FEATURES

The voice of child welfare in Ontario

Alex Gravestock and big sister Erin Gravestock, nephew and niece of Carrie Reid, Executive Assistant, Native Child and Family Services of Toronto.

Message from the Executive Director

By Jeanette Lewis

As 2004 comes to an end, the new Ministry of Children and Youth Services (MCYS) moves into its second year and the Child Welfare Secretariat prepares to make some important decisions in their transformation agenda.

Bruce Rivers, Executive Director of the Secretariat, provided an update of the work of the Secretariat during its first six months at the recent Local Directors' Section meeting. The *Child Welfare Program Evaluation Report* remains the basis for the Secretariat's strategy to transform the child welfare sector. The focus is on the following areas:

- outcomes-based approaches/research
- differential response
- permanency planning
- court processes
- quality assurance/accountability
- information systems/technology, and
- a multi-year funding approach.

In anticipation of the presentation by the Secretariat at the OACAS Consultation on December 6, OACAS has continued to meet with Secretariat staff to contribute to the shaping of policy plans.

OACAS also continues to meet with the MCYS regarding agency in-year deficits and cash flow concerns.

The Minister and senior government staff remain committed to the work of the Secretariat, which represents an opportunity for changes OACAS has advocated for many years.

Once the Secretariat presents its recommendations to the Minister and these plans are approved, the next phase will be implementation. The Secretariat Advisory Committee will be consulted as implementation planning commences during the January-March quarter.

Finally, we look forward to a new year of opportunity for service in child welfare. All of us at OACAS wish the *Journal's* readers a happy holiday season.

Family Group Conferencing: Doorway to Kinship Care

By: Jeanette Schmid, Ruth Tansony, Sandra Goranson and Darlene Sykes

Kinship care as a concept and as a tool in the best interests of children has in recent years become more prominent in the North American child welfare discussion. The need to find cost efficiencies has, to some degree, driven interest in kinship care. More importantly, however, there has been a reaffirmation of the belief that children require a sense of belonging and ultimately fare better when raised within the family network.

The idea of Family Group Conferencing has attracted international interest for similar reasons. Conferencing is regarded as a culturally sensitive tool, and thus has appeal where the child welfare agency is dealing with diverse communities.

Both the Children's Aid Society and Catholic Children's Aid Society of Toronto have been involved in the Toronto Family Group Conferencing Project since its inception in 1998. Over the past two years, these two agencies have each launched kinship care programs after extensive debate on the issue. At Brant CAS, a Family Group Conferencing program has been running since 2002.

This article, based on the early experiences in Toronto, explores how the two approaches can be used in a complementary manner, increasing the opportunities for children within their kinship system.

Family Group Conferencing (FGC)

A Family Group Conference is a decision-making forum which brings together service providers and the family group to plan for the safety and well-being of a child designated as being at risk or in need of protection.

Conferencing has it's roots in New Zealand, where the indigenous Maori advocated for a child welfare and young offender system that had at it's core collective decision making by the child's nuclear, clan and tribal relatives. Maori were prompted by the concern that their children were over represented in both systems, not unlike Native People in Canada. Consequently, conferencing was legislated in 1989 as a mandatory approach *(Children,*

Young persons and Their Families Act) to maintain family autonomy. The approach is now being used internationally for child protection, mental health, restorative justice, workplace conflicts or educational issues/conflicts.

In Canada, projects exist in Ontario (Toronto, Peel and Brantford), British Columbia (where FGC is referenced in the legislation), Alberta and Manitoba. It is also believed that there is a program run by Joan Glode in Nova Scotia.

It should be noted that FGC is not primarily a strategy for mediating conflicts, nor is it aimed at diverting abusers from being held accountable. FGC also differs from "Wraparound" in that FGC tends to be one planning meeting, which includes a larger family circle than is typically included in a Wraparound process, although there are similarities in the values and philosophy of both programs.

In the Toronto and Brantford models, the coordinator has a distinct, independent, neutral role in conferencing by supporting both the family network and the professionals involved in voicing their perspectives. Briefly, the coordinator gathers pertinent information and "bottom-lines" from CAS worker(s) and manager; meets with each person invited to the conference (member of the family circle or service provider) to share relevant information and prepare them for the conference; and attends to the conference logistics.

The coordinator facilitates the conference. This includes a first stage where there is an opening chosen by the family, and the service providers present their information. Family members then have private time without any service providers present, to develop their plan for the child(ren). This is the unique aspect of the model, reinforcing the family group's sense of competency, as the family directs their own decision-making process. The family then presents their plan to the child welfare team for agreement and/or renegotiation. Any participant can call a follow-up conference at any time for any reason by notifying the coordinator**.**

Kinship care

Kinship care is "any living arrangement in which a relative or someone else emotionally close to the child takes primary responsibility for raising a child" (Adapted from the U.S. Dept. of Health and Human Services Report to Congress on Kinship Foster Care). When children cannot safely be cared for by their parents, child welfare agencies make efforts to place them in the care of kin. These arrangements are often supported by Family Court orders that allow for ongoing child welfare involvement. CAS involvement may include supporting the kin care provider as a foster parent or through the provision of ongoing support services to the family and child in the community.

In recent years, kinship care has grown significantly as a child welfare service. Considerable research has been completed on programs in the United States. Many child welfare agencies in Ontario have either initiated kinship care programs or are exploring doing so. The impetus comes from an awareness of the benefits it offers, and an increasing paucity of placement resources (resulting in a growing need to place children far from their families and communities).

Stages in flow of service include identifying potential kin caregivers, the assessment of the potential caregiver, a decision to proceed, the transition for the child, the transition for the caregiver and the ongoing service to children. Kinship care caregivers face additional complexities as a result of their relationship with the child's family, and the U.S. experience highlights the need for strong supports e.g. resource worker, training, support groups, relief, Foster Family Association (FFA), access to Employee Assistance Plans and foster parent mentors.

Principles of FGC and kinship care
a.   Family Group Conferencing
- FGC is inclusionary rather then exclusionary in nature.
- The process is equally focused on maternal and paternal sides, attempting to engage all of the child's relatives.
- The competencies and strengths of the families are focused on acknowledging that the expertise about the family is indeed located within the

family circle. Service providers are viewed as carriers of expertise and knowledge, rather than as 'the expert'.

- Conferencing aims at creating a partnership where decision-making and planning is shared among family/kin and service providers, culminating in the development of a plan that is authored by the family respecting the concerns identified by the service providers.

b. Kinship care

The principles Toronto Catholic Children's Aid Society used to establish its kinship care program have been adapted from the U.S. Report to Congress:

- The focus of the child welfare system is and must continue to be the safety, permanency and well being of children who have been abused or neglected or who are at risk of abuse or neglect.

- Decisions regarding relative's roles must be based on the best interest of the child, consideration of which must include, in part, an assessment of the relative's capacity to care for the child both in the short term as well as permanently should the parents be unable to resume custody.

- The child welfare system should not replace or supplant voluntary family efforts to care for children. Children are admitted as a result of child protection concerns. Financial need is not, in itself, a sufficient reason for admission.

- Children placed in kinship care homes are entitled to the same level of service and proactive short term and long term planning as any child in care.

- Relatives should be viewed as potential resources in achieving safety, permanency and well being for children. They should be assessed on a case by case basis to determine if they are the most effective caregiver to advance these goals for the child. Relatives may serve in either temporary or permanent caregiver roles. Assessment of families as potential kinship care providers will be inclusive and balanced, including both strengths and areas requiring development.

Benefits of FGC and kinship care

In reviewing the perceived benefits of each program as outlined below, it is evident that the two programs have much in common in regards of outcomes.

- **More children in kinship placements with associated cost efficiencies**
  Both programs result in more children remaining in or returning to their kinship system than by traditional child welfare practices. For example, in New Zealand, FGC has resulted in approximately two-thirds of the children in long term care being with kin and considerably fewer children being placed in care than a decade ago. In the U.S. 1 in 3 children in foster care are living with relatives due to kinship care initiatives. By adopting FGC and kinship care strategies, it is anticipated that the demand for placement in either outside resources or internal foster homes will be reduced, with accompanying reductions in residential costs and overall savings to the state. The fact that children are returned to their kinship system sooner and the fact that protracted litigation, resulting in lengthy periods of limbo for children will be reduced, also leads to long-term savings. Knowing that the majority of youth discharged from care return to their families increases the imperative to consider kinship care at a much earlier point.

- **Shifts in relationships**
  Conferencing results in shifts in relationships between members of the family who report feeling closer to one another and more able to call on each other for support. Ideally, the plan adopted has been developed by consensus and thus such a placement offers more stability as there are fewer placement changes. Children say that the presence of their relatives makes them feel loved. Family involvement inherent in kinship care may also increase the opportunities for mediation or greater willingness to accept Crown Wardship if the child is placed with kin. Children in kin placements usually maintain closer ties with birth parents than those in non-related foster care. Families will sanction parents for

- unacceptable behaviour but also offer the parent a clear place within the family. Conferencing also leads to greater partnership between the family group and professionals and among the professional groups themselves.

