Between the Rock and Hard Places: How Child Welfare Workers in St. John's Newfoundland Navigate Competing Demands at Work

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Abstract

Child welfare work involves the navigation of different demands which sometimes appear conflictual. The child welfare worker is at the centre of these demands and must deal with them. This study explored how social workers in frontline child welfare practice experience and manage the competing demands imposed by the child welfare system, child welfare service recipient system, and social work professional values and theories, which are conceptualized as "the Tri-sphere". The study used a constructivist grounded theory approach. Data were collected in St. John's, NL, Canada, employing in-depth individual interviews with 18 social workers in frontline child welfare practice. The study concludes that the competing demands of the Tri-sphere create tensions for frontline child welfare workers. They experience the tensions in ways such as unrealistic expectations, uncertainty and confusion, and burnout, which is characterized by feeling stressed and emotionally overwhelmed, feeling terrible, and feeling of failure. To manage these experiences, some participants follow policy regulations strictly, some tweak or manipulate policy and some negotiate with supervisors or child welfare service recipients. Self-care practices — counselling, receiving support from co-worker, participating in recreational or leisure activities, and contemplating career change — are also used to manage negative emotions or feelings. The implications and limitations of the study as well as recommendations for future study, social work education, and social work practice are discussed.

Dedication

This dissertation is dedicated to my parents, Alhaj Sulemana Nsaah and Hajia Memuna Yoyoo, who provided me with kindness, endless support, and prayers with the goal of giving me what they did not have; and to my wife Hawa Haruna and our three children Aisha Fuseini, Maryam Fuseini, and Abdulrahman Fuseini. Thank you for your love, selflessness, patience, and sacrifices. I love you beyond words.

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Chapter One

Introduction

Background and Statement of the Problem

This study explores how social workers in frontline child welfare practice identify and work with different demands imposed by their agencies' rules and regulations and instruments of assessments, the diverse socio-cultural values of recipients of child welfare services, and social work professional expectations (which are formed and shaped by the professional Code of Ethics, theories, and values); hereinafter termed as "the Tri-sphere". Frontline child welfare social workers make their decisions from choices of conflictual demands imposed by the Tri–sphere:

(1) The child welfare system operates with legislation, policies, and other forms of social ideology that set expectations on the care children should receive within the context of their families (Swift & Callahan, 2002; Trocme et al., 2018).

(2) Child welfare recipients (families and communities) come from different cultural, linguistic, citizenship, racial, religious, and other identity backgrounds that consciously and unconsciously inform and shape parenting values, expectations, and practices. These parenting values, expectations and practices are sometimes at variance with the child welfare system's expectations and regulations. This brings a dilemma to the child welfare worker who is expected by families to support parents' decisions and practices.

(3) Equally significant, the child welfare social worker has been trained to rely on social work theories as well as professional values and the CASW Code of Ethics to guide practice and decision-making. Again, as demonstrated in various research, some aspects of social work values and theories are incompatible with what the child welfare

system and even child welfare recipients demands from the worker (Houston, 2002; Lietz, 2009; Parton, 2009). Meanwhile, individual child welfare workers are increasingly being held responsible for their choices and actions (Adjei & Minka, 2018; Blackstock, 2009; Tembo & Oltedal, 2015).

Previous research concerning child welfare has centered on workers' perspective on how the child welfare system responded to situations, but not how workers feel about their choices and decisions while executing their mandates (Koncikowski & Chambers, 2016; McLaughlin et al., 2015; Olszowy et al., 2020; Softestad & Toverud, 2013). This study contributes knowledge to this relatively underdeveloped area of research. The study focuses on how social workers in child welfare practice experience and manage the competing and contradictory expectations of child welfare system, the child welfare recipients, and the professional values and theories. In the remaining sections of this chapter, I describe my personal location, outline the purpose of the study and present the research questions, and provide a brief description of the study setting and outline how the rest of the dissertation is organized.

Setting the Context: My Personal Location

The necessity of situating oneself in research is well documented (Bhopal, 2001; Creswell, 2013; Holmes, 2020; Olukiun et al., 2021). What do I perceive about the world? How do I make sense of my experiences? What do I know about others and myself? What are my beliefs and values? How do I tell others what I perceive, know, and believe? These questions are important because they collectively and unconsciously influence my place in the world and the meanings I make in everyday social relations and interactions with others. More importantly, these questions reveal subjectivities that may influence the positions I take in the research and some of the interpretations I bring to the data in the study. Thus, in the spirit of

transparency, it is important that readers become aware of my social-cultural-political backgrounds and experiences and how they inform and influence certain stances I take in the research.

I am a Black, heterosexual Muslim male. I was born and raised in Ghana. I grew up in a "compound house" where I was surrounded by my grandparents, uncles, aunties, cousins, and other family members who all took turns in caring for me. My parents were poor, but I never lacked anything. Family members took turns in caring for me and collectively ensured my needs were met. This was a common practice in rural and smaller communities in Ghana where raising children is seen as a collective effort rather than the primary responsibility of the biological parents. I carried this understanding of family from Ghana to my education journey in Finland and later to Canada.

In my professional experience as a social worker, I have worked primarily in the area of child welfare, first in Labrador, then in St. John's, Newfoundland, and then in Sarnia, Ontario. Thus, my practice experience in the child welfare system has taken me to communities and families in remote rural communities as well as urban centres of Canada. In my practise, I have experienced substantial variations in childrearing values and expectations across cultures which are sometimes at variance with the child welfare regulations and assessments, and in many instances I felt uncertain about how to do my work within those diverse cultural contexts. I have been confronted with the challenge of deciding which demands to follow as a child welfare worker — is it the expectations of what I have learned in my social work training and professional values or the expectations of child welfare systems as instructed in the child welfare legislations and assessments models or the expectations of child welfare recipients whose values, parenting practices, and worldviews are diverse and sometimes inconsistent with

the expectations of child welfare systems? The following personal story, perhaps, gives further credence to the daily dilemmas and ambiguities child welfare workers encounter while executing their professional obligations in cross-cultural contexts.

An Innu family had all five of its children removed from the parents due to extensive concerns associated with the parents' drinking, drug use, and domestic violence involvement. The children were in different placement arrangements: the first two older children were in the care of their maternal grandmother; an Auntie adopted the middle child while the two youngest children were placed in regular foster homes. The mother became pregnant with a sixth child and sensing the likelihood of the child being removed at birth, the family proposed a plan for the maternal grandmother to assume responsibility for the child's care until the parents completed treatment and counseling to resolve the concerns. The child welfare system was open to the plan only if the grandmother was willing to sign a formal agreement with the child welfare system. The family opposed the decision on the grounds that the grandmother is part of the family unit and shares similar parenting responsibilities as the biological parents, and therefore does not need to submit herself to the child welfare bureaucratic documentations in order for the process to be formalized. Although the competency of the grandmother to raise the child was not in question — she had already demonstrated that quality by taking care of the first-two children — the signing of agreement is a legislation requirement that cannot be circumvented. For the family involved in this case, however, there was no need for a "formal agreement" because the grandmother should be viewed as a person with no less parenting responsibility to the grandchild than the biological parents should. Suffice to say that the child welfare officers involved in the case did not approve the decision because the family was reluctant to go through the

administrative documentations. The child was removed after birth and placed in a non-relative foster home.

As one of the social workers involved in the case, I critically reflected on the childrearing beliefs and practices in Ghana and other diverse communities I have worked in and I realized that child welfare legislations and organizational procedures on family assessments do not support many of the childrearing beliefs and practices of these communities. In many ways, when I enforce the child welfare legislations, I am actually demanding childrearing practices which I personally did not experience as a child nor identified with as an adult. To my supervisors, I am an excellent child welfare worker who knows thoroughly the legislations and assessment procedures. However, to me, I am a hypocrite, a fraud, who is enforcing laws and agency's expectations on families whose lived experiences about parenting are different from the child welfare legislative requirements. Situations become even more difficult when parents and communities openly express their disdain about the unfair child welfare expectations and requirements. As a frontline worker, you cannot help but think if there could not be other ways than what practitioners are legislatively required to do.

Initially, I thought I am the only person conflicted with these competing demands in child welfare practice — different expectations of parents, child welfare legislations, personal values and beliefs, as well as professional training. Yet, the more I talked to colleagues, the more I realized that the story is consistent among child welfare practitioners. This research is born out of intellectual curiosity to connect my professional work in child welfare with that of others. I am inspired to do this research because people need to hear the side of the story of frontline workers in the child welfare services. No doubt, frontline workers in the child welfare system are vilified and criticized often for their daily professional choices, yet no one knows how these

practitioners struggle daily in their decision making process. Of course, this dissertation is not to deny any complicity or to ignore the fact that child welfare practitioners have caused historical and contemporary harms to families and communities. Rather, the intent of this dissertation is to reveal the daily dilemmas, tensions, contradictions, ambiguities, and ambivalence frontline workers in the child welfare services encounter as they attempt to meet the competing demands of the Tri-sphere of child welfare practice. By revealing these stories, the dissertation hopes to humanize child welfare practitioners and include their voices to increase understanding on these complex circumstances of competing demands.

Purpose of the Study

This study explores how social workers in child welfare practice identify and work with competing and contradictory demands imposed by different interest groups in the child welfare system. The focus is to understand how frontline child welfare practitioners experience and manage these seemingly competing demands imposed by the Tri-sphere and how such knowledge could be useful in preparing future social workers for child welfare practice. The study is guided by the following questions:

1. How do social workers in child welfare practice identify and define seemingly competing demands imposed by the Tri-sphere?
2. How do social workers in child welfare practice experience and manage the seemingly competing demands imposed by the Tri-sphere?
3. What is the relevance of child welfare workers' knowledge and experiences of managing the seemingly competing demands imposed by the Tri-sphere for preparing future social workers for child welfare practice?

Description of the Study Setting

The study was conducted in Newfoundland and Labrador, a province of Canada composed of the island of Newfoundland and the mainland Labrador to the northwest. Newfoundland and Labrador is the newest of Canada's 10 provinces, having joined the confederation in 1949 (Jennissen & Lundy, 2011). It is the most easterly part of North America and has its own time zone. The population of Newfoundland and Labrador is currently estimated at 520,286 as of April 1, 2021 (Government of Newfoundland and Labrador, 2021); 92% live on the island of Newfoundland, and more than 50% live on the Avalon Peninsula of Newfoundland, which is the location of St. John's, the capital and largest city in the province (World Population Review, n.d.).

Organization of the Dissertation

This dissertation is organized into six chapters, beginning with Chapter One, introduction to the background to the topic and study, focus of the study, and description of the study setting. Chapter Two provides a comprehensive literature review and analysis on the Tri-sphere: child welfare system, child welfare service recipients, and social work professional values and theories; as well as some empirical literature on how professionals – social workers or cognate professionals (e.g., nurses, psychologists, or physicians) – have navigated competing demands in their practice. Chapter Three discusses constructivism as the epistemological framework that underpins the study. Chapter Four describes the methodology for data collection and analysis. Chapter Five presents the findings of the study. Chapter Six offers an interpretation and discussion of the findings in relation to previous scholarship, and presents conclusions, implications, and recommendations of the study.

Chapter Two

Literature Review

This study explores how social workers in child welfare practice experience and deal with tensions, dilemmas, contradictions, and uncertainties that they encounter as they attempt to meet the competing demands of the Tri-sphere embedded in child welfare practice. In this chapter, I provide a review and critical discussion of the literature, pertaining to each component of the Tri-sphere to help give form and structure to the study.

The Child Welfare System

(a) Legislation

Canadian child welfare statutes share a common legislative history and, as such, share many features. All statutes, for instance, identify both child safety and child well-being as the paramount principles of their legislation (Courtney et al., 2013). Regardless of jurisdiction of practice, child welfare social workers would encounter competing demands (CASW, 2018; CASW, 2005). Let us use the jurisdiction of Newfoundland and Labrador as an example. The *Children, Youth and Families Act* (2018) identifies its purpose as seeking to promote the safety and well-being of children and youth by offering, where available and appropriate, services that are designed to maintain, support and preserve the family (s. 8). While the legislation reflects the notion that families are primarily responsible for the care, nurturing, supervision, and protection of their children (s9 (h)), it also recognizes that children have certain basic rights, including the right to be protected from abuse and neglect, and that government has the responsibility to protect children from harm when parents are unable to take up that responsibility (s9 (h) (d)). There is thus a conflict between family rights and responsibilities and those of government

through the child welfare system. Part of the problem is the broad, imprecise way that legislation defines child maltreatment. The child welfare social worker is left to distinguish situations involving child maltreatment, often relying on subjective or conditional understandings.

Let us look at how the process involves subjective judgements. Allegations or suspicions of child maltreatment are investigated using a variety of approaches according to the child welfare legislation, policy and protocols. Social workers who respond determine the urgency of the situation and the intervention needed. If no evidence of child abuse or neglect is found, the child welfare agency will have no further involvement with the family unless there is indication of any family problems, even if the child is not considered to be in imminent risk of harm. A social worker is assigned in this case to work with the family, providing intervention services such as parenting support and counselling (Stokes, 2017). It is obvious that the judgement of "family problems" is subjective and open to wide interpretation.

If a child is deemed to be in imminent risk of harm, the child is removed from the home based on the "best interests of the child" and placed in foster care (Kline, 1992). Child welfare authorities temporarily or permanently assume responsibility for the child; this generally involves child welfare court action (Trocme et al., 2018). Here again, the definition of "imminent risk of harm" may vary across social workers and across social situations.

Central to the child welfare legislation in all Canadian jurisdictions is that the "best interests of the child" should be the foremost consideration in the practice of social work in child welfare. The legislation also makes it central that parents are primarily responsible for their children's care. These two child welfare principles present a number of inconsistencies. The following discussion provides a summary of the views within selected communities on the child's best interests and the formulation about parents as primarily responsible for their

children's care. The discussion is intended to serve as a foundation to demonstrate inconsistencies between child welfare legislation and the childrearing values in selected cultures.

To suggest that entire cultural group can be characterized by the same value orientations in their parenting practices may be erroneous or at least simplistic (Isajiw, 1999). There is diversity in any cultural group. Within each culture, people may differ in parenting practices because of differences in values on the individual level (Goldberg et al., 2016). Also, cultures are heterogenous and non-static (Goldberg & Stein, 2018; Morris et al., 2015). As such, caution must be taken to avoid essentializing cultures. Although differences exist within each cultural group, there are nevertheless some consistently reported generalizations, based upon observations and shared experience, that may be useful as a starting point in describing the cultural values informing parenting practices in selected communities.

(1) The "best interests of the child" legislative principle

Throughout Canada, the core of child welfare legislation is the authority to act in the "best interests of the child", with the "best interests" defined to include individuation of the child, consideration of the child's views, and the paramount objective of protecting the child from harm (CASW, 2018; Courtney et al., 2013). This concept views the child as an independent, self-contained, autonomous being who comprises a unique configuration of internal attributes such as self-actualization, realizing oneself, expressing one's unique configuration of needs, rights, and capacities, and developing one's distinct potential (Markus & Kitayama, 1991). The "best interests" of the child principle is applied in child welfare practice to put the child at the centre of all interventions, decision-making, and services. In the case of Newfoundland and Labrador, for example, the *Children, Youth and Families Act* (2018) clearly states that all services provided under the legislation "shall be interpreted and administered in accordance with

the principle that the overriding and paramount consideration in a decision made under this Act shall be the best interests of the child" (s9). Here, the child is seen as a discrete unit, whose relationships are measured in accordance with the degree to which they are harmful or helpful to the child's good and welfare.

A child welfare Court case *Natural Parents v. Superintendent of Child Welfare* (1976) provides a good illustration of the application of the best interests of the child concept. A non-First Nations couple sought to adopt a status Indian child who had been apprehended from his parents and placed in foster care in their home. The natural parents refused to consent to the adoption and asked instead that the child be raised by an aunt and uncle in accordance with Tsartlip and Songhees traditions. In the Court's view, the conflict that arose in the case could "only be resolved in the light of the best interests of the child *himself*". The argument put forward in the case by the provincial child welfare agency, which was supported by the court, was that the child had to be considered as an individual in order to ascertain what will best serve his utmost interests and needs. In the end, the "best interests of the child himself" were held to require retention of custody by the foster parents through adoption. Similarly, another child welfare court case, *Racine v. Woods* (1983), ruled that: "maternal instinct, the wishes of other members of the family" cannot be allowed to interfere with the paramount consideration of the "best interests of the child". On this basis, an Ojibway mother was denied access to her eight-year-old daughter who had been adopted by her foster parents (Cited by Kline, 1992, pp.397-398).

Whereas the families involved in the above examples sought to satisfy the "best interests" of the children by asking for them to stay within their own family and culture, the child welfare system (including the court) believed otherwise. Here, there were competing demands related to

retaining the cultural identity of the children versus displacing their cultural identity and permanently placing them with newly constructed “good” families. This is not always the case but it is becoming increasingly common in child welfare work. It is obvious that the best interests of the child can be measured by different criteria.

The children and biological families involved in the two child welfare cases illustrated above were Indigenous, whose worldviews stand in contrast to the notion that the child and his or her best interests are separate and distinct from family, community, and culture. Richard (2007) explored the best interests of Indigenous children in the context of cross-cultural adoptions in Canada. He noted that while individuals are acknowledged and valued within Indigenous worldviews, they are contextualized within families, communities, and cultures. The best interests of the Indigenous child are inexorably linked to the best interests of the community and vice versa. Similarly, other scholars describes a common belief among Indigenous peoples that children are the embodiment of their culture and, as a result, are required to be nurtured within it (Lindstrom & Choate, 2016; Neckoway et al., 2003). Given this interdependent relationship, the community is, thereby, compelled to do its best in producing healthy and productive adults to further strengthen the collective through the generations. This is not only best for the child, but also necessary for the overall survival of the community of which the child is a part. Here, the notion of rights of any one party is subservient to the notion of responsibility to care for children. For the Indigenous child, the collective not only nurtures but also provides a clear identity and a sense of belonging (Kline, 1994). The children themselves, because cultural and community survival depend on them, are considered sacred. The idea of the child being considered separate from the family and community’s context is foreign to Indigenous cultures (Choate et al., 2021; Richard, 2007; Sinha et al., 2021).

Different Views of the "best interests of the child"

Indigenous communities are not alone in having a different view than what is believed in child welfare legislation as the best interests of the child. The Filipino culture encourages collectivist and interdependent bonds (Alampay, 2014). In desiring harmony and inclusiveness in their relationships, many Filipinos are socialized to subjugate individual interests to conform to their family; to adjust to the interests of other people in the community, and to avoid conflict and confrontation (Aguilar, 2009). Individual achievements and failings reflect on the family as a whole and can bring about familial pride or shame; children's behavior, whether seen as positive or negative, reflects on their parents (Chao & Tseng, 2002). It is clear that among many Filipinos, the best interests of the child may be measured in relation to the common interests of other family members.

Whereas the child welfare system recognizes the uniqueness of individual children and their interests, studies on childrearing beliefs among Filipinos suggest that they consider infants and young children as not having a well-developed sense of their own to set up their own needs, therefore requiring parents to define what is best for children and young children (Alampay, 2014). As such, parents make few demands on the infant and young child until the ages of about four to six years old, when children are believed to start developing a sense that will allow them to comprehend and benefit from instruction and guidance. It is at this period when children are trained to assume responsibilities in the household and community, are expected to gain greater control of their impulses, and obey their parents, elders, and older siblings (Aguilar, 2009). Even at this stage, it is believed that children need the parents and family to tell them what to do and what to wish for, otherwise their interests and actions will be corrupted by external forces in society (Espina, 1996).

Similarly, the idea of seeing oneself as an individual with distinct interests, as used in the context of Western child welfare legislation, is not consistent with many East Asian cultures. For example, after exploring parenting values of Chinese parents in Canada, Chuang and Su (2009) reported that the parents in the study believed in interconnection between their interests and the interests of their children. For the parents in Chuang and Su's study, a fulfillment of the child's interests cannot be fully attained without placing them in the context of the whole family unit. Also, among Japanese, it is believed that the interests and wellbeing of a child are direct extensions of the parent's own (Bornstein et al., 1992). It is interesting that both the Chinese and Japanese appear to promote interdependencies among family members and view the interests of people as extensions of one another, which is not in line with how interests of the child are defined within Canadian child welfare legislation. How then does a social worker manage the difference?

(2) Parents are the exclusive focus of child welfare legislation and assessment

In Canada, provincial and territorial child welfare legislations are founded on the individual rights-based philosophy which view parents as primarily responsible for their children's care and safety (Mandell et al., 2003). When completing investigations and assessments in the child welfare system, the legislation is focused exclusively on the action or inaction of the child's parent. As such, the absence or inability of the parent to provide care is viewed as grounds for protective intervention. The parent is also the focus of protective intervention services to keep the child safe at home (Chaze, 2009; Manji et al., 2005). This approach is diametrically opposed to communities with interdependent, communal, and holistic values of raising children, as discussed below.

The Israeli kibbutz raises children based on collectivistic values of equal sharing of responsibilities and rewards among community members with no individual having greater hierarchal importance in terms of social or economic role. Caregiving arrangements adopted in Kibbutz communities include an arrangement where children sleep in a separate location from their parents while being tended at night by non-family members (van IJzendoorn & Sagi, 1999). This arrangement is intended to socialize children for communal life and to create a sense of group cohesion and, thus, people who could socially and emotionally function within the community (Neckoway, 2011). The Kibbutz culture, therefore, stresses a wider range of carers without the child's parents having leading role.

The Congolese Efe culture similarly does not view parents as having primary responsibility for their child's care. Among the Efe, the absence of the child's parents does not necessarily mean the child is not receiving needed care. This is because household membership is expansive and is usually made up of brothers, sisters, spouses, children, parents, and grandparents. All household members take active roles in caring for the child (Tronick et al., 1992). From the age of six weeks, Efe infants receive more care from other persons than with the biological parents (Keller, 2013). Children learn about their environment and all necessary developmental skills mostly by observing, imitating, and helping their older siblings, and in close company with adults and older children who care for them and ensure their safety. During the daytime, one or several adults are normally present in the home, taking care of children, preparing food, or socializing. The nearly continuous presence of people in the household provide parents with an opportunity to leave their children at home while they are away. At night, infants usually nurse themselves to sleep, draped across their mothers' laps. Toddlers and older children can choose to spend time with the family and be involved in fun activities such as

storytelling and singing, or they may go to play with their peers. Children may go to bed earlier if they wish, but more often they wait until the family is ready to sleep. There are no fixed sleeping arrangements for infants and children. They may be passed to a familiar caregiver, such as a sister or an aunt, to sleep for the night (Tronick et al., 1992). While some cultural practices may evolve over time, the Efe is one of those who have maintained these childrearing practices until the present time (Morelli et al., 2014). These practices are a problem for Canadian child welfare legislation and practice because there is an expectation for the parents to act as primary figures in the child's care and to have advance, specific plans for the child's care at all times.

Canadian child welfare legislation is similarly at odds with the parenting values of Indigenous and Asian Indian families when it comes to defining responsibility for raising children. In contrast to legislation viewing the parent to be primarily responsible for caregiving, Indigenous cultures view the child as belonging to the family grouping (based along blood lines and the clan system) and also to the whole community that shares a collective responsibility in the care and nurture of the child (Baskin, 2006; Blackstock, 2009; Neckoway, 2011; Neckoway et al., 2003). The cultural values shaping parenting for Asian Indian communities similarly emphasize family security and socio-cultural continuity that involves all members of the extended family in raising children. Biological parents usually assume a secondary role in caregiving, while grandparents and older members of the family take leading roles in raising children and to teach the children how to adhere to rules, family spiritual practices and customs (Dutta, 2018). It seems logical that social workers working with Indigenous and Asian Indian families will encounter competing demands: a legislation which expects parents to act as primary caregivers versus families who do not view parents as primary caregivers.

(b) Agency Structure

In Canada, responsibility for protecting and supporting children at risk of abuse and neglect falls under the jurisdiction of the country's ten provincial and three territorial governments. This decentralized child welfare system has led to variations in service delivery models across jurisdictions. Even within each jurisdiction, service delivery may involve both government and private services, which sometimes have divergent foci and interests (Trocme et al., 2018). These differential approaches, foci, and interests in service delivery across and within child welfare jurisdictions can lead to inconsistent expectations on the child welfare social worker. It may be helpful to reflect on some possible complications for social workers working in the organizational structures described below:

In Ontario, child welfare services are provided by forty-eight different quasi-governmental agencies, collectively forming the Ontario Association of Children's Aid Societies, with individual boards of directors guiding their functions, but deriving all of their legal mandates and funds from various levels of government (OACAS, n.d.). In some communities, these agencies were initially founded over a century ago as faith-based organizations and they continue to maintain service on a religious basis, most notably agencies serving Catholic and Jewish communities (Jennissen & Lundy, 2011). One possible complication is that multiple agencies providing services in the same community may have different focuses and interests. For example, whereas the Children's Aid Society of Toronto is focused on prioritizing the needs of children and youth (CAST, n.d.), the Catholic Children's Aid Society of Toronto is interested in providing spiritual and religious supports to families based on Catholic principles (CCAS, n.d.), whilst the Jewish Family and Child services is more concerned about supporting the healthy development of people within the context of Jewish values (JF & CS, n.d.). In this kind of

environment where one family could receive services from agencies with different focuses and interests, how does a social worker account for the differences?

Similarly, social workers in other Canadian child welfare jurisdictions may also experience inconsistent demands due to working in environments where child welfare services are provided through government departments with varying levels of local independence and of service contracted with non-government agencies. In Newfoundland and Labrador, for example, child welfare services are provided by the department of Children, Seniors, and Social Development (CSSD) under three administrative regions (St. John's metro, Central West, and Labrador) that have their own directors and some operational variations. Services also involve private individuals and organizations. Social workers are often required to work with families across regions, with the expectation that the social workers have professional knowledge and skills to manage their work (CASW, 2018). It is obvious that child welfare workers may experience competing demands as they work in and navigate their ways through the complex structure of the child welfare system that has a variety of service providers with different focus and interests.

The Child Welfare recipients

Persons and families receiving child welfare services are diverse. They come from different cultural, linguistic, citizenship, religious, and racial origins and have diverse childrearing beliefs and practices. The following discussion provides a brief and general overview of parenting values and behaviors that are characteristic of parents in five selected cultural groups. This review demonstrates variations in attitudinal and behavioral styles of parents from diverse cultural backgrounds – this is the cultural context in which child welfare services are applied. There are several commonalities and differences between cultures, as demonstrated in the above

discussion. Whereas some cultures are raising their children to grow up as independent persons, others want their children to become interconnected with other community members. Some cultures are teaching their children to make their own decisions but other cultures emphasize obedience to rules and adult authority. Among some cultures, children are taught to trust in public institutions and not to have any worries. But others are training their children to understand dangers involved with dealing with public institutions and how to deal with those dangers. These diverse and complex communities embrace different linguistic, historical, political, and spiritual systems which reflect their uniqueness. This diversity stands to create difficulty when judged under the same legislation, theories, values, and practice approaches. The discussion does not take into account the considerable diversity that exists within cultural groups; the focus is on dominant features of each culture as reported in the literature.

(a) Euro-American/Canadian culture

The parenting practices of Euro-Americans/Canadians encourage a combination of high parental responsiveness, warmth, behavioral supervision and strictness, and democracy (He et al., 2021). Among most people from this culture, behaviors such as kissing, hugging, praising, and complimenting have been understood to be evidence of high parental warmth and acceptance (Jackson-Newsom et al, 2008). Parents encourage their children to value individual differences, emotional and material well-being, and to consider many options when solving problems in life. Euro-American/Canadian children are taught to love and respect each other, that all are individuals, and that all are free to be honest and openly show their emotions (Rothbaum et al., 2007; Rothbaum et al., 2000).

(b) Mexican culture

Mexican parents in contrast encourage their children to repress their emotions and to keep their thoughts and feeling to themselves. For Mexicans, open display of emotions such as fear and anxiety is generally considered a sign of weakness and loss of their pride (Harwood et al., 2002). Parental warmth is usually expressed through actions and not words. Children are expected to respect and obey adults, value family ties, and do what is right when they are in the public sphere (Rodriguez & Olswang, 2003).

