Clerical/ administrative	11
Management / supervisor	47
Legal	2
Other	10

Table 2 – Years in Child Welfare

Position	Mean Number Years	Median Number Years
Intake social worker	2.3	1
Family service social worker	6.8	3
Other social worker	14.9	12
Child and youth worker	13	13
Clerical	13	15
Management	19.3	19
Other	13.7	13

While the mean number of years represents the arithmetic average of the people responding, the median indicates that half the people responding in this category have worked less than the median number of years. Therefore in the two categories of

protection, intake and family service, ½ the respondents have worked in child welfare for less than 1 and 3 years respectively.

Ongoing Stressors

Participants were provided with a list of potential ongoing stressors in their jobs and were asked to indicate whether or not that particular item represented a stressor in their job.

Table 3 – Ongoing Stressors Reported

Type of Stressor	Percentage Reporting
Amount of work	75.0
Documentation requirements	59.9
Difficult or disruptive clients	55.2
Organizational change	50.6
Conflicts with staff, supervisors, managers	39.5
Changing policies / standards	36.6
Risk of civil or legal liability	33.7
Court related activities	33.1
Public or media scrutiny	32.2
Lack of community resources	31.6
Mandatory training	26.9
Travel	18.0
Conflict with community individuals	14.6

Interview and consultation group feedback

Workload

- Staff noted that as a result of increased accountability and increased workload, workers are required to have an enormous capacity attending to competing demands immediately and simultaneously. This leads to second-guessing of decisions, concerns that client needs have not been fulfilled and never having a sense of accomplishment in their work. In addition, some workers indicated that they felt disempowered by the limitations of the system and the pressures in which they must work with.
- Several comments focused on the amount of overtime work contributed by workers in order to attempt to manage the demands. It was noted that throughout March and April of this year, the agency was “packed” with workers on the weekends who would come in to catch up on their work.
- Despite the overtime worked, people indicated that they felt guilty taking overtime days or holidays and further felt anxious about the increased workload that would result on their return. Further, workers indicated that they were reluctant to take sick days. It was suggested that the rate of long-term disability may be increasing as a result of inattention to health concerns.

- ❑ The excessive number of hours worked by staff is also problematic in terms of their family life. Responsibility to their own children was seen as a concern for workers who could not predict when their day might end.

Other ongoing stressors

- ❑ Negative and scathing publicity by the media about the agency and/or about particular workers was identified as a stressor. This has translated into organizational changes and increased accountability. As a result agency staff to be more vigilant about their practice with clients.
- ❑ Workers expressed frustration about the lack of time that was available to work directly with families. It was suggested that at times workers, were seeing people to write something about them instead of helping them. In this regard, workers stated that they felt their work at the agency was focused on meeting the needs and requirements of legislation, rather than providing service to clients
- ❑ Concerns were expressed about the volume of new workers and the inability to properly train them. Supervisors felt the responsibility of reviewing each step of every case for new workers. New workers expressed concerns that they did not possess the knowledge to manage all situations. Examples provided included routine items such as knowing which forms to take when apprehending a child. Not having a mentor was considered a stressor for new workers.
- ❑ Re-structuring of the organization, the new recording system, changes in legislation and the increasing difficulty of coordinating staff and services to clients have impacted workers. Re-structuring also affects staff in physical ways such as the relocation of staff leading to a poor fit in physical location of one's office/department. Workers state that this impacts productivity due to time spent trying to get access to other departments for services or information.
- ❑ Tension between people was identified as increasing as a result of high caseloads. Workers were viewed as less likely to assist and support one another than in the past.
- ❑ Some workers reported feeling depressed, powerless, and under-valued by the agency. Sleeping problems due to thinking about client cases was a common experience.

