Canadian Association of Social Workers
Child Welfare Project:

Creating Conditions for Good Practice

CASW   ACTS

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Introduction and literature review

Over time the delivery of services to children and families in Canada and indeed in North America has seen many changes. The field today includes services to children who are "at risk" in their own homes, others who are in foster family care, residential treatment centers, secure treatment facilities, group homes, as well as many who are living in shelters, make-shift arrangements, and on the street. In recent years, the child protection mandate has increasingly included babies born addicted to controlled substances or with HIV, children with fetal alcohol spectrum disorder and young people with mental health problems. In response to increasing numbers of children referred to child protection systems across the country, mandated organizations and their communities are exploring new ways to deliver services to vulnerable children and their families.

In the meantime, in many parts of the country practitioner morale is poor. Caseloads are heavy, there is a shortage of qualified social workers, practitioners are poorly paid, the attrition rate is high, and there is a major "image" problem in many communities. Child protection work is always stressful and is sometimes high profile, and social workers who do this work often feel that they are "damned if they do and damned if they don't". Many social workers in child protection feel their role is misunderstood in their communities and that the organizations that employ them do not provide the supports they need in order to do their work well. A major issue for some practitioners is the discrepancy between the demands of the work place and their own allegiance to ethical social work practice. As well, many practitioners carry with them the chronic sense of being unable to influence the system that employs them because of the layers of bureaucracy between the client and the child welfare system.

Historically the literature on organizational problem solving has made the point that employee productiveness and customer satisfaction are directly related to the climate of the employing organization. Increasing numbers of studies in the human service field suggest that organizational climate (attitudes shared by employees about their work environment) is a primary predictor of positive service outcomes and a significant predictor of service quality for clients of human service agencies, including children and families in the child welfare system (Glisson & Hemmelgarn 1997; Glisson & Durick 1988; O'Reilly et al., 1991; Sheridan 1992).

These studies have been welcomed by those concerned with effective delivery of services to vulnerable populations, since strategies for improving organizational functioning have rarely been based on a real understanding of how decisions that improve administrative systems

may affect client services (Grasso, 1994). The organizational literature clearly reports that those who are front line service providers frequently have little confidence in the level of understanding of their jobs by those who plan and administer those services. Major efforts to improve services are frequently not informed by the experience of those who are actually delivering them to clients. Many organizations have concentrated, for example, on the importance of inter-organizational coordination as the major way to improve services to populations at risk. Increasingly the point is being made however, that what goes on inside the organization is equally as important as how well it is coordinated with other organizations.

The literature identifies a variety of specific organizational components that support the effective delivery of child welfare services (Brager and Holloway, 1978; Weissman, 1983; Pecora et al, 1992; Kamerman and Kahn, 1990). The following elements of an effective human service system, as outlined by Pecora, reflect the themes from much of the organizational literature

1. Articulation of a clear organizational mission and program philosophy.
2. Development of effective organizational designs and service technology.
3. Careful personnel recruitment, selection, and training.
4. Professionalizing child welfare staff members.
5. Specification of measurable performance criteria and [social] worker appraisal methods.
6. Providing high quality supervision.
7. Collecting and using program evaluation data, including consumer feedback information.
8. Addressing organizational and [social] worker liability.

This list is by no means complete. Ongoing continuing education opportunities, for example, have become part of most effective human service organizations. Recognition of good practice within the organization, emphasis on client service, and reduction of unnecessary paper work are others (Kinjerski & Herbert, 2000).

Organizational change frequently creates a climate of uncertainty, particularly when front line staff members perceive that they have had little or no voice in planning the change (Brager & Holloway, 1978; Briar, 1991; Herbert and Mould 1992; Weissman, 1973;). The *process* of change is vitally important. Virtually all of the literature on organizational change cites the importance of seeking input and involvement of front line staff from the very onset of the planning process, when major organizational change is contemplated. To do otherwise is likely to have long standing negative effects on staff morale, and consequently on effectiveness of client service.

Many child-serving organizations lack an ideological base and a clearly stated mission that is apparent in the day-to-day work of every person in the organization. Policy is not always measured against its potential effect on vulnerable populations, and success is too often measured by policy compliance instead of client outcome (Trocme et al 1999). As well, difficulty

in hiring and retaining competent people is related to organizational climates that fail to understand and support good practice.

