A Family Focused Approach to Promote Child Protection: What Child Protection Workers Do and Experience

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Acknowledgements

I wish to first and foremost acknowledge the support, encouragement and love I have received from my family and friends throughout the undertaking of this research. I would like to dedicate this thesis to the most important people in my life, my husband Matt and my two beautiful children, Ben and Jorja.

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Statement of Authentication

The work presented in this thesis is, to the best of my knowledge and belief, original except as acknowledged in the text. I hereby declare that I have not submitted this material, either in full or in part, for a degree at this or any other institution.

.................................................................
Rebecca O’Reilly
Outcomes of this Thesis

Publications


Conferences/ Research Dissemination


Transcription Glossary

Participants’ narratives directly quoted from interview transcriptions are presented in italics and take the form of the example below:

Joy: You’re always doing an ongoing assessment because things change
and the information that people give you changes and the way they present
changes.

[ ] square brackets indicate words or phrases inserted into the narratives for clarification

( ) parentheses indicate words or phrases inserted into the narratives to indicate pauses or emotions such as laughter

... three dots indicates where text has been removed from the narrative without interfering with the narratives meaning

Some data were extracted from the organisation or child protection service where this research took place. To ensure the confidentiality of the organisation, the child protection service and the participants, any data extracted from organisational or child protection service documents are referred to throughout the thesis as organisational documents.
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ABSTRACT

The child protection workforce is charged with the responsibility of protecting the ever growing numbers of children exposed to abuse and neglect. However, little is known of the child protection workers’ (CPWs) experiences of their day-to-day working roles or how they manage the challenges they face. This thesis explores the day-to-day working lives of CPWs within one child protection service (CPS) that uses a model of family-centred care.

The method of choice was an instrumental case study with 15 CPWs in a non-government child protection service (CPS) situated within a large organisation in a major Australian city. Data were collected by semi-structured interviews, structured observations, non-structured observations and organisational documents. Content analysis was used to analyse the qualitative data. These data were coded into 42 codes and later four major categories. Quantitative observational data were entered into an excel spreadsheet and descriptive statistics were calculated and displayed in tables and graphs.

The study findings indicate that child protection work is multi-dimensional and requires CPWs to be proficient in many key practice and administrative roles including child protection assessments, the implementation of family-centred interventions, documentation and attendance at meetings. The CPW role presented many challenges to the workers including developing worker-client relationships, working closely with CPWs from different disciplines, and collaborating client care with other services and community agencies. The challenges of their work caused CPWs to experience workplace stress which resulted largely from organisational constructs rather than direct client work.

For CPWs social support, organisational supports as well as professional supervision were essential for managing their workplace stress. Workplace stress was also managed through the CPW and their organisation implementing strategies that ensured work-life balance.

This thesis has shown that child protection organisations should implement appropriate workload allocation in response to the multi-dimensional nature of child
protection work as well as providing effective induction processes and ongoing professional development opportunities. Additionally, organisations must ensure that regular and appropriate professional supervision is available for all CPWs. Finally, further research on the day-to-day work life experiences of CPW, in particular the impact of organisational constructs on worker and workplace well-being is recommended.
CHAPTER 1
Setting the Scene

Abstract
This chapter will set the scene for the study presented in this thesis by identifying the need for child protection in the Australian context. What is presently known about child protection workers (CPWs) and their employing child protection services (CPSs) roles in child protection is included in this chapter. Additionally, a summary of workplace stress and its interplay with child protection work is given. Additionally, this chapter will identify the aims of the study and its significance. Definitions of terms and an outline of the thesis are also provided.
1.1 Introduction

Child protection workers (CPWs) are charged with the responsibility of protecting children known to be experiencing child abuse and neglect. The chronic exposure to abused and neglected children as well as working with multi-stressed families is challenging and exhausting for the workers (Anderson, 2000; Azar, 2000; Conrad & Kellar-Guenthar, 2006; Dane, 2000; Jayarante, Chess & Kunkel, 1986). There is some literature that cite organisational structures and cultures within the workplace as also creating challenges for CPWs (Anderson, 2000; Azar, 2000; Ellet, Ellis, Westbrook & Dews, 2007; Gibbs, 2009; Morazes, Benton, Clark & Jacquet, 2009; Smith, 2005; Tham & Meagher, 2009; Yamatani, Engel & Spjeldnes, 2009). Each of these facets of child protection work can result in workplace stress that eventuates in job dissatisfaction and experienced CPWs leaving the profession (Conrad & Kellar-Guenther 2006; Ellet et al., 2007; Gibbs, 2009; Healy, Meagher & Cullin, 2009; Morazes et al., 2009; Tham & Meagher, 2009; Yamatani et al., 2009). Despite the evidence of workplace stress existing in child protection work there is limited literature that explores the CPWs work life experiences, with even fewer being undertaken in the Australian context. This thesis provides a detailed exploration of the day-to-day work life experiences of CPWs who work within a model of care that promotes family centred approaches to child protection.

In order to investigate and describe the day-to-day work life experiences of CPWs this study used an instrumental case study design. The CPWs were observed while engaged in predominantly office based work practices and interviewed to understand their experiences of working in a CPS and organisation. Specifically of interest were what CPWs do in their day-to-day work life, their experiences of working within a CPS situated within a larger organisation, the workplace stress CPWs face, and how such workplace stress is managed. From this study recommendations for CPWs, child protection organisations and future research will be made. Notably, this study provides the first in-depth case study of the day-to-day work life experiences and associated workplace stress of CPWs in an Australian child protection service (CPS).
1.2 Study Background

This section will provide background information on child protection in the Australian context, workplace stress within the child protection workforce and current strategies used for managing workplace stress of CPWs.

1.2.1 Child Protection in the Australian Context

Child protection is a major focus of CPWs and of serious concern in the international and Australian context (Adams, 2005; Australian Institute of Health and Welfare [AIHW], 2006; Watson, 2005; World Health Organisation [WHO], 1999). Child protection for children exposed to child abuse and neglect is a leading issue of child health within Australia (AIHW, 2006). According to the AIHW (1999) child abuse encompasses physical, sexual or emotional abuse. Child neglect is considered as a serious act towards, or not carrying out the necessary care of, a child (AIHW, 1999). Both child abuse and neglect can result in impaired psychological, intellectual or physical development of a child (AIHW, 1999, 2009). The World Health Organisation (WHO) affirms that child abuse and neglect must be addressed to ensure that all children are kept safe (WHO, 1999).

Statistically it is reported that 40,000,000 children globally aged 0-14 years are affected by abuse and neglect (WHO, 1999). Specific to Australia, reported rates for child abuse and neglect notification have more than doubled from the years 1999 to 2005 (AIHW, 2006, 2009). Child abuse notifications include suspected physical, sexual, emotional or psychological abuse as well as child neglect. In 1999-2000 there were 107,134 child abuse and neglect notifications throughout Australia, yet by 2004-2005 there were 252,831 notifications of child abuse and neglect made to child protection authorities (AIHW, 2006). As with child abuse and neglect notifications, substantiated cases increased in each state and territory (AIHW, 2006). Specific to New South Wales (NSW), substantiated cases of child abuse and neglect rose from 6,477 in 1999-2000 to over double that amount in 2004-2005 when there were 15,493 (AIHW, 2006).

The increase of child abuse and neglect notifications may be a result of changes in state and territory child protection policies and practices (AIHW, 2006). Additionally,
it is purported that there is greater awareness and willingness to report child abuse and neglect by the wider community (AIHW, 2006). As a result, the rate of children under care and protection orders across Australia has increased in each Australian state and territory, with a 70% increase in the number of children in out-of-home care from June 1996 to June 2005 (13,979 at 30 June 1996 to 23,695 at 30 June 2005) (AIHW, 2006). Given such overwhelming data, it is imperative that a functional, robust child protection workforce is engaged to address the crisis of child abuse and neglect.

Each Australian state and territory has its own mandatory child protection authority which governs child protection practices and laws (AIHW, 2006). This equates to eight mandatory child protection authorities working throughout Australia (AIHW, 2006; Bromfield & Higgins, 2005). The study in this thesis was carried out within a child protection service (CPS) situated in NSW which had the highest number of child abuse and neglect notifications (133,636) and second highest substantiated cases (15,493) of any Australian state or territory in 2004 to 2005 (AIHW, 2006). The governing mandatory child protection authority for NSW is known as Community Services (formerly known as The Department of Community Services or DoCS) (AIHW, 2006). At the time of data collection for this case study, this agency was known as DoCS and this nomenclature will be used throughout this thesis.

In NSW mandatory reporting of child abuse and neglect is applicable to health care professionals, welfare officers, education system personnel, children’s service workers, residential service workers and law enforcement officers (AIHW, 2006; Bromfield & Higgins, 2005). All notifications of child abuse and neglect made to DoCS receive a ‘risk of harm’ assessment and are categorised accordingly (AIHW, 2006). Following the risk of harm assessment the appropriate action is determined, such as the need for further investigation or direct referral to family support services (AIHW, 2006). Referral of children and families to family support services by DoCS has become increasingly recognised as a more suitable alternative for managing child abuse and neglect cases (AIHW, 2006). Family support services are reported to benefit families by improving their ability to care for children and to strengthen family relationships (AIHW, 2006).
The Department of Community Services (DoCS) are responsible for the development and review of ‘Interagency Guidelines for Child Protection Intervention’ in NSW (AIHW 2006). These guidelines ensure strong cross-agency practices which focus on prevention and early intervention for child protection are in place (AIHW 2006). The ‘Interagency Guidelines’ were established as a means of addressing a significant growth in demand for child protection services in NSW (AIHW 2006).