(c) Indigenous culture

Indigenous parents in Canada emphasize teaching their children the importance of spirituality and the interconnectedness of all things. Children are believed to be gifts from the spirit world and have a destiny that can be influenced through rituals and ceremonies (Neckoway et al., 2003). Based on this belief, Indigenous children are allowed to make many of their own decisions because they are considered a person with destiny and free to explore and influence their own environment (Muir & Bohr, 2014). Parents are interested in creating or exposing their children to a nurturing environment to enable children to develop at their own pace and discover their unique personalities. Once the contextual environment has been addressed, most Indigenous parents will often take a long-term view as their child's destiny unfolds. With the belief that the child's destiny has been decided, Indigenous parents encourage non-verbal teaching and learning styles where they monitor their children's behaviours rather than try to shape them (Neckoway, 2011). Parents discourage the use of punishment or to threaten with negative consequences when responding to negative behavior in their children. Instead, parents discipline their children with approaches that teach values, societal rules or important life lessons which could benefit the child (Cheah & Sheperd, 2011).

(d) Chinese culture

Chinese parents can be distinguished by their tendency to foster interdependent behaviour in their children by stressing obedience to rules and adult authority. For Chinese people, parental obedience and some aspects of strictness may be equated with parental concern, caring, or involvement (Huang et al., 2017). A key aspect of Chinese parenting is reciprocal expectation: parents expect children to be obedient and respectful and parents are expected to be responsible and experienced instructors who pass along cultural norms, values, and life experiences. As a result, Chinese parents usually maintain a distance associated with the traditional status hierarchy when interacting with their children and this demeanour, to some extent, is conveyed through a controlling parenting style, particularly when children misbehave (Qiu & Shum, 2022). Parental control in the Chinese context may not necessarily involve domination of children *per se*, but rather a more organizational type of control for the purpose or goal of keeping the family running more smoothly and fostering family harmony. Parents emphasize teaching their children to be able to fulfill social obligations, establish interrelationships with others, conform to norms, respect parents and elders, and achieve family reputation through individual achievement (Xu et al., 2005; Qiu & Shum, 2022).

(e) Black or African culture

Among people of African descent or Black people, parenting is viewed as a communal activity shared by all adult members of the community, with families inclusive of extended family members and kinship network systems comprised of neighbours and family friends (Forehand & Kotchick, 1996). Children are taught to be obedient and respectful within these family and kinship networks, particularly of their elders. Black parents emphasize the notion that individual identity and functioning occur within families and communities. Emphasis is also

placed on religion and spirituality, a sense of connection between animate and inanimate objects, the belief that a life force exists in all things (Thomas, 2000).

Many Black parents contextualize their parenting practices within their history with persistent racial prejudice and discrimination. Parents teach their children to obey instructions and guidelines without questioning as a way to decrease defiant or oppositional behavior and to prevent children from endangering themselves. Children are taught coping skills for survival in a hostile environment (Adjei et al., 2017; Garcia Coil et al., 1995; Julian et al., 1994). People of African descent attach important values to their children's formal education which they view as a means to potentially enhance future economic benefits and security for the family. Thus, parents have high expectations around academic performance and grades, and children are often scolded for poor report cards or reports of misbehavior at school (Thomas, 2017).

Theories and Values Guiding Social Work Practice

The profession of social work has its own values and theories that guide practice. Although the values and theories are intended to guide practitioners in deciding when and how intervention should occur with individuals and families (CASW, 2005; Souflee, 1993), they may create difficulty for practice because a vast range of social work theories and values exist with often conflicting positionalities. The discussion below presents an overview of some theoretical and value underpinnings of social work and inconsistencies that may result from them.

Social Work Theories

Theories serve as the foundation for the social worker professional's understanding of a situation, hypothesizing about how to intervene, and predicting what might happen in the future (Knoke, & Trocm, 2005; Payne, 2016). For instance, Maslow's hierarchy of needs is a lifespan

developmental theory that is used in social work to explain how individuals must have certain needs met before they can move to achieve other category of need. It helps the worker to identify basic necessities of survival and to demonstrate the relevance for needs to progress through a hierarchy: psychological, safety, belonging, love, esteem, self-actualization, and self-transcendence (Gentle-Genitty at al., 2014; Lai, 2017). Another example is crisis theory that may help workers to focus on psychological factors and forces within individuals that explain behavior and personality. Social workers often rely on this theory to understand how people deal with stressful situations and how they have the ability to grow, develop, and change based on existing crisis (Payne, 2016). Defense mechanisms, transference, and counter-transference are theoretical concepts in social work that often form the basis for explaining a client's behavior, interpersonal relationships, or reactions to information (Sharf, 2012). Social workers may also use ecological theory to have a whole picture of systems and member functioning and find out effective ways to develop reciprocal transactions and relations between clients and their environments. Critical theories can also assist workers to have an enhanced knowledge on social and political structures and functioning and their effects on individuals, families, groups, and communities (Payne, 2016).

The broad categories of social work theories range from a focus on individual psychological development to the influence of societal and political structures on human and communal growth/development as well as social justice. Social work practice does not necessarily adhere to one category of theories that will address a specific situation, but the social worker is left to choose from a wide range of theories to create an appropriate intervention for presenting situations, usually relying on individual discretions. An individual social worker may experience competing demands between spheres of their practice because of

the range of theories from which to choose; some are endorsed by child welfare legislation, some by the specific agency where one works, and some the worker's personal preference. The problem is, which theories the social worker should apply across diverse cultural contexts of parenting, as discussed earlier. This is a serious problem because there are a variety of disconnects between social work theories and the cultural values and practices of diverse communities where these theories are applied. The following discussion looks at the core ideas in attachment theory in social work as a foundation to demonstrate inconsistencies between cultural values informing parenting in diverse communities and two specific concepts in attachment theory (mother-infant dyadic relationship and maternal sensitivity).

(a) Attachment Theory

Attachment theory has become one of the most influential theories in social work guiding parent-child relationships. It is often used to guide the worker's interpretation of how a child develops socially and emotionally based on bonding with a primary caregiver, and subsequently predicting the child's future relationships and attachments (Page, 2017). Bowlby (1969), the first to outline the basic tenets of attachment theory, defined the attachment relationship as either secure or insecure. He was particularly interested in the anxiety reactions infants show when separated from their mothers or the persons with whom they are emotionally bonded. Bowlby formulated that attachment behaviours such as crying, calling out, clinging, reaching, and smiling that are shown by infants and children, particularly during times of distress, are means by which they seek the caregiver's protection. He formulated that the proximity of a sensitive, comforting, and responsive caregiver will safeguard the security and soothing of the child as well as encourage the child's exploration and development of new skills. Bowlby's idea of attachment

theory proposes that optimal development of the child occurs when the child's basic need for security is met and the child grows up in a stable home environment (Bretherton, 1992).

Building on Bowlby's work, Ainsworth, Blehar, Waters and Wall (1978) laid the foundation for extending the concept of attachment to considerations of maternal responsiveness and sensitivity to infant's need, proposing that this was the crucial link in the development of infant attachment. Ainsworth et al. (1978) proposed three categories of infant attachment behaviours: secure, insecure/avoidant, and nonattached/ambivalent. Secure infants explore their environment while in the presence of their caregivers, may be distressed by the departure of their caregivers, and respond to their caregiver in a positive, often comfort-seeking way upon being reunited with the caregiver following a brief separation; insecure infants explore less frequently than secure infants, do not appear distressed by separation, and ignore or refuse the approach of their caregivers upon reunification; and nonattached/ambivalent infants limit their exploration, show extreme distress upon separation with their caregivers, and tend to refuse caregiver attempts to comfort them when reunited. A fourth category, disorganized/disoriented, was added by Mary Main and Judith Solomon for those who do not fit within the original three categories (Allen, 2011). These are infants who lack any behavior coherence and found to be dysfunctional in the presence of the caregiver. These infants show bizarre infant behaviors like freezing, crouching on the floor, and other depressed behaviors in the presence of the caregiver. The disorganized/disoriented infants respond to a caregiver in a confused, chaotic, or fearful manner, can also be evoked in a child when a parent is at times a source of comfort to the child and at other times a source of fear, such as those in abusive situations (Keller, 2013). All the four attachment categories assume that the most formative attachment relationship occurs between a mother and her infant (Bretherton, 1992).

Attachment theory's classification of infants' attachment behaviours has become essential as it has been linked to in home observations of the mother-infant pairs. From these observations, specific associations are made between a mother's style of parenting and the infant's attachment behaviour. The infants classified as securely attached are believed to have mothers that respond readily to their infant's communication such as when they cried or otherwise expressed discomfort. These caregivers also reciprocate infants' smiles with an affectionate response (Karen, 1990). These observations regarding secure attachment confirms Ainsworth and colleagues' central premise that a responsive or sensitive mother provides a secure base from which her infant can explore the environment (Ainsworth et al., 1978). In contrast, the mothers of infants labelled as insecurely attached are believed to be insensitive to their infant's expressions of discomfort. These mothers also appear to display a dislike for physical contact and show little emotional responsiveness towards their infant (Ainsworth et al., 1978). The mothers of infants labelled as ambivalent, on the other hand, are thought to demonstrate inconsistency in responding to their children's needs (Allen, 2011). Infants labelled as disorganized/disoriented, however, would appear to have experienced both inconsistent and abusive primary relationships characterized by caregiver intrusiveness and maltreatment (Keller, 2013). The patterns established by these attachment relationships are thought to become internalized by the infant as an internal working model or set of beliefs about what to expect of relationships and this internal model is regarded as stable and resistant to change (Bretherton, 1992). Thus, attachment theory assumes that the internal working model persists throughout life. It also hypothesizes that early attachment success provides a foundation for healthy functioning in future relationships, whereas failure to attach could hinder an individual's ability to form

satisfactory relationships later in life and potentially lead to a variety of behavioural and emotional difficulties (Bretherton, 1992).

Cross-cultural Conflicts with Attachment Theory

Despite the widespread recognition of attachment theory in social work practice, some of its core ideas may raise problems when applied in diverse cultural environments. Two core formulations of the theory are discussed in this section for their lack of consistency with the parenting values of selected cultural groups. First, the idea of viewing the child-mother relationship as the most important in the child's life; next is the concept of maternal sensitivity.

Relationship between child and mother or primary caregiver

The central focus of attachment theory is on the dyadic relationship between the infant and the mother or primary caregiver, but this is not necessarily the case in all cultures. Although the theory conceptualizes attachment relationships to involve a single caregiver and the child (Bomstein et al., 1992; Rothbaum et al., 2007), multiple caregiver attachments occur in other cultures, such as that of the Efe in Congo. The Efe mother is not the first to hold the newborn; instead, the newborn is passed between women who collectively hold, carry, and nurse the infant. From the age of 6 weeks, Efe infants spend more time with other persons than with the biological mother. Efe infants are seldom put down on the ground; rather, they are constantly held and fed by other lactating mothers in the community. As a result, Efe infants are noted to develop multiple attachments (Tronick et al., 1992; Tronick et al., 1987). Like the Congolese Efe, the Aka people from Central African Republic encourage cooperative childrearing systems. Aka infants and young children have approximately twenty caregivers interacting with and caring for them on a daily basis (Meehan, 2005).

Similarly, the dyadic relationship hypothesis of attachment theory is inconsistent with the childrearing values of Cameroonian Nso parents and Indigenous peoples. Otto's (2008) doctoral dissertation on attachment strategies in Cameroon reported that within the Nso culture, the mother does not play a special role among other caregivers; rather, she is considered as one among others. Cameroonian Nso mothers try to prevent their infants from developing special bonds with them through blowing into the infants' faces and forcing them to attend to others. Only when Nso are in a socially unfavorable situation in their society, do they accept special bonds between their infants and themselves (Keller, 2013).

When it comes to Indigenous families, they do not adhere to the linear sequence of the mother as the sole contributor to the child's physical and emotional well-being (Neckoway et al., 2003; Weaver & White, 1997). Indigenous cultures do not put special expectation on the relationship between mothers and their children. Indigenous concepts of the family range from the extended family concept, where lineage and bloodlines are important, to the wider view where clans, kin, and totems can include elders, leaders, and communities. The 'nuclear' family of mother, father, and children is considered a household within the larger family (Red Horse, 1980). These members all share a collective responsibility for the caring and nurturing of the child (Baskin, 2006; Blackstock, 2009; McShane & Hastings, 2004). Indigenous children grow up in a close relationship with their community and various mothers will frequently breastfeed the infants. Children are cared for by different women interchangeably and often will be brought up by women who are not their natural mothers (Yeo, 2003). Attachment between the child and the parent and other caregivers in Indigenous culture, is therefore, multi-layered rather than dyadic.

Maternal sensitivity.

Another aspect of attachment theory that plays a critical role in explaining parenting practices is the concept of sensitivity. According to attachment theory, sensitivity incorporates the mother's awareness of the infant's signal, her response to the signal, and the appropriateness and timing of her response. These components occur in a sequence; therefore, an infant-initiated signal is critical to begin the process. An infant's signal can vary from the very subtle to those that indicate distress (Ainsworth et al., 1978). The consequence of sensitivity is security (Sroufe et al., 1983), which is the infant's use of the caregiver as a secure base from which to explore his or her surroundings, seeking out of the caregiver for comfort and beginning to develop positive mental health (Bretherton, 1992). Attachment theory's premise is that a child with consistent caregivers who respond to the child's needs in a sensitive and appropriate way develops a secure internal working model of the self as being worthy, adults as being trustworthy with good intentions, and the world as safe and predictable. On the other hand, a child with care providers who are inconsistent and are unpredictable in their caregiving behaviours, develops an insecure internal working model of the self as unworthy, a belief that adults are inconsistent and untrustworthy, that care and affection are unpredictable and the world is unsafe (Allen, 2011; Keller, 2013). But the values informing parenting practices in some cultures do not follow attachment theory's established process of sensitive parenting.

The Japanese culture is one example of cultural contexts where sensitive parenting is not expressed the same way as the attachment theory ideal. In Japanese culture, the expectation is for a parent to engage in a high level of emotional closeness and to anticipate a child's needs rather than wait for a signal from the child (Rothbaum et al., 2000). The Japanese idea of sensitive parenting, as outlined above, is different from the postulations of attachment theory. The

caregiver who anticipates the infant's needs before the infant has sent the signal was not included in the construct of sensitivity by attachment researchers (Rothbaum et al., 2001). However, Japanese people are not alone in this, as the understanding and practice of sensitive caregiving in Indigenous cultures is not consistent with what has been formulated by attachment theory. Like the Japanese, Indigenous caregivers would anticipate their infants' comfort and take steps to ensure it. For example, in exploring sensitive parenting among Indigenous peoples in Australia, Yeo (2003) reported that Indigenous caregivers would observe the smile on the face of sleeping infants after having had a feed to anticipate the discomfort of having wind in the stomach. The caregivers would then induce the infants to burp, as it was believed that there must be bubbles of air that is trapped in the infants' stomach, which is tickling in ways that resulted in a smile on the face. Also, the caregivers would often check regularly to see whether the infants are awake and ready for the next meal.

It is clear from the above discussion that Attachment theory's concepts of maternal sensitivity and dyadic relationship can create conflicts when used across diverse communities. How then does a worker navigate the divergence? Just like attachment theory, other social work theories may equally create problems for the practice of social work in child welfare. In the section that follows, a brief discussion is provided on Multiculturalism, a theoretical approach that has gained popularity in social work. The discussion starts with a brief introduction of the approach, which is then foregrounded in the ambiguity and challenge of applying two of its core ideas: its premise to support individuals to retain the "relevant" aspects of their distinctive

culture and its discouragement of single dominant culture while creating no guideline for balancing disconnects between opposing cultural values[1].

(b) Multiculturalism Theory Approach

The history and legacy of social welfare and social work in Canada have their roots in the values of social justice: aiding diversity, harmony, equality, overcoming barriers, and resource. These values form the fundamentals of multiculturalism theory approach to social work practice. As noted by Payne (2016), multiculturalism theory affirms the reality of cultural diversity, the need for tolerance and appreciation of different cultures and the importance of understanding the dynamics of cultural diversity and interactions in work with people. Multiculturalism theory incorporates concepts such as cultural competence, cultural sensitivity, cultural awareness, and cultural diversity. The theory focuses more on culture, ethnicity, race and religion or spirituality, although it is increasingly applied to other social identity factors (Payne, 2016). For example, here in Newfoundland and Labrador, the professional social work regulator body – the Newfoundland and Labrador College of Social Workers (NLCSW) – describes multiculturalism theory as the approach of responding respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, spiritual traditions, immigration status, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families and communities and protects and preserves their dignity (Newfoundland and Labrador Association of Social Workers, 2016).

[1] I do not intend to dismiss the emancipatory promises of multiculturalism theory. Rather, my intention is to demonstrate complexities that may present for the social worker when applying the theory across diverse communities.

Retaining "relevant" aspects of distinctive culture

While multiculturalism is opposed to the now discredited "assimilation" approach to peoples and cultures in society, where diverse cultures are pressured to abandon their deeply held traditions and practices, it only seeks to affirm and allow individuals to retain the "relevant" aspects of their distinctive cultural traditions and practices (Babaii, 2018; Payne, 2016). Yet the approach provides no guidelines for determining what aspects of particular cultures should be considered "relevant". The child welfare social worker is thus often left to make that determinations, oftentimes with uncertainties.

The following story is one of the uncertain work situations I encountered in trying to apply multiculturalism theory during my practice as a frontline child welfare worker in Labrador. I was assigned as the worker to investigate an allegation of child neglect. The parents had travelled out of town on a Sunday and left their 10-year old behind because they did not want the child to miss school. The parents had enough food prepared and stored at home to last the child for the period they were out of town. The plan was for the child to stay in the home (and to sleep there alone at night) but to have both maternal and paternal family members to be checking on the child to ensure everything was fine. Community members who were aware of the arrangement did not have any concern about the child's safety but the child's teacher filed a child protection report about the child being neglected due to inadequate supervision. Investigation of this issue was justified by the child welfare legislation; specifically, section 10(n) of the legislation which demands for intervention when a child "has been left without adequate supervision appropriate to the child's developmental level" and also section 10(j) demanding protective intervention in situations where there is "no parent available to care for the child and the parent has not made adequate provision for the child's care."

In speaking with the family, their explanation was that the arrangement made for the child's supervision and care was adequate. In fact, the parents and some adult family members related the arrangement to how they themselves were raised by their parents, maintaining that it is a safe and effective childrearing arrangement. As I continued to work on this incident, I was very eager to respect and accept the family's explanation; but I was challenged by the legislation on how far I could go with accepting what the family viewed to be "safe and effective" childrearing practice in their culture. The uncertainly with which I handled the situation is something I still think about today.

Opposition to single dominant culture

The basic philosophy and value position of multiculturalism theory is that it is opposed to the concept of a single dominant culture. The approach asks for, an inclusive process where no one is left out, the development of diverse communities that are free to pursue responsibly their own lifestyles, traditions, and languages without penalty to their members (Colombo, 2015; Payne, 2016). Since all groups are valued, emphasis is placed on acknowledging cultural differences and providing culturally different groups with access and opportunities to develop in a society which values their positive attributes and contributions. The problem that may arise for the child welfare social worker is how to reconcile competing cultures in their practice. Let us look at the following case example, which is an experience I had during my time of practice in child welfare:

A family who recently immigrated to Canada has a 15-year old son who declared after reaching Canada that he identifies as transgender. The child's gender identity is opposed by the parents based on their religious values. While the parents maintain that it is their responsibility to continue caring for the child, they are unwilling to negotiate their strong opposition to the child's

gender identity. On the other hand, the child is very clear that the feeling and decision he has about his gender identity is genuine and cannot be compromised. This scenario will pose problems for social work practice because social workers are trained to honour individuals' right to self-determination (CASW, 2005). A social worker assigned to work with this family may want to respect, validate, and promote the child's gender identity as transgender person. But to do so, the worker may have to grapple with important tenets of the parents' religion and tradition.

The Profession of Social Work

The social work profession subscribes to the idea of having an ethical grounding and being bound by codes, principles and values of ethical practice. The Canadian Association of Social Workers, which is the national voice of the social work profession in Canada, has established specific values and principles to guide social workers' professional interest and conduct. These values and principles include respect for the inherent dignity and worth of persons, pursuit of social justice, serving clients' needs, integrity of professional practice, and confidentiality and competence in professional practice (CASW, 2005). The social worker is professionally bound to recognize and honour the diversity of persons who are recipient of services, taking into account the breadth of differences that exist among individuals, families, cultures and communities. The worker is encouraged to deal with clients as unique persons and to demonstrate respect for their individual worth and inherent dignity. Included in this value is the professional expectation on the social worker to uphold the client's right to self-determination: the client's right to choose based on the belief that humans are rational beings able to choose for themselves (CASW, 2005).

Social workers are expected to uphold their professional values in all aspects of practice, yet they have to make choices from competing values. Not only is the daily experience of social work practice one in which competing demands arise demanding ethical decision making, there are no clear guidelines or rules to assist with those decisions: social workers will have no certainty in their decisions (Alampay, 2014). Procedural or prescriptive ethics, as are found in the Codes, offer only vague directions when faced with having to make decisions involving competing values. In fact, the Canadian Association of Social Workers has acknowledged the complex and subjective position from which social workers do their work in respect of social work values and ethics, by clearly acknowledging that "as professionals, social workers are educated to exercise judgement in the face of complex and competing interests and claims. Ethical decision-making in a given situation will involve the informed judgement of the individual social worker. Instances may arise when social workers' ethical obligations conflict with agency policies, or relevant laws or regulations" (CASW, 2005, p. 3). This is a problem because whereas the profession of social work calls on the social worker to resolve conflicts in a manner that is consistent with the values and principles expressed in the social work Code of Ethics, it has concurrently acknowledged that there are no set of rules that prescribe how social workers should act in all situations and there are no guidelines to specify which values and principles are most important and which outweigh others in instances of conflict (CASW, 2005).

Value and ethical divergence may manifest for social workers in several ways. The profession of social work emphasizes that clients are autonomous individuals and have the right to be self-determining, not to be judged, and to attract support and resources for their welfare (CASW, 2005). However, many of these values are incompatible with cultures that emphasize collectivism (Alampay, 2014; Richard, 2007; Thomas, 2000). Client self-determination, as an

example, may create problems when applied in diverse cultural contexts. Indeed, it is acknowledged that there is no universal application of the concept of self-determination; context and situational preferences lead to exceptions (Biehal & Sainsbury, 1991; Bowpitt, 2000; Payne, 2016; Rothman, 1989). At what point should client self-determination take precedence over other competing values or obligations that apply? What happens, for instance, if a parent's exercise of self-determination clashes with a child's right to protection from harm? The individual social worker is left to manage these choices. The next section discusses the child welfare social worker.

The Social Worker as an Individual

Social workers in child welfare practice are accustomed to the knowledge, values, and theories of the social work profession and are also employees of the child welfare system. In addition, they have professional obligation to maintain a helping relationship with their clients by developing shared meaning and understanding in order that the clients' needs are met. Given their embodied socio-organizational and professional underpinnings, social workers may inevitably experience competing demands in their day-to-day practice. Yet, the way these demands are managed may differ across individual social workers.

Social workers in child welfare practice represent a diverse group of people who bring a variety of individual factors to their practice. These unique personal identity characteristics are more accurately described by the concept of intersectionality: multi-dimensional factors of race/ethnicity, gender, age, sexual orientation, class, and other identity factors that impact the workers' realities (Sitter, 2017). It is widely recognized that these multiple intersecting social locations become part of deeply subjective lens with which the individual thinks, views, and act as a relational being (Kirk, 2009; MacLaurin et al., 2003). Thus, in order for child welfare social

workers to make decisions and take action, they have to filter a situation through their own thinking and knowing processes. They have to decide which evidence is relevant to the situation in order to decide what necessary action to take. This reflective knowledge is subjective and recognizes that actions are a response to a cyclical and on-going process in which thoughts, feelings, and actions are influenced by the worker's personal identity orientations (de Boer & Coady, 2007). It is clear that the individual social worker's diverse forms of identity further complicates the already complex task of them having to manage competing demands between the Tri-Sphere of their practice.

Managing Competing Demands in Professional Practice

There is extensive recognition of competing demands in professional practice (see Comartin & Gonzalez-Prendes, 2011; Landau, 1999; Levy, 2011; Reamer, 2003; Streets, 2008). However, very little attention has been paid to understanding how the professionals involved feel and deal with their experience. Only a few studies have explored topics related to the management of competing demands among frontline professionals – social workers or cognate professionals (e.g., nurses, psychologists, mental health workers, physicians, or law enforcement officers).

Globerman et al. (2002) explored the operational structure and social work responsibility and practice in twelve hospital settings in Ontario. The study found social workers experienced role dissonance related to complexity in the clinical problems with which they were dealing, including serving higher volume of patients, and increased pressure to discharge patients even when they were high risk. This increased responsibility and pressure to meet targets was accompanied by less rather than more support and direction, and justified on the grounds that it was practitioners' professional obligation to be effective social workers (Globerman et al., 2002).

The researchers found participants to experience decision-making tensions, because of competing and outcomes-based expectations of the hospital social worker role, with participants having no clarity on how to manage them.

Miller et al. (2006) examined the experiences of ethical dilemmas among public service professionals. The study noted some participants to be experiencing tensions due to overpowering discretionary autonomy without clarity on how to act. As such, workers were showing the feelings of anger, frustration, incredulity, confusion, disappointment, betrayal, resignation, withdrawal, caution, defensiveness, anxiety. Miller et al. (2006) described many as "survivors" and that they worked "in relative isolation" when it came to navigating their perceived tensions (Miller et al., 2006, p. 368).

Jervis-Tracey et al., (2012) conducted a large scale, 3-year study using both qualitative and quantitative methods to explore the experiences of competing demands among professionals with mandatory responsibilities (e.g. police officers, corrective services officers, teachers, social workers, mental health professionals, medical practitioners) who live and work in rural and remote communities. More specifically, the study looked at how those professionals manage the competing demands between their agency and local relationships. The researchers noted a commonality of experiences across professionals in the study, with a finding that multiple role expectations are problematic in the day-to-day practice experience of professionals involved in the study. The workers experienced tensions related to unclear boundaries between dual roles as well as increasingly operating under legislative demands that require them to do certain things in their work or avoid other activities. Those tensions were managed through a number of strategies categorised into three broad areas: (1) work related strategies (e.g., speaking to others who have the same role, debriefing, discussion in Clinical Supervision), (2) avoidance strategies (e.g.,

avoid work social functions out of hours, don't leave the house on days off, and maintain very few personal friendships within the community), and (3) involvement in activities (e.g., drinking, joined a shooting club, and exercising).

From the above discussion, it can be seen that the literature is limited on information about how frontline workers navigate competing demands. Where the literature in general is short on explanation, is in the production of research that looks through the lens of child welfare workers who deal with these competing demands on a daily basis. Even when the topic is addressed, it is often in relation to boundary issues between workers' professional responsibilities and personal or social roles, without much attention to how workers feel and manage.

Chapter Summary

The review and critical analysis of the literature shows some important findings. First, child welfare practice, thus the child welfare social worker, is at the centre of interactions between the Tri-sphere: the formal child welfare system, the child welfare recipients, and the professional values and theories informing social work practice. The child welfare system has formal structures, policies, and legislation that guide services, but it also has procedures on how the system works on a day-to-day basis. The persons and families receiving child welfare services are diverse in their parenting beliefs, values, and practices. Regardless of the dominant culture, families normally situate their parenting behavior and practice in the context of the culture with which they primarily identifies. There are also a variety of social work theories and values that are used to make sense of the child welfare system and the values and work relations of child welfare service recipients. Second, the practise of social work in child welfare involves a proclivity toward selecting choices of action imposed by their professional roles, their

commitment to agencies' rules and regulations and assessment procedures, and their clients. These choices are often conflictual and inconsistent. The task of the individual worker is to deal with the conflicts and inconsistencies between the Tri-sphere. Third, the task is complicated because the social worker, who acts as an instrument of the child welfare system to provide services to the client, also bring with them their individual characteristics such as their own personal traits, life experiences, and their own socio-cultural ethnic identities. These findings helped to shape the conceptual and theoretical frameworks that guided this study.