The Project

The Canadian Association of Social Workers is a national organization that represents over 18,000 social workers across Canada. Many of the social workers represented by CASW practice directly in the specialized field of child protection; many others work in the broader field of child and family welfare. Over time CASW has heard from practitioners in all parts of the country that good practice is often hampered by impediments within their employment settings, and by their own sense of powerlessness to create change in their work environments.

The decision to launch this project was based on the conviction of the board of CASW that the national association has a role in providing leadership in the areas of professional support and advocacy. The project is not about child welfare reform. Rather, it is about creating conditions that optimize the contribution of professional social workers to the well being of vulnerable children and families. The primary focus of the project is to provide a voice for front line social workers. It is the lived experience of those front line practitioners that forms the basis for this report, and that will continue to inform our efforts to work toward change.

Methodology

In late 2000, a small group of CASW Board members was assigned responsibility for the original development of the project. That committee worked at developing a funding proposal for submission to Human Resources Development Canada (HRDC). The funding application was not successful, but in spite of the lack of external funding, the CASW Board decided that the study was important and that CASW funds would be used to launch the project.

Phase I – Data collection.
    The data was collected by means of:
- A survey *questionnaire* (A reference group of academics, senior child welfare practitioners and CASW Board members gave valuable consultation to the design of a survey instrument).
- Provincial/territorial *focus groups*
- Consultation with front line social workers

Each member of the Board of CASW worked with their provincial/territorial social work association to identify a social worker in their jurisdiction who would be willing to act as coordinator for the project. These coordinators took responsibility for distributing the questionnaire in their jurisdictions, and for encouraging their child protection colleagues to respond. The survey instrument was also published in the CASW Bulletin and posted on the CASW website. You can now access the survey by contacting the CASW office at casw@casw-acts.ca. Provincial social work associations provided links to this website as well as publicizing the project in provincial publications.

The Questionnaire - Results

The questionnaire was designed to provide respondents with the opportunity to identify factors in their work settings that are seen as supportive of good practice as well as those that represent impediments to good practice. A preliminary definition of good practice in child welfare was provided, and respondents were asked to react to the definition and suggest changes. They were also asked to identify indicators of good practice, as well as alternate practice methods that would enhance their ability to do good practice. Standard demographics were collected.

Demographics.
By the established deadline 1118 responses were received from 10 provinces and three territories. Of the total responses received, 983 were complete and usable. Respondents were predominantly female, and most were front line service providers who had worked in child protection for five years or more. The majority work in government settings. About two thirds of the respondents have professional social work education. Both rural and urban settings were represented.

Encouragers
The first question asked respondents to rate, from a list of thirty one factors, those that would encourage their ability to do good practice. Most frequently identified were the following:
- Increased services to meet the needs of children and families
- Reduced caseload size
- More fiscal resources to meet the legislated mandate
- Employer acknowledgment of challenges/complexities of child welfare work
- Visible supports for good practice
- Comprehensive, job-specific training by employer for all new staff
- Ongoing opportunities for professional development provided/enabled by employer

Space was provided for the identification of additional factors, however, the great majority of these added comments were reiterations of factors already included in the original list. Predominance given to factors related to the need for more resources was not surprising, and a similar result might be anticipated if this question was put to any group of employees in the field of human services. A more interesting result was that as frequently as the need for more resources, respondents emphasized the importance of employers acknowledging the complexity of child protection work, and providing visible supports for good practice. It is clear that there is much good work being done, but there is a pervasive view that the good work is generally not appreciated or acknowledged by employers. An accompanying comment from many jurisdictions indicated that employers often fail to understand the real complexity of the work. Some respondents commented that those who direct their work do not have social work

education, and may not appreciate the difficulty of following the principles of competent and ethical social work practice while satisfying the demands of the workplace.