Despite the establishment of the interagency guidelines, as well as the figures demonstrating child abuse and neglect being a serious concern in the Australian context, limited research has been carried out that explores the child protection workforce. That is, there are no statistics representing the number of CPWs currently working within child protection organisations in Australia. What is documented is that in the Australian workforce, professions where CPWs may be included, such as child care and social services, are largely staffed by women (Australian Bureau of Statistics [ABS], 2006a). Furthermore, international reports and literature with a child protection focus indicate that female social workers are the dominant group staffing CPSs (Conrad & Kellar-Guenther, 2006; Healy, 2010; Landsman, 2007; Littlechild, 2005; Tham & Meagher, 2009; U.S Department of Labor, 2007).

1.2.2 The Child Protection Workforce and Workplace Stress

Child protection organisations are facing difficulty in recruiting and retaining experienced CPWs (DePanfilis & Zuravin, 2002; McCowskey & Meezan, 1998). Such difficulty is reported to leave the child protection workforce under resourced and challenged in the delivery of effective child protection (DePanfilis & Zuravin, 2002; McCowskey & Meezan, 1998). Associated with the high staff turnover of this profession is that young, inexperienced CPWs are often employed to fill vacant positions (Healey et al., 2009; Morazes et al., 2009). This not only depletes the child protection workforce of skilled workers, it also removes the social support that newly employed CPWs may require to survive in this profession (Healey at al., 2009; Morazes et al., 2009). The challenges associated with the poor recruitment and retention of workers within child protection can create workplace stress for this workforce.
There are other workforce stressors that CPSs and their employees must contend with. Organisational constructs along with workplace structures, characteristics, and constraints impose stressors on CPSs and CPWs (Dillenburger, 2004; Wagner, van Reyk & Spence, 2001; Yoo, Brooks & Patti, 2007). Such issues include the impact of legal requirements, a lack of resources, poorly developed policies and difficulty in maintaining a work life balance (Dillenburger, 2004; Gibbs, 2009; Wagner et al., 2001). Additional workplace stressors for CPWs have been identified as excessive workloads; poor manager and team relationships; inadequate supervision and training; unstable organisational culture and lack of communication within an organisation (Dillenburger, 2004; Gibbs, 2009; Morazes et al., 2009; Tham & Meagher, 2009).

An area not elaborated in detail in child protection research is what the CPW role entails and how CPWs experience this role. What is known is that the child protection workforce is charged with the protection of children known to be experiencing child abuse and neglect (Depanfilis & Zuravin, 1999). While a number of research papers report on the implementation and outcomes of various family-centred interventions commonly used in managing child protection (Dufour & Chamberland, 2004; Hahn, et al., 2003; Katz & Hetherington, 2006; Kirk & Griffith, 2004; Marziali, Damianakis, Smith & Trocmé, 2006), a gap remains in the literature that investigates the non-client roles of child protection work. The limited studies that explore the child protection workforce have identified that child protection work requires CPWs to be skilled in many roles (Stalker, Mandell, Frensch, Harvey & Wright, 2007; Walsh 2006; Wells, 2006; Zell, 2006). While such studies have begun to unravel the complexity of child protection work, there remains more to learn.

1.2.3 Managing the Workplace Stress of Child Protection Workers

Managing workplace stress in child protection work has received very little attention in the literature. The management strategies that have been the most commonly employed by the child protection workforce are professional supervision, social support, and strategies for maintaining a work-life balance. Of these, the most commonly cited strategy for managing CPWs workplace stress is professional supervision (Conrad & Kellar-Guenther, 2006; Dillenburger, 2004; Gray 2009; Landsman, 2007; Lawson & Foster, 2005; Redmond, Guerin & Devitt, 2008; Smith, 2005; Stalker et al, 2007; Wells, 2006). While professional supervision is strongly
supported as a necessary strategy for managing workplace stress in child protection, it is recognised that such supervision is not always effective (Davis & Cockayne, 2005; Gibbs, 2009, Landsman, 2007; Severinsson, 2003; Wagner et al., 2001). The effectiveness of professional supervision is linked to the manner in which it is implemented and by whom it is implemented (Littlechild, 2005; Wells, 2006).

Social support and work-life balance received substantially less attention in the literature compared to professional supervision. Social support encompasses the support a CPW received from their peers and was identified as important in managing emotional exhaustion, vicarious traumatisation, compassion fatigue, worker burnout and staff retention (Anderson, 2000; Conrad & Kellar-Guenther, 2006; Redmond et al, 2008; Smith, 2005; Stalker et al., 2007). Similarly, strategies for managing CPW work-life balance, such as organisations offering flexible working hours, were reported as beneficial to reducing workplace stress of CPWs and improving retention within the profession (Morazes et al., 2009; Smith, 2005).

There is clearly a lack of literature, in particular Australian literature, which focuses on the complex nature and role requirements, as well as the experiences of CPWs in their day-to-day working lives. This study addresses a much needed area of concern. In summary, this study will investigate the day-to-day work lives of a group of CPWs in a given CPS in NSW, Australia. This study will provide significant information on what the CPW role entails, the workplace stress CPWs experience when implementing their roles, and management strategies for reducing or eliminating CPWs workplace stress.

1.3 Aims of the study

The overarching aim of this thesis was to investigate the day-to-day working life of CPWs within the context of working within a CPS. This was achieved through a process of observation, interviewing and consulting organisational documents. Additional aims of this study were to:

- Identify and increase the knowledge base of what CPWs do in their day-to-day working roles and how they experience their roles
• Determine the impact of child protection work on the workers’ health and sustainability

• Determine management strategies for identifying and combating negative impacts (workplace stress) that working in a CPS may have on the CPWs

### 1.4 Significance of the Study

Child abuse and neglect occurs around the world and is recognised as a significant public health issue (WHO, 1999). Within the Australian context, statistics presented above by the AIHW (2006) indicated that the number of children identified as experiencing child abuse and neglect has risen significantly. It is anticipated that this will continue to increase. Yet relatively little is known about the workforce engaged to protect children from abuse and neglect.

The limited research that investigates the child protection workforce presents a picture of a workforce experiencing many challenges. The most recognised challenge is the difficulties the child protection workforce encounters with recruiting and retaining workers, in particular workers with experience in child protection (Conrad & Kellar-Guenther 2006; DePanfilis & Zuravin 2002; Gibbs, 2009; Healey et al., 2009; Landsman 2007; Morazes et al., 2009; Walsh 2006). While difficulties in the recruitment and retention of CPWs are acknowledged, researchers have failed to fully embrace this issue. In particular there is little research undertaken that focuses specifically on the CPWs roles and experiences of working in child protection which may contribute to the aforementioned difficulties. Additionally, there is a dearth of research that investigates the daily experiences and workplace stress of CPWs in the Australian context.

Research that dominates the child protection arena focuses on the interventions that CPSs and their workers implement. More specifically, this area of research is largely focused on the outcomes of these interventions. Additionally, much of this research is quantitative in nature and has been limited in recent years (Berry, Cash & Brook, 2000; Blythe & Jayaratne, 2002; Kirk & Griffith, 2004). Furthermore, there is paucity in Australian research pertaining to the child protection workforce.
The current case study will provide rich data of the workplace stressors of CPWs in an Australian CPS. For CPWs this study will provide information that can contribute to improving workplace conditions and the provision of management strategies that individual CPWs can employ to counteract or manage workplace stress.

There will be significant contributions from this case study for child protection organisations and CPSs. This case study will provide insights for organisations and CPSs in identifying workplace issues and stressors and how they can address or improve these. This, in turn, is likely to improve the current difficulty in recruitment and retention of CPWs. Where improvements in recruitment and retention of CPWs occur, the Australian community will benefit through the provision of better staffed CPSs that will ensure quality and timely service provision for those in need of child protection services.

1.5 Definition of Terms

This section provides the definitions of prominent terms used throughout this thesis.

1.5.1 Child Abuse

Child abuse is recognised as occurring as physical abuse, sexual abuse and emotional abuse (AIHW, 1999; James, 2000; Joughin, 2003; Layton, 2003; Pritchard, 2004; Thomas, Leicht, Hughes, Madigan & Dowell, 2003).

1.5.1.1 Physical child abuse

Physical child abuse is any non-accidental act that results in physical harm to a child (AIHW, 1999; Pritchard, 2004).

1.5.1.2 Sexual child abuse

Sexual child abuse is where a dependant child, developmentally immature child or adolescent is involved in sexual acts or the gratification of an older person’s sexual needs, where the perpetrator uses their power over the child and takes advantage of their trust, or where a child is exploited for the purpose of prostitution or the production of child pornography (AIHW, 1999, Thomas, et al., 2003).
1.5.1.3 Emotional child abuse

Emotional child abuse is any significant emotional deprivation and trauma that impairs a child’s social, emotional, cognitive or intellectual development (AIHW, 1999; Thomas et al., 2003).

1.5.2 Child Neglect

Child neglect is any serious act towards, or not carrying out required care of, a child which jeopardises or impairs a child’s psychological, intellectual or physical development, and is categorised as physical neglect and medical neglect (AIHW, 1999; Scannapieco & Connell-Carrick, 2005).

1.5.2.1 Physical neglect

Physical neglect is described in terms of deprivation of adequate food, clothing, shelter, or supervision and failing to educate a child (AIHW, 1999; NSW Government, 1998).

1.5.2.2 Medical neglect

Medical neglect is failing to provide special medical treatment, therapeutic or remedial treatment, or mental health care needed by a child (AIHW, 1999).

1.5.3 Child Protection

Child protection is the protection of children from violence, abuse and exploitation (UNICEF, 2007). In its simplest form, child protection addresses every child’s right not to be subjected to harm (UNICEF, 2007).