- **Increased follow-through**
  Family will maintain a sense of responsibility for and a commitment to the child, which will extend beyond the child's stay in care. Families are more able to develop alternative plans where required by changing circumstances.

- **Increased safety**
  Conferencing facilitates "truth-telling" where the matters of concern are discussed directly and openly. By being cared for within the kinship network, children can have safe relationships with parents and other relatives, as the circle informed of the issues and monitoring of the situation is expanded. Both strategies ultimately result in a lower incidence of child abuse. Conferencing has had dramatic results in a decrease in family violence. By placing children within their own community, family, religious, linguistic, or cultural group, they may have a better ability to address unresolved family issues and trauma.

- **Use of resources**
  Through these programs, both the resources inherent in family and community can be optimally utilized when there is a concomitant support from the social service network.

The value of the FGC process for kinship care

The benefits noted above highlight the commonalities both in philosophy and outcomes between these two processes. This may suggest that only one approach needs to be adopted within a particular agency. However, we would like to offer a rationale for using conferencing as a 'doorway' to kinship care, thus building on the connections between the processes.

The family having identified a particular potential kin care provider does not constitute an assessment of that individual's capacity to provide care for the child. The FGC can identify a potential kin care provider and a referral can then be made to the kinship care program for assessment.

Conferencing is a decision-making process that gives the family group a voice, and both local and international research have supported the fact that families want to be part of the planning process regarding their children.

A concern that has been raised in the kinship care experience is that not all relatives may support the plan that is pursued. With its philosophy of inclusiveness, conferencing widens the circle to expand the group of potential caregivers and supports, so that all options are reviewed. What an agency sees as an obvious plan may not be obvious to the family members, who have a better knowledge of their own resources and secrets. The process further ensures that the plan decided on is supported by all family members, minimizing the chance for the plan to be undermined or sabotaged by other parts of the extended family.

The very thorough preparation in conferencing allows for education around resources and how the system functions with the whole family group rather than focusing only on providing this information to the potential care provider. This increases the likelihood of the family and CAS being able to work in partnership.

Another concern raised in kinship care programs is the question of resourcing. Frequently family members want to offer a plan for the child, but do not have the necessary resources to implement such a plan. An FGC ensures the optimal use of resources that exist formally and within the family circle. However, with poor, marginalized families the need for the state to provide affordable housing and financial supports remains a concern.

Having one meeting where all parties are present allows the child to witness the collective support for the plan and assists with loyalty binds that children may face. Further, the fact that all have been informed about the extent of

the concerns and reminded of some of the strengths the family could potentially build on, facilitates increased safety as everyone becomes aware of the issues and risks. Also, the family group has developed an increased sense of competency through the process so that there is greater likelihood of future conflict being resolved constructively.

The role of the coordinator is seen as critical as it allows the family to deal with someone that is perceived as neutral, and so promotes the sense that this has been a fair and just decision making process.

Following a FGC, the kinship care worker is therefore able to approach the assessment with the confidence that this is a plan that has broad support both within the family circle and the child welfare team.

Issues in setting up FGC and kinship care programs

While we are recommending that the conferencing and kinship care programs be used in tandem, we caution against fusing them into one program. This is because the family network should have the opportunity to decide with which potential family member a child should be placed rather than the child welfare team taking on this role alone. FGC can offer a far larger pool of candidates to care for the child, thus increasing the possibilities of a successful placement. Additionally, the family network should have the opportunity to decide that a child be placed in care long term should they feel that they do not have the necessary capacity or resources to raise the child.

Education and training is needed to shift some of the negative perceptions/attitudes that child protection staff may have towards kin. An orientation is also needed to help workers understand the difference between the programs. Buy-in from all stakeholders within the agency and the community is needed. Agency attitudes regarding the value and purpose of kinship care as a permanency option need to be addressed.

It is important that the programs be adequately resourced. The resourcing for families is part of the issue. The rules and regulations regarding agency foster care licensing may prevent some kin from being accepted as kinship foster

parents. The differential support afforded kin caregivers as opposed to regular foster parents has in the past become a barrier and we are proposing that they be offered the same level of support.

It is useful if there is a clear sense that the two programs complement each other. This will be reflected in how the successes of each program are reported within the agency. Explicit or implicit competition with each other, particularly when there are scarce resources, should be avoided.

One needs to be clear about how one is prioritizing and what the selection criteria should be. Although ideally conferencing should be offered to all families when a decision is required, and in kinship care where criteria are met, this is not always possible.

Helping the kinship care team to become familiar with the family dynamics following a conference if they are conducting the home studies, can reinforce the complementarities between the programs. This is also important because kinship care may act as the gatekeeper to financial resources. It is helpful for the FGC coordinators and the kinship care workers to have a thorough knowledge of each other's programs.

If evaluation will be built in, it is recommended that the methodology be considered before the program is launched so as to ensure that the research is as rigorous as possible.

Conclusion

Kinship care provides unique opportunities to reinforce children's sense of identity and self esteem, which flows from knowing their family history and culture, facilitating children's connections with their siblings, encouraging families to consider and rely upon their own family members as resources, enhancing children's opportunities to stay connected with their own communities and promoting community responsibility for children and families.

Where an agency is considering establishing a formal kinship care program, or wishes to strengthen its current

kinship initiatives, the introduction of Family Group Conferencing should be considered. Family Group Conferences are more than an adjunct, offering a process which allows the voice of the family to be heard in the decision-making and the development of stronger, sustainable plans.

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The Effects of Manager Support on the Well-Being and Job Satisfaction of Child Welfare Employees

By Jennifer Rooney and Bruce Leslie

Introduction

There were two major considerations in the development of this study. Firstly, within the field of child welfare, there is a paucity of research identifying managerial support strategies that positively impact the well-being of staff. In the broader organizational research, many published studies have pointed to the critical role that managers play in motivating and retaining staff (Buckingham & Coffman, 1999; Thompson, Beauvais & Lyness, 1999), but without detailing the specific behaviours and actions of supportive supervisors.

Secondly, 'workload' control strategies have been overly focused on quantitative worker activity perspectives. Recruitment and retention issues identified in the 90's frequently led to workload and job demand assessments, with a particular focus on case and task weighting systems, an approach that was somewhat one-dimensional. Less consideration has been given to other methods of stress reduction such as the provision of supervisory support and other interacting vantage points. However, as noted by Regehr and colleagues (2000), the manageability of job demands involves more than the adjusting of caseload sizes and activities; it includes an assessment of the type of work and its impact on employees, and the availability of various forms of support.

The focus of the current study was to examine the effects of various expressions of manager support on the well-being and job-related attitudes of employees working for a child welfare agency[1]. In addition to exploring and identifying more specific supportive and unsupportive behaviours of supervisors, the present study will also expand the understanding of support in a child welfare agency by taking a more holistic, organizational perspective, assessing the effects of supervisor support for staff in all areas of the agency – Management, Administrative and Direct Service. The study process was designed to support organizational well-being through

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[1] The terms 'supervisor' and 'manager' will sometimes be interchanged. They are used to refer to the person an employee directly reports to.

obtaining detailed feedback from employees and applying survey results to educational training initiatives.

Method

The Catholic Children's Aid Society (CCAS) of Toronto was contacted by the lead author to collaborate on a staff survey of management support behaviours shown by supervisors and managers. This opportunity was viewed as a means to explore and expand the agency's understanding of issues identified in an earlier staff survey examining retention issues, which found the quality of supervision to be a key part of staff turnover intentions.

Once the study was approved through the agency research review process, a series of meetings was held at the agency in order to obtain broad support from the organization's management, other staff groups, and the Union. Additionally, these meetings facilitated a clarification of the survey process and content. Once finalized, the survey and procedures were reviewed and approved by the University of Guelph's research ethics committee.

Surveys were sent to all employees at the CCAS connected to the internal e-mail system. Hard copies were also distributed to employees without e-mail access and to those who specifically requested a hard copy. A two-week period was initially provided to complete the survey, although this was later extended to two and a half weeks.

A number of scales were included in the survey that tapped employees' perceptions of various aspects of their work and supervisor. These included:

- Frequency of supportive and unsupportive behaviours displayed by supervisors
- Work demands
- Autonomy on the job
- Confidence in their ability to cope with various aspects of their job
- Confidence that their supervisor regards them positively
- Tension related to their work
- Indicators of stress and strain

- Satisfaction with their job
- Commitment to their supervisor; and
- Intentions to leave the organization.