A frequent comment from across the country related to the difficult reality that when a case does not go well, particularly if a child dies or is injured while in care, social workers may be "hung out to dry" by the media and may not feel supported by their employing organization. Several examples were cited of social workers being disciplined or dismissed following such tragedies when, in the opinion of these respondents, the failure to protect the child was due to systemic inadequacies rather than personal or professional incompetence. These comments were not directly elicited by the questionnaire, but were made spontaneously, seemingly to emphasize the perceived failure of employing organizations to provide regular, visible and public support for professional staff members who have taken on difficult and demanding work, and who are trying hard to provide competent service.

Comprehensive, job-specific training provided by the employer for all new staff was identified as another important potential encourager of good practice. Many respondents reported that as new workers they were given large caseloads and very little supervision, and reflected that their clients could have been better served had they had the opportunity to learn the specifics of the job from the outset. Experienced social workers often reported that they now spend a lot of time helping new staff, (particularly those with no social work education) who come into the system with little sense of the specific requirements of their particular child protection setting. Interestingly, most respondents did not complain that their basic social work education had failed to prepare them for child protection practice, but rather that schools and faculties of social work generally devalue the child protection setting as a career choice, which many respondents connected with the current national shortage of trained social workers in the child protection field. An accompanying perception was that child welfare teaching in many schools or faculties of social work is often not informed by the real and current experience of those practitioners who work on the front line, and conversely, that important child welfare research emanating from academia is not made easily available to front line practitioners, for whom the demands of the workplace make it difficult to be regular readers of social work books and journals. Considerable emphasis was placed by respondents on the need for employers to provide ongoing opportunities for professional development.

Good Practice Definition
An initial definition of good practice was provided, and respondents were asked to comment on the definition, and to describe what "good practice" means. Most respondents agreed with the definition provided.

For the purposes of this project, good practice in child welfare was described as: *"What we know through research and experience to be most beneficial in optimizing the life chances of vulnerable children and families".*

Suggestions for modification of the definition have been incorporated into a more detailed definition:

> *Good practice in child welfare is about creating the capacity and conditions for positive change within families so that children can maximize their potential within stable and safe environments.Good practice must be based on strong, personal commitment to serve children and families and dedication to positive outcomes. Good practice implies the creative use of resources to support each family's plan for their children.*

An overarching theme from these respondents was that good practice means meeting the needs of the client instead of those of the organization, when those are not congruent. Many respondents commented that although additional resources are needed, it is the responsibility of professional social workers to be creative in using whatever resources are available. Many spoke of their frustration and disappointment with colleagues who are poor advocates for themselves and for their clients, who seem inordinately fearful of rocking the organizational boat and tend to give themselves and their professional status too little credit for having the power to influence. Many respondents pointed out that national and provincial social work associations are advocacy mechanisms that already exist, and need to be used more effectively. They stated that the personal commitment to serving children and families is strengthened by:

- Effective use of social work knowledge and skills
- Adherence to professional practice standards
- Accountability mechanisms
- A work environment that fosters good practice
- Social workers who address their own wellness as part of their practice

Respondents repeatedly commented that the means for supporting positive change is based on creating good working relationships with families. Showing honour and respect toward children and families; being responsive and accessible; involving and supporting families, extended families and communities; mobilizing strengths; and respecting cultural diversity were constant themes in this section of the survey instrument. Families involved with child protection often lack the resources they need to fulfill the plans they have for their children. The development of permanency plans with families based on their unique needs, and the creative use of existing resources to meet those needs are essential tools in the achievement of positive outcomes. Advocacy on behalf of vulnerable families was seen as a critical way to secure access to services, as well as a symbol of shared understanding.

As respondents considered the elements of good practice that needed to be included in the definition, organizational conditions that foster good practice were again addressed. Prominent themes were:

- A shared view of child protection that enables everyone to work together
- Accessible clinical supervision
- Appropriate workloads
- Management decisions based on social work ethics

- Adequate, appropriate and accessible resources
- Competent and qualified staff
- A flexible and creative service system
- A positive, supportive and encouraging work environment

Indicators of good practice

In addition to addressing the definition of good practice, respondents were asked to comment on indicators of good practice. The following indicators were identified as having the potential to support good practice, **if they existed.**