Chapter Three

Epistemological Entry to the Study

In this study, I draw on the epistemological stance of constructivism – a way of coming to know and to define reality. As a grounded theory research, I chose not to approach the study with an explicit theory. Rather, consistent with the grounded theory tradition, I expect theory to emerge from the data. I begin with a brief overview of constructivism, to give some context about its development. This is followed by a highlight of the main ideas and some challenges of embracing a constructivist stance. Then, a very brief but crucial discussion is provided on Charmaz's (2006) conceptualization of constructivism, as the version from which this study more closely draws.

Constructivism

Constructivism informs us that reality is socially constructed and fluid; knowledge is not composed of an objective reality existing independently of knowers, but instead is the creation of individual knowers, resulting in as many realities as there are observers (Carpenter & Brownlee, 2017). Philosophically, constructivism reflects a relativist idea that the ways of thinking, ways of seeing things, values, and interests are all impacted by life experiences and sociocultural situations and therefore can influence and make difference in how situations are seen or approached (Pernecky, 2016). In contrast to realism, which maintains the position of a singular, stable reality external to and independent of the human mind and mental processes, relativism rejects certainties, absolutes, and permanence in the social world (Carpenter & Brownlee, 2017).

The ideas of constructivism can be traced back to the Greek Sophist Protagoras (490-420 BC), Kant (1781/1929), Piaget (1962, 1970), and Bruner (1978, 1983). In ancient Greece, Sophist Protagoras of Abdera proposed that there is no absolute truth about the social world

except that which individuals deem to be the truth. Protagoras placed the individual at the center of self-constructed knowledge, by arguing that "humans are the measure of all things – of things that are, that they are, of things that are not, that they are not" (Carpenter & Brownlee, 2017, p. 98). Similarly, in the *Critique of Pure Reason* (1781/1929), Immanuel Kant (1724-1804) claimed that we can obtain knowledge about the world, but it will always be subjective knowledge in the sense that it is filtered through human consciousness. In Kant's view, knowledge is essentially a function of the interaction of an experience and a *priori* state (knowledge that is independent of, or prior to, an experience) of the human mind.

As suggested above, constructivism is embedded within a number of philosophical elements of research and knowledge development. First, constructivism emphasizes that perception of reality varies between individuals, and there may be pluralities of reality experienced by different people exposed to the same phenomenon (Gergen, 1999). Further, any individual person's interpretation or construction of reality is as valid as any other person's interpretation or construction, but not true or false (Dickerson & Zimmerman, 1996). Some people may argue that, if one is to accept these constructivist ideas, then, how do individuals appear to experience a common world? Constructivism explains that what we term as common human experiences are based on subjective socio-cultural consensus of language and views (Gergen, 1994). Thus, constructivism maintains that any notion of a common experience should not be taken as ultimate reality across persons, rather it should be viewed as the result of a consensual world of language, thought, and experience (Dickerson & Zimmerman, 1996).

Constructivism represents a break from the objectivist stance of positivism, a way of knowledge that believes in the possibility of generating objective knowledge through the value-free collection of empirical data (Pernecky, 2016). Positivism is based on the belief that there is

an objective reality existing independently of the human mind that can be observed and measured (Lee & Greene, 1999). In contrast, constructivism claims that reality can neither be objectively appreciated nor directly measured given differing perceptions of people and the complex nature of interpreting meanings of a phenomenon (Lee & Greene, 1999; Pritchard & Woollard, 2010).

The tenets of constructivism encourage researchers to rely as much as possible on individual participants' stories or interpretations for understanding their realities, without rendering any individual's story or interpretation as less important (Creswell, 2013). Given that this study seeks to understand how social workers in child welfare practice manage competing demands in their individual capacities, it appears most appropriate to adopt a constructivist lens, where subjectivity is honoured and multiple realities are accepted in the construction of knowledge.

Some Challenges of Constructivism

Constructivism has been the subject of intense critique, particularly in relation to its ontological reference to equal validity of realities. There is a concern that, by accepting all accounts of realities to be equally valid, constructivism neglects the effects of a dominant social reality that influences the creation of meanings (Code, 1995; Held, 1990). An important idea developed from this critique is that any uncritical acceptance of all realities as having equal validity may blind us from understanding that individual stories take shape within a powerful sociohistorical and political background. Invariably, such acceptance stands to create difficulty when responding to situations rooted in injustice.

Moreover, constructivism has some internal divisions. It may be helpful for me to clarify that the constructivist ideas described up to this point are ones that are more commonly discussed

in the literature, although constructivism has not evolved into a singular or unified orientation. In fact, constructivism is of two major varieties: radical constructivism and critical constructivism (Carpenter & Brownlee, 2017). Radical constructivism argues that there is no reality beyond our personal experience. To put it differently, an individual's perception of reality cannot be independent from social construction of it. Critical constructivism, on the other hand, does not deny the existence of reality external to our individual experience or social construction. However, critical constructivism maintains that this external reality cannot be directly known, but only indirectly through belief systems, perception, cognition, language, and feeling (Carpenter & Brownlee, 2017). The controversies within constructivism is logically seen as one of the main challenges for using the epistemological stance of constructivism in a study, as the question becomes, which constructivism are we talking about?

The Constructivist Position Taken in this Study

This study follows the lead of Kathy Charmaz (2006), whose ideas reflect critical constructivism and appear to largely address concerns that have been raised about constructivism. Charmaz's conceptualization of constructivism emphasizes explicating research participants' implicit meanings and actions along with those buried in dominant ways of thinking that claim to be true for all (Charmaz, 2016, 2017). While constructivism advocates for researchers to rely as much as possible on individual participants' stories or interpretations for understanding their realities, without rendering any individual's story or interpretation as less important (Creswell, 2013), Charmaz's version of constructivism goes further to dig deep into the structural contexts, power arrangements, and collective ideologies on which specific analysis occurs (Charmaz, 2017). By adhering to Charmaz's guidelines on using abductive reasoning to move back and forth between stories and analysis, there is the likelihood for an increased level of

abstraction and complexity of the analysis. This aligns with the intent of this study to gain insightful understanding about how individual social workers manage competing demands in their practice rather than narrow meanings into a few categories or ideas.

Chapter Four

Methodology

This study draws on a constructivist ground theory approach to understand how frontline child welfare social workers experience and manage competing and contradictory demands in their everyday practice. The chapter begins with a brief overview of qualitative research design and constructivist grounded theory, and provides a justification for this methodological choice. An in-depth description of participant recruitment, data collection, and data analysis procedures follows, and the chapter concludes with a discussion of ethical considerations and issues regarding the trustworthiness of the data.

Qualitative Research Design

Qualitative research is a form of inquiry oriented towards understanding the meaning individuals or groups ascribe to a social phenomenon or experience (Creswell, 2007). Cresswell (2007) notes that a qualitative research approach is most appropriate when seeking to gain a complex and a detailed understanding of a social issue through the process of talking directly with people and allowing them to tell their stories outside what researchers normally expect to find or might have read in the literature. The use of the qualitative research approach in this dissertation serves to support participants in clarifying questions during interviews, thereby delving deeper, moving the conversation beyond simplistic answers, and conveying their individual subjective perspectives.

Qualitative research embraces the notion that knowledge is created from human experience and is necessarily subjective because everyone's reality may be different (Babbie & Benaquisto, 2010; Denzin, 1994; Golafshani, 2003). With this understanding, qualitative inquiry adopts an inductive, bottom-up, orientation to the production of knowledge, placing emphasis on

the subjective understanding of an experience (Creswell, 2013). Qualitative research methodology facilitates different ways of knowing, capturing diversity, and creating room for a range of participant perspectives, meanings, interpretations, and subjective experiences (Liamputtong, 2009; Pernecky, 2016). This perspective is in contrast to a value-free objectivist philosophical perspective, which espouses a fixed view of knowable reality that is independent of human experiences (Shkedi, 2005). In drawing on qualitative research methodology, this dissertation is not seeking to identify a single objective truth about the world, but rather to unearth multiple perspectives and interpretations based on socially constructed situations in order to formulate a potential theory (Creswell, 2013; Marshall & Rossman, 2016). The next section discusses Grounded Theory, the methodological approach for this study.

Grounded Theory

Grounded theory originated with Barney Glaser, a structural functionalist quantitative researcher, and Anselm Strauss, a symbolic interactionist ethnographer, whose publication of *the discovery of grounded theory* shifted the focus from a dominant deductive and hypothesis-testing approach of knowledge development to an inductive, theory-building mode of inquiry grounded in data (Glaser & Strauss, 1967). Glaser and Strauss' initial version of grounded theory centered on three core principles: theoretical sampling, constant comparative method of data analysis, and inductive theory development. Theoretical sampling involves a systematic, evolving, emergent form of purposeful sampling whereby the researcher collects, codes, categorizes, and analyzes data concurrently through a constant comparative method. The collection of data is continuous, the decision on what data to collect and where to collect it is directed by the data through the

comparison of emerging codes, categories, and theory. Data collection continues until theoretical saturation is achieved[2] (Charmaz, 2014; Glaser & Strauss, 1967).

Since the initial formulation of grounded theory, a number of variations have evolved that reflect different ontological and epistemological perspectives. While Glaser continued to develop what he calls *classic grounded theory* that emphasizes an objective stance and emergent discovery of theory from the data (Glaser, 1978; Heath & Cowley, 2004), Strauss and Corbin (1990, 1998) collaborated to develop qualitative analysis informed by Chicago School pragmatism and philosophies of symbolic interactionism (Charmaz, 2014; Corbin & Strauss, 2008). Charmaz (2006), taking a different position, proposed an approach to grounded theory that overtly embraced a constructivist stance in qualitative inquiry. "Constructivist grounded theory" as described below.

Common to all grounded theory approaches are strategies of theoretical sampling, constant comparison, coding, and memo writing (Charmaz, 2014; Corbin & Strauss, 2008; Glaser, 1978). However, there are some differences in philosophical perspectives to the various approaches to grounded theory and in how methods are employed between the versions of grounded theory (Charmaz, 2017; Heath & Cowley, 2004; Marshall & Rossman, 2016). For instance, Glaser (1978) asks researchers to enter the field of inquiry with as few predetermined thoughts as possible, enabling them to "remain sensitive to the data by being able to record events and detect happenings without first having them filtered through and squared with pre-existing hypotheses and biases" (p. 3). Based on this, Glaser's approach rejects the review of any of the literature in the substantive area under study until when data collection has been completed and the analysis is in its final stage, due to fear of contaminating, constraining,

[2] Saturation occurs when the collection of more data does not result in new perspective or information (Charmaz, 2006; Glaser & Strauss, 1967).

inhibiting, or impeding the researcher's analysis of codes emergent from the data (Glaser, 1992). On the contrary, Strauss and Corbin (1990, 1998) maintain that it is necessary for researchers to review and to use existing literature before collecting empirical data, so that a researcher could familiarize better with the problem under study and could formulate questions that act as a stepping off point during initial observations and interviews. Charmaz (2006) shares this view and it is the perspective adopted in this dissertation.

Strengths and Criticisms of Grounded Theory

The traditional grounded theory methods of Glaser and Strauss, Glaser, and Strauss and Corbin present both strengths and critiques. For instance, the versions developed by Glaser and Strass (1967) and by Glaser (1978) provide a flexible approach that is less prescriptive than what was proposed by Strauss and Corbin (1990, 1998). Because Glaser and Strass (1967) and Glaser (1978) ask researchers to bring few preconceived notions into the research process, some assert that their versions can produce greater theoretical completeness (Creswell, 2013; Evans, 2013; Heath & Cowley, 2004). However, some have argued that the concept of value-neutral research is a naive notion that is not congruent with the tenets of qualitative research (Charmaz, 2017; Corbin, 1998; Kelle, 2005).

The approach proposed by Strauss and Corbin (1990, 1998) offers clear systematic guidelines to research, including specific steps in data analysis. This could enable the construction of sufficiently analytical theories. However, numerous scholars have argued that Strauss and Corbin's approach is rigid and focuses on systematic procedures that interfere with the researchers' sensitivity to the data and promote a power differential between researcher and participants (Bryant & Charmaz, 2007; Evans, 2013; Heath & Cowley, 2004). Others argue that the emphasis on using analytical tools can force data into preconceived ideas instead of allowing

the theory to emerge (Charmaz, 2000; Glaser, 1992; Walker & Myrick, 2006). Along the same lines, the traditional grounded theory's relevance has been challenged by its objective expert stance, lack of reflexivity and discussion of the broader context, and failure to recognize the embeddedness of the researcher in the research process (Bryant & Charmaz, 2007; Charmaz, 2006; Kelle, 2005).

Given the many criticisms against and limitation of the traditional grounded theory, Kathy Charmaz, who was a former student and mentee of Glaser and Strauss, evolved constructivist grounded theory to offer a more flexible, emergent, and interactive approach to grounded theory.

Constructivist Grounded Theory

Constructivist grounded theory employs traditional grounded theory tools for systematically collecting and analyzing qualitative data to construct theories originating in the data. However, the constructivist grounded theory departs from the objectivist positivist assumptions of classical grounded theory (Charmaz, 2006). Unlike traditional grounded theory, data and theories are not discovered in constructivist grounded theory; rather, they are socially constructed (Charmaz, 2006; Liamputtong, 2009). Constructivist grounded theory emphasizes the subjective interrelationship between the researcher and participant, and the co-construction of meaning. The belief is that the interactions between the researcher and participants produce the data, and therefore the meanings that are constructed from the research (Charmaz, 2006). However, to avoid the co-construction being a narrow interpretation, constructivist grounded theory encourages researchers to interrogate their data, nascent analyses, research actions, and themselves at each step of the process (Charmaz, 2017).

Study Setting

Child welfare services in Newfoundland and Labrador are currently provided by the Department of Children, Seniors and Social Development (CSSD) under three administrative regions: St. John's Metro, Central West, and Labrador. St. John's Metro region is composed of the child welfare offices in the city of St. John's and the communities of Bell Island and Ferryland. The region has a total of about 135 social workers performing frontline child welfare duties. The sample was drawn from St. John's Metro partly because I had lived and worked there for many years and had built personal and professional relationships with individuals in the region, including some within CSSD. These relationships were beneficial in recruiting participants for the study. Additionally, given that St. John's Metro is the region with the most ethnically and culturally diverse population in the province (Government of Newfoundland and Labrador, n.d.; Statistics Canada, 2016), it was a suitable setting for the study.

Participants

Sampling Strategy

Purposive sampling method was used to select participants for this research. This method is nonprobability and involves the selection of individual participants who are especially knowledgeable about or experienced with the research problem (Cresswell, 2013). Thus, the use of purposive sampling in this study is essentially strategic and is an attempt to intentionally select people who are relevant for the purpose of answering the question under study.

I employed an evolving cyclical process of participant recruitment, data gathering, and data analysis. Initially collected data were transcribed and analyzed. The emerging theoretical ideas from the early analysis guided the gathering of more data from existing and new

participants to fill gaps and saturate categories. This process is in line with constructivist grounded theory technique whereby data collection and analysis happen simultaneously and iteratively, and where constant comparison of new data with the previously collected data takes place throughout (Charmaz, 2014).

Recruitment Procedure

Recruitment posters (see the attached Appendix A) were distributed by emails to personal and professional contacts I had established with individuals who have ongoing relationship with child welfare social workers in St. John's Metro region. I asked my contacts to circulate the poster to potential participants. In July 2020, the Newfoundland and Labrador College of Social Workers (NLCSW) distributed the poster to its members in St. John's Metro region. A manager at CSSD invited me to present my research project to a group of several social workers in St. John's in August 2020. At this presentation, I invited the attendees to participate in the study.

Inclusion criteria. To participate in the study, an individual had to: (a) be a frontline child welfare social worker in St. John's Metro region; (b) have at least 6 months child welfare practice experience; and (c) be comfortable sharing their practice experience. Individuals interested in participating in the study contacted me through email, text message, or via a telephone call. Those who expressed interest in the study were further screened through a short survey (see Appendix B) conducted through telephone or email communication. The individuals' responses to the short survey were used to purposively recruit the study participants. There were 21 people who were screened with the survey, but only 18 of them met the study's criteria for participation. Those 18 people were invited to complete an informed consent form (Appendix C), and to schedule an interview. The three individuals who did not meet the criteria were thanked

for their time; no additional information was collected, and the information that had already been collected from them was securely destroyed.

The Sample

The sample consisted of 18 social workers in frontline child welfare practice in St. John's Metro region. To help gain rich data, I recruited participants from a broad range of backgrounds, including the following: years of practice experiences as frontline worker, race and ethnicity, and level of education (BSW to MSW), gender, religious affiliation, and family background. The sample ranged in age from 25 to 49 years and all participants were in current practice at the time of the interviews. The majority of them (n=16) came to practice child welfare in the St. John's Metro region after having practiced in a similar role either in another region of the province or in another Canadian province.

Participants were predominantly female and White/Caucasian, and they had practiced in child welfare for a broad period ranging from 1 to 13 years, with an average of 6 years of practice experience. Out of the total participants, 22 percent worked in other areas of social work prior to child welfare while 78 percent came into child welfare as their first career in social work. Most participants, comprising 72 percent, had a Bachelor of Social Work (BSW) degree while 27 percent had a Master of Social Work (MSW) degree. Sixty-seven percent of participants were in a relationship: 28 percent were married; 33 percent were in a common-law relationship; and 6 percent were cohabiting. Participants who reported their relationship status as single were 33 percent. Male participants more commonly reported being single and indicated they had no child. Overall, 13 out of 18 (or 72 percent) of the participants reported they have no children. On the other hand, some participants reported they have one child (17 percent) while there were equal number of participants with two and three children, at 6 percent each. In relation to religious self-

identification, two-thirds of participants identified with Christianity/Catholic, 17 percent as spiritual but no religion, and participants were almost evenly split between Atheist (1 participant, or 6 percent) and non-religious/non-spiritual (2 participants, or 11 percent). Tables 1 and 2 below provides further details on the characteristics of participants.

Table 1: Overview of Participants in the Study

No.	Pseudonym	Age range	Gender	Years of CWP Experience	Years of SWP Experience	SW Education	Race/ Ethnicity	Socioeconomic background	Religion/Spirituality	Family background	No. of children
1	Anna	30-34	Female	6	6	BSW, MSW	White/Caucasian	Middle income	Christianity	Married	1
2	Rebecca	25-29	Female	4	4	BSW	White/Caucasian	Middle income	Christianity	Single	0
3	Mary	45-49	Female	13	24	BSW	White/Caucasian	Middle income	Christianity	Married	0
4	Gail	35-39	Female	6	6	BSW	White	Middle income	Christianity/Catholic	Common-law	0
5	Bob	35-39	Male	10	10	BSW	White/Caucasian	Middle income	Not religious/Spiritual	Single	0
6	Jennifer	25-29	Female	1	1	BSW	White/Caucasian	Middle income	Christianity	Common-law	0
7	Lucy	35-39	Female	6	6	BSW	White	Middle income	Spiritual but no religion	Cohabitation	0
8	Ashley	30-34	Female	6	6	BSW, MSW	White/Caucasian	Middle income	Christianity	Common-law	0
9	Matilda	30-34	Female	3	3	BSW	White/Caucasian	Middle income	Christianity	Common-law	0
10	Vanessa	30-34	Female	6	6	BSW, MSW	White/Caucasian	Middle income	Believe in higher power	Married	1
11	John	25-29	Male	3	5	BSW, MSW	White	Middle income	Atheist	Single	0
12	Elaine	40-44	Female	10	11	BSW	White/Caucasian	Middle income	Christianity	Married	2
13	Sarah	40-44	Female	8	9	BSW	White/Caucasian	Middle income	No religion but spiritual	Married	3
14	Kim	35-39	Female	5	5	MSW	White/Caucasian	Middle income	Christianity	Common-law	1
15	Nicole	30-34	Female	2	2	BSW	White/Caucasian	Middle income	Catholic/Christianity	Single	0
16	Peter	35-39	Male	6	6	BSW	White/Caucasian	Middle income	Spiritual but no religion	Single	0
17	Stephanie	25-29	Female	4	4	BSW	White/Caucasian	Middle income	Christianity	Common-law	0
18	Ellen	25-29	Female	2	2	BSW	White/Caucasian	Middle income	Not religious/Spiritual	Single	0

Table 2: Demographic Characteristics of the Participants (N=18)

Demographic Characteristics	Total Count	Percentage (%)
Age range		
25 – 29 years	4	22
30 – 34 years	6	33
35 – 39 years	5	28
40 – 44 years	2	11
45 – 49 years	1	6
Child welfare practice experience		
1 – 4 years	7	39
5 – 9 years	8	44
≥ 10 years	3	17
Social work education		
BSW	13	72
MSW	5	28
Gender		
Male	3	17
Female	15	83
Religious affiliation		
Christianity/catholicism	12	67
No religion but spiritual	3	17
Not religious/not spiritual	2	11
Atheist	1	6
Relationship Status		
Single	6	33
Married	5	28
Common-law	6	33
Cohabitation	1	6
Number of children		
None	13	72
One	3	17
Two	1	6
Three	1	6

Data Collection

The data for this study was collected using in-depth digitally recorded semi-structured individual interviews. Following the grounded theory methods outlined by Charmaz (2006), the interview questions (Appendix D) were open-ended semi-structured with the focus to gather information on how participants name, define, experience, and manage seemingly competing demands imposed by the Tri-spheres. I conducted the interviews from August 2020 to November 2020. I interviewed 11 participants virtually using Skype, two participants on Zoom, and five participants were interviewed through telephone as Zoom and Skype were not feasible for them.

The intent in this study was to conduct two interviews with each participant. However, three participants vacated their child welfare roles after the initial interviews and were no longer available for participation. As such, I conducted two interviews with fifteen participants and one interview with each of the remaining three participants. Each initial interview lasted between 50 and 90 minutes, and each follow-up interview was about 30 minutes in length. I deliberately allowed sufficient time between interviews to engage in memo-writing and preliminary analysis. During the period between the first and second interviews, the first interviews were transcribed, and rudimentary analysis summarized. The summary was encrypted with password and sent through email to participants for their review as the basis for informing the second interviews.

Data Analysis

Constructivist grounded theory is flexible, emergent, and interactive. Data analysis normally involves two stages of coding[3]: initial and focused coding, memo writing, and concluding in inductive theory development (Charmaz, 2006).

[3] Coding is an analytical process of labelling a line, sentence or paragraph of interview transcripts or any other piece of data (such as segment of documents, fieldnotes, audio tape, video record, etc.) with a short name that simultaneously summarizes and accounts for each piece of data (Charmaz, 2006).

Initial coding involves examining the interview transcripts by line, by sentence, or by paragraph in order to identify and label individual words, phrases, or sentences from participants' responses (Charmaz, 2006, 2008; Corbin & Strauss, 2015). Charmaz (2006) emphasizes keeping codes as similar to the data as possible and advocates using the *in vivo*[4] method of assigning codes using the participant's own words and language. In initial coding, Charmaz (2008) suggested that by employing Glaser's two key questions, "what is the chief concern of participants?" and "how do they resolve this concern?" the analyst gets an invaluable insight into the collected data (p. 163). To address these two questions in ways that add analytical depth, Carmichael (2009) identified a 'what?' 'so what?' 'now what?' reflection model to the codes that would be applied in this study. With the first 'what?', a descriptive code will be used to represent 'what' is in the data. The next step will involve asking 'so what?', seeking to code the interpretation of that data within its context, and then the third step will entail answering 'now what?', as a way of considering the implications of the interpretation made from the data. This would result in multiple levels of coding, potentially adding nuance and analytical depth. As well, this approach to coding can help researchers to expose "implicit processes, to make connections between codes, and to keep their analyses active and emergent" (Charmaz, 2008, p. 164).

Focused coding builds on the initial coding phase. Whereas initial coding fractures the data, focused coding begins to transform basic data into more abstract concepts allowing theory to emerge from the data. Codes that are related conceptually and those that emerge repeatedly are identified and used as basis for forming categories (Charmaz, 2008). Constant comparison, one

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[4] *In vivo* codes are often verbatim quotes from the participants' words and are often used as the labels to capture the participant's words as representative of a broader concept or process in the data (Carmichael, 2009).

of the non-negotiables of grounded theory (Shepherd & Suddaby, 2017; Strauss & Corbin, 1998), is used during the process of coding. Each new item of code or category is compared to the already existing codes and category, looking for similarities, differences, patterns, relationships, refinements, as well as their properties or dimensions definitions[5] (Charmaz, 2008).

Memo writing, a core constructivist grounded theory method, is used as an opportunity to integrate reflexivity and to reflect on how the data are studied and compared analytically, while charting, recording, and detailing the analytic process of the research. The writing of memos helps to identify patterns, define codes and categories, and enhance abstract thoughts and theory development. Memo writing provides the opportunity to ask questions of the data, thereby producing more abstract and theoretical categories. In constructivist grounded theory, theory is constructed through sustained and successive analysis in memo writing. The theory is an interpretive framework from which to view multiple realities (Charmaz, 2006)

I transcribed all digitally recorded interviews exclusively. Each digitally recorded interview was transferred to a password-protected research computer that has Express Scribe, a computer software designed for transcribing audio recordings, installed. The recording was loaded into the software, which has functions that make it possible to control the speed and volume of the audio or video. I then played and listened to the recording and typed as text onto Microsoft Word. The recording was played back a second time while simultaneously reading the transcription to check for accuracy of the written text. Five participants were audio recorded and 13 were videorecorded through Zoom and Skype. For the 13 video recordings, each interview transcript was read while simultaneously viewing and listening to original recording. The

[5] Properties refer to the characteristics that are common to all the concepts in the category and dimensions are the variations of a property (Moghaddam, 2006).

transcript was edited to reflect accurate words used by the participants and their attribution to the right person. Notes were also made on any ideas formed from viewing the videorecording. Each transcript was read independently of the recording to check and correct spelling errors. The real names of participants were replaced with their pseudonyms.

The interview transcripts were analyzed digitally. I utilized the general structure of initial and focused coding, constant comparison of data, member checking, and memo writing (described in detail earlier in the chapter). I started the formulation of ideas by reading and re-reading the transcripts to identify and label individual words, phrases or sentences from participants' responses. Microsoft Word was used to manually code the interview transcripts, sort the data to help identify patterns and themes, constantly compare codes, themes, and patterns to generate abstract understandings, and make note of my personal ideas formed from the data and analytic process. Using Microsoft Word, I created a table with columns for emerging themes, voices of participants that relate to the themes, and key ideas developed from participants' responses in relation to the broader themes. The key ideas, serving as my own interpretations and preliminary analytic notes, were useful in keeping me grounded in the research, ensuring that new and emerging ideas were not lost or forgotten.

The data analysis yielded 24 themes which were organized around four overarching concepts discussed further in the Findings chapter: (a) Identifying and Describing the Competing Demands of the Tri-sphere; (c) Experiences of the Competing Demands of the Tri-sphere; (c) Management of the Competing Demands of the Tri-sphere; and (d) Suggestions for Preparing future Social Workers.

Trustworthiness of the Study

In traditional quantitative modes of inquiry, statistical means are used to measure validity and reliability of research[6] (Babbie, 2007). However, qualitative researchers have taken different positions when it comes to persuading readers to see fairness and authenticity in research process and to trust findings from the study. Some maintain that the concepts of validity and reliability have positivist assumptions, such as viewing the researcher as a detached observer and seeking to measure or test the "truth", which make them inappropriate for judging the merits of a qualitative study (Babbie & Benaquisto, 2010; Neuman & Robson, 2012; van de Sande & Schwartz, 2011). Some have asked for the discussion to be centered on "truths" of the study because the concept of "truths' is a better reflection of multiple ways of knowing (Kikulwe, 2014). Some have also proposed the concepts of credibility, transferability, dependability, and confirmability (Morse et al., 2002). While others have likened the counter positions to a sematic war among researchers (Babbie & Benaquisto, 2010; de Boer, 2007).