1.5.4 Child Protection Worker (CPW)

An individual employed by a child protection organisation or service for the purpose of implementing statutory child protection assessment and interventions with children and families exposed to child abuse and neglect.
1.5.5 Child Protection Service (CPS)

Services and/or organisations located within communities that assess children and families recognised and referred to them as experiencing, or potentially experiencing, child abuse and/or neglect. Child protection services (CPSs) implement assessments and a variety of child protection interventions specific to the needs of the child and family experiencing the child abuse and/or neglect.

1.5.6 Workplace Stress

Workplace stress is the negative impact that results from professional, personal and contextual issues within the employee’s workplace environment that can cause a range of harmful consequences to individual workers and their employing organisations.

1.6 Thesis Structure

This thesis is presented in nine chapters. The current chapter (Chapter 1) introduces and contextualises child protection within Australia. Additional background information of the phenomenon under study is also given along with the significance of the study, the study aims and an outline of the remaining chapters.

Chapter 2 reviews the concept of workplace stress across organisational and child protection literature. Organisational literature is included as child protection literature specific to workplace stress is limited. Chapter 2 explores what workplace stress is and the contributing factors and consequences of such stress across a variety of disciplines. This chapter also explores what is currently known about who CPWs are and what they do. Finally, this chapter reviews what is known about the management of workplace stress in the child protection workforce.

Chapter 3 describes the methodological approach applied to this study. The use of instrumental case study design implemented in this study is detailed and how a variety of research methods were employed. To provide a rich context for this study the study setting is described in detail. Included in this chapter is a detailed description of the data collection and analysis, the ethical considerations and the
strategies used to maintain rigor of the study. Limitations of case study methodology are also discussed.

**Chapter 4** gives detailed accounts of observational and experiential findings of the participating CPWs day-to-day work life. Specifically, it presents the observational findings that demonstrate predominantly non-therapeutic, office based workplace activities the participating CPWs engaged in during the course of a normal working day. This chapter also introduces the first category and its related sub-categories that emerged from the interview narratives that give experiential accounts of the CPWs working roles.

**Chapter 5** reports the experiences, as described by the participating CPWs, of working in a child protection organisation. Aspects of the CPW role that may contribute to their workplace stress are presented. Positive attributes of working within a child protection organisation from the perspectives of the CPWs are also highlighted.

**Chapter 6** provides the narrative accounts of CPWs specific to the management strategies required, or in place, to manage workplace challenges and stress. Two dominant categories emerged from the interview data and are presented in detail in this chapter. These two categories include narratives on the importance of support and supervision for the child protection worker as well as maintaining a work-life balance.

**Chapter 7** draws upon the findings from the preceding three chapters and discusses their implications for the child protection workforce. The main findings are presented, drawing comparisons from existing literature on child protection practices and organisational research. Additionally, the contributions the current study makes in addressing gaps within the child protection literature and adding new insight to the current research base are provided.

**Chapter 8** summarises the study and presents the implications and recommendations of the study findings for CPWs and child protection organisations. This chapter also discusses the strengths and limitations of this study and provides recommendations for future child protection research.
1.7 Summary

This chapter presented child protection as an important issue in both the global and Australian context. The aim of this study was to explore the day-to-day working lives of CPWs to understand the workplace stress they face. By understanding these issues it is hoped that this study can contribute to the identification of workplace stress of CPWs, as well as identifying strategies that child protection organisations and CPWs can implement to manage such stress. Finally, it is hoped that this thesis will contribute to strengthening the recruitment and retention of CPWs into the child protection workforce.
CHAPTER 2

Literature Review - Child Protection Workers and Workplace Stress

Abstract

Workplace stress occurs in many professional groups and within many organisations. While child protection work has been identified as a challenging and emotionally charged profession, there is relatively little research that provides comprehensive accounts of the workforce issues experienced by this profession. Therefore, the wider organisational literature on workplace stress is explored in this chapter and provides information pertinent to workplace stress and its contributing factors and consequences. This body of literature is persuasive in that workplace stress is largely the result of organisational constructs, in particular organisational structure and change. This chapter shows that workplace stress impacts negatively on both individual workers and their employing organisations. As this thesis is investigating the day-to-day working life of CPWs and the associated workplace stress, this chapter explores the existing child protection literature to define the term ‘Child Protection Worker’ and then determine what this role entails. Although the child protection literature is limited, this chapter will look at what is currently known about the workplace stress for both individual child protection workers (CPWs) and their employing organisations. Specifically, this chapter discusses the contributing factors of workplace stress to CPWs, the consequences of workplace stress for both individual CPWs and their employing organisations and how workplace stress may currently be managed in the child protection profession. The research questions used to guide this study are identified. Some of the literature reviewed in this chapter has been previously published by the researcher and research supervisors.
2.1 Introduction

This thesis examines what child protection workers (CPWs) do in their day-to-day working roles, and how they experience their CPW roles. Additionally, this thesis explores the workplace stress of CPWs and the management of such stress. While research around workplace stress has shown relevance in many organisational literatures, the significance of this within the child protection literature remains unclear. What is evident is that all professions have the potential to experience workplace stress. Given the small amount of child protection research around this phenomenon, Chapter 2 reviews literature that investigates workplace stress across various professional groups and general organisational literature as well as those specific to child protection. Table 2.1 provides the headings for each section of this chapter.

Table 2.1: Chapter 2 Sections and Sub-sections

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2.2 Sources of Literature

Electronic data bases were used in the initial conduction of the literature search for this thesis. The electronic data bases that were searched to locate literature published
in relation to child abuse and neglect, CPSs and CPWs, and workplace stress included Academic Search Complete; CINAHL Plus with fulltext; E-Journals; Education Research Complete; ERIC; Google Scholar; Health Business Fulltext Elite; Health Source – Consumer Edition; Health Source: Nursing/Academic Edition; Humanities International Complete; MasterFILE Premier; MEDLINE; PsychARTICLES; PsychBOOKS; PsychINFO; and Scopus. Manual searching of suitable journals and books was also conducted. World Wide Web databases pertinent to child abuse and neglect were also searched. These were the World Health Organisation (WHO) and UNICEF. Australian and State (NSW) Government and Statutory CPS reports and literature were also explored from the Australian Bureau of Statistics (ABS), Australian Institute of Health and Welfare (AIHW), the Australian Institute of Family Studies (also known as National Child Protection Clearinghouse) and DoCS. The key terms used in this literature review are listed in Appendix A. Only articles and documents that were written in English were included in this literature review. As a large proportion of the literature on the search terms pertinent to child protection was from the 1980’s and 1990’s, the database searches were inclusive of these years and all years up to and including 2011.

2.3 Section 1: Workplace Stress

As literature on workplace stress specific to CPWs and their workforce is scarce, this section presents reviewed organisational literature that investigates and discusses this phenomenon. Organisational literature has consolidated many of the constructs of workplace stress. These are described in this section and provide context for workplace stress in child protection work.

2.3.1 What is workplace stress?

Workplace stress is used interchangeably throughout the literature with terms such as occupational stress (Caulfield, Chang, Dollard & Alshaung, 2004; Dillenburger, 2004; Michie & Williams, 2003; Noblet, 2003; Ogińska-Bulik, 2005), job stress (Kirkaldy & Martin, 2000; LaMontagne, Keegel & Vallance, 2007; Smith, Roman, Dollard, Winefield & Siegrest, 2005), and organisational stress (Arthur, 2000; Giga, Noblet, Faragher & Cooper, 2003; James, 1999; Kirk & Brown, 2003). For the purpose of this thesis, the term workplace stress will be used.
Definitions of workplace stress in organisational literature often place the cause on the workers. For example, Clark & Cooper (2000) and Dillenburger (2004) report that workplace stress may be the result of an individual’s inadequate coping due to an imbalance between employee skill and abilities and their job demands. However, it has been recognised that workplace stress is not often due to faults of individual workers but rather a product of the workers environment, with organisational characteristics, excessive job demands and work-family conflict being the key contributing factors (Lambert, Hogan & Jiang, 2010; Michie & Williams, 2003; Thompson, Kirk & Brown, 2005; Winefield, Gillespie, Stough, Dua, Hapuarachchi & Boyd, 2003; Wong, DeSanctis & Staudenmayer, 2007).

2.3.2 Factors contributing to workplace stress

There is consensus in the contemporary literature on the contributing factors of workplace stress. The contributing factors are often referred to as part of an organisation's culture. For the purpose of this literature review the key contributing factors cited in the literature as responsible for workplace stress have been consolidated and described under three (3) headings. These are ‘The Organisation’, ‘Job Demand and the Individual’ and ‘Work-family Conflict’.

2.3.2.1 The Organisation

There is a growing body of evidence across various disciplines and workforce groups that workplace stress is related to the organisation rather than the workers’ experiences in carrying out work roles and functions (Caulfield et al, 2004; Cooper 2006; Dollard & Winefield, 2002; Hart et al., 1995; Lambert et al 2010; Michie & Williams, 2003; Slavič & Pagon, 2008; Thompson et al., 2005). While much of the literature reviewed corroborates this finding, many of the organisational studies are quantitative (Bennet, Lowe, Matthew, Dourali & Tattersall, 2001; Hart et al., 1995; Lambert et al., 2010; Slavič & Pagon 2008; Thompson et al 2005; Wong, DeSanctis & Staudenmayer, 2007). The lack of qualitative data may reduce the in-depth experiential aspects of findings as quantitative research does not allow for each participant’s experiences, meanings and voices to be represented (Creswell, 2007). A large number of the studies were of a survey design which can be associated with problems such as poor return rates and participant misinterpretation of the questions.
(Landsheer & Boeije, 2010; Lietz, 2010; Rattray & Jones, 2007). However, in each of the reviewed survey studies, instruments were adapted from previously tested scales with Cronbach alpha co-efficient measures of 0.70 or greater, demonstrating reliability and validity (Cronbach, 1951; Rattray & Jones, 2007).