- Personal and professional satisfaction. All staff feel that the work is valued by the community; have the sense of a job well done; love the work, and has confidence that each child and family is receiving best possible service
- Adherence to a professional Code of Ethics, and Standards. Best practice principles are incorporated into everyday work; all social workers stand up for professional beliefs
- Focus on serving children and families. The organization understands the importance of relationship as a catalyst for change; the work is done creatively and is focused on each family's unique needs and best interests; workers routinely join with clients to achieve positive outcomes
- Broader professional role understood and supported. Systemic obstacles recognized and addressed; agency mandate balanced with family's goals; teamwork exists among clients, social workers, management and the broader community
- Personal and professional development. The organization as a whole and individual practitioners take responsibility for ensuring that each worker has the skills and ability to do the job; there is interest in ongoing professional education, and incorporation of current research into agency practice
- Employee wellness. Staff is emotionally healthy; there is evidence of balanced life; workplace morale is high, as evidenced by less burnout and low staff turnover
- Accountability. Outcome measures are in place; interventions have led to documented improved circumstances for children and families

Impediments to good practice

Factors commonly identified by social workers in child welfare settings as impediments to good practice were listed. Spaces were provided for respondents to add factors not included in the list. From the total list, respondents were asked to check the factors that were seen as the most significant impediments to good practice in their particular work settings.

"Caseload size prevents individualized, relationship based work with clients" was identified frequently by respondents from across the country. Subsequent focus group discussion clarified that the essential issue is difficulty in having time for relationship-based work, with caseload size being a major contributing factor. This group of front line practitioners universally identified the fact that they are unable to get to know their clients, that they cannot spend quality time with children and families, as the most significant impediment to their ability to do good practice. They talked about the fact that competent social work practice is relationship based, and that the inability to work in this way is the source of ethical dilemmas, for many on a daily basis. They are mainly confident that they know how to do the work, that they can make good decisions in the best interests of the children they work with, but their employing systems are too often unaware of the value of good, relationship based practice as a catalyst for change, and they are not sanctioned to do the work in this way.

Although the issue of caseload size inhibiting relationship building was certainly the factor identified most frequently, other factors were seen as major obstacles. The fact that practice decisions are often fiscally driven is experienced as a demoralizing reality by many of these social workers. Employing organizations are seen as more interested in saving money than providing quality service to children and families. Limited resources both within the agency and in the broader community was also cited as a chronic impediment to good practice. However, the
most consistent message from this group of practitioners has to do with their ability to get to know children and families and to use the good social work skills that they have in order to help vulnerable people optimize their life opportunities.

Alternate practice methods

Respondents were asked to name alternate practice methods that would enhance their ability to do good practice. Examples given were: resiliency models, structural social work, community based practice, group work, family preservation and reunification work. Some suggested traditional healing/cultural practice, mediation and family group conferencing.

Focus Group Results

Provincial coordinators in eight provinces organized and led a total of thirty focus groups, designed to expand on the findings of the questionnaire. Data from the first one hundred questionnaires received was examined in order to inform focus group questions. Based on impressions from this initial data, a detailed guide for focus groups was developed.

The focus groups were conducted using a format developed by the project leader, and written reports of focus group discussion were collated and included in the project data. In most

provinces, focus groups included a mixture of managers, front line staff and supervisors, although in some provinces these groups were separated. A mixture of urban and rural groups was held in all jurisdictions. First Nations social workers were included in many focus groups, and in two provinces separate focus groups were arranged for First Nations social workers.

In focus group discussions, several impediments were identified in addition to those presented in the survey. Of significance were:

- Child protection social workers feel very vulnerable. There is a strongly felt fear of liability, and lack of confidence in the employer's support should they be involved in a high profile case.

- The timing and ordering of child welfare-specific training often does not contribute to competent practice. In many jurisdictions, this specific training by the employer is deemed inadequate, and is available only after a new social worker has been in the system for some time. Most participants expressed strongly the need for very high quality training at the very beginning, regardless of the educational preparation of the new worker.

- In many jurisdictions, focus group participants identified case studies and other costly child welfare projects that had been undertaken at the behest of the employing agency (often in response to a local problem or a tragic event). Although the perception is that many of the ensuing reports contained very good and practical recommendations, there seems to be a common failure to implement these recommendations or to follow-through with any suggested modifications to the existing system.