Despite the disagreements, qualitative researchers normally take active steps to demonstrate rigor and to ensure that the findings reflect participants' realities (Babbie, 2007; Lincoln & Guba, 1985; Morse et al., 2002). I argue that these realities are better reflected and understood when there is honesty with the research participants. When honesty is exercised, it makes it possible for the researcher to gather and report data in ways that reflect the voices and stories of the research participants (Gonzalez, 2000). Within this context, throughout the research process, where possible, I have addressed my political position and any possible sources of bias. For example, the description of my personal location (chapter 1) helps to provide transparency. It is an acknowledgement that any uncritical consideration of the researcher's positionality stands

[6] Research that is valid reflects the process under exploration. Reliable research means that if and when the same phenomenon is studied again, similar observations and findings will emerge (Babbie, 2007).

to sacrifice the overall credibility of the study, thereby ultimately silencing the experiences of the participants (Harrison et al., 2001). I informed participants they were participating in a Ph.D. dissertation research. They were told about the nature of the study and the nature of information requested from them.

The design of this study incorporated member checking which provided an opportunity to verify data with participants. Participants were provided an opportunity through follow-up interviews to to add to or make changes to information they shared. Additionally, member checking provided an opportunity for me to review the findings with participants to ensure my interpretations reflect the participants' reality and to enhance the likelihood that emerging theories originate with participants. Indeed, qualitative researchers in general, and grounded theorists in particular, identify member checking as one of the most critical strategies for establishing trustworthiness in research (Charmaz, 2006; Lincoln & Guba, 1985).

Finally, I have provided relevant details about the research process (e.g. tables or figures, where appropriate; participant demographics; recruitment processes, and data collection and analysis methods) in order to provide readers with a clear picture of the research context. I have provided these details with the hope that readers will be able to assess the suitability and adequacy of research methods used, and analytical decisions and conclusions made throughout the research process. This may help readers to determine how the current study and its findings are applicable to other social contexts which they are familiar with.

Ethical Considerations

Steps were taken in this study to ensure compliance with the ethical treatment of participants as per Memorial University's protocols for conducting research on humans, which adheres to the Tri-Council Policy Statement (TCPS) on ethical conduct for research. Prior to conducting research involving human participants, the ethics review process requires graduate students to successfully complete the Tri-Council online tutorial. I completed the Tri-Council online training in September 2018. After my dissertation supervisory committee reviewed and approved the study's proposal (including all relevant protocol documents), it was finally reviewed by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) at Memorial University. The ICEHR completed its review process and granted ethics approval for the study in June 2020 (ICEHR Number: 20210241-SW).

People should not be harmed by their participation in research. In this study, I prioritized the issues of voluntary participation and withdrawal, and the assurance of confidentiality and anonymity of the participants. I received written informed consent from all participants in the research. Participants received an emailed copy of the informed consent form (Appendix C), and it was reviewed verbally with each participant before the interviews. Participants were reminded about their voluntary participation in the research as well as their option to withdraw from the research at any point of the process.

Participants can speak freely when there is confidentiality and anonymity (Babbie, 2007; Babbie & Benaquisto, 2010; Neuman & Robson, 2012). Participants in this study have been assigned pseudonyms instead of using their real names. Before interviews participants were cautioned about the need to protect sensitive information of not only their clients but also their colleagues and agencies. They were encouraged not to identify individuals or groups by name or

mention specific details that will compromise the confidentiality and anonymity of individuals or groups from their practice. The digital recordings of the interviews were stored on a laptop computer protected with a password. Typed interview transcripts were similarly placed on the laptop as password-protected files. There were no hard copies of the interview transcripts nor any research documents containing identifying information of participants.

Chapter Summary

This chapter has presented the methodology chosen for the study. Qualitative research is discussed as the design for the study and an overview is provided on grounded theory as the approach of choice. The chapter has also discussed the sampling and participant recruitment strategies, methods of data collection and data analysis, trustworthiness of the data, and ethical considerations. In the next chapter, I present the findings of the study.

Chapter Five

Findings

This chapter presents findings of the study as emerged from the data analysis. The findings have been organized into thematic areas according to the research questions. Table 3 below presents the main themes and subthemes presented in the chapter. In line with traditional qualitative research and constructivist grounded theory, illustrative quotes taken directly from interview transcripts are used throughout this section. The emphasis here is on allowing the participants to speak for themselves. The findings are presented with attention to honoring multiple participant perspectives. Each participant has been identified using a pseudonym.

Table 3: Summary of Themes and Subthemes linked with Research Questions

Research Questions	**Themes**	**Subthemes**
1. How do social workers in child welfare practice identify and define the competing demands of the Tri-sphere?	Tensions	(1) Disconnects (2) Inconsistencies (3) Conflicts
2. (First Part). How do social workers in child welfare practice experience the competing demands of the Tri-sphere?	(1) managerialism	(a) Unrealistic expectations (b) Lack of contextual understanding (c) "No win" situation (d) Uncertainty and confusion.
	(2) Burnout	(a) stressed and emotionally overwhelmed (b) feeling terrible (c) feeling of failure
2. (Second Part). How do social workers in child welfare practice manage the competing demands of the Tri-sphere?	(1) Following legislative policy	
	(2) Tweaking or manipulating policy	
	(3) Negotiation with supervisor or welfare service recipients	
	(4). Self-care Practices.	(a) counselling (b) co-worker support (c) recreational or leisure activities (d) changing job

3. What are some suggestions, based on child welfare workers' knowledge and experiences of managing the demands of the Tri-sphere, for preparing future social workers for child welfare practice?	(1) admission considerations	
	(2) modification of social work curriculum	
	(3) field placement	
	(4) mentorship system	
	(5) Collaboration between School and the NLCSW	

Identifying and Describing the Competing Demands of the Tri-sphere

The first research question was: How do social workers in child welfare practice identify and define the competing demands imposed by the Tri-sphere? Participants unanimously identified and explained the competing demands of the Tri-sphere in ways that could be described, as succinctly captured by Elaine, as "an atmosphere of tensions". These tensions manifested to participants in different ways and from different sources, as captured in the following three themes that emerged from their responses: (1) disconnects, (2) inconsistencies, and (3) conflicts. Each of these sub-themes is discussed below.

(1) Disconnects

The participants identified disconnects with demands at work. For many participants, the disconnects are identified with child welfare legislation, policy and documentation requirements and expectations from their social work education. Participants described many of these requirements and expectations to be very different from the reality of the needs of families receiving child welfare services. Sometimes the legislation and agency policies and instruments focus on interventions that are different from what families and their network members deem to

be in need of addressing. The following quotes provide illustrative examples of how participants described these disconnects:

> I think there are a lot of disconnects, the work we do is full of disconnects because, when you are going out to do a home visit and you know what the rules are. But then you have these human beings in front of you and you know those rules or policies don't reflect the reality of what is going on in their lives. [Ashley, MSW, common-law]

> I have a file with incidents of slapping, pinching, hitting as well as screaming at the children by the dad. The safety assessment showed that it was not safe for the dad to live in the home. Also, our risk assessments result was Very High. So, the dad moved out and he is only able to have supervised access with his own children. This is what our assessment is saying but the children and their dad and even their mom is telling me the dad is actually a good parent and they need him in the home…The whole family don't see him as a dangerous person but our safety and risk assessments find him to be dangerous. These are the children we are working to protect and they want their dad home and they want to live with their dad, but our assessments and policies are giving a different direction. Our assessments are definitely very disconnected from what the family believe to be their situation. [Vanessa, MSW, married]

> The vision of social work that the school puts forward is that a social worker is a happy helper who is going to gently knock on doors and people are going to allow social workers into their lives and tell them all their secrets and then social workers are going to give people what they need. But that is disconnected from the reality on ground. It's true that we get secrets, but these people might not see me again for another month because policy says I should see them once a month…We learned that as social workers we need to maintain close engagement with clients and not to cut them off after they have entrusted us with their secrets but at the same time the reality doesn't look anything like that and even our policy is created to make us distance ourselves from clients. The pieces are so disconnected. [Gail, BSW, common-law]

For others, however, the disconnects are related to practice goals. Participants noted that the Tri-sphere differs on what should be done in practice to keep children safe although all three claim to be looking for "the best interests of the child". Here are three examples of how participants spoke about this form of disconnect:

> Ultimately the best interests of the child is the focus of our work. I mean all are looking for the child to be safe and protected but it is so surprising to see that there are big disconnects regarding what we should do to keep children safe. [Jennifer]

> The parents made the older children to care for the younger for extended periods at home and in the community. The children are aged 10, 8, and 5. One time they even left them

> to stay home alone overnight. In the policy that is neglect due to inadequate supervision. When I discuss it with the mom her thinking was so different. She didn't think she did anything wrong. She said her children were safe and believed the children needed to take up responsibilities of caring for the younger ones because it will help them to learn. Basically she was telling me that it is in the children's best interests to be left by themselves. That is so different from how we look at it [Stephanie]
>
> The child was interviewed at school because we thought the school environment would create a neutral environment for the child to feel safe to talk about things that are happening at home. When I informed the parents about the school interview, because we are supposed to notify parents whenever their child is interviewed without their knowledge, they were not happy about that. They believe it is harmful for me to pull their child out of class for interview. They really believe it is traumatic for the child and not in the child's best interests. But our policy says the child should be interviewed privately. [Sarah]

Some participants indicated that, whereas the child is the main focus of the Tri-sphere, the child is minimally included in interventions. Rather, the vast majority of work is done with parents or caregivers. This presents a disconnect to participants. Ellen, for example, spoke about this in the following way:

> I also think there is a disconnect because the best interest of the child is central to our work but when I think of clients, I think mostly we work with parents. I feel like we are not able to meet their needs because the kids are not involved in all the processes of our work with the family. We can kind of put rules and regulations in place on what they are allowed to do and what they are not allowed to do but then we don't involve the kids in all of that. How can we protect them if they are not engaged in all the process? I think there is a disconnect. [Ellen]

And for others the disconnects relate to the availability of resources to accomplish those goals. Lucy reflects this when she says:

> I think there is sometimes a disconnect between what the policy and standards ask me to do with clients and the resources available to them. I feel like a lot of times I am not able to support the needs of the clients I work with because I don't have the resources and a lot of times it's like not my role to look for the resources. In many FCAPs I do with parents, I ask them to complete anger management program because they have anger issues. But to be honest, I don't know any anger management course or training right now. [Lucy].

Kim echoes this sentiment:

> I am finding that there is lack of connection when it comes to what we require people to do and the availability of services to fulfill what we require from them. We physically don't have the services here to serve these families with what we are requiring them to do. As a family unit we are saying you need to do these things but yet on the same hand I can't offer you those things because guess what, one reason is the financial resources available and another is, the services that are required, do they exist? [Kim]

(2) Inconsistencies

Participants identified inconsistencies in the demands of the Tri-sphere. They related these inconsistencies to situations in practice where child welfare policies and assessment outcomes are at variance with clients' needs and situations. On one end, particular situations are regarded by families to be protective factors whilst on the other end, the same situations are considered worrisome by child welfare policies and assessments. Bob was one of the participants who spoke about this point. Below is how he explains it:

> In my experience our policy is inconsistent with the needs of clients. I am not saying it is the case all the time, but it happens too often. I recently did a risk reassessment on a family and they came out as High Risk. One of the factors that contributed to their score was the number of children in the family. They have four children and more kids means higher risks according to our risk tool. When the results was explained to the parents they were very surprised. They were so angry because they couldn't understand that aspect of our policy. They said their family is a lot happier with having four kids than when they had fewer kids. They said they spend family time together and the children are able to play amongst themselves so they think they are living safer with more kids. What they explained made sense but it is inconsistent with our policy and our assessments. [Bob]

This sentiment is echoed by another participant, Anna. Expressing inconsistencies between child welfare agency policies and assessments when contrasted with the reality of life for families from diverse cultural backgrounds, she says:

> It's the policies of CSSD that don't incorporate cultural differences. That's where the limitation is. I mean, you look at a typical safety plan or you look at the documents we use in our work. One of the risk factors is if you have 3 or more children. That is inconsistent with the reality of what I see with families. And I mean, there are lots of families from other cultures and races that have more than those children but they are

> safe even though that is put as a risk factor. When I previously worked in Labrador and we see people sleep on the floor on air mattresses, we have 5 people sleeping in the living room, and all of them were safe. I know the SDM risk assessment tool was developed based on some evidence but I don't know where that evidence came from, because it is obviously not consistent with what I see with people from Labrador and other cultures in terms of risk factors and how they are keeping their children safe. [Anna]

Inconsistencies were also identified in relation to instances where social work theories and values are at variance with agency policies and practice standards. Participants feel they are not always able to apply some social work theories as they do not align well with policy and practice guidelines. To buttress the point, two participants had the following to say:

> I think that the theories and values that I learned as a social worker are on the back burner and they don't line up consistently with policies and the work that I am doing. I think this is not helpful for our work with families because as a social worker I know my work is supposed to be backed by some sort of theories or values or that kind of stuff. [Nicole]

> When I think about family centered work and strength-based approach, I don't believe our intervention is right because that is not what the family wants. If you want to survive in this job then you have to sacrifice family centered approach and strength-based approach and some of those things because they are not always consistent with what we do according to policy. But we do it anyways because I guess that family centered approach and strength-based approach don't really matter once you complete your social work degree and you are in the field. [Vanessa]

Some participants described inconsistencies with practice standards and differences in practice across agency offices. Participants reported differences in things considered during assessments, and differences in services provided to clients, based on which region or office of the agency is involved. This position is captured in the following:

> For me the changing standards make it very challenging to work, especially when we have an overlap. Like, I work in Ferryland but I share commonalities in client with someone in town [St. John's Metro]. So, the clients often get misunderstandings from using my assessment and the other worker's assessment. There are inconsistencies because I find that we are all doing our own separate things and we can get kind of off page even when we are dealing with the same family. So, it is sometimes detrimental to our work because I don't think the clients are getting consistent answers. [Rebecca]

> You asked about the structure of practice. That is a nightmare. I don't find things to be consistent. I started my practice in Central West. I worked in both rural and city. And

> now I work in St. John's Metro. I have not worked in Labrador but I have done several courtesy works for offices in Labrador. It is a nightmare. Sometimes I wonder if we are all using the same policies. In Central West we did not have monthly stats, but monthly stats are a top priority in St. John's Metro. In Metro I have to do criminal record checks on people, as part of assessing every referral, but that was never the case when I worked in Central West…One time I was completing courtesy work for a team in Labrador. They wanted to provide access funds to clients who were in St. John's for access. I did not know anything about access funds. It is not something we do here. [John]

For some participants, inconsistencies they find in practice come from changing expectations of clients. In this narrative, individuals receiving child welfare services switch their expectations based on how they are feeling in a particular moment. Sarah and Peter provides a clearer picture of this issue with the illustrative examples below:

> There was a significant incident whereby the 13 year old girl provided a statement to police regarding a physical assault by their dad and ongoing issues in the home. I went to the school to interview her and she disclosed to me that she was not happy at home and she did not feel safe at home with her dad . She wanted to leave. That same week as we worked on a plan for the girl to go stay with a family member, she became escalated and refused to leave the home. She was then recanting what she had told me about not feeling happy and safe at home. [Sarah]

> People are not consistent. I see it all the time. That is a really common…Just to give an example. There is one family I work with. Mom has a bad history of keeping abusive partners. Sometimes it is dad, not always mom. But with this family it was mom. So the parent always say I finally realize that going out with Joe or Sally wasn't good for me so I will never go back to that relationship. After working with the family for so long to the point where the file could almost even close, I get a phone call and she is back with Sally or John. Then she will be defending her decision and looking for me to agree to it. She expects me to support that relationship, but not long ago she was not feeling okay with that same Sally or John. [Peter]

(3) Conflicts

Several participants identified competing demands of the Tri-sphere as conflicts. The conflicts come from disagreements between families and policy directives on what constitute effective parenting. The conflicts manifests to child welfare social workers as they engage

families in discussions and interventions around protective parenting practices. For instance, Mary, 45-49 age range, BSW, 24 years social work and 13 years child welfare experience, says:

> In child protection, unfortunately, everything we do has a conflictual aspect to it because we are going into homes and telling people they are not doing things in ways that meet our policy. We are telling them their behaviours and actions do not meet our standards. And for the most part they are not seeing things the way we do. So even when you have a great relationship with somebody, sometimes it's conflictual. [Mary]

This position reflects in the experiences shared by Ashley and Vanessa, both 30-34 age range, MSW, and 6 years practice experiences in both child welfare and social work. This is what they had to say:

> The things we have to do at work are conflicting in terms of what we are asking clients to do and what the clients need from us. Usually, the clients believe they are doing everything right to care for their child and they think what our department is asking from them is so wrong. [Ashley]

> I think there are sometimes conflicts between policy and what families see to be the appropriate way to care for their children. Our mandate is to ensure that people are doing things to protect their children, but there is a lot of conflict because most people don't accept these interventions. [Vanessa]

Conflicts were identified with providing services to families whose children are in foster care or out-of-home placement. Not all requests from families to visit their children in care or out-of-home placements could be fulfilled based on financial and policy limitations. This causes conflicts for workers who see the difficulties these families are going through but are unable to provide clients with their demands. Gail shared this perspective:

> I started working in child protection in rural Newfoundland. Rural had white population but in that specific circumstance there were a lot of foster homes with Aboriginal children. I also experienced a lot of conflicts between how often a family wanted to see their children and what we are able to support. Families wanted to see their children more than we were able to allow based on our policy. I remember one particular time when a parent was literally drowning in tears because she wanted a visit. I wish I was able to help but I couldn't. There are a lot of conflicts and I hate them. [Gail]

Experiences of the Competing Demands of the Tri-sphere

In the first part of the second research question, I asked participants to describe how they experience the competing demands of the Tri-sphere. From the responses, the following two themes were generated: (1) managerialism, and (2) Burnout. These are discussed in the following sections.

(1) Managerialism

Managerialism in professional practice is popularly associated with the core belief that social problems can be solved by more effective and efficient managerial measures within the structural, budgetary, and operational mechanism of organizations. In this study, the participants described experiences that fit well under managerialism, as they discussed the Tri-sphere's competing demands related to targets, performance indicators, transparency, scrutiny, and accountability. Participants shared four major subthemes related to managerialism: (a) unrealistic expectations, (b) lack of contextual understanding, (c) "no win" situation, and (d) uncertainty and confusion. These subthemes are discussed in detail below.

(a) Unrealistic expectations

Participants felt that the Tri-sphere holds unrealistic expectations for what they are capable of accomplishing. Oftentimes, these expectations are related to workload and agency policy guidelines on how to engage with families. Participants reported workloads to be higher than the level that could make it possible to carry out all the tasks involved and still be able to meet policy and practice standards. Bob and Stephanie reflects this experience:

> I have 26 files. I have to complete several case forms on each file. The policy expects me to sit with clients to complete some of the forms, like the FCAP. When I first started [to work here], I used to try to sit with clients to do this, because I want to do the right thing. But I could not continue to do that because it is unrealistic. When you meet to do FCAPs, what you hear from the client is, no, I don't agree with this, I don't have anger problem, so why should I do that service. Now, I just do the FCAP and then I give it to the clients

> to sign. There are many things I have to do on all those 26 files. Sitting down together with them to do it is not realistic. [Bob, 10 years experience]

> Sometimes I wonder if anyone is thinking about what I can do and what I cannot do. Everyone is asking you to do this, to do that. There are way too many things they ask you to do, but it seems no one is recognizing I cannot do all. Several case forms are overdue on my caseload and I have many files: PIP, kinship, and new referrals for investigation which come from rotation. I am just human and I don't think it is realistic to do all these. I have not been meeting standards because it is just too much. [Stephanie, 4 years experience].

Timelines are usually unrealistic for most participants. Investigations, assessments, documentations, and other interventions have to be completed within certain deadlines set by policy and practice standards. Participants find most timelines to be impossible to meet, given the high level of their workload. Jennifer, with one year of child welfare practice experience, described herself as a "rule follower', said she generally finds timelines to be helpful in her life. Even so, Jennifer described timelines in child welfare work as "double-edged sword", explaining that though she loves timelines, she is unable to meet documentation timelines in her child welfare work. Others echoes this sentiment, as shown in the following examples:

> They want you to follow the policy and meet policy deadlines. Policy says that within 24 hours we have to have our case notes in and our safety assessment in and I find it to be so unreal because our job is very hectic and things come up last minute. I want to follow the policy and be able to help. I want to do my job. But, oh man, nobody has the time to operate under how you are supposed to do it. You have such a turnover in staff, turnover in supervisors. How can I do all these within the expected time? [Gail, 6 years experience]

> I need to finish all interviews and do the safety [assessment] within 7 days. That is the practice standard. That is what the policy is. Today is the 5th day, but I have only been able to interview the school going kids and one parent. The others have not been home. I think the other parents are avoiding me. Today is the 5th day and I have many other things to do and my phone keep ringing. I know I have 2 days left to finish; but I don't think it is possible to do it. But you also know there is going to be a case review and they are strict on the standards. I know the expectation from the department is what it is, but sometimes it is not possible. [Nicole, 2 years experience]

Some participants experience unrealistic expectations concerning professional social work values. They acknowledge social work values as intending to ensure good practice; however, they encounter situations when it become impossible to uphold social work values without causing harm in service delivery. The quotes below provide two examples on how participants spoke about this:

> I had a situation where a child with mental health issues attempted to commit suicide. The parents did not call 911 and they did not take the child to hospital. I know the parents have rights to take decisions, but I went against that. The child was going to die or going to get hurt. I don't have room to accept the parents' inherent dignity or self worth or self determination or things like that. Because I don't have an option. I don't really think about it, but I think I should. It is just an unrealistic expectation. [Rebecca, BSW, 4 years experience, singe, no child]

> We were taught in social work school to do our work according to the professional values. But sometimes you can't honour the social work values. You can't do that. You are going to piss people off, if you do. This is not the type of work where you always respect people's choices. You can't always say the client is the expert of their lives. We are involuntary service, so we are going to have involuntary clients. [Elaine, BSW, 10 years experience, married, 2 children]

Others expressed unrealistic expectations related to practice decisions. They described being often asked to make work decisions that are beyond their authority. These decisions can range anywhere from the kind of intervention to provide a family, to getting clients to agree to interventions, to closing a file. Kim, for instance, says:

> The file opened due to a fight between her and her boyfriend who is not biological dad to the child. After we became involved, they separated and the boyfriend moved out of the home. She wants the file closed but we are keeping it open to make sure the boyfriend stays away. I don't have the final say whether the file can close or not and I explained this to her. But she is insisting, telling me to just close her file. She is not being realistic. She thinks I can override my supervisor's decision. [Kim, MSW, 5 years experience, common-law, 1 child]

(b) Lack of contextual understanding

One common experience among participants is that there is no sound understanding of the context of their work lives. Some participants held the view that their supervisors do not have good contextual understanding of the struggles and challenges they go through as frontline workers dealing directly with families. They feel that the supervisors are pushing hard for workers to continue to accomplish assigned tasks without supervisors showing recognition and appreciation of the resistance, struggles, feelings, and other challenges that are reported to them. This makes participants to feel that their supervisors lack a good understanding of what they are going through at work. Here are some illustrative examples of what participants had to say:

> When I went there last week everyone was there. The mother and grandma were so rude to me and were saying really horrible things to me. When I left the home I cried in my car before going back to the office. When I told her [my supervisor] what went on at the visit, she just said don't take it personal. Next time explain to them that they need to do that because the results of the risk assessment was very high so we need to stay involved to make sure the kids are safe. She really thinks these people who are always rude to me and don't want to hear anything from me will sit there for me to have this kind of discussion with them. I don't think my supervisor really understand what I have been going through when I visit with this particular family. [Elaine, BSW]

> I just feel no one truly understands what is going on and how I feel about all these things. Even my CPS [Clinical Program Supervisor], she is supposed to be the one who understands everything but she does not. With this file, I told her all these problems and how I have been feeling because of the mother's actions. I don't think she is understanding what I have been explaining to her. She is so focused on checking the check boxes. [Anna, MSW]

Some participants discussed lack of understanding from people receiving child welfare services. Participants indicated that they have to juggle lots of different things when trying to meet the needs of clients, however the clients have no knowledge of this and social workers are not always able to explain their challenges, barriers, and feelings to clients. Lucy sheds light on this in the following quote:

> The father is telling me, I was waiting for you to do that. And I'm like thinking to myself, he has no idea of the things that I have to do and how I am feeling about the whole situation. It's not as simple as calling up and getting a drug screen done. I have to do so many things just for that to be able to happen for that family but he has no idea… But I can't explain that to him. [Lucy]

Participants feel their social work education did not convey accurate reflection of issues faced by child welfare workers. Many participants shared that during the time of their social work education, they were taught many ideal practice approaches and situations which are not effective in their current practice settings. As reflected in the quotes below, participants have come to the conclusion that their social work education lacked some understanding on what goes on for workers in the field:

> In school we were made to believe that as social workers we have to be compassionate to people, we have to be understanding of people's situation, we have to be non-judgemental, we have to stand up for what people believe to be best for their situations and things like that. When you leave the school of social work you feel like you are going out to change everybody's life to help them, but meanwhile you can go knock on their door and people are telling you they don't need your service, they don't agree with what you want them to do. And then you are getting threatened so you have to call the police for your own safety. I find that the school of social work don't prepare you for that, and the school don't really understand what goes on when we are in the homes of people. [Sarah, BSW]

> It seems to me that there is no good understanding of some of the things we are told to do and the feelings we go through because of what we do. Like what do you do when the client doesn't open the door, when they say they are going to kill you, or when they say they are going to follow you home and burn your house down? Because we deal with that a lot, but the school don't seem to understand or at least I think the school doesn't really know we deal with that level of hostility. [Peter, BSW]

(c) "No win" situation

Most of the participants expressed that their work put them in a "no win" situation. Experiences of "no win" included participants being made to feel they are not doing their job well, being blamed for expectations and outcomes that any of the Tri-Sphere is not pleased with, and being compelled to follow course of actions that are against one's wishes or satisfaction.