Overall, the organisational literature suggests there are two key constructs that impact the workplace environment and increase the likelihood of workplace stress. These are organisational structure and organisational change.

2.3.2.1.1 Organisational Structure

The function of organisational structure is to achieve optimal operation through high productivity and low costs, forcing employees to function with the associated pressures (Lambert et al, 2010; Levi, 1990). The four components of organisational structure cited in the literature as the most likely to impact on workplace stress are integration (Lambert et al, 2010; Lincoln & Kalleberg, 1990; Michie & Williams, 2003; O’Driscoll & Randall, 1999; Slavič & Pagon, 2008), formalisation (Bluedorn, 1982; Lambert et al, 2010), instrumental communication (Lambert et al, 2010; Michie & Williams, 2003; O’Driscoll & Randall, 1999; Slavič & Pagon, 2008) and centralisation (Lambert, Paoline & Hogan, 2006; Lambert et al., 2010).

Integration refers to an organisation creating a sense of belonging and group cohesiveness among employees (Lambert et al, 2010; Lincoln & Kalleberg, 1990). Central to this is social support. An Australian mixed method study of 306 employees ranging from professional to clerical positions in a public sector organisation showed that a lack of support at work increased an employee’s workplace stress (Noblet, 2003). This study is one of few organisational studies that use both qualitative and quantitative data, establishing credibility through the triangulation of data sources (Lincoln & Guba, 1985; Merriam, 1988; Polit & Beck, 2006). While not using a mixed methods approach other studies across various professional and workforce groups corroborate that workplace conflict, a lack of organisational and co-worker support and feelings of not belonging potentiate workplace stress and its associated negative consequences, such as physical illness and psychological distress (Levi, 1990; Michie & Williams, 2003; O’Driscoll & Randall, 1999; Winefield et al., 2003).
Along with workplace integration, formalisation within a workplace is associated with workplace stress. Formalisation is the extent to which written rules and procedures are established within an organisation (Bluedorn, 1982). Poor levels of formalisation can be associated with worker role ambiguity and conflict in the workplace, which may increase worker frustration and workplace stress (Lambert et al., 2010). In a literature review of both health care and non-health care workplace settings, Michie and Williams (2003) concluded that organisational climate and role ambiguity was influential to an employee’s psychological distress, a component of workplace stress. As with integration, published studies across a wide variety of workforce groups link poor organisational formalisation, in particular role ambiguity and role conflict, to workplace stress (Caulfield et al., 2004; Heyworth, Whitley, Allison & Revicki, 1993; Lambert et al., 2010; Thompson et al., 2005; Wong et al., 2007).

For formalisation to be effective in reducing workplace stress, the organisational rules, policies and procedures must be adequately communicated to all employees. Instrumental communication is the information that employees receive about their job tasks and roles, as well as organisational policies, procedures, issues and concerns (Lambert et al, 2010; Michie & Williams, 2003; O’Driscoll & Randall, 1999; Slavič & Pagon, 2008). Many studies confirm that poor instrumental communication within an organisation can create a sense of feeling devalued and a lack of belonging which potentiate workplace stress (Bennet et al., 2001; Lambert et al., 2010; Levi, 1990; Michie & Williams, 2003; O’Driscoll & Randall, 1999; Slavič & Pagon, 2008). Demonstrating that this is not unique to particular professions, Slavič and Pagon, (2008) carried out questionnaires with 835 participants comprised of doctors, nurses and non-health care professionals and found that a lack of communication increased the workplace stress of workers. Additionally, Lambert et al., (2010) surveyed 272 prison staff and reported that a lack of communication within the organisation was associated with workplace stress.

The final workplace structure associated with workplace stress is centralisation. Centralisation is how power is distributed within an organisation, with a focus on employee input into decision making and job control (Lambert et al., 2006; Lambert et al., 2010). Placing high demands on workers while allowing them little personal
control has been found to lead to adverse health consequences for individuals (Caulfield et al., 2004; Levi, 1990; Michie & Williams, 2003; Noblet, 2003; Shultz, Wang & Olson, 2010). Further discussion on job demand and control is presented in section 2.3.2.2.

Collectively, organisational literature is unanimous that the key constructs of organisational structure can lead to workplace stress. However, this literature is largely quantitative and therefore lacks insight from the workers’ experiences and perspectives of these phenomena. It is suggested that qualitative research be carried out across varying workforce and professional groups, inclusive of child protection, to investigate the workers’ understanding of organisational structure and its impact on workplace stress.

2.3.2.1.2 Organisational Change

Organisational change can create workplace stress and is becoming increasingly common, as organisations look to outsource and downsize in an effort to reduce costs and utilise limited resources more efficiently (Caulfield et al., 2004; Cooper, 2006; Greasley, Watson & Patel, 2009). Additionally, organisations are reported to have particular features that make them susceptible to organisational change (Greasley et al., 2009). Such features are described as the culture and sub-cultures of the organisation as well as the social values (also known as ethos) (Greasley et al., 2009).

In a study by Parker and Bradley (2000) six Australian organisations were surveyed in an effort to understand the influence of culture and values on an organisation. This study reported that culture, sub-culture and values of organisations rely on stability and predictability, which can be challenged by organisational change (Parker & Bradley, 2000). Other studies have presented similar findings, arguing that organisational culture and values may create resistance to change, potentiating workplace stress (Cole, Harris & Bernerth, 2006; Kavanagh & Ashkanasy, 2006; Rochet, 2007; Sverke, Hellgren & Naswall, 2002). As with organisational structure, organisational change is shown to impact on workplace stress of employees across various workforce groups and professions. In particular, professions where a paramilitary culture exists such as the police, organisational change can create greater difficulties and is less likely to be accepted (Muller, Maclean & Biggs, 2009).
Organisational change can also create employee resentment towards policy makers and management. In a survey of British managers employee resistance and resentment towards change were shown to be associated with, and outcomes of, workplace stressors (Cooper, 2006). These stressors included increased job insecurity, lowered worker morale, erosion of worker loyalty and motivation, and a major increase in working hours and workloads (Cooper, 2006). Other studies have echoed such findings (Greasley et al., 2009; McNulty, 2002; Rusaw, 2007).

Conversely, there is a body of literature that suggests that not all organisational change is associated with negative outcomes. A questionnaire of 49 public and private companies in the United Kingdom reported that with sound pre-planning, having change objectives that align with organisational objectives, ensuring there are resources available to effectively manage the change process and with adequate communication prior to change, workplace stress resulting from such change is minimised (McGreevy, 2009). Smith, Busi, Ball and Van Der Meer (2008) carried out a systematic review of over 100 research papers that focused on factors which influenced innovation management in organisations and also found that organisational change was not always associated with negative consequences. Despite McGreevy’s (2009) and Smith et al’s (2008) findings extensive research suggests that organisational change can and does lead to workplace stress (Cole et al., 2006; Cooper, 2006; Greasley et al., 2009; Kavanagh & Ashkanasy, 2006; McNulty 2002; Rochet, 2007; Rusaw, 2007; Sverke et al., 2002). Additionally, and unlike the research pertaining to organisational structures, there have been numerous qualitative studies that report negative outcomes of organisational change (Diefenbach, 2007; Greasley et al., 2009; Muller et al., 2009). This may be further impacted where organisational change is accompanied by increased job demands and low job control.

2.3.2.2 Job demand and the individual

High job demands are consistently associated in the literature with increased workloads and working hours combined with little personal control (Caulfield et al., 2004; Grönlund, 2007; King, 2009; Lambert, Lambert, Petrini, Li & Zhang, 2007; Lee & Cummings, 2008; Maslach & Leiter, 2008; Michie & Williams, 2003; Noblet, 2003; Ogińska-Bulik, 2005; Rodwell, Noblet, Demir & Steane, 2009; Shultz et al., 2010; Worrall & Cooper, 2006). The same authors report that high job demands and
the associated characteristics are strongly linked to individuals experiencing workplace stress. For example, studies have argued that high demands and low control in the workplace are closely linked to individuals experiencing negative outcomes of workplace stress encompassing physical and psychological health issues and worker burnout (Caulfield et al., 2004; LaMontagne, Keegel & Vallance, 2007; Michie & Williams, 2003; Noblet, 2003; Shultz et al., 2010; Skagert, Dellve, Elköf, Pousette & Ahlborg, 2008).

Emphasising the link between workload and workplace stress are a number of Australian studies. A cross-sectional survey of Australian mental health case managers demonstrated that high job demands (the number of patients that a case manager is responsible for) and high workloads were associated with work-related stress (King, 2009). Similar findings were reported in another Australian survey study of mental health workers (Lloyd, McKenna & King, 2005). Published research of other professional groups report comparable findings, concluding that there are human costs, as well as service delivery costs, that occur with an increase in workload and working hours of employees (Caulfield et al., 2004; Michie & Williams, 2003; Ogińska-Bulik, 2005; Winefield et al., 2003; Worrall & Cooper, 2006).

The association between high job demand, low job control and workplace stress has been well established. However, limited or no social support has also been acknowledged as a contributing factor to workplace stress. Social support is the support an individual worker receives from their supervisors, co-workers or personal contacts (Noblet, 2003; O’Driscoll et al., 2003; Stalker et al., 2006).