Suggestions provided regarding ongoing stressors

- ❑ New workers should have an opportunity to shadow experienced workers to learn skills and procedures.
- ❑ Workload should be designed to be managed during the working day so that workers can devote energy to family and other interests.
- ❑ Shift work was suggested as one way of reducing extended hours in some work areas.
- ❑ Increase the number of support staff, such as case aids.
- ❑ A public relations campaign may help to clarify the role of CAS and reduce the number of unnecessary calls.
- ❑ Paper work should be streamlined.
- ❑ A permanent screening team in intake to assist with better organization of workload.

Critical Incident Stressors

Respondents were asked to indicate whether they had encountered any of a list of critical events and whether if they had, they experienced “significant emotional distress” as a result of the event.

Table 4 – Critical Incident Stressors

Type of incident	% who report experiencing	% that report distress
Death of a child in service due to accident	31.2%	21.5%
Death of a child in service due to abuse*		77.8
Death of a child on caseload	24.9	62.8
Death of an adult client	20.8	50.0
Assault against self	23.7	26.8
Threats of violence against self	52.6	63.7
Threats or injury to other staff	46.8	50.6
Other serious event	22.5	78.2
Any critical event	82.7	70.0

* It was assumed that all staff had some exposure to the death of a child.

Table 5 – Most Frequently Reported Critical Events by Position

Position	Most Frequently Reported Events
Intake	Assault (20%) Threats of violence (50%)
Family service social worker	Assault (20%) Threats of violence (48%) Death of an adult client (55%)
Other social worker	Assault (20%) Threats of violence (48%)
Child and youth	Assault (70%) Death of a child (30%) Threats of violence (60%)
Clerical	Threats of violence (20%) Death of a child (20%) Threats to other staff (20%)
Management / supervisor	Assault (19%) Threats of violence (55%) Death of a child – accident (44%) Death of a child – neglect (51%) Death of an adult client (38%)

It is therefore evident that approximately 20% of staff in all job categories have been victims of assault on the job at one time in their career. The exception is child and youth workers of whom 70% have been assaulted on the job at one time in their work in child welfare. In addition, almost 50% of staff throughout the agency (and 60% of child and youth workers) has received verbal threats against themselves at some time in their career. This data must also be considered in light of the number of years of service in each job category. As can be seen below, critical events occurred considerably more recently for intake workers and clerical staff than other job categories.

Table 6 – Frequency of Critical Events

Job category	Most recent event (mean number of months)	Mean number of incidents in the past year
Intake	8.59	1.19
Family service social worker	18.61	1.20
Other social worker	27.63	1.25
Child and youth	24.00	1.00
Clerical	7.75	2.00
Management / supervisor	16.68	1.55
Other	33.94	1.56