- Participants raised the issue of lack of opportunity for increased pay and increased status within the system without advancing to supervisory status. There were suggestions that competent front line practice should be rewarded, and good practitioners encouraged to continue with frontline practice by rewards such as opportunities for continuing education.

- Lack of expertise of supervisors is a prominent theme. There is a widely held perception that people become supervisors for a variety of reasons that have little to do with their understanding and skill at clinical supervision, which is the missing element for many of these practitioners. Participants expressed frustration with supervisors who are preoccupied with administrative tasks, and thus often unavailable to staff. Even experienced practitioners cited the value of case consultation that they would expect from a child welfare supervisor. Peer support, while valued, does not represent the same sharing of

responsibility for tough decision making that should be part of supervision in child protection.

- Focus group participants echoed the prominent themes from the questionnaire responses. Lack of relationship-based work and continuity of service as a result of workload, vacancies and staff turnover was a constant theme. Repeatedly it was suggested that the greatest deficit in the system is the lack of emphasis on the importance of one on one relationships and individualized planning for children.

Overall, the focus group discussions gave a sense that in many jurisdictions legal mandates are not being met, client needs are not being met, and social workers are not meeting the ethical requirements of their profession. It was suggested that many social workers engaged in child protection work have lost their sense of pride and ability to do effective and evidence-based social work practice. In particular, a lack of recognition and support has left many social workers feeling victimized, helpless, isolated and disenchanted. An attitude of apathy, coupled with powerlessness prevailed among social workers in many of these groups.

Nevertheless, some remedies to this situation became prevalent themes for focus group discussion. Participants suggested that the first step to regaining a sense of pride is for social workers to value themselves as professionals, to value the work they do, to take responsibility through their work and associations to create a positive image, to advocate on behalf of their clients and profession, and to reclaim their expertise and field of work. Creativity and flexibility were stressed. While chronic resource shortages is a constant challenge, many practitioners seem able to find ways to deliver good services in the context of these constraints, and are critical of colleagues who succumb to the challenges of the work instead of meeting them head on.

Focus group participants suggested that employers could encourage a sense of pride by creating positive and supportive work environments; promoting a positive public profile; recognizing social workers' competence and expertise, publicly and internally; and improving the competence and confidence of social workers through timely and ongoing specific job training, and opportunities for continuing education. Social work associations and schools of social work also have an important role in promoting a positive profile of child protection as a social work specialization and in recognizing good practice.

Practitioners emphasized that more fiscal resources and increased services would enable a reduction of workload, which in turn would facilitate the use of relationship as a catalyst for change. In the minds of these respondents, this would create additional congruence between social work values and social work practice, so that children and families would be better served, and social workers would feel confident about their practice and resulting outcomes. Participants acknowledged the reality that many social workers have spent their careers responding to crises, and that retraining would be needed if these social workers were faced with the need to do individual work with children and families. Without retraining some practitioners would inevitably continue with the same crisis oriented practice.

A strong point was made about the potential for creating conditions for good practice even within the limits of existing budgets. In addition to encouraging a sense of pride among social workers through provision of visible supports like a positive work environment and recognition; timely and orderly training, clinical supervision, and prioritization of work are positive ways to improve practice. With fixed resources, child protection work should focus on relationship-based work, prevention, increased work with community and client's environment, and decreased legal and court work and contracting out to other professionals of work that can be done by social workers.

Focus group participants felt strongly that creating conditions for good practice is a shared responsibility. Social workers, employers, social work associations, and schools of social work all have significant roles to play.

Consultation Day

The third method of data collection took the form of a *"Consultation Day",* which was held in Moncton, New Brunswick in June 2002, immediately preceding the National Social Work Conference. This Consultation Day was attended by approximately forty social workers, mainly front line practitioners and supervisors. Each provincial/territorial association had been asked to send two front line practitioners, and in most cases the person who had acted as the provincial/territorial coordinator for the project was one of the representatives, so the group already had considerable knowledge and understanding of the project. All of the delegates were sent a preliminary report of the project results in advance, and were asked to come to the meeting in Moncton prepared to identify solutions, rather than to discuss more problems. Four senior social workers were identified as facilitators for the discussion groups.