Many organisational studies report that there is a correlation between little to no social support of workers and workplace stress (Grönlund, 2007; Hall, 2007; Lee & Cummings, 2008; Michie & Williams, 2003; Noblet, 2003; O’Driscoll et al., 2003; Ogińska-Bulik, 2005; Winefield et al., 2003). Additionally, there is a strong association between all three workplace characteristics (that is high job demand, low job control and a lack of social support) being present at the same time and workplace stress (Dillenburger, 2004; Foley, Hang-Yue & Lui, 2005; Grönlund, 2007; Lambert et al., 2007; Lee & Cummings, 2008; Michie & Williams, 2003; Ogińska-Bulik, 2005).
A number of the published papers discussing job demands and workplace stress are systematic reviews (Caulfield et al., 2004; Lee & Cummings, 2008; Michie & Williams, 2003; La Montagne et al., 2007). While each of these reviews have a specific focus, such as occupational stress interventions conducted in Australia (Caulfield et al., 2004) and nurse managers job satisfaction (Lee & Cummings, 2008), they all indicate that there is a direct link between job demands, low social support and workplace stress.

Other research that present a similar picture across numerous workforce groups are surveys studies that use instruments with high reliability and validity (with Cronbach alpha co-efficient of greater that 0.50) (such as Grönlund, 2007; King, 2009; Lambert et al, 2007; Ogińska-Bulik, 2005; Shultz et al., 2010; O’Driscoll et al., 2003), mixed methods (such as Noblet, 2003) and qualitative interviews (such as Skagert et al., 2008). While research on job demands, social support and workplace stress are predominantly of quantitative design, they each conclude that high job demands combined with a lack of social support increases the workers’ susceptibility to workplace stress. It is suggested that qualitative research be undertaken to investigate this phenomenon from the workers’ perspective to enhance the validity of the quantitative findings.

2.3.2.3 Work-family conflict

Work-family conflict is acknowledged as a contributing factor of workplace stress. As reported throughout numerous research articles work-family conflict results in workplace stress due to high job demands including long working hours (Brough, O’Driscoll & Kalliath, 2005; Cleveland, Cordeiro, Fisk & Harris Mulvaney, 2006; Fenwick & Tausig, 2001; Foley et al., 2005; Pichler, 2009; Grönlund, 2007), lack of organisational support and worker autonomy (Foley et al., 2005; Lee & Phillips, 2006), and lack of workplace flexibility (Lee & Phillips, 2006; Pichler, 2009). For working parents, there can be the additional pressure of both time and money becoming scarce (Bovenburg, 2005).

A contributing factor to workplace stress is parenting and gender. The impact of parenting on work-family balance affects both men and women but studies find that women experience greater pressure in balancing work and family life (Cleveland et
While men have increased their responsibilities at home, women continue to carry the majority of home and parenting tasks while simultaneously increasing their presence in the workforce (Cleveland et al., 2006; Emslie et al., 2004; Grönlund, 2007; Lindfors, Berntsson & Lundberg, 2006; Nordenmark, 2002, 2004).

Studies investigating work-family conflict have demonstrated a high correlation between this phenomenon with inter-role conflict, personal functioning and marital interactions, and workplace stress (Baltes & Hetdens-Gahir, 2003; Cinamon & Rich, 2005; Emslie et al., 2004; Secret & Swanberg, 2008). However, a number of studies on work-family conflict have reported that for both men and women, balancing work and family lives may be beneficial to psychological and physical well-being, relationship health and allows for the use of a variety of professional and personal skills (Barnett & Hyde, 2001; Lindfors et al., 2006; Marshall & Barnett, 1993). Regardless of the positive impact of carrying out work and family roles simultaneously, the negative impact that combining these roles may have on individual employees and their workplace suggests that organisations need to consider work-family conflict as one of their most pressing issues (Cleveland et al., 2006; Hall, Anderson & Willingham, 2004).

Overall, published research of both qualitative and quantitative studies collectively report that workplace stress impacts negatively on family life. However, one study suggests that such research has placed too great an emphasis on work components and do not adequately specify the life components beyond general references to home, housework and family responsibilities (Pichler, 2009). The same author therefore calls for broader empirical approaches to quantitative research to be used in future studies on work-life balance. Regardless, findings from such a large body of varying methodological studies are conclusive that workplace stress can and does negatively impact many workers’ family and home lives.

2.3.3 Consequences of workplace stress

Workplace stress has been identified as a significant occupational hazard that can impair physical health, psychosocial well-being and work performance of individual
workers, as well as impose economic costs to organisations (Clark & Cooper, 2000; Maslach & Leiter, 2008; Noblet, 2003). This section will provide an overview of the impacts of workplace stress to both the individual and the organisation.

### 2.3.3.1 Impacts of workplace stress on the individual

Extensive literature has established a relationship between workplace stress and physical impacts on an individual (Caulfield et al., 2004; Levi, 1996; Michie & Williams, 2003; Quick, Quick, Nelson & Hurrell, 1997; Salposky, 2003; Stacciarini & Tróccoli, 2004). Health consequences such as cardiovascular disease, peptic ulcers, diabetes, cancer and hypertension have been linked to workplace stress, as have numerous ill health symptoms such as headaches, sleep deprivation, indigestion, dizziness and trembling (Caulfield et al., 2004; Levi, 1996; Michie & Williams, 2003; Salposky, 2003; Quick et al., 1997).

While there are strong links between workplace stress and diseases such as diabetes, cancer and cardiovascular disease; workplace stress is not seen as the direct cause of these diseases. The social impact of workplace stress to an individual is reported to encompass poor lifestyle behaviours such as excessive alcohol consumption, smoking and sedentary behaviour which can be causative factors of the aforementioned physical illnesses (Hobson & Delunas, 2001; Quick et al., 1997; Salposky, 2003).

Ill health and the associated physical conditions are not the only consequences of workplace stress. A number of authors have concluded that psychosocial consequences of workplace stress can be emotional withdrawal and social isolation, poor personal relationships and, for some employees, marital breakdown (Hobson & Delunas, 2001; Quick et al., 1997; Salposky, 2003). Work-family conflict is also a psychosocial consequence of workplace stress and is substantiated by numerous studies (see section 2.3.2.3).

Other negative psychosocial impacts of workplace stress cited in published literature include anxiety; boredom; apathy; depression; neuroses, low self-esteem and interpersonal conflict (Caulfield et al., 2004; Hobson & Delunas, 2001; Levi, 1990; Stacciarini & Tróccoli, 2004). Caulfield et al., (2004) carried out a review of
empirical research within Australian workplaces and determined there was a direct link between workplace stress and individual suffering, including negative effects on families and home life. Specifically, the review by Caulfield et al., (2004) concluded that workplace stress can result in psychological problems (e.g. depression, anxiety, burnout), and physiological problems (e.g. hypertension, heart attacks) (Caulfield et al., 2004). Similarly, Levi (1990) addressed the growing evidence from government reports in the United States, Sweden, and by the World Health Organisation, demonstrating that workplace stress is directly associated to ill health. Other research literature also link morbidity and mortality to workplace stress (Clarke & Cooper, 2000; Hobson & Delunas, 2001).

Despite the large body of literature that cite workplace stress as having negative implications for workers, a number of studies report that workplace stress can have positive psychological effects (Folkman & Moskowitz, 2004; McGowan, Gardner & Fletcher, 2006; Nelson & Simmons, 2003, Seligman & Csikszentmihalyi, 2000). The positive psychosocial impacts of workplace stress can include workers experiencing and/or developing hope, wisdom, creativity, satisfaction, meaningfulness, positive team work and work ethic (Nelson & Simmons, 2003; Seligman & Csikszentmihalyi, 2000). However, such positive effects are reliant on the successful acknowledgement, response and resolution of workplace stress (Folkman & Moskowitz, 2004; McGowan et al., 2006). Given the extent of literature around workplace stress, in particular the negative physical and psychosocial impacts, it can be surmised that such acknowledgement, response and resolution may not be common within a workplace. This suggests that further research is required to fully comprehend workplace stress and determine best practices for managing such stress.

2.3.3.2 Impacts of workplace stress to organisations

Workplace stress can result in negative impacts on the organisation measured in terms of business lost and economic cost (Caulfield et al., 2004; Dillenburger 2004; Dollard, Winefield, Winefield & de Jonge, 2000; Michie & Williams, 2003; Quick et al., 1997). These are discussed in this section as direct and indirect costs (Quick et al., 1997).

2.3.3.2.1 Direct Costs
Direct costs of workplace stress to an organisation encompass aspects of poor worker performance such as absenteeism and worker turnover. Worker absenteeism and high staff turnover, with ensuing costs of training replacement staff, have been directly linked to lost productivity and high costs in a number of organisational studies (Caulfield et al., 2004; Clarke & Cooper, 2000; Dillenburger 2004; Dollard et al., 2000; Lambert, 2001; Layne, Hohenshil & Singh, 2004; Michie & Williams, 2003; Noblet & LaMontagne, 2006). A review of literature around workplace stress in the United Kingdom concluded that such stress was a leading cause of worker absenteeism, resulting in considerable economic loss to organisations (Noblet & LaMontagne, 2006).

Organisational costs related to worker absenteeism are frequently associated with health care costs and workers compensation. These are often the result of workplace stress outcomes such as psychological distress, physical illness or disease, or injury from accidents (Dollard, Winefield & Winefield, 1999; Quick et al., 1997; Winefield, Saebel & Winefield, 2010). Additionally, workplace stress resulting from poor job control and employees feeling they were being treated disrespectfully has been reported as a strong predictor of potential compensation claims (Roberts & Markel, 2001; Winefield et al., 2010).

Along with absenteeism, high staff turnover and the ensuing costs of training replacement staff have been directly linked to lost productivity and high organisational costs (Clarke & Cooper, 2000; Lambert, 2001; Siu & Cooper, 1998). A questionnaire study in the United States of America (USA) investigated the fiscal costs of turnover rates of rehabilitation workers and reported that substantial economic costs and lost productivity to organisations arise from staff turnover (Barrett, Riggar, Flowers, Crimando & Bailey, 1997). The same study demonstrated workplace stress as one of the major causes of staff turnover (Barrett et al., 1997). Similarly, Layne et al., (2004) contributed workplace stress as a major reason for turnover intentions of rehabilitation counsellors. Conversely, earlier literature reported that staff turnover created opportunity for fresh and energetic workers to join an organisation, and to replace overpriced employees, which may improve the overall quality of the workforce (Dalton & Kesner, 1986; Dalton, Krackhardt & Porter, 1981). Regardless, literature citing consequences of worker turnover to
organisational costs are persuasive in determining this as a negative outcome of workplace stress.