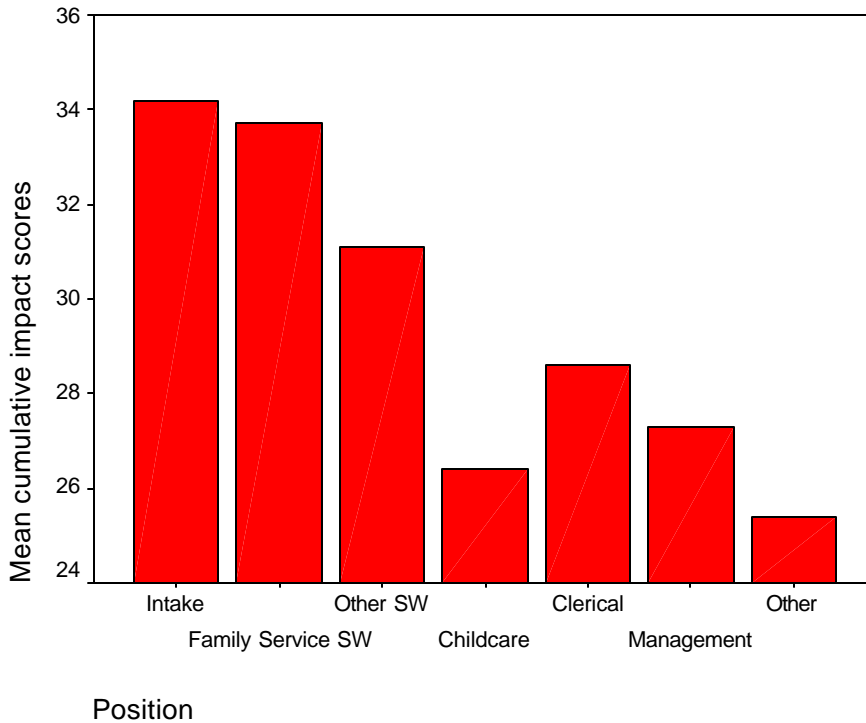
Symptoms of Traumatic Stress

Post-traumatic stress disorder is a set of symptoms, which may be experienced by an individual following exposure to a traumatic event. The symptoms described fall into three categories,

- 1) arousal, which includes sleep disturbances, affective arousal, difficulty concentrating and hypervigilance;
- 2) avoidance, which includes feelings of detachments, efforts to avoid thoughts or feelings associated with the trauma, and efforts to avoid activities or places which are reminiscent of the trauma;
- 3) re-experiencing, which includes intrusive thoughts or memories of the event, distressing dreams, and physiological symptoms

The Impact of Events Scale (Zilberg, Weiss & Horowitz, 1982) assesses the experience of post-traumatic stress for any specific life event. It taps dimensions that parallel the defining characteristics of DSM-IV PTSD, signs and symptoms of intrusive cognitions and affects together or oscillating with periods of avoidance, denial or blocking of thoughts and images. This measure does not address arousal symptoms of PTSD. Studies indicate that individuals who meet the criteria for a diagnosis of post-traumatic stress disorder obtain scores on the IES of approximately 26.

Table 7 – Scores on the Impact of Events Scale



In order to better identify the significance of these levels of traumatic response, the levels of distress are compared with a sample of firefighters and ambulance drivers (Regehr, 2000) in Table 8 below.

Table 8 – Comparing Traumatic Stress with Others

Job Category	Impact of Events Scores
Firefighters	22.6
Ambulance workers	25.4
Children’s Aid workers total	29.5
Intake workers	34.2
Family service social workers	33.7
Other social workers	31.1

Clearly employees of this organization in general and social workers within CAS in particular have rates of traumatic stress scores which are considerably higher than those of workers in other emergency service organizations studied by the primary investigator.

Interview and consultation group feedback

- ❑ Workers stated that a 20% rate of assault throughout the agency was too high and joked with one another that if you hadn't been hit, you hadn't been here long enough "just wait".
- ❑ Workers stated that the threats of violence had a powerful impact because of the issue of fear. One worker stated that she was recently threatened by a client with a previous history of violence resulting in fear for herself and her family.
- ❑ People identified the increased risk and fear as a result of working alone in dangerous neighbourhoods. Several noted that the police had told them they would never go there alone.
- ❑ Workers noted that apprehensions were not included in the study and that this was a highly stressful critical event. In most cases it is traumatic for the family and in addition it frequently precipitates threats and violence.

Suggestions provided regarding critical incidents

- ❑ It was noted that workers need more awareness and training regarding safety issues in order to reduce both their sense of vulnerability and the actual risk that they may be placing themselves in.
- ❑ Increased safety measures, such as cell phones and back up.
- ❑ Support for workers doing apprehensions.

Relative Ranking of Stressors

Participants were asked to rank four categories of stressors workload, critical events, working environment and reviews/accountability from most to least stressful. The following table indicates the percentage of respondents that ranked each type of stressor as number 1 or most stressful.

Table 9 – Relative stressors

Type of stressor	Percentage ranking it most stressful
Workload	68%
Critical incidents	14%
Working environment	11.5%
Reviews/accountability	11.5%

Thus, while workers experience high rates of post-traumatic distress, it is important not to lose sight of the fact that critical events occur within the context of high workloads and multiple demands.