Survey Respondents

The survey was completed by 252 employees, out of approximately 630 employees (yielding a response rate of about 40%). *(NOTE: some staff were on leave or on vacation and did not have the opportunity to return the survey in the two and a half week time frame.)*

The majority of the sample was female (83%) and the largest proportion was between the ages of 40 and 54 (42%). Close to two-thirds of the sample had female supervisors (66%) and had been working with their supervisor for over one year (60%).

The agency uses two broad frameworks for identifying staff. One categorizes staff into either the unionized bargaining unit, or administrative/management (both of which are non-unionized). The other classification framework divides all staff into either direct service or corporate functions (e.g. human resources, public relations, and finance).

For the survey, about one-quarter of the respondents were in the administrative category; about half were bargaining unit, and just over a quarter belonged to the management category. About three-quarters of the survey respondents worked in direct services and the remaining worked in corporate services. The majority of the sample had been working at the organization for four years or more (58%). The respondent characteristics mirrored closely those of the full agency staff profile. However, employees in the management group were most likely to return the survey (60% of management group completed the survey). The percentage of employees who returned the survey was lowest among those in the bargaining unit (33% completed the survey). Among the administrative group, 43% returned the survey.

Summary of Findings: Supportive Behaviours:
How much support do employees report receiving from their managers or supervisors?

Employees were asked to rate the frequency with which their supervisors displayed 26 different kinds of supportive behaviours that had been identified in an earlier interview study with employees at two other organizations (conducted by the lead researcher). Employees were asked to respond to the questions based on the person they directly report to. Each behaviour was rated on a 5-point scale from occurring "Never" to "Always". The behaviours assess the following six major dimensions of support.

- **Open Communication:** Behaviours that foster closer lines of communication between managers/supervisors and employees and that keep employees informed of organizational/departmental activities.
- **Encourages Decisional Discretion:** Behaviours aimed at enhancing autonomous work behaviours and fostering creative ideas.
- **Task Guidance and Assistance:** Behaviours intended to offer clarity surrounding job-related tasks and the use of managers/supervisors' expertise to assist employees to complete work-related tasks.
- **Genuine Concern:** Behaviours that involve the communication of empathy and concern for employees and understanding of their family obligations.
- **Recognition:** Behaviours that recognize employees' contributions and their value to the organization.
- **Professional Development:** Behaviours that assist employees to attain their career goals or to advance in the organization.

The most frequently reported kinds of supportive behaviors in the survey were:
- communicating in an open and honest manner
- granting time off work when needed
- answering questions in a timely manner
- allowing the employee to decide their work schedule
- smiling/appearing happy to see me
- providing clear instructions.

These items were reported to occur "often" or "always" by about 70% of the respondents.

Smaller proportions of respondents reported that their supervisors frequently recognized their efforts. For example, only one in two reported that their supervisor thanks them for the things they do "often" and "always". Similarly, about one in two reported that they are given positive feedback "often" or "always".

Frequent support for professional development was also reported by a smaller proportion of employees. However, because employees were not asked about their expectations for support or their desired level of support, it is not known how much support was needed in the first place. For example, employees may not need or expect their manager/supervisor to *always* "encourage work for professional development."

Were there any differences in the amount of supervisor support between employees in different occupational categories?
Based on frequency counts for each item, employees who belonged to the management occupational category reported receiving more support from their manager/supervisor compared to employees in a bargaining unit or administrative categories in many areas. A few noteworthy differences are highlighted below:

For the item *"My manager/supervisor keeps me informed about things going on at work"*
- 67% of the management group reported this occurred *"Often" or "Always",* compared to
- 43% of employees in the administrative group, and
- 40% of employees in the bargaining unit.

For the item, *"My manager/supervisor communicates with me in an open and direct manner"*
- 81% of the management group reported this occurred *"Often" or Always",* compared to
- 65% of employees in the administrative group; and
- 70% of employees in the bargaining unit.

For the item, *"My manager/supervisor asks me how I am doing and means it"*
- 59% of the management group reported this occurred "Often" or "Always", compared to

- 47% of employees in the administrative group, and
- 53% of employees in the bargaining unit.

For the item *"My manager/supervisor works with me on things using a collaborative style"*
- 57% of the management group reported this occurred *"Often" or "Always",* compared to
- 47% of employees in the administrative group, and
- 55% of employees in the bargaining unit.

In contrast, for the item, *"My manager thanks me for the things I do"*
- 46% of the management group reported this occurred *"Often"* or *"Always"*, compared to
- 60% of employees in the administrative group, and
- 50% of employees in the bargaining unit.

Summary of Findings: Unsupportive behaviours

How often do employees report that their manager or supervisor does something unsupportive?
Employees were also asked to rate the frequency with which their managers/supervisors displayed 19 different kinds of unsupportive behaviours. These 19 behaviours were also generated in an earlier interview study at two different organizations. Each behaviour was rated on a 5-point scale from occurring "Never" to "Always". The behaviours assess the following three major dimensions.

- **Belittling:** Behaviours that undermine employees' confidence in their competencies or that undermine their efforts to achieve work goals.
- **Apathy:** Behaviours that convey a lack of interest in the employees' work or disregard for the difficulties and demands they are facing.
- **Controlling:** Behaviours that limit employees' decision-making capacity or discourage input and innovative ideas on the job.

Unsupportive behaviours were displayed much less frequently than supportive ones. Although the following items were the most frequently mentioned behaviours,

they were reported to occur *"Often"* or *"Always"* by only about 10% of the respondents:
- giving insufficient notice about meetings or deadlines
- making substantial revisions to employees' work, and
- monitoring how long it took for employees to accomplish tasks.

There appeared to be very slight differences in the perception of unsupportive behaviours between employee groups. Employees who belonged to the management occupational category appeared to report less unsupportive behaviours from their supervisors. A few noteworthy differences are highlighted next:

For the item, *"Becomes over-involved in projects or tasks that are supposed to be my responsibility"*
- 3% of the management group reported this occurred *"Often"* or *Always",* compared to
- 10% of employees in the administrative group, and
- 3% of employees in the bargaining unit.

For the item, *"Gives me insufficient notice about meetings or deadlines"*
- 10% of the management group reported this occurred *"Often" or Always",* compared to
- 8% of employees in the administrative group; and
- 17% of employees in the bargaining unit.

For the item, *"Makes substantial revisions or suggestions related to the work I do"*
- 1% of the management group reported this occurred *"Often" or Always",* compared to
- 15% of employees in the administrative group, and
- 17% of employees in the bargaining unit.

For the item, *"Makes decisions that affect me without checking with me first"*
- 1% of the management group reported this occurred *"Often" or Always",* compared to
- 10% of employees in the administrative group, and
- 2% of employees in the bargaining unit.

For the item, *"My manager/supervisor gives preferential treatment to certain employees"*

- 4% of the management group reported this occurred *"Often" or Always",* compared to
- 15% of employees in the administrative group, and
- 9% of employees in the bargaining unit.

What were the levels of job strain and work related stress?

Close to two-thirds of employees agreed (somewhat or strongly) that they worked under a great deal of tension. The Bargaining Unit staff reported the highest levels of strain in four of the five strain-related questions, followed by management and administrative staff.

The scale used to determine work related stress was the same used in the Regehr et al., 2000, study that identified higher levels of Post-Traumatic Stress Disorder (PTSD) scores in child welfare staff than fire fighters and ambulance drivers – an overall staff average of 29.5 at the Children's Aid Society of Toronto. Almost the same overall staff average score was obtained in the present study – an average of 28. The cut-off score used as an indicator of clinical PTSD is 26. The bargaining Unit staff scored the highest on average at 30.4 and the administrative staff the lowest, at 23.5. The management staff averaged 27.

Were perceptions of manager/supervisor's supportive behaviours associated with job-related attitudes and strain?

Employees who reported receiving more support from their manager reported higher levels of commitment to their supervisor (e.g. "My supervisor really inspires the very best in me in the way of job performance") and more job satisfaction (see Figure 1). For example, the average summed score of the manager commitment scale was 42 among employees who reported receiving more frequent support from their manager compared to 27.7 among those receiving less support. The summed score of job satisfaction was 20.9 among employees with high supervisor support compared to 17.6 among those reporting less support from their supervisor. As can be seen in the Figure, employees with supportive managers

also reported less work-related strain, less symptoms of PTSD, and lower turnover intentions.