The following quotes provide examples of how participants described some of the "no win" situations they are encountering:

> I don't get to feel appreciated for my work. There is always someone or something telling me what I did is not good enough or telling me that I am not on their side. I cannot win. When one is praising me for a good job done, the other is blaming me. There is no win. [Mary, BSW, 24 years SW practice experience]

> I feel like theory and generally the academic world, the pedagogical world, I would say, is like one really hot lesser being, coming to a point, and then child welfare practice in following policy and workplace culture and institutional culture and all of those things is another hot lesser being. And these two hot lesser beings are pointing directly opposite at each other all of the times. If you are really doing a good job at the work stuff, at the policy stuff, then you are doing a terrible job at the more theoretical, value-based stuff; and if you are really doing a good job at the theoretical, value-based stuff then you're doing a terrible job at the workplace, policy stuff. It's like these two hot lesser beings are pointing opposite to each other and that's what is just happening, and you can't win. [Ashley, MSW, 6 years SW practice experience]

Participants also feels their efforts and sacrifices are downplayed. Even when participants worked to fulfill an expectation, they are still faced with criticism. This was captured by John when he says:

> She was requesting to have unsupervised visits with her children and I support her request. She has a serious history of drug addiction and criminal charges, and as an agency we were saying no to her request but I had to keep advocating for her and I kept asking and asking and we finally agreed. She was first offered unsupervised access in the community and it progressed to having unsupervised access in her home. After she got her visits unsupervised she was still saying to me that there was too much delay in approving her visits and it was all my fault. This is what she was saying to me after all what I did for her. [John, MSW, 5 years SW practice experience]

(d) Uncertainty and confusion

Several of the participants described uncertainty and confusion with demands at work. Areas of uncertainty and confusion include the changing nature of policies and the variability of the needs of families receiving child welfare services. There are also some uncertainty and confusion around the relativeness of social work values and knowledge. Two quotes that are exemplars of this point are as follows:

> I feel unsure of what to do. Sometimes I find the policy to be saying one thing, the social work values is saying another thing, and also the clients are saying completely different thing. There is no certainty on what to do. [John, MSW, male, 3 years CWP experience]

> Policy keeps changing. We say is it a growing document, living document. They keep changing it and they try to make it better but at the same time other things are changing too. Clients' situations are changing too. I struggle with that because each family is different and each family requires different things. There become differences in parenting, differences in understandings, which I do my very best to work with clients, and not because of personal preference or anything like that, but there are just a lot of differences, and I don't think that we can have a list of tick, tick, tick. So who is it to say what is best? It is all confusing for me. I don't know and you don't know and nobody knows. But what I do, I guess is, we are bound to our ethics. So first and foremost, we make sure what we are doing is completely ethical but again nobody seems to know the one thing that is the right ethical way across all times. [Gail, BSW, female, 6 years CWP experience]

For some participants, feelings of uncertainty were around the rationale for certain services or interventions. Oftentimes, participants questioned the need for services or interventions. One worker, Ellen, commented on this issue as follows:

> Very recently we got a referral saying supervision is an issue and we need to get in there right away. When I was reading it, I was seeing the mom is in the parking lot where the kid is just playing with a skateboard in the parking lot. And I'm struggling with that because to me that is not a same-day referral, but as a department we screened it in as a same-day referral and I'm not sure why we made that determination…Because they are skateboarding in a parking lot we think they don't care about their children, we think they don't care about the children getting harmed. In the end we had to involve grandparents to be providing oversight on supervision of the kid. I am not sure it was needed. I don't know why we made the decisions we made on that file. [Elaine, BSW, female, 2 years CWP experience]

Management style contributes to uncertainties and confusions experienced by social workers in frontline child welfare practice. Nearly all participants reported that they experience confusion and uncertainty related to the approach and perspective of their supervisor or manager at any given time. They say all major day-to-day practice decisions are made in consultation with a supervisor or manager, and the kind of interpretations, guidance, and decisions made depends on which particular supervisor or manager is being consulted. The quotes underneath are

examples of how participants discussed their experience of uncertainties and confusions resulting from management style:

> It depends on who your supervisor is. Even here in Metro I have been supervised by other supervisors when my regular supervisor is off. They all do something different; they tell me to do something different, but they all refer to the same policy. [John, MSW, male, 3 years CWP experience, Atheist]

> The expectations from people and stuffs are so unsettling and there is no clear way to solve all the puzzles. And then the organization just focus on certain things and that just makes it unbearable and not doable. It's hard to say the organization because I think that it depends on the manager. What I do really depends on who my manager is. I feel that different supervisors have different interpretations of the same policy. I have been supervised by more than 10 supervisors who have almost different expectations on what families need to do in order to keep children safe. [Lucy, BSW, female, 6 years CWP experience, Spiritual but no religion]

> Sometimes you just feel your best is not good enough because there are many different routes you could go. That, to me, is so uncertain and very confusing…And then your supervisor is not helpful because part of your issues is that the supervisor is making decisions and making you to do certain things…which make you more stressed… and when you seek a second opinion from another supervisor they would normally say things that are different from what your supervisor is asking you to do. [Gail, BSW, female, 6 years CWP experience, Christian/Catholic]

(2) Burnout

Burnout was the second of the two main themes participants described about how they experience the competing demands of the Tri-sphere. Participants reported a variety of negative emotions and feelings which can be described as burnout. These experiences include a sense of emotional exhaustion, diminished accomplishment, and deprofessionalization. There were three subthemes related to burnout. They are: (a) stressed and emotionally overwhelmed, (b) feeling terrible, and (c) feeling of failure. I have discussed each of these themes in greater detail below.

(a) Stressed and emotionally overwhelmed

Participants described feeling stressed and emotionally overwhelmed with work. The majority of the feelings of stress and overwhelm centered on feeling that their opinions do not

count in decision-making. They do not always feel that they have a voice in decisions at work. They feel that their suggestions are often ignored by families. They also feel that they are privier to all the detailed information needed to made decisions but supervisors make decisions without their input. All these make participants to feel stressed and emotionally overwhelmed. Below are examples of what participants had to say about their feelings:

> I had that discussion with them and we talked about all the things they needed to do but they didn't do any of that. They were so close to getting their child back but they just didn't follow through with what I asked them to do. I knew very well that as a department we will not return the child to them if they didn't attend the counselling and if they didn't show that they were at least actively working on the things we identified. That is why I sacrificed so much of my time with them. It is stressing for me. I just wanted them to have their child back and I just wanted them to support that, because that is what they want. But they ignored everything and that is very stressful. [Stephanie]

> I am the person doing all the home visits and seeing and getting all that information, but she made that decision only by herself. It is stressful and I don't think this is how we should work. I approached her about this a couple of times but nothing is changing. With everything going on, it is overwhelming. In ISS she makes tells me what to do next. No one is asking for my decision…Even with new referrals, I provide the information and then she will say like, oh the children are safe or oh this is okay or do this. I find it stressful. [Vanessa]

Many participants feel stressed and overwhelmed for doing things they do not agree with. They noted that when they disagree with services that have been decided, they are the people who ends up implementing those services. They are unable to reveal their personal positions to families but are rather compelled to accept responsibility for service decisions and any resulting actions. They identified this as causing them to feel stressed and overwhelmed. Anna for example says:

> It feels very stressful for me. You can't tell a client that, oh I agree with you but my manager doesn't. Because as a department, if the department made the decision, well, we made the decision. So you really have to own that. But it is stressful and almost maybe heartbreaking in a way because there are lots of things I don't agree with my manager but I don't have a final say on what we decides or what we do. [Anna]

Some feelings of stress and overwhelm relates to instances where participants implement case plans that they believe to have no relevance to the needs of a particular family. The feelings also occurs when clients disagree with interventions or services. Sarah captures this by saying:

> I feel an internal type of stress if I have to go out and have discussion with a family about something they don't agree with, like a plan. I will go out and talk about it, but it makes me uncomfortable and I get stressed and anxious knowing that it may not be the best fit or it's not what the family was kind of hoping to see for their particular situation or parenting. It is so overwhelming for me. [Sarah]

Some are feeling stressed and overwhelmed due to negative public stereotypes about social workers and child welfare work. They reported regular encounter with people who believe that social workers are heartless and just enjoy taking children away from parents. Participants identified these encounters to be stressful and overwhelming. Ashley for example says: “she called me baby snatcher and accused me of trying to do anything possible to destroy her family. People have so many stereotypes about this work and I find that to be stressful”. Kim shared similar experience, saying:

> I don’t even reveal my work to people in my neighbourhood because so many people thinks we are heartless people. Even people who have had no contact with our department, you deal with them for the first time and they have so many bad things to say about this job. For me that hurts my feelings and it comes with a lot of stress. [Kim]

One participant provided a unique experience. Her experience reflected feeling stressed and overwhelmed, also due to negativity, but not from the general public but rather from other workers within the workplace. The agency is perceived and experienced negatively by participants. The negativity is shared with other colleagues who in turn develops negatives perceptions. This dramatically causes them to feel stressed and overwhelmed. She says:

> There is a bit of a negative view overall on this department. I feel overwhelmed and I think everyone is feeling overwhelmed because there is a lot of commiseration in this work. And by that, I mean you are having a bad experience and I'm having a bad experience, and we talk together and then our bad experiences meshes into this master

> beast, and then we talk to the next person, and talk to the next person. So, what originally was just a small doubt in my mind has now turned into a big stress. So where does it end, so it keeps going just like anything, everybody is angry. [Gail]

Another source of feelings of stress and overwhelm described by participants was exposure to sensitive and heart-wrenching situations such as severe neglect, sexual abuse, and physical harm. They described seeing see the worst of what people can do to each other, on a daily basis, and they see the impact of that on children and families. Several participants described feeling stressed and overwhelmed about this. The following are examples of what two participants described:

> When I got there the police was already present, the paramedics were also there. The child was covered in dirt and was unresponsive. The home was in a deplorable condition and there were drug paraphernalia all over the house. I was so stressed because it is not fair for this innocent child to go through all that. [Matilda]

> I didn't expect things to go the way they did. I was overwhelmed and stressed about all the disclosures. Her dad sexually abused her and it was repeated by her uncle who continued to do it multiple times. That disclosure was really awful and thinking about it is stressful for me. [Stephanie]

And for many other participants, feeling stressful and overwhelming relates to high caseloads, which are busy with demands and making it more difficult to fulfill their job responsibilities. Jennifer and Lucy had the following to say:

> Our files are extremely large and we get overworked. The standard is 20, so it is not supposed to be more than 20 files but I can't remember the last time I had less than 23. Sometimes I have up to 28. I am trying to call a million people a day, trying to schedule meetings with people and stuff like that. Even just getting drug screens or someone's prescription. Everything can be so overwhelming. [Jennifer]

> I am too overwhelmed with unmanageable files and I can't realistically help with everything. It is not possible for me to be able to do all the things that are needed to be done with the clients on my caseload. It is just too much and so overwhelming [Lucy]

(b) Feeling terrible

Most participants described feeling "terrible" at work. The most commonly cited reason for terrible feeling amongst participants was when they are being intrusive with services. Some described being intrusive to involve forcefully entering a family's home to provide service. For example, Jennifer says:

> He refused to open the door when I initially got there. I phoned the supervisor and the police was called in… he finally opened the door because the police were there and they were going to break the door. It was terrible. He still refers to that all the time and I don't feel good about it. [Jennifer]

Going ahead to collect information about people without their consent was noted by participants to be intrusive service which make them feel terrible. As John highlighted:

> I am able to make contacts and easily obtain information from other professionals such as doctors, the police, counsellors, and teachers. I normally ask the parents I work with to provide consent for me to obtain collateral information from other individuals and professionals. But sometimes the parents are unwilling to provide their consent. And so I go ahead to use the powers of the legislation to talk to people I need to talk to and to collect whatever information I need to collect for my investigation or assessment. I feel terrible for doing that, but at least I get the job done. [John]

Court interventions cause some participants to feel terrible. Participants obtain "secrets" from clients which are then shared, without the clients' expectation, through Court documents and proceedings. This results in clients distrusting the social workers to whom the information is originally shared. Participants expressed feeling terrible in that regard. Rebecca for example says:

> I felt so terrible. I think this job sets me up be seen as a monster. In this particular situation the parents were very angry about some of the information on the Court Order application. That was information they gave me themselves, but I think they believed they were giving me the information as secrets and they never thought it would be used against them in Court. I continue to work with the family after the Court Order was granted. I think they now see me as a horrible person…I am living with that terrible feeling. [Rebecca]

And for some participants, their terrible feeling regarding Court interventions occurs when they are enforcing a Court order to dictate services to families. One participant spoke to this point by saying:

> They are upset about taking them to Family Court and I feel terrible for doing it. There was nothing else to be done because they are not doing well and they declined counseling, they didn't want to work with Daybreak, they were not seeing their doctor. Their mental health is bad and they were not interested in any help. They wanted to do it by themselves and it doesn't work that way. With the Supervision Order we were able to put conditions around what they should be doing. They are not happy but they are now working on things. [Ellen]

(c) Feeling of failure

Participants described experiences of working in child welfare as leading them to fail as social workers. Participants chose to be social workers with the goal of being supportive to service recipients. For some, failing as a social worker meant that they have not been able to support the wishes, needs, and positions declared by families receiving services. Here are two examples of participants description of their feeling of failure:

> When I first started I was so motivated to make positive impact in the lives of the children and families I work with. I just wanted the families to feel supported by my services. But now I am seeing that many of my clients don't even want my services, they see me as part of their problem instead of a support. I think it doesn't matter whether someone else think my intervention is good, as long as the clients don't find my services to be supportive, then I think I am failing them. [John]

> I feel like a failure. I feel that I have failed that family. I find that a lot. I feel that people think I'm failing them because I'm not helping, but I don't have the ability to. I feel like no matter how hard I try to be helpful to families, I crash with the policy and then there will be no room for me to do anything further. And I feel like I'm failing the clients, I'm failing myself and my ideals and my values and my theories. It's not a good feeling. [Lucy]

Some participants described themselves as failures when they fall behind on case documentations or when unable to maintain case management timelines. Vanessa reflects this as follows:

> I go to check in and they ask me, can we do this? Can we do that? and I am constantly pushing them back and be like, oh I'm working on things or I'm waiting to hear this… Sometimes I have so many stuff to get done, like case forms, case notes, and even contacting collaterals to get information to complete assessments. I just feel like I always have somethings that are not getting done as expected. Sometimes I question myself, why did I go into social work? Am I not failing? [Vanessa]

Some participants develop a sense of failure when they have to go against social work values and theories that they are familiar with. For them, those values and theories have been created as tools to ensure successful and appropriate social work practice, so going against such tools means one is failing to do what is appropriate as a professional. Rebecca was among those who raised this point. She says:

> We learned about them in school and it sucks that we are not usually able to use them when the situations are in front of us. I just feel that it would have been a good opportunity for me to show the clients that these are my values as a social worker. As a social worker I think I should have been able to let them know that, I respect your wishes, I support you in your personal journey no matter what that personal journey means for you, I support you in the way you are feeling and seeing things. But now I just feel that most of the times you can't do that in this job. For me it feels like failing. All the theories and our social work codes of conduct are there for good reasons, to protect us and our clients and to make sure our work goes fine so it is a struggle for me when I am failing, and I know I am failing because this work don't always allow all that stuffs to be applied. [Rebecca]

And for others, feeling of failure relates to bad or undesirable outcomes for service users. Participants described a number of outcomes they look to see from their work: safety, permanency and wellbeing of children, and parents and families who are able to resolve or show commitment to resolve identified child protection concerns. When any of these outcomes is not met, participants see themselves as being a failure. Peter and Elaine expressed this experience as:

> They continued to use drugs and their mental health got worse. After all the work with them they didn't do well so the children came into foster care. I think it is a failure. I feel that way. Because we did not want to go that route but they did not show any progress and the children had to be placed in foster care. [Peter]

> They stayed with the aunt for a few months and then there was a placement breakdown because Aunt was exhausted. We tried to do kinship arrangement with the grandparents but they didn't pass the assessment. The grandma was appropriate but the granddad has serious sexual assault history and other criminal background and he resides in the home and they were not willing for him to leave. They have been bouncing from placement to placement. It is a big failure for me. Now they are with a distance cousin but that is not a stable home for them. I did a lot of work with them to search for relatives who might be appropriate and able to care for them long term, but there is no one. [Elaine]

Management of the Competing Demands of the Tri-sphere

The second part of the second research question examined how participants manage the competing demands of the Tri-sphere. The data highlighted four main themes: (1) Following legislative policy, (2) Tweaking or manipulating policy, (3) Negotiation with supervisor or welfare service recipients, and (4) Self-care Practices. Each theme is discussed next.

(1) Following policy

The majority of the participants discussed their compliance with child welfare policy when it conflicts with other demands. For them, policy is the foundation of all practice decisions and must be given precedence over any contrary demands. This was reflected by Kim when she says:

> I go with policy. I feel that is just the most powerful thing to consider in this job. It is the main pillar that defines the job expectation. I always have my policy binder and I refer to it to see what I should be doing and what is the next step to do. Policy is everything really. [Kim]

Some of the participants who comply with policy indicated that the policy is created to ensure child safety. Therefore, failure to follow it could mean children are left in abusive and neglectful situations. They indicated that, the voice of families and any professional social work requirements are supported if only they are consistent with policy. The following is what two participants had to say:

> I obviously follow the policy… we have to follow the policy to make sure there is that child safety which everyone is interested in. I try to bring it back to that. I try to be realistic with people and I am transparent about what I have to do, what my role is, what

> my policy says I have to do. I just try to be as sensitive and understanding to the client as possible within the parameters of the policy…I obviously consider my social work hat but when the cap is against the policy, I just think it is best to follow the policy. [Nicole]

> Policy is what I always go with. Everything about our work is based on policy. People don't become happy when policy don't favour them and then they are not agreeing on things with me but I try to let people know that things happen and things have happened to children which is why these rules are in place. I don't want children to be unsafe and I don't want to get into trouble, so for me I follow policy. They still wants me to do what they are asking for but I explain to them that I can't do that if it is against our policy. [Sarah]

Many participants engage in discussions with families to understand the cultural meanings or contexts of certain parenting behaviors. But irrespective of the meanings or contexts, participants would rely on policy directive. The following quotes provide illustrative examples of participants' reflection of this strategy:

> I tried to learn more about the actual situation. To know when it started and things of that nature, because it could have been something that they very much grew up with…I just try to know more about the actual act and then I learn more about why it's okay and then I just explain our policy, what our legislation and policy are saying. But in the end I follow the policy. I explain to them that the law is the law. [Ellen]

> I try to understand or get their perspective of why it's happening because that's their norm and in our policy that's not allowed, so having those conversations to understand their perspective and also tell them, sorry we have to follow our policy. I mean those conversations can be uncomfortable but at the end of the day they are the rules here. The rules have to be followed and it's just our job. [Jennifer]

> It is usually the legislation that I follow because at the end of the day we have an expectation to make sure that the documents that are provided by the government are filled out for the government. Then again that is our culture. I don't know if there could be something like a different risk assessment or a different assessment for a family that just moved to Canada. I could understand when families first move to Canada and they don't really understand the laws but you also have families who have moved from all over the world and they have been living here for 10-15 years and they just still don't want to reform to our laws and our society expectations. [Bob]

(2) Tweaking policy

Bending or evading the policy was another strategy described by participants. They indicated that their primary obligation is to attend to the needs of clients. Where these needs, as

expressed by the clients, clashes with policy, participants resort to the maneuvering of policy in order to support the needs. Some of them do this by manipulating the interpretation of policy. Ashley reflected this strategy along with an illustrative example:

> I push the structure by bending the wording of policies to fit a particular situation. For example, in my experience, if you have a mother who is in a relationship or not, who is pregnant with say her fourth child and she had previous involvement where the first three children were removed. Even though we are supposed to recognize that change is possible, and that change could happen, it's very much that the fourth child is going to be a removal at birth. There is absolutely no chance in the policy to say that mother has changed. If you want to work with that person to see where they are, to understand where the mother is currently in her life and if she could save the child, you have to know when to manipulate within policy to get things done in certain ways. [Ashley, 6 years experience]

Some participants employ creative methods to satisfy policy "check boxes". In one example, Vanessa described her experience of working with a family where the father was charged for a criminal behavior and was living out of the family's home as per safety plan. He was not allowed to have any access with his children, unless fully supervised by a third party approved by the agency. The mother could not be approved because though she acknowledged the seriousness of her husband's criminal charges, she believed his explanation about the behavior and that was viewed as failure of the mother to fully recognize risks associated with the father. Initially, the family was able to find people to supervise access, but at the time of sharing this story, the father had been safety planned out of the home for six months, the family could no longer find access supervisors, and children and parents were yearning to bring normalcy into their lives, to be able to do things together as a family. Speaking on how Vanessa managed the situation, she said:

> We can't change the rules and policies but I have been trying to kind of tweak them to meet our check boxes in order to get the family to be closer to how they were functioning before our involvement…I have come up with a strategy for both parents to attend the Family Services Program to do a brief four-session psychoeducational component on the issues that the father has. With someone just sitting down and reinforcing I guess the

> same stuff that I have already discussed with them but in a more focused environment, I can check off the box to say that they have met the expectation. [Vanessa, 6 years experience]

Other participants evade policy entirely. They are familiar with the policy and are aware of possible repercussions of not following it, however they bypass policy if doing so is viewed to be a better option. For example, Elaine succinctly captures this when she says:

> If you focus on following the policy then you cannot do a good job to satisfy your clients. When I first started here I was always by the book, in everything I would grab my policy manual and go through every single page to make sure I was following the policy. I have come to know that you cannot do a good job for the client if you always follow the policy. So, now I have almost come to the point where I've seen the worst so I have kind of developed a thick skin. There is so much now I can put up with, so I don't care much about what could happen from not following the policy. Sometimes I ignore the policy and I am almost okay with not being as accepted in the workplace culture. [Elaine, 10 years experience]

(3) Negotiation with supervisor or welfare service recipients

Participants described a strategy of negotiation to come up with a collective action or decision. Sometimes the negotiation involves interaction with child welfare service recipients, with discussions or deliberations leading to finding some common understanding based on the different positions. This strategy was reported by Ellen, for example, as quoted underneath:

> Talking with them and providing the information on how we do things in our department and as social workers. But at the same time not saying you have to do this or you have to do that. There are different ways of doing things and there is not necessarily one right way. But our policy says there is only one right way. So, for me, it involves the worker having to meet with the family to understand their position and telling them our position and then trying to come up with some commonality despite our differences. [Ellen]

Some also engage in discussions with welfare service recipients to find a balance between goals and expectations. Each party gives up something and meet in the middle. Bob and Anna provided examples, below, to illustrate this strategy:

> When I go out and meet the parents, let's say the parents whose child has autism. They know that child better than I do. They know his triggers. They know what upsets him.

> They know what calms him down. And they know what works and what don't work. Some of that I might not agree with, but at the end of the day we have to look at the child's best interest. So you have to come to some kind of mutual agreement to make sure that both the social worker and the family are coming to a mutual ground to make sure the child is safe. Maybe you might have to tweak some of their practices or give them some advice and also tweak some of our standards so that you can meet at the middle to make sure the child is safe. [Bob]

> Meeting in the middle of all the different expectations…I had a family where the dad run a pizza place and they have a baby monitor upstairs and they let the kids be unsupervised all day while they run the pizza place downstairs. And we thought that it was inadequate supervision. But I mean, technically they are supervised and what's the difference if someone was downstairs in their home and the baby was upstairs…And at the end of the day our view of supervision compared to what's theirs is different. So, as long as at the end of the day the child is not being harmed, that's what we need to strive for. So, we met in the middle by having the parent to go up there to check periodically. So, using the baby monitor and still having that visual. [Anna]

Participants also described negotiation in the form of consulting their supervisor when confronted with competing demands. Some of them seek supervision to advocate for what they believe to be the appropriate decision or course of action. Here are some participant quotes related to this strategy:

> I think advocating to your manager about these policies that don't work and advocating on behalf of your clients, this is really all we can do…the policies are restrictive, and they are white policies. I mean that's clear, it's clear that some group of people created our beliefs and ideals and says this is the way things should be. It's definitely a difficult subject to think about. So what do I do? I meet with my manager to advocate for what I see to be the best thing to do, even if it is not in line with our ways of doing things. [Anna]

> I think it helps if you have ongoing conversations with your supervisor about decisions. I try to meet with my supervisor. How can we do this while keeping the family together and still addressing the issues. [Matilda]

> When I had the same manager and was comfortable, I was very able to approach my manager and say, well I don't really agree with this. I was able to kind of call things out and be like, you know, it's not really a disagreement but like having an open discussion with my manager and say to them, what about this?, and kind of talk about options. [Vanessa]

Some approach their supervisors to guide them with decisions, and they usually follow whatever direction their supervisors would give. Bob, for example, says:

> Usually when it comes to that [competing demands], the managers come into a big piece. Any time I struggle or come to a wall, I'm on the phone with the manager saying this is the situation that we have. And, usually I find the managers usually have some experience as well so they can kind of guide us on what to do. So I just do whatever they say. [Bob]

For Bob and those like him, they trusted their supervisors or managers as having the relevant knowledge and experiences to dictate decisions and course of actions in situations of competing demands on frontline workers. However, some of the participants who follow whatever direction they get from their supervisors said they are adopting that strategy not out of trust in the supervisors' directed decisions or course of actions; rather, they are doing so based on their experiences of their alternative perspectives being disregarded. As John noted:

> It is my supervisor who has the final say on what I do with the clients. Sometimes I will interpret the legislation and policies in certain ways but my supervisor will disregard my interpretation. And really, I will have no basis to push forward what I consider to be right because even the policy, which is supposed to be more specific than the legislation, is still not specific enough. So what can I do other than to just do what my supervisor says?.

Another participant echoed this reality, saying that:

> When I first started with the department, I would always meet with my supervisor and try to make a case to validate the explanation people give based on their culture or belief and I also try to say what I think we should be doing in our work. I have come to a point where I stopped doing that, because I did not achieve any success. Supervisors make the final decisions, and my supervisor will always say well that is the belief in their culture but it is not supported by the policy. Now I just do what I am told to do and I don't bother anymore. [Stephanie]

(4) Self-care Practices

Participants described personal and professional self-care strategies they use to manage the competing demands of the Tri-Sphere. Four subthemes emerged from the data, as follows: (a)

counselling, (b) co-worker support, (c) recreational or leisure activities, and (d) changing job. These themes are discussed below.

(a) Counselling

Participants received counselling to cope with work. Predominantly, counselling supports have been obtained through the *Employee Assistance Program* (*EAP*). Counselling service helped participants to be able to alter the meaning of challenging situations by refocusing on practice situations that brought them fulfillment. Rebecca for example said:

> I go to EAP. I guess that is how I deal with it. Through the EAP Counselling I am understanding things differently. A lot of people will blame me for what happened in their lives, but I try to stay positive. You have to have an understanding that they have been with their lives a lot longer than you've been involved with them and, no, you haven't created those situations. [Rebecca, 4 years CWP experience]

Participants also used counselling to cope with stress and emotional reactions related to work. This was described by many participants, some of whom are quoted below:

> I managed it through counselling. I have attended counselling through EAP and also private counselling sessions. I still attend counselling from time to time to talk about workplace stress management and balancing work and feelings. [John, 3 years CWP experience]

> Make sure you seek counselling when you get to that point, because I think most of us will need that. I actually went to EAP recently because of just the hecticness and busyness and the different expectations. [Matilda, 3 years CWP experience]

One participant, Gail, utilized counselling as a strategy to avoid being pulled down by other worker's negativity. Gail says:

> I have done counselling through the EAP because I found that my view here was very negative and very toxic for a while. That's not helpful, it doesn't help you in your personal life, it doesn't help in your work with your clients. [Gail, 6 years CWP experience]

(b) Co-worker support

Participants generally described their co-workers to be a great support in the process of doing their jobs. Emotional support was one main form of co-worker support described by participants. They felt understood by their colleagues and they often spoke about the ability to debrief or vent with them. Nicole discussed this form of support when she says:

> I talk to co-workers and that helps to relieve stress. Chatting about things or venting to them because they are understanding of what I am going through. With that incident, when I came back to the office, I was super overwhelmed, as I told you. So I talked to teammates about it and we all seem to have the same understanding of what happened. [Nicole, 2 years CWP & SWP experience]

Reassurance or encouragement was another form of colleague support described by participants. Co-workers share their own experiences that help to normalize the child welfare experience. Participants found encouragement or reassurance in knowing that they were not alone with their experiences and feelings at work.