2.3.3.2.2 Indirect Costs

Indirect costs of workplace stress to an organisation have been associated with poor organisational structure and culture and include a lack of instrumental communication, low worker morale, and negative behaviour in the workplace (Casserley & Megginson, 2009; Clarke & Cooper, 2000; Quick et al., 1997; Sui & Cooper, 1998). Each of these workplace stressors can have detrimental and costly effects to an organisation such as increased absenteeism, high staff turnover, increased fiscal costs and lost productivity, and poor decisions made by employees and managers that can increase the risk of compensation claims (Aiken, Clarke, Sloane, Sochalski & Siber, 2002; Baruch, O’Creevy, Hind & Vigoda-Gadot, 2004; Bennet et al., 2001; Caulfield et al., 2004; Muller et al 2009; Quick e al., 1997).

An example of the indirect costs of workplace stress to an organisation is reported by Aiken et al (2002). This study concluded that low worker and workplace morale were major contributing factors to staff turnover and retention for nurses. International literature across varying professional groups have reported similar findings resulting in financial costs and lost productivity for organisations (Hart, 1994; Muller et al., 2009; Schaefer & Moos, 1996; Worrall & Cooper, 2006).

Workplace stress is well documented within organisational literature. However, much of this literature is from studies carried out in the 1990’s and early 2000. Additionally, much of the published papers on workplace stress are reports of quantitative studies or are reviewing the exiting literature. Contemporary research findings that are from both quantitative and qualitative studies are required to consolidate what is already known and to determine if organisations are being exposed to new, different or unknown stressors.

2.4 Section 2: CPWs and What They Do

This section draws on literature that reports on the child protection profession, specifically what is the role of a CPW. To understand who CPWs are and what they
do is important in determining the workplace stress that may be experienced by this cohort of workers.

2.4.1 Who are CPWs?

There are multiple meanings around the term ‘Child Protection Worker’. Such meanings are consistent with the many terms used to refer to this professional group of workers, such as child protection worker (Conrad & Kellar-Guenther, 2006; Jenaro, Flores & Arias, 2007), caseworker (Zell, 2006), case manager (Yoo, 2002), child protection practitioner (Healy et al., 2009), child welfare worker (Fox, Miller & Barbee, 2003; Postmus & Merritt, 2010) and family support worker (Gray, 2009).

For the purpose of this study, the term ‘child protection worker’ (CPW) will be used and will be defined as an individual employed by a child protection organisation or service for the purpose of implementing statutory child protection investigations, assessment and interventions with children and families exposed to child abuse and neglect.

The major features of the child protection workforce are that CPWs are mainly social workers (Bell, 1999; Dane, 2000; Healy, 2010; Landsman, 2007; Littlechild, 2005; McPherson & Barnett, 2006; Tham & Meagher, 2009) and female (Anderson, 2000; Conrad & Kellar-Guenther, 2006; Landsman, 2007; Stalker et al., 2006; Tham & Meagher, 2009). Additionally, published literature reports that the child protection profession has an elevated proportion of young and/or inexperienced workers, often newly emerged from their disciplinary training (Healy et al., 2009; Horwath, 2006; McPherson & Barnett, 2006; Redmond et al., 2008). Each of these characteristics are shown later in this chapter to impact on the workplace stress of CPWs.

2.4.2 What do CPWs do?

Despite child protection work being described as stressful, demanding and emotionally and physically exhausting (Di Gulio, 1995; Jayarante & Chess, 1986; Walsh, 2006), there is relatively limited research on what CPWs actually do in their day-to-day work practices and how they experience their work roles. Existing child protection research tends to focus on evaluating the effectiveness of the various interventions implemented in the provision of family-centred care. Table 2.2
provides a list of some of the published studies that investigate child protection interventions.

While the list provided in Table 2.2 is not exhaustive, it gives an indication of the large number of published literature available on child protection interventions.

Evident from this list is that much of the child protection literature is not recent, with 31 of the 33 papers on Table 2.2 published prior to 2005. This suggests a need for more contemporary child protection research. Additionally, as indicated in Table 2.2 the majority of published child protection studies are quantitative studies (28) while five were systematic reviews. This indicates a lack of knowledge about experiential aspects of child protection work. Numerous authors have reported that qualitative child protection research would complement existing quantitative findings, thereby providing further insight into the experiences of the child protection workforce (Dufour & Chamberland, 2004; Fernandez, 2004; Pecora, Fraser, Neslon, McCrowskey & Meezan, 1995; Raschick & Critchley, 1998).

Existing child protection research has also been criticised as not being rigorous due to the use of small sample sizes (Dufour & Chamberland, 2004; Stevenson, 1999). This is consistent with those studies listed in Table 2.2 where only 14 of the studies had a study sample size of greater than 50 participants.

Nine of the studies on Table 2.2 were RCTs, which are reported to be the most reliable and valid design for testing the effectiveness of social service outcomes (Rossi, 1992; Statham, 2000; Stevenson, 1999). However, seven of the RCTs were investigating the effectiveness of home visiting only thereby not contributing to valid findings for outcome effectiveness of other child protection interventions or the day-to-day experiences of CPWs.
### Table 2.2: Published studies of child protection interventions

<table>
<thead>
<tr>
<th>AUTHOR/YEAR</th>
<th>TYPE OF STUDY</th>
<th>PARTICIPANTS</th>
<th>INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berry et al., 2000</td>
<td>Descriptive &amp; exploratory study</td>
<td>53 families served by an intensive family preservation unit</td>
<td>IFPS</td>
</tr>
<tr>
<td>Bilukha, Hahn, Crosby et al., 2005</td>
<td>Systematic review</td>
<td>Published international literature on the effectiveness of home visiting in reducing violence</td>
<td>HV</td>
</tr>
<tr>
<td>Brunk, Henggeler &amp; Whelan, 1987</td>
<td>Experimental design</td>
<td>18 abusive families &amp; 15 neglectful families</td>
<td>CBT &amp; GT</td>
</tr>
<tr>
<td>Bugental, Ellerson, Rainey, Lin, Kokotovic &amp; O’Hara, 2002</td>
<td>RCT</td>
<td>96 families who were high risk for child abuse &amp; neglect</td>
<td>HV &amp; CBT</td>
</tr>
<tr>
<td>Cohen, Deblinger, Mannarino &amp; Steer, 2004</td>
<td>RCT</td>
<td>229 children and their primary caretakers</td>
<td>CBT &amp; CCT</td>
</tr>
<tr>
<td>Cohen &amp; Mannarino, 1996</td>
<td>Comparative study</td>
<td>67 sexually abused children and their parents</td>
<td>CBT &amp; NST</td>
</tr>
<tr>
<td>Cohn and Daro, 1987</td>
<td>Comparative study</td>
<td>4 studies that evaluated 89 child abuse treatment programs and used data on 3,253 families experiencing difficulties with abuse and neglect</td>
<td>Counselling, GT, CBT</td>
</tr>
<tr>
<td>Culp, Little, Letts &amp; Lawrence, 1991</td>
<td>Experimental design</td>
<td>34 maltreated children</td>
<td>CBT</td>
</tr>
<tr>
<td>Davis &amp; Fantuzzo, 1989</td>
<td>Experimental design</td>
<td>7 preschool children</td>
<td>CBT</td>
</tr>
<tr>
<td>Dawson, de Armas, McGrath &amp; Kelly, 1986</td>
<td>Experimental design</td>
<td>3 mothers adjudicated as neglectful</td>
<td>CBT</td>
</tr>
<tr>
<td>Denicola &amp; Sandler, 1980</td>
<td>Observational study</td>
<td>2 families with substantiated child abuse</td>
<td>CBT</td>
</tr>
<tr>
<td>Duggan, Caldera, Rodriguez et al., 2007</td>
<td>RCT</td>
<td>325 at risk families enrolled in 2000-2001 into a Healthy Families Program in Alaska</td>
<td>HV</td>
</tr>
<tr>
<td>Duggan, Fuddy, Burrell et al., 2004</td>
<td>RCT</td>
<td>643 mothers of families with maltreated children enrolled in Hawaiis Healthy Starts Program who completed baseline interviews</td>
<td>HV</td>
</tr>
<tr>
<td>Duggan, McFarlane, Fuddy et al., 2004 (companion paper of Duggan, Fuddy, Burrell et al., 2004)</td>
<td>RCT</td>
<td>643 families with abused or neglected children</td>
<td>HV</td>
</tr>
<tr>
<td>Duggan, Windham, McFarlane et al., 2000</td>
<td>Cross-sectional &amp; longitudinal design</td>
<td>Cross-sectional study: All births to civilians in the 6 study communities from November 1994 through December 1995 (n = 6553). Longitudinal study: at-risk families in the intervention group of a randomized trial of a Healthy Starts Program in Hawaii (n = 373).</td>
<td>HV</td>
</tr>
<tr>
<td>Author/Year</td>
<td>Type of Study</td>
<td>Participants</td>
<td>Intervention</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Eckenrode, Ganzel, Henderson et al., 2000</td>
<td>15 year follow-up of a RCT</td>
<td>324 mothers and their children who were participants in a previous RCT</td>
<td>HV</td>
</tr>
<tr>
<td>Fantuzzo, Jurecic, Stovall, et al., 1988</td>
<td>Experimental design</td>
<td>39 maltreated pre-school children</td>
<td>CBT</td>
</tr>
<tr>
<td>Finkelor &amp; Berliner, 1995</td>
<td>Systematic review</td>
<td>29 quantitative studies evaluating effectiveness of treatments for sexually abused children</td>
<td>Various child protection interventions</td>
</tr>
<tr>
<td>Fraser, Armstrong, Morris &amp; Dadds, 2000</td>
<td>RCT</td>
<td>181 families of newborn infants with risk factors for child abuse and neglect</td>
<td>HV</td>
</tr>
<tr>
<td>Golub, Espinosa, Damon &amp; Card, 1987</td>
<td>Experimental design</td>
<td>40 abusive or high risk for abuse parents participating on a parent education program</td>
<td>GT &amp; CBT</td>
</tr>
<tr>
<td>Hack, Osachuk &amp; De Luca, 1994</td>
<td>Experimental design</td>
<td>6 preadolescent boys who had experienced sexual abuse</td>
<td>GT</td>
</tr>
<tr>
<td>Howing, Wodarski, Gaudin &amp; Kurtz, 1989</td>
<td>Systematic review</td>
<td>Literature on the treatment of abusive &amp; neglectful parents &amp; maltreated children</td>
<td>GT</td>
</tr>
<tr>
<td>Iwaniec, 1997</td>
<td>Experimental design</td>
<td>20 emotionally abusive and neglectful parents</td>
<td>GT</td>
</tr>
<tr>
<td>Jinich &amp; Litrownik, 1999</td>
<td>Experimental design</td>
<td>87 non-offending mothers of children who had been sexually abused</td>
<td>CBT</td>
</tr>
<tr>
<td>King et al., 1999</td>
<td>Systematic review</td>
<td>Papers on CBT treatment initiatives designed specifically for sexually abused children using case study, open clinical trials, multiple baseline investigations and RCT designs.</td>
<td>CBT</td>
</tr>
<tr>
<td>Kirk &amp; Griffith, 2004</td>
<td>Comparative study</td>
<td>Study sample: 542 high risk children Comparative group sample: 25 722 high risk children</td>
<td>IFPS</td>
</tr>
<tr>
<td>Lindon &amp; Nourse, 1994</td>
<td>Experimental design</td>
<td>9 sexually abused girls</td>
<td>GT</td>
</tr>
<tr>
<td>Lyons-Ruth, Connell &amp; Grunebraum, 1990</td>
<td>Comparative study</td>
<td>31 high risk families</td>
<td>HV</td>
</tr>
<tr>
<td>Marcenko &amp; Spence, 1994</td>
<td>RCT</td>
<td>225 women considered to be high risk for out of home placement for their child</td>
<td>HV</td>
</tr>
<tr>
<td>Marcenko, Spence &amp; Samost, 1996 (companion paper of Marcenko &amp; Spence 1994 study)</td>
<td>RCT</td>
<td>225 women considered to be high risk for out of home placement for their child – includes 12 month follow-up of 198 women.</td>
<td>HV</td>
</tr>
<tr>
<td>McGain &amp; McKinzy, 1995</td>
<td>Experimental design</td>
<td>30 sexually abuse dgirls.</td>
<td>GT</td>
</tr>
<tr>
<td>Nelson &amp; Nash, 2008</td>
<td>Experimental design</td>
<td>49 families who received IFPS &amp; 69 families who received IFPS &amp; aftercare</td>
<td>IFPS</td>
</tr>
</tbody>
</table>