Figure 1
Differences in Job-related Attitudes and Strain between Employees with High versus Low Supervisory support
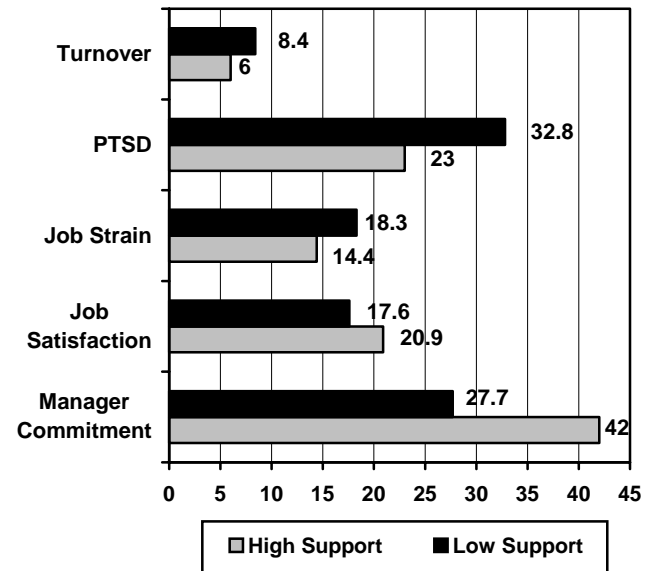
Employees reporting more frequent support from their manager also reported more autonomy in their work role and were more likely to feel that their manager regarded their work positively. Conversely, employees who reported more frequent displays of unsupportive behaviours reported to have less autonomy on the job and were more likely to believe their manager had low regard for their competence and contributions to work.

Unsupportive manager behaviours were related to the perception of higher work demands, less commitment to the supervisor, lower levels of job satisfaction, higher job strain, higher PTSD scores and higher levels of turnover intentions.

Is the relationship between supportive supervision and job-related outcomes more or less pronounced for certain types of workers?

There are several reasons to expect that the relationship between supportive supervision and job-related outcomes (e.g. job satisfaction) might differ between certain types of workers. First, the nature of work and level of expertise required on the job make certain forms of supervisory

support more or less relevant. For example, employees who work with clients on a daily basis may benefit more from supervisor support, given the interpersonal stressors inherent in the job. However, one could also argue that employees who work in direct client services are less affected by what supervisors do or say because they work more autonomously on the job and have limited contact with their supervisors.

The findings did reflect a differential pattern between supportive supervisor behaviours and job-related outcomes between the staff groups. Supportive behaviours were strongly related to job-related attitudes of administrative employees, but played a smaller role among those in the bargaining units. Among employees in administrative categories, job satisfaction was largely influenced by how much supervisor support they received.   Although supervisor support was positively related to the job satisfaction of employees in the bargaining unit, the strength of the relationship was weaker. A similar pattern emerged for the other work-related outcomes. This suggests that other features of the work environment are more influential in determining work-related attitudes for employees who are members of the bargaining units.

Were there any differences in job-related attitudes (e.g. job satisfaction) and job-related well-being (e.g. job strain) between employees in different occupational categories?
Employees in direct client services were significantly more likely to report higher work demands, higher levels of work-related strain and symptoms of post-traumatic stress disorder than those in corporate services. Higher levels of work demands and strain were also reported by employees who belonged to a bargaining unit or management category compared to those in administration. Not surprisingly, those in the management category reported more autonomy on the job.

As an example, about two-thirds (65%) of those in the management category and 72% in the bargaining unit somewhat or strongly agreed that they worked under a great deal of tension compared to 43% of those in the administrative category.

About three-quarters of those in the management category indicated that it was mostly or strongly true that they have a lot of say over what they do on the job, compared to 45% of administrative employees and 54% of those in a bargaining unit.

In terms of job-related attitudes, those in management and administrative categories reported more satisfaction with their jobs and were less likely to think about leaving the organization compared to those in bargaining units. As an example, about three-quarters of employees in the administrative and management categories were satisfied with their jobs compared to 62% of those in bargaining units. Only 10% of those in administrative and management categories indicated that it was likely (quite likely or extremely likely) that they would actively search for another job in the next year, compared to 17% of those in bargaining units.

Do employees with a longer tenure in the organization rate their work environment differently than newer employees?
Employees who had been working at the organization for a greater number of years reported more confidence on the job, were more likely to feel like their supervisor viewed them in a positive light, reported more autonomy in their work, but also experienced higher work demands. Those employed longer tended to be older and were proportionally more represented in the management group. They were not different from newer workers in the amount of support they reported from their supervisor (using an average score across items), or in their satisfaction with their work, or plans to leave the organization.

General Conclusions
The 2003 supervisor support survey revealed a strong association between how managers/supervisors behave towards their employees and employees' work-related attitudes and job strain. Employees who reported receiving more support from their supervisor were more satisfied with their jobs, more committed to their

supervisor, and were less likely to think about leaving the organization. Further analyses demonstrated that these supervisory behaviours had the strongest positive bearing on work-related attitudes and job strain for employees in administrative positions.

Supervisor support is manifested in various ways such as giving frequent positive feedback, communicating in a direct manner, being flexible with work schedules, ensuring their employees have adequate work resources, working collaboratively with employees, sympathizing with their difficulties, and showing a willingness to go to bat for them in times of need. The survey instrument assessing supportive and unsupportive managerial behaviours provides a useful informal tool for self-assessment for supervisors to reflect upon their own strengths, as well as well as areas they would like to improve on.

The survey results also showed that unsupportive behaviours on the part of the supervisor (e.g. getting visibly upset when mistakes are made; focusing more on negative things than positive things; blaming employees) had a negative bearing on work-related attitudes and were associated with greater job strain. These behaviours were displayed much less frequently than supportive behaviours. The findings suggest that these kinds of behaviours may negatively impact employees, even if they are only displayed once or twice.

The levels of PTSD scores identified here were very similar to those found in an earlier study conducted at a large Children's Aid Society (Regehr et al., 2000). In both studies, staff working in child welfare services report higher levels of stress than fire fighters and ambulance drivers but also high levels of support. The present study clarifies the nature of that support and that, although stress levels are still high, supervisory support has been shown to reduce stress levels.

Finally, the results suggest that supervisors may be able to positively affect employees' work-related attitudes and well-being through empowering employees to feel they have autonomy in their work and through communicating to them that they are valued, both professionally and on a personal level. Supervisory support will not eliminate staff turnover but the study findings indicate that it could be influential in reducing it and contribute to a more positive work environment.

Next Steps
The results have been reported to and discussed with the agency Senior Management Team and several other agency committees to expand the understanding and meaningfulness of the findings. It is anticipated that the findings will be incorporated into agency training materials in an effort to increase the effectiveness of supervisory support, across all groups of staff.

About the Authors

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Thirty Years of Fostering

By Marie Croft

Introduction

Marie Croft, along with her husband Jim, have successfully fostered for 32 years. They began fostering with York CAS and lived in a rural community. At that time they provided traditional foster care simultaneously for many children. In the mid-1980's they became involved in the Thistletown Regional Centre Therapeutic Foster Care Program. Through this Program they began to look more specifically at the treatment needs of children. Since 1989, they have worked continuously with the Treatment Foster Care Program in Cobourg which is sponsored by the three Children's Aid Societies of Durham, Kawartha-Haliburton and Northumberland. Building on past experience, they have continued to refine their knowledge and skills in working with trauma impacted and attachment disturbed children. Dr. Paul Steinhauer greatly impacted on their development. They continue to apply their knowledge and sensitivity in working with children in long term care to this day. Ms. Croft does training on the importance of tracking a child's behavior in the milieu and how to complete daily logs.

Ms. Croft delivered the following text as part of the opening of the Treatment Foster Care OACAS Pre-Conference Workshop on May 30, 2004.

I became connected with the world of fostering in 1972. It has been quite a journey that foster parents have travelled in the last 32 years. I have been asked to share that journey with you.

In 1972 we took kids in with no questions asked. We knew very little about the child's history, if any, and no pre-placement was necessary. We lovingly looked after them, gave them proper clothing, equal opportunities in sports/club activities and they felt cared for.

In the mid-1980's *Treatment Foster Care* became the buzz term and with that came questions like *"how much can we tell our foster homes?" "How much can they handle?"*

In the early 1990s it was said that "*foster parents can do the work, given the right placement and the right resources – they* can *provide stable and long term care that is needed for our kids."* It was also said that *"the more a caregiver knows about a child beforehand, the better it is."*

So with that new breakthrough, we were entering into a child's life with a lot more knowledge. However, we needed practical tools to go forward and to help us deal with a variety of behaviors. We became involved in intense training.

As part of the training we had books to read. From all this we soon realized that teamwork was the key. Teamwork was actually viewed as being vital to the success of treatment program and still plays a huge role. Foster parents now attended every meeting, discussing, being listened to, providing input – a huge change from previous years. We were able to take a good look at the driving forces behind a child's behavior as a team. We looked at the aftermath of sexual abuse and attachment issues and child care consultants came into the home with the plan of implementing what we had learned in our workshops.

Foster parents were enabled to teach strategies to help with anxiety management, to help the child to stop, think and do rather than just setting house rules and expecting the child to comply. We no longer squashed behaviour because the rules said so. We were not trying to control, but to help the child heal by working beneath the surface.

This was a big difference in the foster home as we were entering into a child's pain with empathy and trying to appreciate the child's point of view. We were more willing to listen and help children understand their behavior. They cannot be accountable for it if they do not understand it.