Major themes from the Consultation Day were;
- Joining and supporting provincial/territorial social work associations is an advocacy strategy. The national association is also a potential advocacy voice for social workers across the country. There is great strength in a collective voice.
- Those who work in child welfare settings should take every opportunity to positively promote the work that they do. There are many positive stories to be told.
- Social workers in child welfare need to "walk taller", be proud of their profession, and stop giving away their practice to other professionals.
- The culture of fear can be overcome with competency-based, job specific training, high quality supervision and mentoring by senior colleagues.
- Community agencies and organizations need to be seen as part of the solution. Child welfare social workers must stop thinking that they can or should be doing this work in isolation from the communities where they live.
- More meaningful connections need to be made between schools of social work and the practice community. Practitioners are often unaware of recent research, and of what the literature might say about what works and what doesn't work.

- Taxpayers need to be ensured that they have a good return for their investment. Politicians at all levels of government should be informed about child welfare work.
- Provincial and territorial governments need to engage in social action initiatives in relation to poverty, which is the common denominator for many of the people with whom child welfare social workers work.

The main themes from the Consultation Day were incorporated into a presentation of the project results, which took the form of the plenary session at the Moncton Conference.

The other side of the coin

As CASW moved into the second phase of this project, one of the groups identified as an important partner was the National Youth in Care Network (NYICN). We met with representatives of NYICN in early 2002 to discuss areas of mutual concern. At that meeting we were made aware of **Primer**, a project designed and managed by NYICN. This project was designed to "teach social workers, those already working and those training to be in the field, how to be more sensitive to young people growing up in care." The project was based on a survey of 50 young people in care across Canada. These young people were asked to talk about "three main issues they feel they face as young people in care." Respondents were also asked to describe an "ideal" social worker, and to comment on how social workers can work more effectively with youth in care. We were immediately struck by the fact that the NYICN study provided an additional and valuable perspective on the very questions that the CASW study was attempting to answer.

No social worker in a child welfare organization will be surprised at what these young people had to say. There were major issues around moving ("placement bouncing" as one youth described it). Recommendations were that youth should be consulted regarding placement options, that pre-placement visits should be mandatory, and that social workers need to "show consideration and sensitivity" to youth who have to be moved. Transition from care after age 18 was another major issue. Assisting with long term financial planning, connecting with sources of support in the community, and encouraging the development of existing skills were seen as ways to lessen the extreme anxiety felt by most of these young people as they reach the point of leaving care. The public's generally negative and suspicious attitude toward young people who are or who have been in care is another issue. These young people suggest that the inclusion of more positive information, such as good qualities and record of achievement should be standard policy in agency files. Community outreach and education, and opportunities for youth to share feelings of isolation and stigmatization in support groups were also seen as desirable. Being listened to was a big issue for these young people. They feel that their voices are often not heard; that when they have an issue "it takes weeks for our worker to call back"; that they are often excluded from decisions that affect their lives; and that their individual "plan of care" is not always reflective of their own wishes and life plan. Many of these young people live with depression, loneliness and low self

esteem and they need more information about sources of help in the community, but they also wish for opportunities to form personal attachments with their social workers in order to "repair damaged trust."

Young people growing up in care are asking social workers to:
- **Get smaller caseloads** (*"Social workers could take some time to get to know each of us."*)
- **Listen to youth**. (*"They should get to know us better – don't just rely on files to tell the story."*)
- **Don't give up on us** (*"They need to be there for us – that's all we need and want."*)
- **Be better advocates for us** *("Try to improve the system from within –really get on the Minister's back about the budget cuts- try harder after your supervisor says no."*)

When asked, "What should a social worker be?" the most common descriptors were:
- caring,
- trustworthy
- attentive,
- available
- real
- flexible
- knowledgeable

Universally these young people said that the social worker should be "someone who cares about me", someone who is interested in me as an individual person, someone who I can talk to and see even when I don't have a problem, someone who will call me back when I leave a message. One young person said "When I first went into care I felt so lonely, and the only person I knew was my social worker, so it helps if they call back, even for a two minute conversation." (*Primer*. National Youth in Care Network, 2001)