RCT = Randomised Control Trial; HV = Home Visiting; IFPS = Intensive Family Preservation Services; CBT = Cognitive Behavioural Therapy; GT = Group Therapy; CCT = Child Centred Therapy; NST = Nondirective Supportive Therapy
Clearly, contemporary studies that use a variety of study designs are required to determine if current child protection interventions and practices are effective for the clientele they are servicing. This would also provide evidence for CPWs to continue in their roles of implementation of such interventions.

Published child protection studies such as those in Table 2.2 provide little insight into the day-to-day working roles of CPWs beyond their potential involvement in the administration of child protection interventions. Other published literature that identifies what the CPW roles and day-to-day work experiences entail do so in relatively small sections thereby not offering comprehensive descriptions. Table 2.3 provides details of such published literature.

The 20 papers indicated in Table 2.3 describe the CPWs work roles at various levels. Together, these studies indicate that the roles required of CPWs are multi-dimensional ranging from investigating child abuse notifications (Fox et al., 2003; Healey et al., 2009; Healey & Oltedal, 2010; Wells, 2006) and carrying out family assessments (Bell, 1999; Darlington, Healy & Feeney, 2010; Feather & Ronan, 2006; Fox et al., 2003; Healey et al., 2009; McCowskey & Meezan, 1998; Spratt, 2003) to documentation (Fox et al., 2003) and closing cases (Fox et al., 2003; Trotter, 2002). Child protection worker roles were also shown on Table 2.3 to include having knowledge of, and working within, the laws of the state, province or country the CPW works in (Fox et al., 2003). However, while Table 2.3 outlines the CPW roles identified in the child protection literature the focus on intervention and client outcome in most of these papers continues to overshadow the accounts of what the CPW role entails.
### Table 2.3: Published Literature on What CPWs do