Support Systems

Participants were asked to rate the level of support that they received from people in their personal lives and others in the organization on a scale of 0-5, 0 being not at all supportive and 5 being very supportive.

Table 10 – Personal Supports

Type of support	Level of Support (percentage of respondents choosing each level)						
	0 Not at all	1	2	3	4	5 Very supp.	N/A
Spouse	0.6	0.6	1.2	7.7	14.8	43.8	31.4
Friends	1.2	1.2	10.1	17.8	32.5	33.1	4.1
Family members	1.2	7.7	7.7	24.9	27.8	27.2	3.6

As indicated above, people have high levels of social support in their personal lives. Approximately 2/3 of those who are married, felt that spouses were supportive at a level of 4 or 5 on a scale of 0 – 5. Sixty-five percent rated friends as highly supportive and over half rated family as highly supportive with regard to stressors on the job.

Table 11 – Organizational Supports

Type of support	Level of Support (percentage of respondents choosing each level)						
	0 Not at all	1	2	3	4	5 Very supp.	N/A
Colleagues	1.2	0.6	5.2	18.6	34.9	39.0	0.6
Managers	2.4	6.5	13.0	20.1	30.8	21.9	5.3
EAP	8.4	0.6	5.4	6.6	7.8	2.4	68.7
Union	16.5	4.3	7.9	7.9	4.3	3.7	55.5

Respondents report high levels of support from colleagues (74% at level 4 or 5 on a scale of 0-5) and from managers (53% at the level of 4 or 5). Ratings for the EAP and union were lower, in large part because individuals did not feel they were appropriate sources of support for job related distress.

Interestingly, despite high reported levels of support, none of the measures of social support were significantly associated with scores on the Impact of Event Scale. That is, while support may be important in many ways, it does not appear to reduce symptoms of traumatic distress. Levels of social support from family ($r = -.232, p = .01$) and colleagues

($r = -.294$, $p = .01$) were however moderately related to depression scores. That is, people with higher levels of support reported lower levels of depression symptoms.

Interview and consultation group feedback

- ❑ Several individuals commented on the fact that they loved their jobs and felt committed to the agency.
- ❑ Workers commented on supervisors who nurtured staff (eg. with chicken soup), encourage staff to take breaks, and take an interest in the lives of staff outside of work.
- ❑ Many workers stated that they have learned to set clear boundaries in their lives so that the work-related stress is not carried forward into their personal lives. Nevertheless, most have experienced or continue to experience stress in their personal lives because of their pre-occupation with the demands and stressors from work.
- ❑ It was stated that management needs to acknowledge and validate staff members' stress related to the work.
- ❑ It was noted that the reward for hard work and completing tasks, was an increased load.
- ❑ Workers hoped that management would inform the Ministry about the pressured environment their workers are working in. Workers need to get a sense that management is doing their part to advocate for their workers to the Ministry.
- ❑ Workers recognized that supervisor's are also experiencing workload stress related to large numbers of staff to supervise, multiple demands and the pressure to make quick decisions.

Suggestions provided regarding support:

- ❑ Increased recognition of worker stress.
- ❑ Information that management is advocating for increased resources.
- ❑ Changing the workplace culture for instance:
 - encouraging lunch breaks during which people chat
 - encouraging people to take time for themselves and not work excessive hours
 - nurture workers
- ❑ "Thank-yous", positive comments and feedback

Summary and Recommendations

Findings of this study demonstrate that child welfare staff are exposed to a significant degree of traumatic stimuli. Approximately 20% of staff in all job categories had been victims of assault on the job (and 60% of child and youth workers) and 50% had been verbally threatened (70% of child and youth workers). One quarter of respondents had a child die for which they had service responsibility and 1/5 had an adult client die. Other traumatic events reported included riots and attending coroner's inquests. In addition,

several staff members indicated that apprehensions of children were particularly traumatic due to the high emotional reactivity of family members, which often lead to verbal or physical assault. These events occurred more recently for intake workers and clerical workers than for other staff members. In total 82.7% of respondents reported encountering a traumatic event on the job and 70% of these workers reported significant emotional distress as a result.