> **We are mindful of the fact that words don't come easy and we have to listen as well as document. Only by looking and listening can we hear what they cannot tell us.**

The role of fostering today has indeed had a new dramatic breakthrough into the world of the whole child – trying to see the world through the eyes of the child and trying to understand the child's pain.

In order to understand and define behavior, we examine situations before, during and after each incident. We are mindful of the fact that words don't come easy and we have to listen as well as document. Only by looking and listening can we hear what they cannot tell us.

We must remember that we are on a long and painful journey with the child. We must trust the process and remember that it is slow. We must also remember that it is their pain that is manifesting in their behavior. If we don't understand that, the work can indeed become a burden.

Today we have uppermost in our minds that:
1. Kids in care don't trust – why should they? people that they have trusted have hurt them
2. They are deeply scarred and they wonder if we are strong enough to keep them safe
3. It is our job to create an emotional sanctuary for the children we care for – a place where they can release their pain and know it is safe to do so without being judged.

In doing all this we give them a chance to free themselves of their conflicts. We help them understand they have a life and that they have meaning. We acknowledge their pain and hope they trust that we will be there for them this time.

We have also learned that none of this can be done without team back-up. Everyone needs to be on board with one goal; to help the child heal.

When it comes to insight and knowledge in this amazing world of fostering, we are always learning. There is always some new insight that opens another door for us to walk through.

The end results are rarely, if ever, perfect. But they are certainly better than if we had done nothing at all.

Moving from Clients Evaluating Services to Clients Designing Services

By: Gary C. Dumbrill
    Sarah Maiter

This article is based, partially, on a paper previously published as:

Dumbrill, G. C., & Maiter, S. (2003). *Child protection clients designing the services they receive: An idea from practice.* Child and Family: A Journal of the Notre Dame Child and Family Institute, 7 (1), 5-10.

Introduction

Children's Aid Societies are increasingly recognizing the importance of clients evaluating the services they receive. For some time "youth in care" groups have held an important and constructive voice in shaping services at an agency level and also at a provincial level through networking and conferences. More recently, parents' voices have also been heard as a result of agencies using surveys and even focus groups to ascertain parents' opinions about the services they receive. But can parents contribute more to the improvement of services than completing surveys or taking parts in focus groups? We argue that they can and support this contention by presenting findings from a study that we undertook when working for an Ontario Children's Aid Society during the mid-1990s. That study set out to test the viability of asking parents to evaluate the services they received in an era when the viability of such evaluation was less evident than it is today. The study, however, moved beyond simple program evaluation and led to parents developing a model for intervention that they suggested agencies use when bringing children into care. We present this model here, but first we trace the theoretical thinking that led us to undertake the study. We conclude by suggesting that agencies continue current efforts to ascertain parental views of services they receive but also move beyond these measures to involve parents in agency management and planning at Board and committee levels.

Theoretical Foundations: Client Expertise

By the mid-1990s the voice of children in care was having an influence on the services they received but the voice of parents was rarely heard. Yet a thrust was underway for child protection work to become more collaborative with parents, particularly in the area of case planning (Burford & Pennell, 1995; Callahan, Field, Hubberstey, & Wharf, 1998; Callahan & Lumb, 1995; Corby, Millar, & Young, 1996). In Ontario, solution-focused approaches were the primary means of achieving collaboration. Solution-focused theory considered parents to be "experts on their own needs" and solution-focused methods gave workers the means to tap this expertise when developing and designing individual case plans. Of course workers would not allow parents to shape case plans in ways that left

children at risk, but as much as possible workers used solution-focused techniques to involve parents in case planning and they took seriously the contention that parents understood their own needs and the type of intervention that would assist their family.

Finding a good fit between solution-focused methods and the casework we were undertaking, we began to extend solution-focused logic into the area of program evaluation. We argued that if child protection clients were experts on their own needs, they must also be expert evaluators of the services designed to meet these needs. Although at that time, this link between solution-focused casework theory and the idea of clients evaluating programs was new, the idea of clients evaluating the services they receive had existed in other theoretical paradigms for some time. For instance, empowerment literature suggests that clients understand their needs and experiences better than anyone else and should be directly involved in shaping the services they receive (Lord & Hutchison, 1993; Whitmore & Kerans, 1988). Making the link between the newer solution-focused ideas and empowerment literature, it seemed important to test the viability of asking parents who received child protection intervention to evaluate and make suggestions to improve the services they receive.

Design and Methodology

We asked parents about their experiences with child protection intervention and for recommendations to improve such service. Only parents whose cases were closed were invited to participate in the research because it was thought that parents actively receiving services might worry that any negative feedback they gave to the authors may impact their case. As our study was exploratory, and because we sought in-depth qualitative data, we only interviewed eight parents. All of these parents were involved with child protection services for alleged or verified physical abuse or neglect and all had a child or children admitted into care. We purposely selected parents who had been in conflict with the agency in order to provide a stronger test of the viability of parents, who might have negative views of services, being constructive in an evaluation process.

We developed an interview guide comprised of pre-set questions and envisioned asking parents questions and noting their subsequent answers. The first parent to be interviewed, however, asked us more questions than we were able to ask her. This parent's questions were mainly personal in nature; about our home lives, children, and families. These questions came as a surprise and unmasked the assumptions with which we approached the project. We assumed that in order to develop knowledge we would ask the questions and the parents would answer them. Research was not supposed to involve the participant's asking more questions than the researchers, especially questions of a personal nature. Yet this parent's behavior caused us to wonder what gave us the right to consider our questions more important than hers. We then recalled feminist arguments that suggest interview guides are problematic because "the person being interviewed has a passive role in adapting to the definition of the situation offered by the person doing the interviewing" (Oakley, 1981, p.35) and that "the goal of finding out about people through interviewing is best achieved when the relationship of interviewer and interviewee is non-hierarchical and when the interviewer is prepared to invest his or her own personal identity in the relationship" (Oakley, 1981, p. 41). With this feminist perspective in mind, we began to answer the parent's questions and intuitively started to discover a way of researching with parents based on similar collaboration and co-construction ideals to our solution-focused practice. What we were intuitively discovering was "co-researching," which is a perspective in which knowledge is constructed **with**, rather than **about**, those being researched (Moureau & Whitmore, 1995). From this beginning, a non-hierarchical relationship developed with parents participating in the research and each parent was viewed as a partner who was given the opportunity to become involved in as much or as little of the research process as he or she desired.

Findings

All of the parents candidly discussed their experiences and offered constructive advice about the ways services could be more effectively delivered to clients. Parents had three suggestions for improving service: they wanted workers to listen more; they wanted to be given opportunities to

make choices and be more involved in case planning; and they wanted to be better informed by workers.

Recommendation 1: Listen to Parents More

Parents complained that they were not heard or understood by workers. An example is a couple who called child protection services several times because their son was becoming increasingly out of control. It was not until the father, reacting in frustration, threatened to harm his son that the agency responded. These parents had ideas about how their son might be helped, yet they felt that their child protection worker did not give them an opportunity to share these ideas. The parents speculated that their frustration was interpreted as hostility, which may have caused the worker to shy away from collaborating with them. As a result, plans were formulated by workers without their input after their son was taken into care.

Parents said that even when workers sought their opinions, these opinions were not always understood. One mother shared that the only way she could obtain help for her son's mental health needs was to "abandon" him at the child protection agency, thereby forcing the agency to admit him into care and eventually into a residential treatment facility. The agency had viewed this mother as callous for abandoning her son. Yet, rather than a cold and abandoning parent, this mother had acted in desperation to force the child welfare system to help her son in the only way she knew how.

Based on these and similar experiences, parents recommended that workers listen more carefully to what they were saying and also take the time to more fully grasp parents' perspectives and motives.

Recommendation 2: Allow Parents Choice and Participation

Parents also spoke of being denied opportunities to make choices in any areas of their children's lives after they were admitted into care. These included, but were not limited to, selecting their children's school courses, having contact with their children's teachers, or purchasing their children's clothing. Parents expressed a deep interest in

having these seemingly minor tasks remain their responsibility.

It was easy to understand why workers removed these opportunities from parents; child protection services often deal with hostile and volatile parents who have difficulty in being involved with their children in a constructive way. As a result, "standard operating procedure" denied a parent choice and participation unless special circumstances existed that allowed such opportunities to occur. These "special" situations, however, became exceptions to the rule because workers with high caseloads did not get the opportunity to identify these opportunities. Parents recommended, therefore, that standard operating procedure be reversed to automatically allow full parental participation with their children in care unless exceptional circumstances existed to preclude this.