> Just knowing that the co-workers are right there for you. Talking to them and knowing that it happened to them too. They encourage you, you know, saying to you, don't worry, you didn't do anything wrong, it was not your fault, it is like that for me too, you didn't cause it, they just don't like our department. [Ellen, 2 years CWP & SWP experience]

Co-workers have also provided "practical" support. This was reported by two participants. Participants described practical support to include assistance with case forms and documentation and assistance to provide service directly to clients. Jennifer reflects this when she says:

> The other workers on my team, they are available for me when I am stack and needs practical support…They help with case forms, when I am not really sure what to do. The other day I was just so swamped so they helped interviewing the child and completing the safety for me. Just knowing that there are people there who are willing to help you when needed, that gets me going with this job [Jennifer, 1 year CWP & SWP experience]

(c) Recreational or leisure activities

Some participation in recreational or leisure activities such as going to the gym, swimming, going for walks, and taking holidays were self-management techniques described by participants. These activities helped participants to release negative energy and emotions associated with work. Vanessa and Anna reflected this point by saying:

> Self-care is very important in this job. I have self-care. I am doing yoga and I have a trainer at the gym. I do that very regularly and I have been with my gym class for the past few years. It helps me to makes me feel better. [Vanessa]

> I took a holiday. I think it is important to be able to take time away because it really gets too much in this job. Every year I try to travel out for my annual leave. I am also a swimming instructor and I play volleyball every weekend. I keep myself busy so that I don't have to keep thinking about things at work. [Anna]

Not all participants have always found personal self-care strategies to be helpful. For example, Bob, who indicated that he participates in sports and other recreational activities almost on daily basis, had the following to say:

> There are days you just want to go out and sit in your car and pull your hair out, which has been happening to me…and to say that, make sure you practice self-care, go out for a walk, that sometimes don't help you. Sometimes I feel like I can walk to Vancouver and I'm still going to be just as stressed as when I left here 14 days ago. [Bob]

(d) Changing job

Many participants felt the demands at work are so complex to the extent that no management strategy would work. They are not hopeful of success in child welfare, they see quitting as the right strategy, and they think of career change as the solution to dealing with what they experience in child welfare practice. Lucy was unequivocal about this when remarked: "nothing is changing in this job. It doesn't make any difference no matter what I do… I just think about a way out of this. Lately I think a lot about getting a different job"

Peter echoes this perspective by saying:

> I guess there are things I do here and there to get over my workday but I can't call that to be a way of managing these complicated work situations I face on a daily basis. I think the best way is to quit. I think about this everyday because I think changing from child welfare to another area of social work is the only real solution to all what I have been going through in this work. [Peter]

However, participants explained why they are still working in child welfare despite the desire for career change. Some are staying because of decent pay and job security in child welfare work. Anna for example says:

> I constantly think about doing something different. Maybe doing Counselling. But I feel stuck here. I feel like there is nothing that is going to pay me as good. I have been searching for jobs but so far there has been nothing interesting. I need another job with a good pay as CSSD, and it should be a permanent job, but I don't find any. So I am stuck here. [Anna]

And for others, they are worried that if they quit child welfare practice, families would be left without the support they require. Ashley speaks to this worry when she explained:

> Almost every day at work I say to myself, can I keep doing this?…the child welfare social worker role is unique, in that it sometimes feels impossible. Sometimes you don't know what to do and you feel like you want to leave the job but you also know that you want to make positive changes in the lives of families and you are passionate about that. And if you were to leave and all the other social workers who share your goal and passion were to also leave then there would be no one to support the families. [Ashley]

Suggestions for Preparing future Social Workers

The third research question allowed participants to offer suggestions, based on their knowledge and experiences of managing the competing demands of the Tri-sphere, for preparing future social workers for child welfare practice. Data analysis yielded five themes: (1) admission considerations, (2) modification of social work curriculum, (3) field placement, (4) mentorship

system, and (5) Collaboration between School and the NLCSW. These themes are discussed below.

(1) Admission considerations

Participants discussed social work students' admission considerations as an important stage for identifying and selecting people who would be better suited for child welfare practice. They called for careful evaluation of potential social work students during the admission process. Kim says:

> I think more emphasis needs to be put on who is getting in the school of social work first. I think the weeding in process is probably not as beneficial as they think. I think there are people getting into the school of social work because they wrote a good resume. And that might sound great on paper but the best written paper is not necessarily the best social worker. [Kim]

Most participants proposed that the admission criteria should put less focus on academic grades of applicants. Rather, the emphasis should be on lived experiences. Some participants indicated that it is lived experience that helps them to be motivated, to develop the right skills and attitude morals, and to have reasons to keep working in child welfare despite presenting challenges. The two quotes below are examples of what participants discussed in relation to this recommendation:

> Lived experience is so valuable. And for me, lived experience is what shapes me as a social worker, as a professional. It is what thrives me everyday to do the work that I do. So social work has a meaning to me and I have a goal everyday. I want to protect children because I wasn't protected. My lived experience with addiction, with child abuse. I have a lot of lived experience. I have even been homeless, I have done escort work, lots of things. And because of my lived experience, I think I don't have the same level of judgement that other workers might have towards clients. I still see people as people, that people make mistakes, that we all enter hard times and make bad decisions in our lives, but that doesn't mean that we are bad people, it just means that you need to rise above it. And because of my lived experience I know how to help clients with the same issues that I went through. So I think people's lived experiences should carry more weight in the admission of students. I think that is what the school of social work program should look for. [Anna]

> Lived experience is much more important than academic ability as well as what your grades are and how good you can write. I think lived experience is everything in social work. Because we are dealing with the most vulnerable people in society. So as social workers we need to really understand where the issues come from. It might not have to be a requirement, I am not saying that you have to have lived experience, but I think that those people are the best for the profession and for building relationships. [Stephanie]

Some participants asked for racial and ethnic diversity among people admitted to study social work. This is because participants finds their workplace social work colleagues and the social work students they knew of, to be from predominantly White backgrounds. Participants called for student recruitment that targets those from diverse racial and ethic backgrounds, arguing that such a targeted approach will lead to a pool future social workers who will be better at understanding and managing the competing demands of child welfare practice. Some discussions on this suggestion by participants are:

> I just think there should be more social workers from diverse backgrounds, but that cannot happen until the school of social work takes more students from other races and cultures, which is not happening right now because with all the social work students I know, virtually none of them is from other cultures. And that is worrying for me in terms of having people who can do this work a bit different in the future. In social work we always want to do better and we talk about wanting to do things different to get improvement. For me, it should start by having students from other cultures who can understand things a bit differently.[Peter]

> First and foremost, I think more people from other cultures should be admitted to study social work. When I was in school, almost all of us were White students. And when I graduated and started this job, I found that almost all of us are again White. I just think that the school should be admitting more students from other backgrounds so that they can reflect in the field. [Elaine]

> The people who are admitted to study social work, I don't know what's going on, but I think they don't come from diverse backgrounds. And I think this is not right because in this child welfare work you need to have people with different perspectives to be able to handle the issues we deal with. [Lucy]

(2) Social work curriculum

Participants suggested modifications to current social work curriculum to offer more teachings on effective parenting practices across cultures. They asked for more teachings on

cultures, how different cultures keep their children safe, and how to work appropriately within different cultures. Kim and Anna had the following to say about this:

> I think there should be more content about culture in the BSW program. There should be more education about cultures and how we practice with other cultures and what that looks like. When I was in school we touched on the not-knowing stance, and we touched on we not being the experts in the clients lives, and we touched on the clients being the experts. But then how do we actually engage people of other cultures and how do we practice in ways that are culturally relevant and also sensitive when working in child welfare? [Kim]

> First of all, I would say that the training that we received about working with different cultures is very limited. It's definitely like an area in need of improvement because my experience and my learning of working with other cultures, that comes from my work experience…When I was in school I thought our ways of life are the right ways and I did not even know there was any way a family could keep children safe without following our laws or our ways of feeling safe. We did not learn about safety in different cultural contexts. [Anna]

Some participants suggested more concentration on child welfare courses. Some participants did not get the opportunity to do a child welfare course during their social work education. As Gail noted: “we didn't even do a child protection course…child protection was discussed as a topic in certain courses”. Participants believed their work experiences could have been more positive if they had full course on child welfare.

Unlike people like Gail, John took a child welfare course during his social work education. However, he did not find the course content to be relevant to the competing demands he has faced at work. For this reason, he suggested a more content relevant child welfare course:

> I had one child welfare course in my BSW degree. What we learned in the course were interesting, but it did not represent what happens in real life. We did interviews and role-plays in some of the other courses. But in the role-plays no client was screaming at you, no one was refusing to open the door for you, no two or three or more people were asking you to do different things at the same time, and no one was blaming you or putting

> pressure on you to be on their side. We were not taught how to deal with things like that. I think it would be good to have a course that look at all those things.

Along the same line, some participants suggested the development of social work curricula to specifically teach the structure and operation of child welfare agencies. Lucy reflects this suggestion:

> If I think about a new graduate coming in or walking into this job, if I left it tomorrow, I can't even imagine how they will feel. I'm trying to think of how to better prepare them. I think students should be taught about how things work in this department. I know there is a course on child welfare, child protection but I don't know if there is anything really specific to our organization and how it works. When I was a student I had no idea, I didn't even know what a referral was, I didn't know how to interview a child, and I felt very green. I think probably something that is more specific to this organization:….how it is laid out and how the processes work. [Lucy]

(3) Field placement

There was a suggestion, though by only one participant, Mary, for social work education to ensure the use of field placement instructors who have good practice skills and experiences in dealing with competing demands. Mary became a social worker over 24 years ago and had been working in child welfare since the past 13 years. She said at the time of her social work education, the curricula were focused on practical skills through much more coordinated field practica that made her to feel well prepared for child welfare work. Mary felt that the current social work education lacks the kind of skills and experiences she gained from her student field placement. As such, she made the following recommendation:

> I think the school should take a closer look at who they use as field instructors. I see a responsibility for the school to build strong partnerships with the organizations so make sure the people who become field instructors have the needed skills and experience. Right now, anybody who got a couple of years and beyond can be a field instructor but I think they should be in good standing with the employer before they can take students. And that means no issues with HR through documentation, that they are good and strong worker because if you take a student who is learning and you put them with a worker who is not up to par then they are learning their behaviors. And that is setting up that new

> person up for failure. I've seen it when it comes to new hires. They say oh my field instructor said don't worry about documentation because everybody is beyond in documentation. This is not true because I'm never beyond in my documentation. And I have seen that because, not because I'm trying to blow my own horn, I've had a couple of students who were never beyond in their documentation because I let them know that's the number one thing. If it's not written down then it didn't happen. And I think that's one of the skills that is not being imprinted so I think the school should do better with field instructors. [Mary]

(4) Mentorship system

Mentorship program was another suggestion from participants. This was described as identifying students who are interested in child welfare practice and matching them with people with expertise or practice knowledge in the field. Some suggested that the mentorship should begin as early as students are able to identify and declare in child welfare work. This way, the mentors will help provide some guidance and coaching to the student. This is what Gail framed the suggestion:

> Did the general social work program prepared me for child protection practice? The answer is, no, in my opinion. So what would have prepared me? If anything, it would have been more general where you probably would have had a mentor the entire time in that degree program. Maybe someone in the field or anyone who has expertise. You may want to work with the same mentor, the same supervisor for the entire time in your school program, instead of just two small blocks that really the responsibilities that you are given and the world that you are seeing is not exactly accurate when you graduate. So maybe it's more of a lengthy process where you start your connection with your anticipated field at the begging of your course once you settle on what you want to do and then you see where it would take you. [Gail].

Others however suggested that the mentoring system should start upon graduation when newly employed in child welfare. In this case, the mentors would be people who have years of experience and have strong skills in doing the work. They would assist with answering practice related questions and provide needed help with work. After suggesting the establishment of mentorship system for new child welfare workers, Rebecca describes how it could look like:

> There are about six different social workers on a team here in Metro. There is always going to be someone who is more senior on the team. I am talking about someone who

> has been around for even a year or two or more than that. Just like, kind of buddying people and be like, hey, you just got hired here, you are very new. This worker over here has been here for eight years. So if you have any questions she is willing to help you out. And making new hires go out on referrals and sitting down and doing case forms with the experienced workers. [Rebecca]

Ellen was among those who suggested mentorship system for, identifying it as the topmost suggestion for improving the practice of beginning child welfare workers. She says:

> New workers should be assigned mentors. Maybe this is the number one thing to do for those who are new to CSSD. They need someone to be their mentor…because your clients will be asking you all sorts of questions and expecting you to do so many different things which your social work education did not fully prepare you for… [and] supervisors don't have time to answer all the important questions you have when you first get hired. [Ellen]

(5) Collaboration between school and the NLCSW

Participants discussed collaboration between social work education and the social work professional association – the *Newfoundland* and Labrador *College of Social Workers* (NLCSW) - as an area that require improvement to help with better preparing future social workers for child welfare practice. The NLCSW could be providing feedbacks to the school on current and emerging child welfare practice issues and then the school could address those issues. Here is how Mary, for example, speaks about this:

> I think another suggestion is that the school of social work should strengthen its relationship with the NLASW… I feel if they took a bigger role the school would have a different impact on how they do some of their training concerning child welfare work. Because the NLASW should know, I mean with all their investigations on social workers, they should know where people are lacking and they should work collaboratively with the university, they would then know what skill set is missing. [Mary]

Another area of collaboration between school of social work and NLCSW is regular seminars facilitated jointly to help create enhanced understanding for students on child welfare practice

issues and how to manage them. Participants believe the seminars will help students to become more confidence to do child welfare work. Peter reflects this when he says:

> One thing the school can do is that they can work with the NLASW to organize training sessions for students. I think the NLASW can draw from its members who have been doing this work over a long period. I think in this role people don't usually know what to do and then everyone is worried about getting in trouble with the NLASW. So, I think people will be less worried if the NLASW is the one saying this job is difficult or there is no easy way to do this job or things like that. [Peter]

And a suggestion from one participant concerns having the NLCSW to be involved in social work student admission process, as reflected in the following quote:

> Perhaps before admission to social work there should be mandatory rotations that you need to do a series of items or series of a checklist say in each position before you can even get admitted into social work. And I think the NLASW should be part of those who are reviewing student applications and making admission decisions, because they would know the qualities of applicants who will likely succeed in this work. [Gail]

Chapter Summary

This chapter presented findings of the study. The experiences shared by participants reveal that the competing demands of the Tri-Sphere create tensions for social workers. The tensions are experienced, described, and managed by participants in a variety of ways. Whereas some participants identified and described the tensions resulting from competing demands as disconnects, some identified and explained them as inconsistencies, whilst they were discussed as conflicts or disagreements by others. The experience of competing demands was expressed as managerialism: unrealistic expectations, lack of contextual understanding, "no win" situation, power struggle, and uncertainty and confusion; or burnout: feeling stressed and emotionally overwhelmed, feeling terrible, and feeling of failure. In terms of managing competing demands, participants described their use of the strategies of following legislative policy, tweaking or manipulating policy, negotiation with supervisor and welfare service recipients, as well as their

use of both personal and professional self-care strategies: counselling, co-worker support, recreational or leisure activities, and changing job. The chapter concluded with some suggestions from participants for preparing future social workers for child welfare practice. The next chapter will interpret and discuss the themes that emerged from the findings presented in this chapter.

Chapter Six

Discussion and Implications: Models for Understanding

The main objective of this study is to understand how social workers in frontline child welfare practice experience and manage competing demands imposed by the child welfare system, child welfare service recipients, and social work professional values and theories, which are referred to as the Tri-sphere. In this chapter, I discuss and interpret the findings of the study. Whereas the previous chapter presented a detailed account of the data in order to create an understanding of the participants' experiences, the current chapter reconstructs a more holistic understanding of the findings. The discussion is intended to present a more integrated picture, and what emerges is a layered synthesis to build a theory of how social workers experience and manage the competing demands of the Tri-sphere.

The theory building process flows from the data. In line with this, the themes inferred from participants' responses are the basis for the discussion in this chapter. However, theorizing is not restricted solely to themes developed from responses; rather, it will be the foundation from which ideas are explored. The findings of the study are discussed and theorized in relation to the literature and previous research. Where appropriate and possible, alternative explanations of the findings are provided. The discussion follows the order of the three research sub-questions asked and reported in the previous chapter. The implications of the study findings are highlighted as an integral part of the discussion. The chapter concludes with a discussion of limitations of the study and some recommendations for social work education, research, and practice.

Meaning Making: How Social Workers in Child Welfare Practice Identify and Describe the Competing Demands of the Tri-sphere

The study findings indicate that the practice of social work in child welfare is characterized by three spheres: (1) the formal child welfare system, (2) the theories and values guiding social work practice, and (3) child welfare recipients; termed in this research as "the Tri-sphere". There are a variety of competing demands between these spheres. The social worker as an instrument of the child welfare system is at the centre of Tri-sphere and must manage these competing demands. Figure 1 below is a graphic presentation of the Tri-sphere with the individual social worker at the centre.

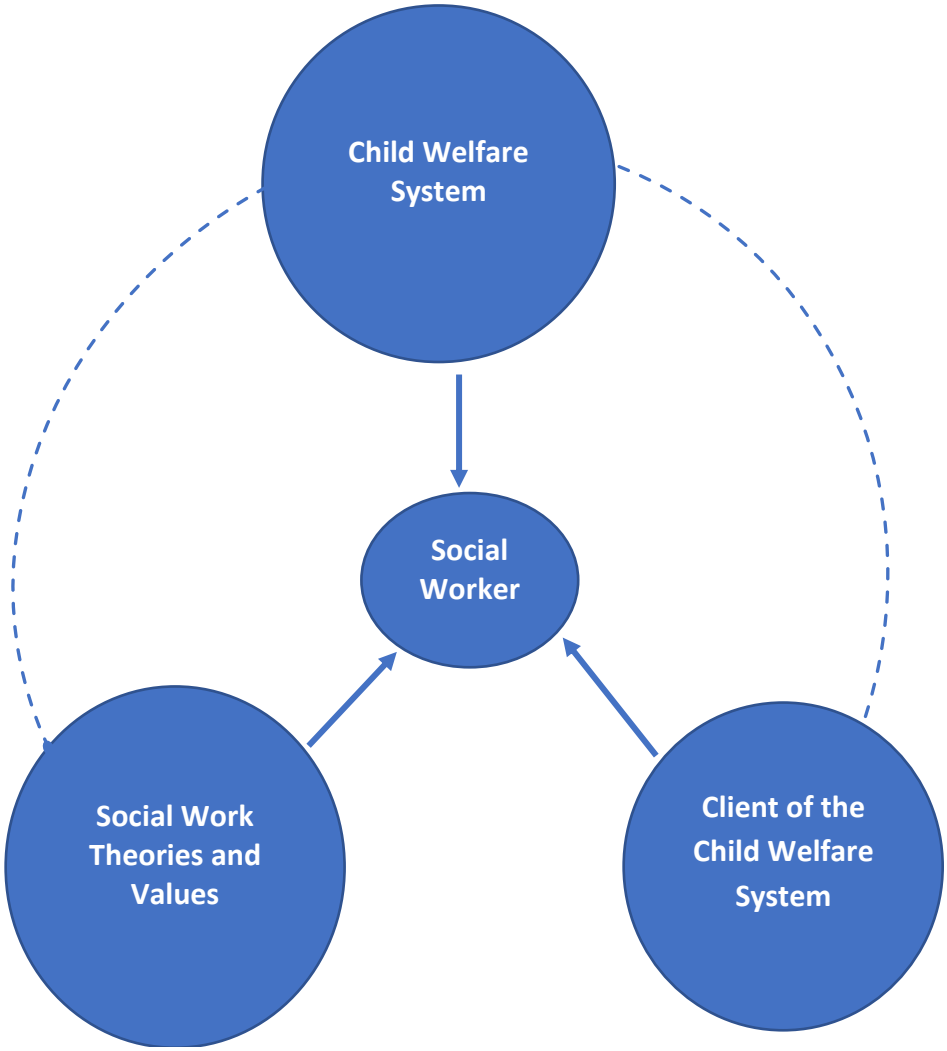

Figure 1: the Tri-sphere in the Practice of Social Work in Child Welfare

The findings clearly indicate that the competing demands of the Tri-sphere are a major problem for practice. As reported in Chapter Five, the competing demands of the Tri-sphere to create an atmosphere of tensions (specifically identified as disconnects, inconsistencies and conflicts) for frontline child welfare practice. Prior research has reported similar results, attesting that tensions are a pervasive and inherent feature of the day-to-day practice of professionals who deal with competing demands (Aronson & Sammon, 2000; Aronson & Smith, 2010; Baines, 2008; Banks, 2010; Beech et al., 2004; Jarzabkowski et al., 2013; Miller et al., 2006; Weinberg, 2010).

The findings highlight how some child welfare legislative policies and practices not reflective of the reality of families receiving child welfare services. Many participants described some policies and practices within the child welfare systems as narrow in focus and not reflective of the unique, ambivalent, and nuanced multi-family situations. In particular, families outside White heteronormative middle class backgrounds do not have a voice in how the welfare system is structured and operationalized, what Farrow et al.'s (2007) refers to as a "one size fits all" approach to the child welfare system.

A case in point is perhaps reflected in a story one participant, Bob, told about his work with a family who had four children. Although this particular family saw having more children as protective and safe because their children will have opportunity to play amongst themselves and create an atmosphere of safety and security, the Structure Decision-Making Model (DSM), an assessment tool used in Child Welfare, rated the family as "high risk" for future abuse or neglect. In other words, while some families in Indigenous and racialized immigrant communities deem plenty children as a good thing, the SDM risk assessment tools interprets having more than three children in a family as a potential risk.

In such situations, frontline workers are caught between what the child welfare policies and procedures (in this case assessment tools) are seeing to be a potential risk for child abuse or neglect and what child welfare recipients believe to be a healthy family structure. Frontline workers are therefore expected to make a decision between what the child welfare system demands of workers and what child welfare recipients deemed best for themselves. Things become more complicated when there are extensive studies to support the effectiveness of the SDM risk assessment tool despite the tool being inconsistent with how many Indigenous and racialized communities understand family structure (see Berger, 2004; Dubowitz et. al, 2011; Paxson & Waldfogel, 2002; Sidebotham & Heron, 2006).

What is intriguing is that both the child welfare service recipients and the child welfare system have one common interest, which is, the best interests of the child (Callahan et al., 1998; Courtney et al., 2013; Herbert, 2007; Weinberg, 2010). Given this commonality, one would have thought that there will be mutual understanding or expectations between the Tri-sphere on achieving "the child's best interests." Yet as the findings in this study shows, each component has a different view on what constitutes "the best interests of the child" and they have different requirements regarding what a social worker should do and how it should be done. As one participant stated:

> Ultimately the best interests of the child is the focus of our work. I mean all are looking for the child to be safe and protected but it is so surprising to see that there are big disconnects regarding what we should do to keep children safe. [Jennifer]

What could best explain and justify this open contradiction and contestations? One possible explanation is that there are differences in the fundamental values informing the child welfare legislation and the resulting agency policies and practice and the beliefs and practices of diverse child service welfare recipients (Muir & Bohr, 2014; Neckoway et al., 2003; Phillips & Pon,

2018). Although the concept of best interests of the child may seem culturally neutral, it is operationalized subjectively through a value-laden, knowledge, and practice base that can vary greatly across cultures and communities. What may be considered in one cultural context as acceptable parenting practices may be deemed within the child welfare system as abusive and neglectful (Bornstein, 2012; Chao, 1994; Kline, 1992; Rodriguez et. al, 2008). For example, as identified and discussed in greater detail in chapter 5, some cultures view the child as an isolated individual, whereas others see the child as an integral part of the family, so that the child's interests are tied to those of the family. Many African cultures leave children on their own to explore freely as a form of self-education. Caregivers in those African cultures promote independence and resilience from a young age, and children are integrated into the domestic economy (Owusu-Bempah, 2014). This is in contrast to the *Children, Youth and Families Act* (2018) viewing the child as requiring high levels of parental supervision, involvement, and nurturing. In sum, there is demonstrated evidence to suggest that there is no consensus on what constitutes "the best interests of a child" although all components of the Tri-sphere claim to be working on the general wellbeing of the child. This finding shows the importance of conceptual clarity regarding what constitutes "the best interests of children". It also calls for cultural sensitivity, critical consciousness raising among workers. Such an effort will go a long way to reduce tensions between child welfare service recipients and the child welfare system.

Of more concern is the person who becomes the client of the child welfare system. Participants have mostly worked with parents as primary clients and children are not involved in all the processes of the interventions. Participants suggested this was a disconnect from the Tri-sphere's intent for the child's needs and interests to be the driving force for demands on social workers. Listening to the views of children, striving to understand their experiences, and

involving them in the child protection process are fundamental to ensuring that their rights to protection, support and participation under the *United Nations Convention on the Rights of the Child* (United Nations, 1989)[7]. Whilst child protection intervention should not lose focus on parental or caregiver maltreatment, there should be careful consideration given to the needs of children when decisions are being made about what is harmful or helpful for them. Perhaps starting with the child's views of their needs, interests, worries, and concerns will help to come up with intervention plans that more fully involved the child. For example, children may get support not only from their immediate family but also from other relations in the community. Therefore, it may be important to find out who in the child's network might be a source of support by letting the child take the lead in describing who is most important to them, rather than sidelining the child at the expense of a parent or caregiver.

Nevertheless, it is recognized that the amount of information or intervention appropriate for a child in the child welfare process is a difficult judgement for anyone to make. Some may not involve the child in certain aspects of interventions with the intention of protecting them from a process they feel that they are too young to understand. However, it is widely known that children who are subjects to child welfare services have information about the process and they try to piece it together to make sense of it, even if they are not fully included in interventions (Thoburn et. al., 1995; Thomas, 2000). This might make a child feel alienated if they feel that they have been kept "in the dark". More importantlytheir needs are less likely to be fully addressed. As participant Ellen sarcastically asked, "how can we protect them if they are not

[7] Not every child involved in the child welfare process may be capable of participating in all aspects of the process, either due to their age or for being developmentally challenged. And, as I suggest above, it depends on whether the child is seen as an isolated individual or as an integral part of the family.

engaged in all the process?" These are disconnects when we think about the child as the main focus in child welfare work.

Participants identified a huge disconnect or conflict that even when there are well developed practice goals to support a family, oftentimes the needed resources to support those goals are not available, both within the child welfare system itself and in community agencies that support it. For example, Lucy stated that: "in many FCAPs [Family Centered Action Plans] I do with parents, I ask them to complete anger management program because they have anger issues. But to be honest, I don't know any anger management course or training right now". Others also talked about how their agency have language barriers that prevent them from meaningful communication and engagement with families from non-English speaking backgrounds.

Consistent with the argument presented in Chapter Two, under Agency Structure, participants' accounts show their experiences of inconsistencies across Child Welfare agency offices. As a result, there are differences in demands the child welfare system makes on frontline workers, such as differences in the process for investigations and assessments, and in the level of support required to families, and how legislative standards for services are enforced. For example, some offices demand monthly statistics as a top priority from workers whiles other offices do not require any monthly statistics at all. Some require criminal record checks be done on adult household members involved in every referral that is investigated, but that is not required by others. This lack of a single, unified system often creates tensions for frontline workers as they become unsure of what to do, especially when serving families who have moved across practice locations.

Furthermore, the findings indicate, practices vary even under the same legislation, policies, and standards. These variations in the workers' practices indicate that child welfare policies are not consistently and universally applied when intervening with families and children. However, within contemporary child welfare policies, there is an underlying universality and standardization that diminishes the important differences that exist between families. As noted earlier, this perspective fails in all ways to take into account significant differences in cultural values, beliefs, and practices. It is also important to acknowledge that different worker practices are not only the result of imprecise nature of the legislation and policies, but also the different levels of work experience. Workers with long work histories practice differently from those who have less knowledge and fewer skills. It may take several years for workers to develop child welfare work competence. Differences in practice among workers may also be the result of different racial, class, gender, and other identity backgrounds.

How Social Workers in Child Welfare Practice Experience the Competing Demands of the Tri-sphere

Managerialism

Contrary to the opinion that people who work in child welfare are inhumane and unperturbed about the needs and feelings of service recipients (Anderson, 1998; Cleaver & Freeman, 1995; Corby et al., 1996; Diorio, 1992; Drake, 1994, 1996; McCullum, 1995), this study demonstrates some of the daily challenges and impediments frontline child welfare workers encounter as they attempt to meet the demands of clients along with competing and often contradictory child welfare agency and professional social work requirements.

This study's findings indicate that social workers doing frontline child welfare work are struggling to meet unrealistic demands and expectations. Their agency policies, standards, and

processes are highly litigious and rigidly managed. Frontline workers are requested to do things that are increasingly focused on scrutiny and accountability. Nicole, for example, notes "I don't think it is possible to do it. But you also know there is going to be a case review and they are strict on the standards." With this, there is increased focus on timelines, such as the investigation referrals and the completion of case forms within certain statutory deadlines. Gail describes this as "they want you to follow the policy and meet policy deadlines… I want to do my job. But, oh man, nobody has the time to operate under how you are supposed to do it." Frontline workers find it to be impractical for them to meet deadlines and other standards and still be able to do all the things needed to be done with the families on their caseloads especially as demands are usually compliance-based and procedural tasks.

The focus on timelines, scrutiny, and compliance may not mean quality is ignored. The literature of managerialism suggests that quality is greatly emphasized. However, quality is often equated with standardization and documentation (Healy, 2002; O'Connor, 2002; Osborne & Gaebler, 1993). While there may be good reasons for this, measuring quality in this manner inevitably overlooks those elements of child welfare work that are not quantifiable. It may be that, sometimes the best way to keep a child safe or meet the needs of a family is for a social worker to sit with a child or family while they vent and cry, no matter the amount of time takes.