The subjective ratings of emotional distress were corroborated by scores on the Impact of Event Scale. The mean score of all respondents on the IES was 29.5. When data for social workers within in the agency were reviewed independently, their mean score was 34. These scores are considerably higher than the cutoff point associated with a diagnosis of Post-traumatic Stress Disorder (26). Seventy-six percent of family service social workers, and 87.5% of other social workers scored above 26. Staff at child welfare agencies are exposed to traumatic events in the line of duty almost by definition and to some extent it is expected that they will score higher than other occupational groups on measures of post-traumatic stress. A high score on such measures is not necessarily an indication of job dysfunction; rather, to some degree this measure could be understood to be an indicator of sensitivity and empathy. Nevertheless, steps must be taken to reduce the exposure of staff to trauma and possible negative after effects. Ideally, in the long-term, societal solutions will be introduced which decrease the sources of stress on children and families that result in trauma inducing situations. More immediate staff focussed solutions highlight protection of staff, strategies for intervention and organizational supports.

It is also important to consider the impact of staff's post-traumatic stress on worker client interactions, case decision-making and time management. For example, what is the impact of the anxiety and hyper-vigilance characteristic of post-traumatic stress on a worker's decisions when opening a case, apprehending a child, making court recommendations and assessing risk? It is possible that workers operating in an anxious or defensive state will be over-cautious in their choice of interventions. This may result in increased workload and hostile reactions from clients, thus perpetuating two of the stressors ranked highly in the study.

Management Impact of Event Scale scores, while below those of front line staff, also fell above the range associated with PTSD diagnosis. How is this post-traumatic stress manifested in the areas of supervision and policy development and what influence might it have on the design of procedures and documentation systems considered by most survey respondents as excessive?

There is likely an interactive component between the stress felt by front-line staff, management and clients that is impacting the work of the agency. Understanding, and then interrupting this cycle of interactions and reactions may have positive benefits in reducing stress and workload.

The amount and intricacies of the work involved in the delivery of a child welfare service have been expanding, in particular administrative requirements and the complexity of

casework. Consistent with earlier literature on stress and burnout in social workers in general, 68% of respondents in this study identified workload as the primary stressor in their jobs. This included increased documentation requirements, shorter timelines and multiple demands for service resulting from recent legislative changes. Further, new legislative requirements had resulted in organizational changes and concerns regarding liability that were augmented by scathing media attention. All of these increased the pressures experienced by staff and increased their vulnerability to post-traumatic stress symptoms. The qualitative component of the study underlined how these ongoing stressors depleted the resources of staff and provided the backdrop upon which workers encountered crisis situations. It is clear that intrusive imagery experienced by staff following exposure to traumatic events is not left at the office door but is carried into their personal lives.

A common way of dealing with workload pressures is to identify time constraints and demands, and to create work time estimates for a manageable day with pre-determined tasks. This approach combined with more formulated casework can facilitate some priority setting and increased efficiency in managing limited resources, particularly worker time. However, this approach may also lead to decreased professional creativity, less autonomy, lower job satisfaction and ultimately a reduced quality of service. Further, the increased time pressures on staff have served to increase the overtime hours worked and increased the intrusion of work time in non-work time. When the boundary between work and non-work becomes fuzzy and there are intrusions of work, stress and trauma may result. Most solutions to lessen the impact of workload have emphasized the concrete dimension of “time” as the main source of intrusion and the focus for containment. Workload pressures appear to be created by more than the time worked and it is important to address the qualities of the work that resonate in the lives of staff. The present study findings highlight that strategies to assist with managing workload must consider issues beyond time management to increase the control and satisfaction that workers experience in the job.