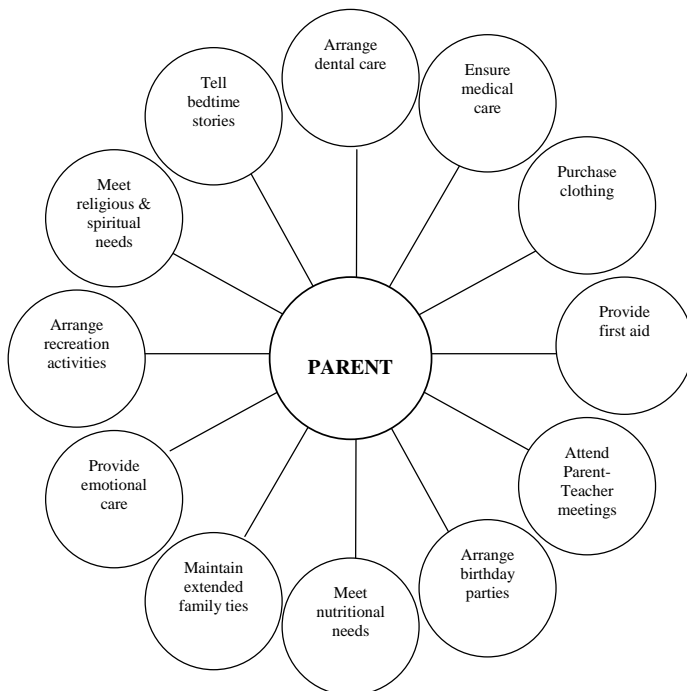## Recommendation 3: Keep Parents Informed

Parents felt that they were inadequately informed about issues relating to their cases. For example, a mother explained how a worker gave her copies of court papers that outlined all of the mistakes she had made, which led to her child coming into care. Left alone with this information, she read the papers over every night and cried. The mother suggested it would have been better to give her a written plan detailing how she could work to overcome these problems. This would then allow her to focus on constructive solutions, as opposed to ruminating over mistakes. At that time, while it was compulsory for workers to give parents copies of court papers, it was against agency policy to provide them with copies of the plan written in casework files. In this mother's case, such written plans did exist in her file and copies of these would have been very useful in guiding her towards improving her situation. Consequently, parents recommend that copies of all written information and plans relating to their case be given to them as a matter of course (except for any confidential information in their files regarding third parties).

A Service Model Designed by Parents

Findings revealed that despite solution-focused efforts, casework with parents was not leading to the type of

collaboration parents found useful. Because the project evolved beyond simply gathering data from parents, it was possible to include parents in considering the implications of findings and developing an intervention model that remedied the service delivery problems they identified. Parents formulated their recommendations into a model that they proposed workers use when bringing children into care. The model focuses on the functions of parenting that are shown in Figure 1.

Figure 1
Select Tasks of Parenting

Arrange dental care

Tell bedtime stories

Ensure medical care

Meet religious & spiritual needs

Purchase clothing

Arrange recreation activities

Provide first aid

PARENT

Provide emotional care

Attend Parent-Teacher meetings

Maintain extended family ties

Arrange birthday parties

Meet nutritional needs

Parents wanted workers to use the above diagram when bringing children into care because it would help workers understand that despite the mistakes a parent may have made, the parent has the same feelings, hopes and worries as any other parent who juggles the tasks of caring for their child. Parents suggested that before admitting a child into care, workers create with them a diagram similar to Figure 1. Doing so would allow the parent and worker to map together the specific role the parent has been playing in their child's life. Although many of the tasks shown in the figure would be the same for any parent, each would have their own unique way of managing their responsibilities, resulting in a slightly different map for each client. Parents pointed out that

while this process is designed to help the worker understand the parent, workers might also use this diagram to illustrate to parents their concerns about tasks that have not been fulfilled by the parent.

Parents said that once the map is completed, workers should strive to ensure parents continue to undertake as many of their existing parenting tasks as possible. Indeed, unless a parent has failed in all areas of parenting, it makes sense to allow them to continue to perform those tasks they do well. In fact, doing so might actually reduce the overall stress on workers. In particular, the days immediately following an admission into care involve tasks such as taking the child to a medical exam and registering the child in her/his new school. In addition, the worker also needs to arrange access visits. In many instances, parents who do not require supervised access could perform these and similar instrumental tasks. In the process, parents could potentially have a more meaningful and productive access visit than in the traditional office setting, or worse, the traditional trips to the local McDonald's.

Parents contended that not maintaining their involvement in as many of the above tasks as possible was a counter-productive casework strategy. Indeed, it makes little sense to sever healthy connections with their children in the process of repairing unhealthy ones; a process parents contended analogous to a physician amputating a leg to set a broken femur. One mother spoke of how difficult it was for her to have parenting responsibility removed when her children came into care. The consequent lack of "parenting practice" meant that when her children returned home, she had to re-learn how to be a parent again.

The above model for admission of children into care not only makes casework sense, but also addresses the concerns parents had about child protection intervention. It ensures that workers gain a better understanding of parents, and it enables parents to be given ways to remain involved with their children in care. It logically follows that parents who are involved in these processes will also remain better informed about what is occurring with their children.

Conclusions

The above research reveals the potential of involving clients in evaluating and helping design the services they receive. Parents' recommendations were logical, well thought out, made clinical sense, and would clearly improve the way services are delivered. The benefits of parental involvement in program planning became so evident through this research that the agency where the project was conducted asked a parent who had been involved in the research to sit on a committee restructuring the agency foster care system and to become a member of the Board of Directors' Program and Services Committee. The parent also presented the above findings and model at child protection conferences in Canada and the USA.

Although this research was conducted in the mid-1990s, these findings are particularly pertinent today as increasing numbers of children enter care and as agencies are increasingly listening to parents when evaluating the services they deliver. The above research not only shows the viability of listening to parents when evaluating service, but also the potential parents have to help design services.

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New Adventures in Therapy Camping

By Ronnie Littlewood, B.S.W.

In the fall of 1999, one of my school assignments was to examine The Children's Aid Society of Brant and develop a program that would aid and assist clients. At that particular time, Brant CAS was having a large influx of parent-teen conflicts. Again and again, the Intake team was responding to field calls from angry parents of difficult adolescent males with whom they could no longer communicate. In some extreme cases, the boys would actually have to come into care as they had literally been abandoned.

It was these kids that inspired me to focus my assignment on a fictional program that revolved around taking these boys close to nature where I could practice non-traditional therapy with them. From my own experience with pre-teen boys, I knew that they didn't respond to "traditional" counselling. Either you couldn't keep their attention or they were so socially isolated and withdrawn that they refused to talk about their feelings. And one hour per week was not going to even begin to touch the issues that they were dealing with.

Fast forward to two years later and I had been working as an Intake Worker with Brant CAS when I came across my old project. I sent it to my Executive Director, Andrew Koster who not only read it, but liked it! The Children's Aid Society of Brant has always tried to be a forerunner in community social work and the camp would fit with Brant's practice and vision. I was encouraged to try it on a pilot basis in the summer and request funding from The Children's Aid Society of Brant Endowment Fund.

Outdoor therapy, commonly known as wilderness retreats, exists all over the United States. According to the National Association of Therapeutic Wilderness Camps in America, these camps have a success rate of 80%, as opposed to youth detention centers that have a success rate of 28%. Success is measured by the youth graduating from the program, returning home, going back to school successfully, and staying out of any detention facilities for at least one year.

Inspired by the success rates of these camps, I contacted numerous Ontario camps to see if there would be interest

in the program. After short-listing about half a dozen, I selected the Salvation Army Jackson's Point Camp. Major Joan Canning, who was the Director of the Camp, was very supportive of the program in that it was in line with many of her Camp's values and goals. During this time, I made the presentation for endorsement of the program to the Agency's Board of Directors and later made a funding request to The Children's Aid Society of Brant Endowment Fund. The greatest feature of my presentation was the emphasis that this camp was preventative work to help keep kids out of care. If the camp managed to reach all ten boys and keep them out of care, the Society could save $90,000 in per diem costs for one year. Both Boards embraced my vision, and happily endorsed the camp!

The goal of the Wilderness Camp was to take ten boys between the ages of 10 to 12 out into the wilderness for two weeks. The boys chosen for the project had to be at medium to high risk of parent-child separation because of conflict, and demonstrating marked difficulty at home and/or school. In addition, they could have a diagnosis of ADHD, ADD, and ODD.

While there, they would have the opportunity to go swimming, canoeing, hiking, rock climbing, fire building and swimming in polar bear dips. But more importantly, they would receive anger management therapy, social skills training, and peer group support. By combining the two activities, learning could occur in a much more natural state. For example, when it is pitch black at 9:30 at night, and everyone is sitting around the fire and listening to crickets outside, it is very natural to be able to talk more openly then if the same boys were sitting in a classroom at 2:30 in the afternoon.