Despite the daily frustration of frontline workers about the unreasonable expectation of the Child welfare systems, they are often blamed for bad decisions and outcomes (Blackstock, 2009; Loewenberg & Dolgoff, 1996; Swift, 1995). The usual suggestion is that child welfare workers could have made a better choice or decision instead of a bad one. However, the findings of the study suggest that frontline child welfare workers are not only compelled to distinguish right from wrong, but oftentimes they find themselves in situations that present choices of action,

each of which appears unattractive or undesirable (bad/bad). In either case, any option is never entirely satisfying. Even when a particular demand is fulfilled, participants experience being criticized, as stated by Mary:

> There is always someone or something telling me what I did is not good enough or telling me that I am not on their side. I cannot win. When one is praising me for a good job done, the other is blaming me. There is no win. [Mary, BSW, 24 years SW practice experience]

Just like Mary, the participants commonly summed up their experiences in this regard as a "no win". It appears that there is no winning because all available choices would lead to undesirable outcomes for one or more component of the Tri-sphere.

From this study, participants' stories make it clear that there are feelings of uncertainty and confusion when frontline child welfare workers are responding to the demands from their agencies, their own allegiance to the social work profession, and the recipients of child welfare services. Participants ascribed the uncertainties and confusions to being unsure of which of the many social work theories or values to adopt, the wide variations and uniqueness in practice situations, and the lack of clear guidance regarding the acceptable level of balancing the demands of the Tri-sphere. To complicate matters, the findings emphasize wide variations between different child welfare supervisors in terms of the guidance and directions they provide to frontline workers. These findings point to the lack of coherence in what frontline child welfare workers are asked to do at work and their desire for a more unified approach from supervisors. The problem may be that supervisors and frontline workers do not sit down to discuss and harmonize their understanding of policy guidelines and practice procedures so they can operate from a common base. It could also be that supervisors are using their own idiosyncrasies to provide instructions to frontline workers.

As noted earlier in the literature review (see Chapter Two), part of the uncertainty and confusion arise due to a history of vague legislation concerning the circumstances that ought to lead to a child welfare intervention. This subjective legislation is itself indicative of the way in which questions of child abuse and neglect and the possibility that the state might protect a child raise issues concerning fundamental tensions between the state's responsibility to respect the basic rights of natural parents in the care, custody, and management of their child and the parents' rights to due process guaranteed by the *Children, Youth and Families Act* (2018), on one hand, and the state's role in protecting the welfare of children as "parent of the nation", on the other (Swift & Callahan, 2002). These long-standing issues have been raised extensively in regard to the role of race in child welfare decisions and the disproportionate representation of Indigenous, Black, and other racial minority communities (Derezotes et al. 2005; Kline, 1992; McRoy 2005; Roberts 2003).

Several studies have talked about concerns regarding how the complex contexts of the experiences of people receiving child welfare services are often not understood or rarely considered (see Adjei & Minka, 2018; Booth & Booth, 2005; Gaskell, 2010; Merritt, 2020). It appears that these concerns are not limited to only service recipients but also social workers doing frontline child welfare work. A common theme in this study is the lack of understanding about the struggles and challenges of social workers in child welfare as they do their work. Child welfare work is very complex and challenging. Participants provided many examples of how they encounter a lot of challenges, barriers, and feelings as they strive to meet the needs of clients, yet the same clients are not always aware or do not have full understanding of what they have to go through as social workers. As Anna notes, "I just feel no one truly understands what is going on and how I feel about all these things". Anna was speaking to the issue of child welfare

service recipients not having awareness of the multiple responsibilities or the complexities of the role of child welfare social workers. However, unlike service users or families who are able to share their experiences, child welfare work is shrouded in secrecy because of confidentiality requirements and that may prevent workers from sharing their experiences with others. One participant, Lucy, whose sentiment echoes others, alluded to this by saying “But I can't explain that to him.” Therefore, the public rarely get to know about the details of child welfare workers’ achievements, struggles, and other contexts of their work.

The lack of good contextual understanding from child welfare service recipients is not surprising, given that earlier studies suggest that the general public has little community involvement with the child welfare system and consequently, there is little awareness about the role and responsibilities of child welfare social workers (Adjei et al., 2018; CASW, 2018). A more interesting finding is that participants equally emphasized that their daily struggles, resistance, challenges and feelings are not well understood, appreciated, or acknowledged by employing agencies. For example, participants noted that their supervisors have minimized the obstacles they encountered and negative feelings they had at work. There appeared to be a widely held perception among participants that supervisors are preoccupied with administrative tasks, and as a consequence, often ignore the details of what workers are encountering in the field. Lack of understanding from supervisors was a prominent theme, and in some cases supervisors were perceived to take the place of the child welfare system.

One of the main findings of this study relates to the understanding or misunderstanding of role definition as an area of tension described by frontline workers. Participants’ narratives suggest that once they became employees of the child welfare system, some of what they learned through social work education as the main values of the social work profession conflict with

what families and the child welfare system maps out to be roles of frontline workers. Example, Rebecca described working with a family whose child attempted to commit suicide and then the parents decided to seek prayers from their religious leader instead of taking the child to be seen at the hospital. Rebecca was taught in school to accept and respect the ”inherent dignity or self worth or self determination” of service recipients, however those values conflicted with practice requirements in child welfare. Elaine also shares that as a welfare worker you are going to put people at risk of harm and make them unhappy if you rely on some of what were learned in social work education, such as “the client is the expert of their lives.” As such, many participants indicated that there was a detachment between social work theory and practice when working as a frontline worker. Participants described a sense of disappointment in the mismatch of theory to real life practice within social work education, and even questioned if their social work education understood or knew about some of the things that goes on in the field, and are feeling that social work education does not fully appreciate the daily conundrums of frontline workers as they try to meet competing demands of Tri-spheres.

Burnout

Findings in this study illustrated that frontline workers in child welfare practice encounter negative emotions or stresses that arise from the competing demands of the Tri-Sphere. As suggested earlier, participants acknowledged the importance of following workplace legislative policies and practices, but also expressed a commitment to be client-focused and maintain the integrity of the social work profession. This results in tensions in terms of accountability and who should get priority, and participants experience it as stressful, overwhelming, terrible, and a failure – characteristics described in the literature as burnout (Kristensen et al., 2005; Leake, Rienks, & Obermann, 2017; Lizano, 2015; Lizano & Mor Barak, 2012). There is a parallel

between these findings and those reported by some previous studies. A study by Fenton (2012) concerning the experiences of social workers who work within the criminal justice system, reported that when the social workers are pulled in different directions such as between serving organizational protocols and trying to be client centered, they develop a reduced job satisfaction and feel high levels of job stress. Similarly, Rhodes (1991) documents that social work professionals working in settings such as healthcare, criminal justice system, and income assistance are normally entangled in organizational forces well beyond their control and they often find themselves overwhelmed and burned out. Although this dissertation details experiences specific to competing demands on frontline workers in child welfare practice, the similarity of these experiences to those attributed to social workers in other settings should signal that there is a larger pattern of burnout amongst social workers in dealing with competing demands and this pattern should be explored more in-depth.

Many participants appeared to hold the view that their primary professional obligation is to act as demanded by the child welfare service recipients. Thus, when situations call for frontline workers to act in the contrary, they feel stressed about it. This particular observation is highly reflected in the words of Sarah, a frontline worker:

> I feel an internal type of stress if I have to go out and have discussion with a family about something they don't agree with, like a plan. I will go out and talk about it, but it makes me uncomfortable and I get stressed and anxious knowing that it may not be the best fit or it's not what the family was kind of hoping to see for their particular situation or parenting. It is so overwhelming for me. [Sarah]

The findings show that when frontline workers have to coerce families, such as in the example described in the above quote from Sarah or in situations where the workers have to activate a court order to dictate service or to use legislative authority to collect information about people, they feel concerned and terrible. They appear to feel particularly stressed as they

perceive the practice of being intrusive with people's lives against their wish as an appropriate role for a social worker. This makes frontline workers lose their sense of professionalism and creates a feeling that they lack discretion. Many participants carry with them the chronic sense of stress and helplessness to influence the child welfare system that employs them. They talked about how they feel silenced whenever they offer a professional opinion to help resolve a problem.

Given the nature of child welfare work, it is not surprising that participants report feelings of stress, overwhelm, terribleness, and failure. Child welfare work is busy and time-sensitive (DePanfilis & Salus, 2003; He et al., 2018). Throughout the interviews, participants talked about difficulties of their responsibilities, which include investigating maltreatment reports and achieving child permanency within mandated timelines, coordinating services, scheduling family visitation and completing paperwork. They also talked about negative emotions that arise from working with families in crisis especially when they become the target of family hostility as well as witnessing horrible cases of child abuse and neglect. All these factors are reported in the literature to cause vicarious or secondary trauma (Bride et. al, 2007; Caringi et.al, 2012). The findings further indicate frontline child welfare workers experience burnout due to higher caseloads. Participants noted a caseload of twenty to be the standard at their agency, however they usually have cases larger than the standard. They spoke about having from twenty-three to twenty-eight cases, describing caseloads as "extremely large", "unmanageable", and "unrealistic" which makes them overwhelmed and stressed. A similar finding has been reported by Thomas et al. (2014), who found larger caseloads to be related to burnout among frontline human service workers.

Participants also talked about professional and personal constraints working with social work theories especially when the child welfare policy determines the final outcomes. In other words, while social work theories may offer compelling arguments about the most effective way for frontline workers to engage families, the final decision is always informed by child welfare policies and procedures. This puts frontline workers in a negative limelight that impacts their working relationship with service recipients. Rhodes (1991) notes similar trends among social workers working in bureaucractic settings. Rhodes (1991) notes social workers are ethically stressed when their perceived roles impact negatively on clients.. Much like in Rhodes's (1991) research, participants in the current study acknowledged that some of the child welfare policies, procedure and practices are oppressive and disempowering to some clients. Therefore, it becomes stressful when frontline workers are expected to enforce such violent and oppressive policies and procedures on clients. Consequently, frontline workers feel as though they are part of the problem and not necessarily helping the clients as much as they could because of policies, procedure, and practices of the child welfare system. The findings speak to the difference between being an accountable and an efficient public servant on one hand, and being a client-based service provider on the other hand, comparing it to a care versus control model with identified distress over the power dynamic of enforcer and helper (Payne, 2005). In many situations, frontline workers succumb to the demands of the child welfare system, and in the competing demands situation, social work values and requests from families are often treated as a secondary matter. There is a general sense among frontline workers that they are betraying their professional values, ethics, and principles when they succumb to child welfare policies and procedure.. These negative feelings or emotions were noted to cut across all participants regardless of how long they worked in the child welfare agency. This finding clearly shows that

burnout among frontline workers is not defined so much about years of working with child welfare agencies although it appears to be stronger among those who have worked for a longer time.

Prior research has also shown that burnout amongst child welfare workers is associated with negative public perception of child welfare work. Frontline workers experience negative misconceptions that complicate their efforts to do their job and that results in worker burnout (Caringi et al. 2012; Herbert, 2007). This finding is consistent with what emerged in the current study. Some participants have felt stressed and overwhelmed from encounters with the general public who holds negative views of child welfare workers.

One unique finding of this study, which is not discussed in earlier studies, is the feeling of stress and being overwhelmed because of workers sharing with their colleagues their own negative perceptions at work. This is not a commonly observed issue as it was noted and discussed by only one participant. For this participant, child welfare work environment involves a shared concern amongst workers about their negative experiences and negative views. These shared experiences then forms a “master beast” that creates a toxic workplace that becomes stressful for everyone. This practice is not an agency requirement, rather an informal practice initiated by workers. This finding suggests that some informal workplace practices that perhaps initially offered benefits may later turn out to add to workplace toxicity. Similarly, Mathieu (2012) argues that informal peer debriefing or consultation at the workplace can be a positive influence on the well-being of frontline workers, in that they are usually easily accessible and between workers with first-hand knowledge of the nature of the work. However, there is also a potential that they can breed negativity and inadvertently contribute to a taxic work environment due to the contagion effect of stressful experiences between colleagues. The solution to prevent

this kind of toxicity may not necessarily lie in making informal peer debriefing to be illegitimate at the workplace. Rather, this finding may suggest that making peer debriefing or consultation a formally recognized practice can allow for a more intentional interaction, including setting structure and parameters.

How Social Workers in Child Welfare Practice Manage the Competing Demands of the Tri-sphere

The findings of this study demonstrate that frontline workers manage the competing demands of the Tri-sphere using four main strategies: following legislative policy, tweaking or manipulating policy, negotiation with their supervisor or welfare service recipients, and self-care practices. The findings underscores the influence of child welfare norms, rules, policies, or laws on frontline workers' actions and decisions. When under competing and conflictual situations, most participants have followed their agency rules and regulations and practices — and not their social work professional values and education nor the expectations and the diverse socio-cultural values of child welfare service recipients —to guide their actions and decisions. Participants believe that they are able to ensure child safety and well-being with this strategy. In many ways, compliance may be a necessary strategy to survive within the child welfare environment. Child welfare laws, regulations, and standards have shaped how children should be protected and parented (see for example, CASW, 2018; *Children, Youth and Families Act,* 2018; Courtney et al., 2013; Fluke & Merkel-Holguin, 2018). Participants understood the importance of following these laws, regulations, and standards. In the interviews, participants made comments such as "we have to follow the policy to make sure there is that child safety", "I don't want the children to be unsafe so for me I follow policy", and "the law is the law". These expressions meant that safety of the child was a priority and compliance with the child welfare laws, policies, and

guidelines was observed to a large extent. Participants also understood that no rewards were given to practices that prioritize requests from families or the profession of social work when child safety was compromised or ignored. They understood their vulnerability and liability of not following policies based on their awareness of potential consequences.

Indeed, there are several examples across Canada where frontline workers were disciplined, criticized, or dismissed following tragedies such as child deaths. We have the example of the widely publicized case of a 13-month old child Zachary Turner who died while receiving child welfare services in Newfoundland and Labrador (see Barter, 2011; CBC, 2006; Devine & Kimberley, 2012; Kuenne, 2008; Senate of Canada, 2010). On August 18, 2003, Dr. Shirley Turner strapped Zachary to her body and jumped into the Atlantic Ocean at Conception Bay South, Newfoundland. Dr. Turner had been charged with murdering Zachary's father in the United States and was awaiting extradition to that country when child welfare social workers in Newfoundland ceded to the family's demands and placed the child in Dr. Turner's care. A 2006 inquiry concluded that Zachary Turner's death was preventable, and the child welfare workers involved were held responsible for the child's death, blaming them for being more concerned about keeping the family together than with protecting Zachary Turner (Markesteyn & Day, 2006). We also have the example of the death of a four-year-old in British Columbia which led to a thorough investigation published in the *Report of the Gove inquiry into child protection in British Columbia* (Gove, 1995). This investigation criticized and held child welfare workers accountable for tragic outcomes due to mistakes, misjudgements, and uninformed practices that included failure to comply with policies, guidelines and procedures. The investigation also led to recommendations to tighten up legislation and policies and to provide workers with training and tools to identify risky situations and act quickly to prevent tragedy. In another example, which

occurred in 1997 in Ontario, a front-line child welfare worker was arrested and charged with criminal negligence in the starvation to death of baby Jordan Heikamp (Quinn, 1997). Issues like these may be contributing to frontline workers' concerns about the level of personal accountability for them when tragedies occur, causing them to understand that they could be held criminally liable for errors or even for perceived errors in their handling of cases (Gilroy, 2000). The intensity of these pressures may explain why the majority of participants are now adhering to the prescribed agency laws, policies, and practices. Sarah for example alluded to this when she said "things happen and things have happened to children which is why these rules are in place. I don't want children to be unsafe and I don't want to get into trouble, so for me I follow policy."

In contrast, some participants emphasized their dismay over colleagues who strictly adhere to agencies' policies and procedures. According to one, "if you focus on following the policy then you cannot do a good job to satisfy your clients". For this group of participants, they tend to emphasize the positive outcomes and the importance of producing positive results based on the clients wishes and needs. This group of frontline workers see themselves as strong and committed advocate for clients, and have sought to maximize not only the resources available to them but also their flexibility in making use of such resources. Participants see their practice as a source of tension but also of possibility. They highlighted how they worked within rules and regulations without actually breaking them. For example, describing their strategy, Vanessa argues, "we can't change the rules and policies but I have been trying to kind of tweak them to meet our check boxes." Ashley echoes, "I push the structure by bending the wording of policies to fit a particular situation… you have to know when to manipulate within policy to get things done in certain ways." Both Vanessa and Ashley apply creativity to their work. Ashley uses the phrase *manipulate within* which implies a strategy not to breach policies, standards, or protocol,

but an opportunity to seize for change and action in the interpretation of policies, standards, and protocols.

However, there are some frontline workers who sometimes ignore policy regulations. For example, Elaine reported, “sometimes I ignore the policy.” Perhaps what this mean is that they bypass some of the practice protocols, on a case-by-case basis. Such frontline workers who adopt this strategy do not pretend to be immune to possible consequences of their actions. Rather, they are aware of possible repercussions for evading policy, as clearly noted in their comments such as “I don’t care much about what could happen from not following the policy”, and “I am almost okay with not being as accepted in the workplace culture.”

Interestingly, all the participants who adopt the strategy of tweaking and evading policy have had at least five years of child welfare practice experience. This may suggest that frontline workers with longer career history are more willing or able to stand by what they perceive to be clients’ needs in situations where such needs are conflictual to agency or professional requirements.

As the findings indicate, many frontline workers are managing the competing demands of the Tri-sphere through cooperative attitudes that involves interacting or engaging with one or other parties of the Tri-sphere to come up with a collective action or decision. All of this occurs while respecting all sides, a strategy described in the literature as negotiation of sides (Morse & Cohen, 2019; Saner, 2008). At the ideal level, this involves working towards win-win outcomes, but it also includes maintaining a particular objective position whilst acknowledging and understanding dissenting thoughts, feelings, and concerns (Morse & Cohen, 2019). Participants identified strategies such as active listening, showing empathy, respect, and honesty to build rapport and to enrich their connection and relationship with clients. The CASW (2005) describes

social work as a profession to help individuals solve their problems by facilitating empowerment and encouraging self-efficacy. Participants discussed the importance of facilitating empowerment and encouraging self-efficacy within the child welfare system and talked about ways in which they made extra efforts to enable this in their relationship with clients. For instance, participants talked about their efforts beyond what is specified in policy to engage in deeper discussions with clients — listening, hearing, and understanding clients' needs and goals; presenting to clients the positions of the social work profession and the child welfare system and also presenting clients' perspectives to child welfare supervisors who have decision-making powers. Although findings suggested there is always the option to simply apply child welfare rules and regulations, participants indicated that taking on a client-focused social work approach benefitted not only the client but also worked on the core protection concerns that could help address family problems and in turn increase child safety.

As noted earlier, negotiation with a supervisor is also an important strategy adopted by the participants. This strategy includes workers sharing their knowledge with their supervisors so that the best decisions or course of actions can be taken together. Sometimes this strategy comes in the form of advocacy as frontline workers approach their supervisors with suggestions, on the premise that those in supervisory roles have the final say in child welfare decisions. Other times, it is in the form of presenting the issue of concern to the supervisor and then surrendering to whatever decision or course of action the supervisor makes. In any event, this negotiation strategy is reciprocal because frontline workers are also sharing their knowledge. As Hugman (1983) argues, the strategy of addressing problems through idea-sharing can be sustained within social relationships, and I would add social work relationships, both laterally and hierarchically. Child welfare social workers who participated in this study acknowledge that this collaboration

and idea-sharing is built between frontline workers and supervisors who hold different levels of power, but such relationships can still be effective in providing services to families and children.

The findings also indicate that frontline child welfare workers manage their experiences of the competing demands of the Tri-sphere through self-care. Self-care refers to purposeful engagement in activities to decrease distress, promote healthy functioning, and enhance well-being (Brucato & Neimeyer, 2009; Dorociak et al., 2017). The conceptual literature has largely grouped self-care activities into areas of life reflecting themes such as emotional self-care, spiritual self-care, social self-care, and physical self-care (Bloomquist et al., 2015; Grise-Owens et al., 2016). Within each of these areas, a breadth of activities or strategies are considered based on an individual's needs and preferences (Skinner, 2015). Consistent with this, many participants in the present study described formal counselling, predominantly through the *Employee Assistance Program* (*EAP*), as an approach to cope with burnout at work. This strategy has helped them to deal with issues ranging from altering the meaning of negative situations that gives stress by refocusing on positive situations that brought fulfillment, similar to what was identified by Espeland (2006), to venting about work, and to being able to withstand negativity within the work environment.

The findings emphasized the importance of social support from one's network when it comes to managing burnout. Several studies have found that receiving positive social support from co-workers can be effective to reduce stress and lower feelings of burnout (Collings & Murray, 1996; Lloyd et al., 2002; Thomas & Lankau, 2009). This was corroborated in this study. Some participants described talking to their co-workers for emotional support. They find co-workers to be better understanding of one's experiences and participants have particularly found it helpful to vent to co-workers or debrief with them. Co-workers have shared their own practice

experiences to help to normalize the negative feelings encountered by participants. Participants have also turned to co-workers for assistance with work, such as completion of case forms, documentation, and direct service to clients. In this way, co-worker support appears to have a positive property in managing participants' feelings of burnout. However, unlike previous studies which identify emotional support from supervisor as part of job resources to manage burnout (Collings & Murray, 1996; Lloyd et al., 2002; Phillips et al., 2020; Thomas & Lankau, 2009), participants in the current study did not speak about seeking supervisor's help with their emotional challenges. This is an interesting finding given that many participants sought the help of their supervisors when needing guidance to make decisions or act in challenging situations. Perhaps, supervisors are more focused on providing support in areas related to performance indicators, targets, transparency, scrutiny, and accountability as opposed to supporting the emotional well-being of frontline workers. It may also be the case that frontline workers see management style as a source of the competing demands and burnout at work so the workers find no reason to approach their supervisor as a way of managing burnout. This may explain Gail's comment: "your supervisor is not helpful because part of your issues is that the supervisor is making decisions and making you to do certain things…which make you more stressed." This finding suggests the need for supervisors to promote workplace support for frontline workers.

In addition to the above strategies, participants in this study have indicated they participate in recreational or leisure activities such as going to the gym, swimming, going for walks, and taking holidays as techniques to manage burnout. Keeping oneself occupied with these activities can act as a conduit for releasing negative energy and emotions associated with work (Demir et al, 2003; Puig et al., 2012). This study is not the first to report this, as patterns shown in several research point to recreational or leisure activities as important strategies for

managing burnout. For example, Lippke et al. (2015) investigated the relationship between stress, physical activity, and body mass index and concluded that nonphysically active participants were stressed at a higher level compared to those who were active. Similarly, Pressman et al. (2009) found that individuals who engage in more frequent enjoyable recreational or leisure activities had more positive emotions, heightened self-esteem, and better psychological and physical functioning.

Despite the importance of recreational or leisure activities, they are sometimes not effective for managing the level of stress and burnout in child welfare work, as the findings indicate. For example, one participant notes:

> There are days you just want to go out and sit in your car and pull your hair out, which has been happening to me…and to say that, make sure you practice self-care, go out for a walk, that sometimes don't help you. Sometimes I feel like I can walk to Vancouver and I'm still going to be just as stressed as when I left here 14 days ago. [Bob]

To clarify, Bob believes in managing negative emotions through recreational activities and he actively participates in sports and other recreational activities almost on daily basis, but this does not always translate to a better feeling for him. Like many of his colleagues, Bob talked about high level of stress regularly experienced at work and indicated that no particular stress management strategy is effective at all times. This leaves Bob and his colleagues with cyclical feelings of job dissatisfaction and low morale. Some of them intended to quit child welfare practice because, as Lucy explains, “nothing is changing in this job. It doesn’t make any difference no matter what I do.” They felt burned out from the accumulated tension resulting from the competing demands of the Tri-sphere and no management strategy worked for them as they would have liked. A few weeks after the initial interviews, Lucy and two other participants had resigned. Indeed, prior research studies have linked workers’ burnout to high turnover rates

in child welfare (Acker, 1999, 2003; Conrad & Kellar-Guenther, 2006; Mor Barak et al., 2001; Phillips et al., 2020).

Frontline Child Welfare Workers' Suggestions to Improve the Education of Social Work Students to make them ready for Child Welfare Practice

This study offers several suggestions for preparing future social workers for child welfare practice. Overall, the findings stressed the importance of staying true to social work values and finding the balance that works for the individual social worker. The general sentiment of many participants reflected in the following comment:

> The child welfare social worker role is unique, in that it sometimes feels impossible. Sometimes you don't know what to do and you feel like you want to leave the job but you also know that you want to make positive changes in the lives of families and you are passionate about that. And if you were to leave and all the other social workers who share your goal and passion were to also leave then there would be no one to support the families. [Ashley]

As the comment suggests, child welfare work may not be for everyone, but it may be a career of choice for those who are passionate about supporting the protection of children who are vulnerable members of our society. To be effective in the frontline child welfare role, future social workers need to maintain their social work roots including social work ethics, values and principles. Brownell and Roberts (2002) acknowledge in their research in 2002 that "the tension between social control and social support is an ongoing and necessary one with which the social work profession must continue to struggle" (p. 2). Although it would have been uplifting to discover there was an equal footing for social work values within the child welfare system today, findings suggest there is still work left to do in order for child welfare social workers to be able to connect social work theory into practice. As indicated by Fenton (2012), there are still significant challenges for social workers to implement social work values, principles, and ethics

into practice, given the stern competition with the demands of the child welfare system and service recipients.

Findings of the study emphasize the need for social work education to identify, select, and train the right people who would be better suited for child welfare practice. This step should start during the process of admitting new students. The knowledge and experiences of child welfare workers in this study point to the need to consider racial and ethnic diversity in the preparation of future social workers for child welfare practice. Example, Peter argues, "I just think there should be more social workers from diverse backgrounds, but that cannot happen until the school of social work takes more students from other races and cultures."

Racial and ethnic diversity in social work is very important and higher education has an important role in fostering it (Smith & Schonfeld, 2000). Having a diverse social work student population benefits student learning, and ultimately the profession of social work, in multiple ways. For example, students of different race or ethnicity can bring to classrooms a diverse way of thinking (Chang et al., 2006), greater understanding of how social problems affect diverse populations (Luo & Jamieson-Drake, 2009), and greater academic self-confidence (Nelson Laird, 2005). For students who have grown up in a racially or ethnically homogenous community, their social work education may be one of the first opportunities where they have a chance to interact with students from other racial or ethnic backgrounds. Interacting with a racially or ethnically diverse social student population may lead one to engage in critical self-reflection (Luo & Jamieson-Drake, 2009). All these could aid the development of enhanced multicultural practice skills and other needed skills that are valuable in managing the tensions, complexities, and challenges associated with the competing demands of the Tri-sphere.

However, the findings of this study illustrated that in Newfoundland, social workers are predominantly White. The trend does not seem to be showing any progress as suggested by the findings. Elaine, for example, had completed her BSW degree over eleven years ago and stated that "when I was in school, almost all of us were White students. And when I graduated and started this job, I found that almost all of us are again White." Indeed, earlier scholars have identified and critiqued this trend across Canada (see Duhaney & El-Lahib, 2021; Duhaney, 2010; Lee & Ferrer, 2014). Participants in the study raised concerns about the future of the social work profession and child welfare career which, according to them, requires people from diverse racial and ethnic backgrounds who can bring different understandings and approaches to the profession and work. Lucy sums it as, "in this child welfare work you need to have people with different perspectives to be able to handle the issues we deal with." Clearly, social work programs should promote the education of students who are racially and ethnically diverse.

The findings also point to the need for social work education to modify or make changes to its teaching and learning curriculum. One suggestion is to offer more teachings on effective parenting practices across cultures and cross-cultural social work practices. These include specific focuses on how different cultures keep their children safe as well as and how frontline workers could work appropriately and effectively within different cultures. Another suggestion is for the curriculum to have more concentration on child welfare courses. Some participants indicated that they did not get the opportunity to do a child welfare course during their social work education, although they were interested in doing so. Some of those who had the opportunity to undertake child welfare courses found the learnings they received in the courses to be deficient in preparing them for child welfare practice – a finding that shows no difference between participants who recently graduated and those who graduated many years ago. The

curriculum did not address the competing demands when working in child welfare and did not also involve specific teachings on the structure and operation of child welfare agencies. Participants suggested these areas as focal points in order to improve the education of students for child welfare practice in the future.