It is difficult to escape the impression that the issues raised by this group of young people who have grown up in the care of child welfare systems are analogous to the issues raised by the social workers who responded to the CASW study. Like the young people who they are mandated to support, social workers in child welfare often feel unappreciated and misunderstood, and not heard by the larger system. Again, like these young people who have grown up in care, social workers feel that they are not understood within the communities in which they live and work. There is a powerful message here. The very people who are most immediately affected by the organizational impediments identified by the respondents to the CASW study are articulating an identical message to that of the social workers who are the targets of their concerns. The impediment to good practice most frequently identified by respondents to the CASW questionnaire was the difficulty in having time for relationship-based work with individual clients. The NYICN report highlights the importance of the relationship between a social worker and a young person in care. "This relationship is crucial to the overall well being of a young person in

care……………………the social worker is often the biggest constant human support that youth have."

In the face of the complementary findings from these two studies, it is difficult to ignore the importance of relationship as a catalyst for change in the child welfare system.

<u>Commentary</u>

As we move into the second phase of the Child Welfare Project, some observations about public child welfare and about the future of this project are in order. These comments are based on careful examination of the data described in the paper, on hundreds of conversations held with child welfare social workers, and on the author's 50 years of practice experience, much of it directly or indirectly related to child welfare.

Public child welfare in Canada has never been a perfect human service. However, one can look back at times when being employed in a child welfare setting was viewed by one's colleagues and by the public as an important role, worthy of esteem. That is not the case today and it has not been the case for some time. Profound changes have taken place in public child welfare across this country and beyond. Effects of globalization, increased evidence of political decision making in the human services, renewed emphasis on family responsibility, the philosophy of letting the community provide, all set within an environment of severe cost containment, are important factors contributing to these changes. Other reasons for the current malaise are well articulated in data from this project.

The data collected by means of questionnaires, focus groups, consultation days, and conversations with the many social workers who have attended various presentations of the project, reflect the lived experience of more than 1000 of our colleagues across the country. Interest in and support for the project has been remarkable. More than 1000 took time to respond to the questionnaire alone; many more attended focus groups, and still more attended the consultation day, and subsequent presentations of the project in various parts of the country. It would be easy to attribute that interest and support to practitioners' loyalty to CASW, who initiated the project, or to their provincial association, who carried the message to them. In fact, it is clear that our original reason for launching this project was exactly right. *Front line social workers in child welfare generally feel that they have no collective voice. They have so much to say, and they do not easily find anyone who will listen. The most positive outcome of the project to date is that CASW has provided a way to hear what front line social workers have to say.*

Front line practitioners have the potential to be the key to needed organizational change. They have important things to say, and if supported, encouraged *and listened to* by employers who understand what needs to happen, they could be a vital part of the solution to the issues that plague child welfare systems.

The most powerful messages from all the data are that the demands of the work environment overwhelmingly impede the use of relationship as a catalyst for change, and that social workers feel keenly the lack of visible and public support for good practice. Shortages of resources, poor quality supervision, and large caseloads were also common themes. There is a sense that many of these practitioners feel lonely and isolated, and that there is a pervasive sense of powerlessness and fear.

But in the midst of all these negatives, there is cause for optimism.

Early in the process of examining the data, it became clear that these social workers know what constitutes good practice in child welfare. Comments from the survey instrument, voices from focus groups, and conversations with child welfare social workers from all parts of the country, have made it impossible to escape the impression that for the most part these are social workers who not only understand what good practice is, they also understand very well the needs of vulnerable children and families.

In spite of difficult and demanding working conditions, there are social workers everywhere who have found ways to be good advocates for themselves and their clients, who are proud of their work, and who are impatient with their colleagues for their perceived lack of creativity.

We need to keep listening to what these front line colleagues have to say, and to help and empower them to be part of the effort to improve their own work environments. Change does not always happen at the top of the system. The most crucial mistake we could make now is to carry the messages from front line practitioners forward to people in high places, without including those practitioners in our action plans. The most important voices are their voices. They are the most important part of our "action system", along with provincial associations, which potentially, are powerful vehicles for moving our advocacy efforts forward.