According to the struggling teens' website "Wilderness therapy is an emerging intervention and treatment in mental health practice to help adolescents overcome emotional, adjustment, addiction, and psychological problems. The wilderness therapy process involves immersion in an unfamiliar environment, group living with peers, individual and group therapy sessions, educational curricula, including a mastery of primitive skills such as fire-making and backcountry travel, all

designed to address problem behaviors and foster personal and social responsibility and emotional growth of clients."

In the summer of 2003, armed with a staff of two, we took a crew of rowdy, energetic young males and made our way up North to see if we could enact a life-changing experience for these boys. As is typical of most groups, we had our share of forming and norming stages. Fistfights broke out, one kid had a bloody lip, and one young man even managed to go AWOL off the Camp. However, for the large remaining amount of boys, there were huge changes in their behaviors.

Let me a give an example. When Todd first came in the camp, he was excruciatingly shy and withdrawn. He would walk with his shoulders hunched and his head down. Todd was bunked with the shortest child of the group and there was an instant friendship born. Over the next two weeks, Todd came out of his shell. He started talking, laughing, and even participating a little in our therapeutic exercises. Near the end of our stay, the other campers learned that he could roller blade backwards which made him an instant celebrity within the group. Todd had transformed from a kid who couldn't even lift his head up or speak past grunts into a laughing, smiling young man who had found his voice.

Another example is a child named Greg. He was a very energetic, unbelievably loud and hyper twelve-year-old who needed to be the constant center of attention. He rarely followed direction and generally was the one who would get all the other kids "going." He could also be counted on to stay up till at least two o'clock in the morning. The funny thing about Greg was that he also suffered from extreme anxiety. He used to refer to himself as a "freak" because he had to take medication and wasn't like other kids. At camp he realized that lots of other kids take Ritalin and this became normalized for him. Not only did his self-image improve but he became a leader in the group that the other kids looked to for guidance. He was even able to intervene and de-escalate in a couple of tense situations with other kids.

The camp utilized many different methods to interact and teach the children. They were able to role play, process feelings through group therapy and incorporate different mediums such as use of a Native Talking Stick. They tried to teach each other what was and wasn't appropriate. At the end of the camp each boy was presented with a framed certificate of completion. The ten boys that started the camp left a little wiser, more mature, and resembled young men more than boys. Statistically, the camp was a success. Our goal was to keep these boys out of care. Nine months later, none of the boys have come into care and, in addition, six of the family files have closed.

With this kind of success, we will endeavor to continue to run this Camp. I believe that every Children's Aid Society could benefit from running a program like this. The Society will save money and it truly helps these children. It is a win-win situation for all involved. I encourage any worker who is willing to try to work outside of the box to do it! As Mahatma Ghandi once said, "You must be the change you wish to see in the world."

About the Author

Ronnie Littlewood has been employed with Brant CAS since 2000, first in Intake and now in Adoption.

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Predictors of Post-traumatic Distress in Child Welfare Workers: A linear structural equation model

By Cheryl Regehr, David Hemsworth, Bruce Leslie, Phillip Howe and Shirley Chau

An important body of literature explores the issue of work related distress in social workers. Within this literature, there are two major approaches; that of investigating the concept of burnout, and that of investigating the effects of traumatic events. Burnout is generally defined as a state of physical, emotional, and mental exhaustion caused by exposure to chronic stress in the workplace. Researchers and theorists in this area have suggested that burnout is accompanied by an array of symptoms including physical depletion, feelings of helplessness and hopelessness, disillusionment, and the development of a negative self-concept and negative attitudes towards work, people involved in the work (clients, colleagues and managers), and at times even life itself (Kahill, 1988; Pines & Aronson, 1988). Factors, which contribute to burnout and ultimately job exit in child welfare workers, are role conflict, role ambiguity, equivocal successes, lack of control over the working environment and high workloads (Guterman & Jayaratne, 1994; Collings & Murray, 1996; Drake & Yadama, 1996). That is, chronic work stressors combined with a sense of powerlessness in the organization reduces the worker's sense of professional competence and ultimately leads to burnout (Guterman & Jayaratne, 1994). Social supports, particularly the support provided by co-workers, has been identified as one of the key protective factors in burnout (Davis-Sacks, Jayaratne & Chess, 1985). Interestingly however, two recent large-scale studies have suggested that perceived support from managers and supervisors is a poor predictor of stress and burnout in social workers (Collings & Murray, 1996; Um & Harrison, 1998).

A second field of inquiry has focused on response to acute stressors or traumatic events on workers. As a consequence of exposure to trauma in the line of duty, workers may suffer from secondary traumatic stress disorder (Figley, 1995a) or vicarious traumatization (McCann & Pearlman, 1990). For child welfare workers, this includes exposure to child deaths, traumatic deaths of adult clients, threats of violence against themselves and assaults against themselves (Regehr et al 2002a, 2002b; Horowitz, 1998). In this model of understanding, exposure to the atrocity that one human commits against another can result in post-traumatic stress symptoms

including intrusion, avoidance, dissociation and sleep disturbance (Chrestman, 1995; Kassam-Adams, 1995; Figley, 1995b). Most studies in this area to date have focused on rescue workers such as police, fire, ambulance and military personnel. These studies have suggested that factors which influence secondary response to trauma include the intensity of the traumatic event (Fullerton, McCarroll, Ursano & Wright, 1992; Weiss, Marmar, Metzler & Ronfeldt, 1995); the organizational environment and social supports (Fullerton et al., 1992; Weiss et al., 1995; Leffler & Dembert, 1998); and individual factors such as cumulative life stressors (Mollica, McInnes, Poole & Tor, 1998; McFarlane, 1988a), previous mental health problems (McFarlane, 1988b; Skodol et al., 1996); and cognitive coping skills (Janik, 1992; Hart, Wearing & Headley, 1995).

The current study attempts to integrate the two fields of research described above (chronic stressors and critical incident stressors) to better understand the contribution of each concept to trauma response in child welfare workers following a tragic event on the job. In this model we hypothesize that several factors contribute to levels of post-traumatic distress in child welfare workers. These factors include variables specific to the individual factors, which are related to the organization in which the individual works, and factors related to the traumatic event itself. In addition, beginning with the early work on crisis theory, it has been assumed that crisis events not only cause distress, but also present opportunities for growth and positive change (Caplan, 1964). While post-traumatic stress symptoms are an expected outcome of exposure to traumatic events, increasingly studies of trauma have begun to consider positive changes resulting from traumatic events including changes in perceptions of self, changes in interpersonal relationships, and changes in philosophy of life (Tedeschi, Park & Calhoun, 1998). As a result, the proposed model includes not only traumatic responses but in addition, considers the possibility of positive growth subsequent to exposure to trauma on the job.

Structural equation modelling (SEM) centres around two steps, validating the measurement model and fitting the structural model. In this study, the SEM framework was used to test a hypothesized model for understanding traumatic response in child welfare workers. Stemming from both a review of the literature and the previous work of the researchers, three latent variables, or constructs were selected *Individual factors*, *Organizational factors* and *Incident factors.* It was hypothesized that individual, organizational and incident factors combine to create distress in workers and that distress subsequently mediates post-traumatic growth.

Individual factors
It has been hypothesized that two of the key elements that define self-schema related to trauma are (1) safety and trust; and (2) power and control (McCann & Pearlman, 1990). The first element, safety and trust, is a component of relational capacity. Relational capacity affects an individual's ability to elicit and sustain supportive relationships with others in the aftermath of crisis. Previous research has demonstrated a relationship between relational capacity and traumatic responses in emergency workers (Regehr, Hemsworth & Hill, 2001). Powerlessness or lack of control has been related to burnout in child welfare workers (Guterman & Jayaratne, 1994) and to their levels of post-traumatic stress. (Gibbs, 1989; Regehr, Cadell & Jansen, 1999). That is, individuals who, following a traumatic event, manage to retain a belief that they can control outcomes have been found to have lower levels of trauma than individuals who believed they were controlled by external forces (Gibbs, 1989; Regehr et al., 1999).

Organizational factors
The second set of predictors in this hypothetical model is related to the organization. On the basis of previous research on burnout, it was hypothesized that organizational factors include both ongoing workload stressors and social supports. Ongoing workload stressors in the jobs of child welfare workers have been found to include unwieldy caseloads, court appearances, overwhelming paperwork and negative public perceptions (Vinokar-Kaplan, 1991; Guterman & Jayaratne, 1994; Collings & Murray, 1996). The influence of social supports on reducing distress is questionable and researchers report conflicting results (Davis-Sacks et al., 1985; Um & Harrison, 1998). We hypothesized that

support may come from supervisor/managers and from the union.

Incident factors

Incident related factors are hypothesized to include length of time since the event and number of traumatic events encountered in the past year.