The study also suggests the development of a mentorship program, starting with the identification of students who are interested in child welfare practice and then matching them with people with expertise or practice knowledge in the field. One possibility is that the mentorship program could start as soon as social work students begin their program and are able to identify and declare an interest in child welfare work. Another way to implement it could be after students complete their social work programs and are newly employed in the area of child welfare. Either way, the mentors could help provide some guidance and coaching to the social work student or new graduate. Relatedly, school of social work field practicum coordinators should work closely with placement agencies to ensure that practicum students are matched with field placement instructors who have good practice skills and experiences in dealing with competing demands. The idea is that a more skillful and experienced field instructor would be a good role model to train students but, on the other hand, as explained by participant Mary, "if you take a student who is learning and you put them with a worker who is not up to par then they are learning their behaviors. And that is setting up that new person up for failure."

Lastly, the findings suggest the need for collaboration between social work education and the local social work professional association the *Newfoundland* and Labrador *College of Social Workers* (NLCSW) in terms of working to better prepare future social workers for child welfare practice. The NLCSW could be providing feedbacks to the school on current and emerging child welfare practice issues, which the school may integrate into the curriculum.

Another form of collaboration suggested in the study, although by only one participant, is for the school and NLCSW to work on regular and jointly facilitated seminars to help create enhanced understanding for students on child welfare practice issues and how to manage them as well as a call for social work education to involve the NLCSW in social work student admission process, as an effort to identify and attract students who may be best fit for child welfare practice. However, this recommendation appears problematic in the face of academic freedom and having the professional social work college to determine social work education in the University which is an independent body.

Chapter Seven

Summary, Recommendations, and Conclusions

I began this study seeking to understand how social workers in child welfare practice experience and manage competing demands of the Tri-sphere: the child welfare system, the child welfare service recipients, and the social work professional knowledge and values. Without question, the findings provide evidence that frontline workers in child welfare practice do indeed deal with competing demands between the child welfare system, the theories and values of the social work profession, and the values and practices of diverse families receiving child welfare services. These competing demands create tension for social workers. The tensions manifest for the social workers in the forms of inconsistencies, disconnects, disagreements, and conflicts; and from different sources such as legislation, policies, clients' self-identified needs, practice theories, practice goals, documentation requirements, changing expectations of supervisors and service recipients, and the availability of resources.

The social worker as an instrument of the child welfare system is also accountable to both the social work profession and the child welfare service recipient and must manage competing demands between them. The meanings that participants attached to their experiences are that they at the centre of unrealistic expectations, working in a "no win" situation as well as uncertainty and confusion, and that there is a lack of contextual understanding of the struggles, challenges, and feelings they go through as frontline workers. Participants also described experiences of burnout, characterized by feeling stressed and emotionally overwhelmed, feeling terrible, and feelings of failure.

In terms of how these experiences are managed, some participants follow policy regulations strictly, some tweak or manipulate policy and some negotiate with their supervisors

or welfare service recipients. Participants also use self-care practices to manage negative emotions or feelings resulting from their experiences. These practices include seeking counselling, receiving support from co-workers, participating in recreational or leisure activities, and contemplating career change. Simply put, the findings suggest that social workers in child welfare practice are experiencing competing and oftentimes contradictory demands, but are also finding ways to manage these demands. However, they overwhelmingly described some ongoing degree of burnout, which suggests that burnout is a threat for many social workers in child welfare practice.

While participants acknowledged the difficulties associated with finding a balance in practice and ways to handle the Tri-sphere's competing demands, they also offered some suggestions for preparing future social workers for child welfare practice. It was suggested that social work student admissions put more weight on lived experiences and less on academic grades, and focus more on racial and ethnic diversity among admitted social work students. Another suggestion is to make changes or modifications to the social work curriculum to reflect cross-cultural content on parenting practices and values. There was also a suggestion to provide social work students with the opportunity to undertake child welfare courses and to ensure such courses are relevant and reflective of current practice situations. Further suggestions included the implementation of a mentorship system for social work students, the matching of placement students with field instructors who have outstanding practice experiences and skills, and a closer collaboration between the school and the social work provincial professional association – the *Newfoundland* and Labrador *College of Social Workers* (NLCSW).

Limitations of the Study

The findings of the study need to be interpreted with some limitations in mind. One of the possible limitation of the study was that my shared child welfare work experience with the participants may have created for the participants some assumptions that I was aware of and understood their work and experiences. Some scholars have suggested that when the researcher and participants have shared realities, there is a tendency to inadvertently overlook or over-interpret data that an outside observer would probably view as significant (Beoku-Bett, 1994; Bhopal, 2001). When this shared experience resulted in a lack of in-depth conversations about their child welfare work experiences, I tried to make sure that a range of participant responses were explored and clarified. It also needs to be emphasized that some realities of participants' work experiences differed, even though they shared a similar work experience with me.

Furthermore, the sample was entirely White/Caucasian. Considering the diverse backgrounds of individuals and communities receiving child welfare services, the widely disproportionate number of non-White/Caucasian families involved in the child welfare system (Bywaters et al., 2014; Dumbrill, 2003; Lonne et al., 2009; Trocme et al., 2004), and the promise of the social work profession to maintain a diverse professional social workforce who would demonstrate cultural awareness and sensitivity in their practice while enhancing competence to work with people from diverse cultures (CASW, 2005), this study's lack of diverse racial and ethnic perspectives is a significant limitation. This raises the question: how has the social work profession and child welfare agencies kept pace with population trends in terms of attracting and maintaining child welfare social workers from diverse racial and ethnic backgrounds? This limitation may be explained in part by the fact the social work profession needs to strengthen the

diversity of its recruitment of new social workers to provide child welfare services to families and communities.

Finally, care should be taken when applying these findings beyond the context in which they were derived. I analyzed and interpreted the study data through a constructivist lens, a framework that is inherently subjective. Therefore, replication of the exact analyses might prove challenging for another researcher and the findings and conclusions drawn in the study are not intended and should not be taken as static or the ultimate reality across persons. Rather, the findings represent the realities of the 18 participants who were involved in this research and the stories shared were sufficiently profound that they warranted attention by scholars and practitioners of child welfare.

Recommendations for Future Research

Future research is needed that takes into account a more diverse sample of participants. Applying the concepts in this study to other areas of social work practice would test the salience and applicability of the theoretical model developed in this research. Social workers in other areas of practice would likely have variations of the spheres of practice and nuances of the issues presented in this study. These can be revealed and utilized in making meaning of the social workers' experience. For instance, future research can explore how social workers in hospital settings experience and negotiate competing demands between the spheres of their practice. Another interesting study could be the exploration of how social workers working in correctional institutions experience and manage competing demands between the criminal justice system, which has the objective of protecting the public and reduce recidivism (Fenton, 2012; Hannah-Moffat, 2000) and the social work profession, which aims to enhance human well-being and help to meet the basic human needs of all people (CASW, 2014; Turner, 2002).

Recommendations for Social Work Education

The findings that emerge from the study suggest a gap and a need for social work education to be geared more towards preparing social workers for competing roles. Many social work programs are focused on providing generalist social work skills that are transferable to a variety of contexts. Social work education could be directed more at exploring and explaining situations wherein tensions may be present, especially in the context of attending to competing and inconsistent demands, and assist students to develop ethical problem-solving skills with consideration of the core competencies of social work. The study also concludes that burnout is a major concern and there is a need for more attention to be paid to self-care. Although research suggests that social work education is moving more towards the recognition of burnout and education around self-care (Benner & Curl, 2018; Harr & Moore, 2011), there are still those social workers who may have graduated without this knowledge. Social work education could outline to students the conditions for burnout and ways social workers can prevent and manage burnout. Also, social work education could focus on educating social work students on the need for organizational and workplace change in conditions of burnout and how to do this. It appears that future social workers could also benefit from more information on personal accountability and proactive strategies for managing burnout.

Recommendations for Social Work Practice

As social workers in child welfare practice experience tensions and negative feelings in their work roles, it is very important that agencies offer their workers support. Although mechanisms for providing workplace support and training to workers may be considered expensive in today's economic climate, agencies need to assess the cost-effectiveness of such tools as workplace support has been shown to reduce tension and burnout at work (Acker, 1999;

Noble & Irwin, 2009; Um & Harrison, 1998; Winnbust, 1993). Managerial or supervisory support should be considered important interventions that can reduce tension and its negative consequences experienced by child welfare workers. This could include things such as acknowledging social workers for their work and showing them more empathy. Managerial support could also promote essential self-care practices such as offering additional paid time off, reduced memberships for physical activities, and openness of mangers to engage with workers in mutual case analysis and decision-making.

There is also a need for workplace opportunities for training and professional development. For example, workers who have the opportunity to attend professional development programs such as continuing education and in-service training programs can become better informed about the tensions and challenges in their work environment, and learn how to manage better with new competing demands that are often perceived as stressful.

Child welfare social workers should be provided more opportunities for self-care. Finn and Kuck (2005) examined stress among frontline probation workers in the United States and found that the implementation of stress reduction programs in various States were effective in helping to prevent and relieve officer stress. Findings of the current study point to the need to promote similar programs for social workers doing child welfare work. The programs could vary in operations and services but could include staff resource portfolios that promotes staff participation in wellness activities. It could also involve burnout management training modules that educates participants about the nature of burnout. The suggestion is to target managing burnout from both personal and organizational sources, and a communication module to help people learn how to talk about stress. Perhaps it may be helpful for social work educators to come into child welfare agencies to educate workers about burnout and self-care on a regular

basis. This calls for more collaboration between social work education and the child welfare system.

Another recommendation is to strengthen peer supports within child welfare agencies. A positive environment should be created to allow social workers to reach out to other social workers who may be struggling to find a balance, and share with them their experiences in managing and maintaining successes within their competing responsibilities. Frontline child welfare social workers could benefit from the guidance of other social workers in stressful times and when experiencing ethical dilemmas associated with balancing competing demands in a variety of situations.

Finally, this study shows that the problem is systemic and societal because child welfare is a microcosm of the profession and of the society. This study shows that the problem is systemic and societal because child welfare is a microcosm of the profession and of the society. The child welfare system originated in and is embedded within a country founded on racism yet race or racism is only mentioned once at the beginning of the act (Antwi-Boasiako et al., 2022; Phillips & Pon, 2018). CRT indicates that reforms or transformations that Black people seek, do in fact benefit White people first and in many ways (Aylward, 1999; Thobani, 2007). This then makes critical transformation imperative because if it is harming white workers, it is harming racialized people more. Transformation of the system will ultimately benefit everyone to drastically reduce the negative experiences workers as well as the children and families experience. Children and their families bear the brunt of the inconsistencies, disconnects, unrealistic expectations and confusions experienced by frontline child welfare workers. The workers currently manage the tensions by following policy strictly, tweaking them or negotiating with supervisors and service users as well as using self-care practices or changing careers. Child

welfare workers must go beyond the individual to systemic structural analysis as only radical systemic transformation of the system, the laws, practices, education etc. will promote their job satisfaction.

Conclusion

This study adds to an understanding of the complex situations of competing demands in child welfare practice. The initial delineation of child welfare legislation and instruments of assessments, the child welfare service recipients, and the social work professional knowledge and values as areas of demands on social workers emerged from my own experiences in the field of child welfare. Going into the study, I had anticipated that the biggest practice issues that participants face might not be competing demands, but something else. I asked the participants about their greatest challenges, and I allowed them to frame their challenges in the way they experience and interpret them. Surprisingly, all the participants related their experiences of competing demands to the Tri-sphere. I was also mindful about how my positionality of being a Black male might influence the study in which participants were all White/Caucasian and predominantly female. For instance, did my Blackness influence participants' suggestions for social work education and child welfare agencies to recruit more racialized people? In any event, participants had the opportunity to express their concerns and thoughts in their own words and ways, and they overwhelmingly indicated that the competing demands of the Tri-sphere is a major problem for child welfare practice.

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Appendix A: Recruitment Poster

MEMORIAL UNIVERSITY

SCHOOL OF SOCIAL WORK

RESEARCH STUDY

Between the Rock and Hard Places: How Child Welfare Workers in St. John's Newfoundland Navigate Competing Demands at Work

Are you a child welfare worker in St John's Metro region?

Are you a frontline worker?

Have you at least 6 months child welfare practice experience?

Are you comfortable sharing your practice experience?

If you answered 'yes' to ALL these questions, I would like to hear from you.

This study is a part of the requirement for my PhD degree. My faculty supervisors are Dr. Paul Banahene Adjei and Dr. Ross Klein.

As child welfare workers we often deal with a variety of pushes and pulls. Some pushes and pulls relate to legislation defining child welfare practice and the agency policies and practices that follow; some relate to practice knowledge, skills, and values; and some relate to the cultural and ethnic identity brought by the client to the child welfare relationship. These pushes and pulls produce what appears to be competing demands as we, social workers, attempt to be responsive to each of the arenas from which the pushes and pulls come. I want to learn about how you identify, define, experience, and manage these seemingly competing demands.

Through participating in this study you may:

- **Contribute to the social work field and the larger community having an increased understanding of the competing demands that may exist for social workers in child welfare practice.**
- **Help to raise awareness about strategies needed to navigate competing demands in the field of Child Welfare.**
- **Improve competent practice among social workers in child welfare practice.**

Your participation in this research is voluntary.

Your participation will involve at least one interview of about 1.5 hours in duration and a follow-up interview of about 30 minutes and will be held virtually through Skype or Zoom or through telephone depending on your preference.

This study is being pursued independent of any agency, and your decision to participate or not to participate will not impact your relations with any agency. Participation in this study will not be reported to employers or to the individuals and/or organizations who circulate and/or forward the study recruitment poster on my behalf.

To participate in the study or for more information on the study, contact Sulemana Fuseini, MSW, RSW, PhD candidate, School of Social Work, Memorial University of Newfoundland, St John's NL. A1C 5S7
Phone: (709) 691-9045
Email: sfuseini@mun.ca

Appendix B: Eligibility Screening Form

Please complete this form only if you are a **frontline child welfare social worker in St. John's Metro** region. The form will help to determine your eligibility to participate in the study. You are free to skip answering any question you do not wish to answer. If I determine that you do not meet the eligibility criteria, I will destroy the information you provide and will not use it for any purpose. However, if I determine that you are eligible to participate in the study, I will solicit your consent to participate and use the information you provide on this form as part of my data.

In what area of child welfare do you work?

_____

What is your current age?

____Under 25 years
____25 – 29 years
____30 – 34 years
____35 - 39 years
____40 – 44 years
____45 – 49 years
____50 – 54 years
____55 or older

4. How many years have you practiced in child welfare?

_____

5. How many years have you practiced social work?

_____

6. What is your educational background in social work (BSW, MSW, Other)?

_____
Specify

7. How do you identify yourself in terms of your gender?

_____
Specify

8. How do you identify yourself in terms of your race and ethnicity?

_____
Specify

9. How will you describe your socio-economic background (lower income, middle income, upper income)

10. How will you describe your religion?

11. How will you describe your family background (single, married, separated, divorced, widowed)

12. Do you have children?
12(a) If the answer is yes, how many?

Appendix C: Informed Consent Form

Title: Between the Rock and Hard Places: How Child Welfare Workers in St. John's Newfoundland Navigate Competing Demands at Work

Researcher: Sulemana Fuseini, School of Social Work, Memorial University, St John's NL. A1C 5S7. Phone: 709-691-9045. Email: sfuseini@mun.ca

You are invited to take part in a research project entitled "Between the Rock and Hard Places: How Child Welfare Workers in St. John's Newfoundland Navigate Competing Demands at Work."

This form is part of the process of informed consent. It will give you the basic idea of what the research is about and what your participation will involve. It also describes your right to withdraw from the study. In order to decide whether you wish to participate in this research study, you should understand enough about its risks and benefits to be able to make an informed decision. This is the informed consent process. Take time to read this carefully and to understand the information given to you. Please contact the researcher, Sulemana Fuseini, if you have any questions about the study or would like more information before you consent.

It is entirely up to you to decide whether to take part in this research. If you choose not to take part in this research or if you decide to withdraw from the research once it has started, there will be no negative consequences for you, now or in the future.

Introduction:

I am Sulemana Fuseini, a doctoral candidate at the School of Social Work of Memorial University of Newfoundland. My faculty supervisors are Dr. Paul Banahene Adjei (Associate Professor) and Dr. Ross Klein (Professor). I am doing this research as a part of the requirement for my PhD degree.

As child welfare workers we often deal with a variety of pushes and pulls. Some pushes and pulls relate to legislation defining child welfare practice and the agency policies and practices that follow; some relate to practice knowledge, skills, and values; and some relate to the cultural and ethnic identity brought by the client to the child welfare relationship. These pushes and pulls produce what appears to be competing demands as social workers attempt to be responsive to each of the arenas from which the pushes and pulls come. This study seeks to understand how you identify, define, experience, and manage these seemingly competing demands. The insights from this study may help to inform social work education and practice.

What You Will Be Asked to Do in the Research:

The study involves semi-structured interviews with about 15 to 18 child welfare workers. Two interviews will be conducted; at least one interview of about 1.5 hours in duration and a follow-up interview of about 30 minutes. The interviews will consist of answering open-ended

questions, focused on how you identify, define, experience, and manage the seemingly competing demands that emerge from the various interest groups (Child Welfare agencies, Clients, and Professional expectations). There are no "right" and "wrong" answers to these questions. You can also skip any question you do not want to answer. With your consent, your interview will be digitally recorded. However, you have the right to refuse the recording and I will take handwritten notes. Interview notes will be taken to support data analysis and interpretation. After the initial interview, the recording will be transcribed (typed out word for word) and then I will contact you to arrange a second interview with you to clarify the information you provided in the first interview. You can then make corrections, additions, or changes to what was shared in the first interview. Even after the second interview, you still reserve the rights to instruct that certain parts of your interview should be excluded from the study findings. Please, communicate this information to me by **December 30, 2020**; after this date you cannot any longer remove your data from the study because I would have anonymized and aggregated the data for purposes of the study.

Length of Time:

Your individual interview will last for about 1.5 hours, and there will be a follow-up interview of about 30 minutes. The interviews will be conducted virtually through Skype or Zoom or through telephone depending on your preference.

Possible Benefits:

Your participation in this study may contribute to the social work field and the larger practice community having an increased understanding by shedding light on the pushes and pulls in child welfare practice, the seemingly competing demands that are produced, and the strategies for navigating them. The insights you provide may help to improve practice competence among other social workers in child welfare practice, thus ensuring appropriate intervention when working with people from diverse cultures.

Possible Risks:

There is the potential for minimal risk involved with participating in this study. Some psychological discomfort could be experienced from revealing personal information or thinking about things that are related to your past or current experiences. There may also be social / reputational and/or career / financial risks if somebody finds out that you are critical of your employer and/or you disclose an inability to meet competing demands, or a violation of legislative or agency policies / practices. Therefore, I encourage you to take control of what you say and to not say what may hurt you on the job. In addition to this, I will do my best to protect your confidentiality and anonymity as a participant. You are able to take a break at any point during the interview process; you are also able to refuse to answer any questions that make you uncomfortable; and you can also stop participating in the interview. After the interview, should you feel overwhelmed or stressed please contact the Provincial Mental Health Crisis Line at (709) 737-4668 or 1-888-737-4668. You may be able to access support by contacting the Employee Assistance Program (EAP) at (709) 729-2290 or 1-888-729-2290. You are also welcomed to contact me after the interview, if you change your mind and you want any part of

the interview removed from the record or to withdraw from the study. Please, communicate this information to me by **December 30, 2020**; after this date you cannot any longer remove your data from the study because I would have anonymized and aggregated the data for purposes of the study.

Voluntary Participation:

Your participation in the study is completely voluntary. You may choose to stop participating at any time and will not need to explain why you have changed your mind. If you do not wish to participate, or would like to withdraw at any time, there will be no consequence to you. Your decision not to volunteer will not influence the nature of your relationship with me either now, or in the future. This study is being pursued independent of any agency, and your decision to participate or not to participate in this study will not impact your relations with any agency.

Withdrawal from the Study:

You can stop participating in the study at any time by simply telling me that you no longer wish to participate. In the event you withdraw from the study, you may request to have the information you provided not included in the study. Following this request, all associated data collected will be immediately destroyed wherever possible. Please, communicate this information to me by **December 30, 2020**; after this date you cannot any longer remove your data from the study because I would have anonymized and aggregated the data for purposes of the study.

Confidentiality:

Your confidentiality will be protected to the fullest extent allowable by law. All information you supply during the research will be held in confidence and neither your name nor any other identifying information will be used in any report or publication of the research. To keep your identity confidential, your Informed Consent Form will be separated from all other information you provide. The information will be safely stored in a locked filing cabinet in my office. Audio record of interview with you will be used only for the purpose of transcription (written word for word). The audio data of the study will be transferred to my research computer and protected with a password. All electronic data and files would be password protected. Typed transcripts of your interview will be kept as password protected files saved onto two USB memory sticks that will be locked in a separate filing cabinet in my office. The only other people who will have access to your full information are, if there is a need, my supervisors, Dr. Paul Banahene Adjei and Dr. Ross Klein.

Anonymity:

Your name and specific place of work will not be reported. I will give you a pseudonym or a code throughout the study. In addition, you will have the opportunity to ask me not to record any interaction or remark that may give away your identity. You can also ask me to exclude particular interactions or remarks that have already been recorded when reporting the findings of

the study. Every reasonable effort will be made to ensure your anonymity. You will not be identified in publications without your explicit permission.

Recording of Data:

The digitally-recorded interviews will be transcribed and used as part of the data for analysis and interpretation. You will be given an opportunity in the second interview to comment on the first interview before I proceed to analyze and interpret it.

Use, Access, Ownership, and Storage of Data:

The audio data of the study will be saved on my research computer and protected with a password. The transcripts of the recorded interviews will be stored and locked in a cabinet at my office. Data access, uses and interpretation will be restricted to me, my supervisors Drs. Paul Banahene Adjei and Ross Klein. Field notes, digitally-recorded interviews and transcriptions will be kept in a locked file drawer as required for confidentiality. The data will be kept for a minimum of five years, as per Memorial University policy on Integrity in Scholarly Research. After that the audio data on my research computer, field notes, and the transcripts will be erased.

Reporting of Findings:

As stated above, your personal identifying information will not be used in written products related to the study. Your demographic information will only be reported in aggregate form. Similarly, any information you provide during the interviews will be reported in thematic forms and summaries. However, some of the statements you use may be quoted to support the findings in this study but instead of your real name, your statement will be identified with a pseudonym or a code that I will assign to you. In addition to using data from this study to complete my doctoral dissertation (as stated above), the data may also be used in whole or in part for presentations or written products related to the study.

Sharing of Results with Participants:

Once the findings of the study are published in a dissertation form, you can access it through Memorial University's Queen Elizabeth II library at http://collections.mun.ca/cdm/search/collection/theses.

Questions about the Research:

You are welcome to ask questions about the research in general or about your role in the study by contacting me:

Sulemana Fuseini, MSW, RSW, PhD (Candidate)
Telephone: (709) 691-9045

Email: sfuseini@mun.ca

You may also contact my thesis supervisors:

Dr. Paul Banahene Adjei, Associate Professor
School of Social Work
Memorial University of Newfoundland
Phone: 709-864-4512
Email: pbanahene@mun.ca

Dr. Ross Klein, Professor
School of Social Work
Memorial University of Newfoundland
Phone: 709-864-8147
Email: rklein@mun.ca

The proposal for this study has been reviewed by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) and found to be in compliance with Memorial University's ethics policy. If you have any questions or concerns related to ethical process in this research (such as the treatment you have received or your rights as a participant), you may contact the Chairperson of the ICEHR through email at icehr@mun.ca or by telephone at (709) 864-2861.

Consent:

Your signature on this form means that:

- You have read the information about the research.
- You have been able to ask questions about this study.
- You are satisfied with the answers to all your questions.
- You understand what the study is about and what you will be doing.
- You understand that you are free to withdraw participation in the study without having to give a reason, and that doing so will not affect you now or in the future.
- You understand that if you choose to end participation **during** data collection, any data collected from you up to that point **will be retained by the researcher, unless you indicate otherwise**.
- You understand that if you choose to withdraw **after** data collection has ended, your data can be removed from the study up to **December 30, 2020.**

I agree to be audio-recorded	☐ Yes	☐ No
I agree to the use of direct quotations	☐ Yes	☐ No
I give permission to be contacted for a follow up interview	☐ Yes	☐ No

By signing this form, you do not give up your legal rights and do not release the researcher from his professional responsibilities.

Your Signature Confirms:

☐ I have read what this study is about and understood the risks and benefits. I have had adequate time to think about this and had the opportunity to ask questions and my questions have been answered.

☐ I agree to participate in the research project understanding the risks and contributions of my participation, that my participation is voluntary, and that I may end my participation.

☐ A copy of this Informed Consent Form has been given to me for my records.

_____ _____

Signature of Participant Date

Researcher's Signature:

I have read and explained this consent form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

_____ _____

Signature of Principal Investigator Date

Appendix D: Guiding Questions - Individual Interviews

The first section is asking for your demographic information. You reserve the rights to skip answering any question you do not wish to answer.

Can you tell me a little bit about yourself?

How long have you worked with the Child Welfare agencies?

Tell me your impression about Child Welfare growing up in your community.

As child welfare workers we often deal with a variety of pushes and pulls. Some pushes and pulls relate to legislation defining child welfare practice and the agency policies and practices that follow; some relate to practice knowledge, skills, and values; and some relate to the cultural and ethnic identity brought by the client to the child welfare relationship. These pushes and pulls produce what appears to be competing demands as we, as social workers, attempt to be responsive to each of the arenas from which the pushes and pulls come. The questions that follow strive to understand how you experience these pushes and pulls, the seemingly competing demands that emerge, and strategies you use to manage them. As we talk along I will be asking for examples. In order not to compromise the privacy of clients, colleagues, and your agency, I encourage you not to identify individuals or groups by name or mention specific details that will compromise the confidentiality and anonymity of individuals or groups from your practice.

1. I am going to ask you some questions about Legislation, agency policies and the structure of practice within Child Welfare System.

(a) Could you please tell me what you find useful and not useful about the current Child Welfare legislation?

(b) What do you find useful and not useful about your agency policies and the structure of practice?

(c) What do you find useful and not useful about the current Child Welfare practices?

(d) Do you consider the current legislation, agency policies and structure of practice to impede your effectiveness as Child Welfare practitioner?

(e) Could you explain your answer to question d?

If your answer to d is yes, then could you answer the following question:

(f) How would you describe the way you feel about the impediments you see from legislation, agency policies and structure of practice?

(g) How do you manage these impediments in practice?

2. I am going to ask you questions about working with clients.

a) Have you encountered a situation in practice where you struggle to work with clients because their cultures, values, worldviews and beliefs conflict with Child Welfare legislations, agency policies and structure of practice?

If your answer is yes, then answer the following questions:

b) How will you describe the way you felt about the situation?
c) What could explain the way you felt about it?
d) How did you manage to deal with the situation?

3. I want to talk to you about your social work education and professional development as a registered social worker in Child Welfare system

a) How has your social work education and professional development prepared you for your present job as a Child Welfare practitioner?
b) Have you encountered situations in practice where you feel your social work education and professional development as a registered social worker put you in a difficult position relating decisions and actions you are taking as a Child Welfare practitioner?

If your answer is yes, then answer the following questions:

c) How would you describe the way you feel?
d) How did you manage to deal with those feeling?

4. You have talked a lot about yourself, values, worldviews and beliefs

a) How do you see your background, values, worldviews and beliefs useful to your present role as a Child Welfare practitioner?
b) Have you encountered situations in practice where your background has posed a challenge to the way you want to practice?
c) Could you elaborate on the situation?
d) How would you describe that experience?
e) How did you manage it?

5. Do you think the knowledge, skills, and values of the social work profession influence the struggles you experience in your practice?

6. Knowing everything you have gone through as a Child Welfare practitioner, if you are to start all over again, would still be doing what you are doing?