The literature on organizational development is replete with warnings about the fate of organizations whose decisions are not informed by the experience of front line staff. Some child welfare social workers involved with this project recognize that their employing systems are as concerned about the well being of the children they serve as is the social work staff, but those responsible for these systems are often driven by political and fiscal agendas to create policies and cut programs that make the job of front line staff difficult. Others suggest that their employers seem to identify front line staff as part of the problem rather than a key to positive change. It is hard to imagine a more destructive or demoralizing state of affairs for those who work in such environments.

CASW has taken on a powerfully important task. There is much work left to do. Perhaps the most challenging part is yet to come. As the project has evolved, it has become clear that in addition to providing front line staff with advocacy tools we need to look at mechanisms that exist in organizations that employ social workers, schools of social work, professional social work bodies and other organizations concerned with the well being of children. There are multiple targets for change, and multiple potential members of the action plan. Change will not happen easily. We must be creative and assertive in finding ways to get the message out to where it can be heard. We must strategize about ways to exercise influence, individually and collectively. Like most professional endeavors that are worthwhile, moving the project ahead will not be for the faint of heart.

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The challenge for Phase II is to use the data from Phase I as the basis for the development of advocacy tools and strategies that could be helpful to CASW, to all provincial and territorial social work associations, to organizations that employ social workers, to those who educate social workers, and to front line child protection social workers, in their individual and collective efforts to improve practice environments

What is clear at this point in the project is that creating conditions for good practice needs to be a shared responsibility. With this in mind, an action plan is being developed by CASW in collaboration with other interested individuals and organizations. Discussions have been held with:

- The Child Welfare League of Canada (CWLC)
- The Canadian Association of Schools of Social Work(CASSW)
- National Youth in Care Network(NYIC)
- Canadian Directors of Child Welfare
- Chair in Child Protection – Memorial University

Some actions are currently being put in place. Others will take time to evolve. CASW is committed to this project and will continue to work with partners already identified, and others who may come forward. We are confident that with the help of our member organizations the findings of this project will contribute to improvements in the working conditions for social workers in child welfare settings across the nation. Interest has been expressed from many parts of the country and the project results continue to be presented to audiences of member organizations and representatives of child welfare service systems. The responsibility for creating change rests with all of us.

Bibliography

Brager, G. and Holloway, S. (1978). *Changing human services organizations: Policy and Practice.* Free Press. New York.

Briar, K., Hansen, V. and Harris, N. (Eds) (1991). *New partnerships: Proceedings from the National Public Child Welfare Training Symposium*. Florida International University.

Glisson, C. and Durick, M. (1988). Predictors of job satisfaction and organizational commitment in human services organizations. *Administrative Science Quarterly, 33.*

Glisson, C. and Hemmelgarn, A. (1997). The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's service systems. *Child Abuse and Neglect, 22* (5), 401-421.

Grasso, A. (1994). Management style, job satisfaction, and service effectiveness. *Administration in Social Work, 18(4),* 89-105.

Herbert, M. and Mould, J. (1992). The advocacy role in public child welfare*. Child Welfare. 71(2),* 114-130.

Kamerman, S. and Kahn, A. (1990). Social services for children, youth and families in the United States. *Children and Youth Services Review, 12*, 1-185.

Kinjerski,V. and Herbert,M.(2000). *Child welfare caseload growth in Alberta: Connecting the dots.* Alberta Children's Services

National Youth in Care Network (2001). *Primer: A survey of young people in care*. (Unpublished). Ottawa.

O'Reilly, C., Chatman,J. and Caldwell,D. (1991) People and Organizatioal Culture: A profile comparison approach to assessing person-organization fit. *Academy of Management Journal* 34, 487-516.

Pecora, P., Whittaker, J. and Maluccio, A. (1992). *The child welfare challenge: Policy, practice and research.* De Gruyter, New York.

Sheridan, J. (1992). Organization culture and employee retention. *Academy of Management Journal* 35, 447-479..

Trocme, N. et al (1999). *Outcomes for child welfare services in Ontario*. Bell Canada Child Welfare Research Unit. University of Toronto. Toronto.

Weissman, H., Epstein, I. and Savage, A. (1983). *Agency-based social work: Neglected aspects of clinical practice.* Temple University Press. Philadelphia.

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The report was written by **Margot Herbert**, CASW Board Member for Alberta and Project Coordinator.

*(Names have been provided by the Project Coordinator)

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