Distress

Both post-traumatic stress and depression symptoms have been hypothesized to be measurable aspects of the construct of *Distress.*

Post-traumatic growth

Researchers investigating a wide variety of stressful and traumatic life events have discovered that individuals frequently report positive outcomes in addition to the expected negative effects. Reported positive outcomes of life stressors include increased appreciation of social supports, higher self-efficacy, social and personal resources, the development of new coping skills and increased self-knowledge (Tedeschi & Calhoun, 1996). In this study it is hypothesized that post-traumatic growth, or the capacity to perceive positive outcomes emanating from a stressful or traumatic experience will be predicted by the degree of distress that a person is experiencing.

Method

The study was completed at the Children's Aid Society of Toronto and 175 staff participated in a survey process. Small focus groups were also used to amplify and illuminate initial findings (details can be seen in the Children and Youth Services Review article or in Regehr, Leslie, Howe and Chau, 2000a).

Discussion

The hypothetical model tested in this study integrated two important areas of inquiry into the experiences of child protection workers; that of burnout related to chronic stressors and that of secondary trauma related to exposure to the tragedies of others and exposure to risks of personal harm on the job. The model included individual factors, organizational factors and incident-related factors. The influence of each of these factors on symptoms of post-traumatic distress and ultimately post-traumatic growth was tested.

Individual factors, which included relational capacity and sense of control, were found to contribute significantly to distress. This is consistent with other studies measuring the association between relational capacity and trauma reactions (Regehr & Marziali, 1999; Regehr et al., 2001). That is, individuals who are mistrustful of others, are shy and nervous in relation to others and are sensitive to rejection are more likely to report higher levels of distress. In addition, greater amounts of control that individuals feel over the outcomes of events appears to lower the level of post-traumatic stress and depression symptoms that they experience. This finding is consistent with that of other research which equates powerlessness and burnout (Guterman & Jayaratne, 1994).

Organizational factors proved to have the strongest association with distress in this model. This included the support of the union and ongoing work stressors. Thus, while the Impact of Event Scale (the measure of post-traumatic stress used) measures the symptoms of re-experiencing and avoidance related to a particular traumatic event, the existence of ongoing stressors related to workload, difficult clients, organizational change and public scrutiny appear to have a profound impact on the individual's experience of traumatic events. Interestingly, as union support increased, so did distress. We would suggest that as workers felt increasingly distressed about workload issues, they turned to the union for support. Indeed, at the time of this study, a major issue that the union was dealing with was ongoing workload issues. Interestingly, social support from supervisors and managers appeared to be of limited value in relieving symptoms of distress in this study. Some studies have found social supports to be mediators of both burnout and post-traumatic distress in child welfare workers and other occupational groups (Davis-Sacks et al., 1985; Fullerton et al., 1992; Weiss et al., 1995). Others have suggested that perceived support from managers and supervisors is a poor predictor of stress and burnout in social workers (Collings & Murray, 1996; Um & Harrison, 1998). The findings of this study suggest that this form of organizational support does not significantly reduce the

experience of distress. Incident factors which included time since the last critical event and number of critical events experienced contributed significantly to the model for understanding distress. This is consistent with other research in this area (Resnick et al., 1992; Mollica et al., 1998; Marmar et al., 1999). However, these factors were less salient than individual factors and organizational factors.

Finally, levels of distress are significantly and directly related to post-traumatic growth. Thus, as levels of distress increase, levels of reported positive change also increase. This is consistent with other reports that suggest that stress and trauma can be energizing for workers (Jones, 1993). It also speaks to the ability of the individuals in this study to appreciate the lessons learned from adversity and to seek to use these insights to improve themselves and their professional practice (Tedeschi et al., 1998).

Conclusion

The work of child welfare social workers is complex and multifaceted. It is comprised both of chronic stressors such as difficult clients, excessive paperwork and public scrutiny and critical events such as the severe abuse or death of children and other individuals and threats to their own personal safety. As a result of exposure to chronic stressors, workers may experience burnout. As a result of exposure to critical events, workers may experience symptoms of post-traumatic stress.

In this study, we have tested a hypothetical model for predicting post-traumatic distress in child welfare workers. In this model, individual, incident and organizational factors combined to produce post-traumatic stress distress in child welfare workers. That is, individuals with a greater sense of control over their lives and a better ability to engage in meaningful relationships with others reported lower levels of distress. In addition, those who had less recent and less frequent exposures report lower levels of distress. However, the organizational context remains the most important factor. In this model, this factor includes support of the union and ongoing work stressors. It thus appears that critical events are encountered by individuals who are already

coping with high levels of challenge and stress. In this context, individuals who consistently face adversity may no longer have the resources to manage and overcome post-traumatic stress reactions when faced with a traumatic event such as a death of a child or threat of personal injury. As a consequence they report higher levels of re-experiencing, avoidance and depressive symptoms. Nevertheless, the finding that those individuals who experience the highest levels of traumatic stress symptoms also report the highest level of post-traumatic growth, speaks to the resilience and creative capacity of these workers. The final organizational factor, support from management, did not mediate stress reactions to a significant degree. Thus, while interventions which attempt to support workers may be important, the key issue appears to be addressing persistently stressful aspects of the job.

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Beijing Visits Toronto:
Learning about Canada's Child Welfare System

Front Row, from left to right:
Ms. Yuluo Zhao, President of Mon-Hai International Centre; Ms. Xiaojun Liu, Division Director, Beijing Municipal Office for People's Visits and Letters; Ms. Julie Lee, Director of Human Resources, York Region Children's Aid Society; Mr. Shunian Liu, Deputy Director of the Beijing Municipal Office for People's Visits and Letters; Ms. Jeanette Lewis, Executive Director, OACAS; Mary McConville, Executive Director at Toronto Catholic Children's Aid Society; Ms. Hsiang Fei Lu, Assistant Registrar, OACAS; Mr. Ken Chan, Manager of Information Services, Toronto Catholic CAS; Ms. Louise Leck, Director of Education, OACAS.

Jeanette Lewis welcomes the delegates while Hsiang Fei Lu translates.

On November 12, 2004 a team of 18 delegates from Beijing met with OACAS and CAS Directors and staff to learn about Canada's child welfare system. OACAS was asked by Ms. Yuluo Zhao, President of Mon-Hai International Centre in Montreal, to host their Toronto visit, one stop in their cross-Canada journey.

OACAS was fortunate to have Hsiang Fei Lu, the Assistant Registrar, on staff to communicate with the delegates. Hsiang Fei is fluent in Mandarin and was able to greet the delegates, provide information on the materials they were given, and act as a translator for all the presenters and Beijing guests at the meeting.

Jeanette Lewis, Executive Director of OACAS, welcomed the delegates and introduced the meeting presenters:

- Mary McConville, Executive Director at Toronto Catholic Children's Aid Society
- Ken Chan, Manager of Information Services, Toronto Catholic CAS
- Ms. Julie Lee, Director of Human Resources, York Region Children's Aid Society, and
- Tony Quan, Chief Financial Officer, Toronto Children's Aid Society.

Mr. Shunian Liu, Deputy Director of the Beijing Municipal Office for People's Visits and Letters, expressed thanks for our hospitality and the opportunity to learn about child welfare issues in Canada. He also welcomed Canadians in the room to visit Beijing…there was no shortage of volunteers.

Jeanette Lewis began the presentation by speaking about child welfare facts in Canada and Ontario and provided information about the OACAS. Mary McConville spoke about the services that Ontario Children's Aid Societies provide. Ken Chan spoke about technology supports, Julie Lee provided some human resources facts, and Tony Quan described the funding of Child Welfare. Jeanette Lewis then reviewed some of the Ministry programs, and Mary McConville concluded the presentation by addressing two topics of interest to the Beijing delegation: homelessness and street youth.

While Ontario has approximately 31,000 children in care annually, Beijing has four to five million. Mr. Liu explained that they have a community group in China that specializes in the welfare of women and children. We learned that most of the social workers in Beijing are unionized.

After a short break there was a question and answer period. With Hsaing Fei Lu's translating, presenters were able to answer the questions of the delegates.

Hosting this gracious group was a pleasure and OACAS was thankful for the opportunity to share information that will assist with decision-making for the child welfare and social systems in China.

Mon-Hai International Centre

Mon-Hai International Centre was established in 1993 and its head office is located in Montreal, Canada. As a member of Canada China network council, Mon-Hai International Centre's mandates are to promote the Canada-China business development in fields of trade, investment, technology as well as education, professional training, arts and culture, also to promote the international network with the Canada-China business and culture. Mon-Hai International Centre has a good reputation both in Canada and China.

Shunian Liu expresses thanks for the opportunity to learn from Canada's child welfare and social system.

Mary McConville speaks about CAS services.

Tony Quan and Julie Lee

Jeanette Lewis, Julie Lee, Yuluo Zhao and Shunian Liu talk after the meeting.

OACAS, in support of its members, is the voice of child welfare in Ontario, dedicated to providing leadership for the achievement of excellence in the protection of children and in the promotion of their well-being within their families and communities.