<table>
<thead>
<tr>
<th>AUTHOR, YEAR</th>
<th>TYPE OF STUDY</th>
<th>PARTICIPANTS and STUDY AIMS</th>
<th>WHERE</th>
<th>CPW ROLES</th>
</tr>
</thead>
</table>
| Bell, 1999   | Questionnaire interviews | 22 social workers.  
- To identify the nature and extent of work undertaken with families during child protection investigations and during the child protection conference.  
- To explore whether the way of assessing for child protection risks was compatible with building a worker-client relationship based on partnerships. | USA | Family assessment  
- investigating the incident by gathering information from family and other professionals  
- investigating family background.  
Consulting and working with other professionals when necessary.  
Preparation of families for a child protection conference and supporting them through the conference.  
Providing information to the family of conference outcomes.  
Home visiting after child protection conference to ensure family understood conference outcomes. |
| Darlington, Feeney & Rixon, 2005 | Qualitative interviews | 36 workers - 17 CPWs, 15 adult mental health workers and 4 child and youth mental health workers  
- To examine the complexity of collaboration between child protection and mental health services where a parent has mental health illness and there are child protection concerns. | Australia | Collaborative practice with mental health workers  
- clear, regular and timely communication throughout the life of the case  
- all parties having regular contact with client  
- taking on agreed and separate roles and being clear about own roles and boundaries.  
Balancing the needs of the child and the parent.  
Client support.  
Making decisions about children’s living arrangements. |
| Darlington, Healy & Feeney, 2010 | In-depth interviews based on a vignette of a child protection case. | 21 child advocates or direct service providers from four CPS.  
- To investigate participatory decision-making, assessment and proposed interventions for child protection issues in the vignette. | Australia | Assessment of parenting capacity, risk to children and parents emotional needs.  
Engaging support for the family through formal support services, indigenous agencies, health service referrals and extended family.  
Establishing worker-client relationships.  
Implementing interventions based on parenting needs. |
<table>
<thead>
<tr>
<th>AUTHOR, YEAR</th>
<th>TYPE OF STUDY</th>
<th>PARTICIPANTS and STUDY AIMS</th>
<th>WHERE</th>
<th>CPW ROLES</th>
</tr>
</thead>
</table>
| Feather & Ronan, 2006 | Multiple baseline design   | 4 abused children.  
• To pilot the effectiveness of a trauma focused cognitive behavioural therapy program for abused children diagnosed with post traumatic stress disorder. | New Zealand   | Assessment of client history.  
Developing worker-client rapport.  
Providing information about children’s therapies to clients, parents and caregivers.  
Implementing strategies to enhance child’s coping skills  
• recognition and expression of feelings  
• relaxation techniques  
• problem solving skills.  
Implementing therapies for trauma processing  
• story telling using creative media  
• use of trauma narratives.  
Implementing sessions with parents to review trauma processing and identify any special problems requiring attention. |
| Fernandez, 2004    | Mixed methods               | 29 families receiving family support services and their family support workers.  
• To evaluate the impact of family support interventions. | Australia      | Home visiting.  
Provision of concrete services.  
Counselling.  
Group therapy.  
Crisis intervention. |
| Fox, Miller & Barbee, 2003 | Mixed methods               | 27 undergraduate students from a public child welfare certification program.  
• To describe and evaluate a pilot program developed to address recruitment and retention issues in the child protection workforce. | USA            | Intake procedures.  
Investigate suspected child abuse and neglect.  
Conduct ongoing risk assessments.  
Developing worker-client relationships.  
Developing relationships with other agencies.  
Working collaboratively with clients.  
Referring clients to other services.  
Assessing and monitoring child development.  
Implementing child development programs.  
Teaching parenting strategies.  
Identifying dynamics and indicators of child abuse and neglect and domestic violence.  
Documentation of assessment and ongoing care plan.  
Understand and work within child protection laws and use legal documents.  
Courtroom preparation and involvement.  
Closing cases. |
<table>
<thead>
<tr>
<th>AUTHOR, YEAR</th>
<th>TYPE OF STUDY</th>
<th>PARTICIPANTS and STUDY AIMS</th>
<th>WHERE</th>
<th>CPW ROLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healy, Meagher &amp; Cullin, 2009</td>
<td>International comparative study</td>
<td>58 child welfare managers, policy analysts and researchers.  • To analyse barriers to the retention of novice practitioners and propose a strategy for developing a pathway for novices to become advanced child protection practitioners.</td>
<td>England, Australia &amp; Sweden.</td>
<td>Carrying out complex investigations and assessments.</td>
</tr>
<tr>
<td>Healy &amp; Oltedal, 2010</td>
<td>Comparative study</td>
<td>Child protection institutions in 1 Australian State and Norway.  • To contribute to the evidence base for improving workforce retention in CPS.</td>
<td>Australia and Norway</td>
<td>Child protection investigations  • assessing risk of child abuse and neglect  • identify intervention options.  Working with parents in specific behaviours to improve child safety.  Casework.  Provide family support and therapeutic services.  Provide alternative care services.</td>
</tr>
<tr>
<td>Howing, Wodarski, Gaudin &amp; Kurtz, 1989</td>
<td>Meta-synthesis</td>
<td>Child protection intervention literature.  • To examine the state of knowledge regarding the treatment of abusive and neglectful parents and maltreated children.</td>
<td>International</td>
<td>Implementing interventions for abusive parents and maltreated children:  • training in basic parenting skills  • crisis intervention  • individual and family counselling  • group therapy.  Assistance in dealing with problems associated with child abuse such as isolation, unemployment, substance abuse.  Interventions aimed at improving parent-child interactions.  Linking to community based services for the provision of therapeutic and concrete services.</td>
</tr>
<tr>
<td>Iwaniec, 1997</td>
<td>Comparison design</td>
<td>2 groups of 20 emotionally abusive and neglectful parents.  • To test whether additional group parent training (after individual parent training) would provide better outcomes for children and families.</td>
<td>UK</td>
<td>Informing parents of content and processes involved in parent training.  Developing collaborative partnership between workers and parents.  Educating parents on child development.  Implementing strategies to improve parent-child relationships and interactions.  Implementing individual and group therapies that teach:  • strategies for management of children’s and parents problematic behaviours  • problem solving skills  • relaxation training  • self-control training.</td>
</tr>
<tr>
<td>AUTHOR, YEAR</td>
<td>TYPE OF STUDY</td>
<td>PARTICIPANTS and STUDY AIMS</td>
<td>WHERE</td>
<td>CPW ROLES</td>
</tr>
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</tr>
</tbody>
</table>
| Maiter, Palmer & Manji, 2006 | Qualitative interviews | 61 parents being served by a CPS.  
• To investigate parents thoughts and feelings about the CPS and the qualities of the CPW that they found helpful or not. | USA | Provision of instrumental items:  
• groceries  
• baby formula  
• transportation.  
Parent support during a crisis.  
Support when parent dealing with other services/ client advocacy.  
Keeping families informed of their case.  
Development of worker-client relationship.  
Assisting with children’s problems.  
Listening to families stories. |
• To examine understanding of family-centred approaches, how such services are accessed and financed, and evaluate the effectiveness of these services. | International | Assess family and client relationship.  
Case management.  
Client advocacy.  
Home based counselling.  
Behaviour modelling.  
Parent education.  
Educating clients in anger management and assertiveness training.  
Teaching parents techniques to cope with child behaviour problems.  
Communication skills.  
Referring to community resources and concrete services.  
Developing worker-client rapport.  
Developing relationships with communities and engaging communities in protecting children. |
| Nelson & Nash, 2008 | Longitudinal study | 118 African American families engaged in an intensive family preservation (IFP) program.  
• To test the effectiveness of extended aftercare of an IFP program for African American families. | USA | Developing worker-client relationship.  
Providing parenting education for developing parenting knowledge and skills.  
Client advocacy.  
Counselling.  
Skill building  
• communication and negotiation  
• home maintenance  
• budgeting.  
Job readiness training.  
Linking with external supports  
• drug and alcohol treatment  
• child care.  
Encouraging involvement in an aftercare program once CPW services withdrawn. |
<table>
<thead>
<tr>
<th>AUTHOR, YEAR</th>
<th>TYPE OF STUDY</th>
<th>PARTICIPANTS and STUDY AIMS</th>
<th>WHERE</th>
<th>CPW ROLES</th>
</tr>
</thead>
</table>
| Pithouse & Lindsell, 1996 | Case Study | 20 families with a child under care orders and their CPWs.  
- To evaluate the effectiveness of a child protection family centre. | UK | Provision of practical support and concrete services.  
Linking to other services.  
Individual and family counselling.  
Group therapy.  
Advising and training families in appropriate parenting behaviours and skills, and domestic and social skills. |
| Spratt, 2003 | Qualitative interviews | 38 CPWs and 15 service users.  
- To examine the perspectives of staff and clients on how child protection issues are understood and dealt with. | Ireland | Assessment of families.  
Developing worker-client relationship.  
Implementing parenting skills programs.  
Implementing therapeutic play groups.  
Providing advice on parenting practices. |
| Thompson, 2007 | Qualitative interviews | 17 CPWs | Australia | Assess, maintain and support foster placement of abused children.  
Advocacy for children in out of home care.  
Communicating with foster carers.  
Ensuring out of home child has biological family contact.  
Support for foster parents |
| Trotter, 2002 | Qualitative interviews | 50 CPWs & 247 families within the CPWs caseload.  
- To identify the extent to which CPWs make use of certain skills and how the skills relate to client outcomes. | Australia | Developing collaborative worker-client relationship by:  
- be clear about their roles  
- understand and work with client’s view of the problem.  
Helper to families, especially parents.  
Working through a problem-solving process with the clients focusing on the client’s definition of the problems.  
Case closure. |
| Walsh, 2006 | Autobiography | 1 CPW and 1 client family.  
- To describes an integrative child protection intervention with a family. | Ireland | Conduct initial investigations.  
Make placement decisions and service referrals.  
Coordinating with representatives from other child protection or human service agencies.  
Monitoring children’s living situations.  
Developing a worker-client relationship that ensures quality information is gathered and appropriate care provided. |
| Wasik & Roberts, 1994 | Survey | 224 home visiting programs.  
- To describe existing practices regarding the provision of home visitation programs for abused and neglected children and their families. | USA | Implementation of services for the social and emotional development of children.  
Implementing therapies for parenting skills and coping.  
Teaching clients stress management techniques. |
<table>
<thead>
<tr>
<th>AUTHOR, YEAR</th>
<th>TYPE OF STUDY</th>
<th>PARTICIPANTS and STUDY AIMS</th>
<th>WHERE</th>
<th>CPW ROLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells, 2006</td>
<td>Meta-synthesis</td>
<td>Empirical child protection literature. To describe how agency management affects children’s experiences in the child welfare system and their resultant outcomes.</td>
<td>International</td>
<td>Conduct initial child protection investigations. Adopt differing roles of therapist, social broker, mediator and advocate. Respond with flexibility and creativity to the clients’ needs. Demonstrate a belief in the client and enhance the client’s self-belief. Ensure quality information is gathered and appropriate care provided. Making placement decisions and service referrals, and monitoring children’s situations while cases are active.</td>
</tr>
</tbody>
</table>
Compared to the literature presented on Table 2.2, published work that discusses what CPWs do in their day-to-day working roles (Table 2.3) offer more contemporary accounts of this aspect of child protection work. Ten of the 20 papers (50%) on Table 2.3 were published during or after 2005 (Darlington et al., 2005; Darlington et al., 2010; Feather & Ronan, 2006; Healy et al., 2009; Healy & Oltedal, 2010; Maiter et al., 2006; Nelson & Nash, 2008; Thompson, 2007; Walsh, 2006; Wells, 2006). Additionally, half of these contemporary works (n=5) are from qualitative studies (Darlington et al., 2005; Darlington et al., 2010; Maiter et al., 2006; Thompson, 2007; Walsh, 2006), with four of the five using CPW accounts of their work practices (Darlington et al., 2005; Darlington et al., 2010; Thompson, 2007; Walsh, 2006). While none of the five papers are specifically investigating the day-to-day work roles they provide a qualitative research base from which to begin to identify and understand the complexity involved in the day-to-day working life of a CPW.

Of the remaining 10 papers in Table 2.3, two are reports of mixed method studies and one is a case study that has both qualitative and quantitative components (Fernandez, 2004; Fox et al., 2003; Pithouse & Lindsell, 1996). Of the entire list of papers on Table 2.3, it is one of the mixed methods studies that provides the broadest range of CPW roles including intake procedures, documentation of client and family assessments, the use of legal documents and courtroom preparation and involvement (Fox et al., 2003). However, the research findings from this paper come from a study that investigates the education and training of CPW students rather than qualified CPWs (Fox et al., 2003). Nevertheless, Fox et al’s (2003) account of what the CPW training program includes in its educational and training strategies indicates that child protection work is multi-dimensional and requires specialist training that encapsulates many different roles and functions.

Overall, the published papers on Table 2.3 present a picture of a workforce that needs to be multi-skilled. The published literature indicates that CPWs must be proficient in the direct client care roles of assessment, child protection interventions for abused and neglected children and their families, and be a child and family advocate. The CPW must have a substantial knowledge base across a wide range of areas including child development, parenting skills, home maintenance and
budgeting skills, mental health issues and substance abuse. Additionally, CPWs are required to be skilled in the implementation of a wide range of therapies such as group and individual counselling, cognitive behavioural therapy, crisis interventions, case management and supporting foster parents. Other skills and knowledge that a CPW requires are those that do not involve direct client interaction. These include working collaboratively with other professionals and services, documentation, knowledge of child protection laws and courtroom preparation. While published literature gives a picture of the multiple skill requirements of CPWs it provides little more than list like details. The experiential aspects of working in this profession and how CPWs manage the multitude of skills required to successfully implement child protection work requires further investigation.

2.5 Section 3: Child Protection Work and Workplace Stress

Child protection work is described as stressful, demanding, and emotionally and physically exhausting (Di Gulio 1995; Jayarante & Chess, 1986; Walsh 2006; Zell, 2006). Yet in searching the child protection literature only 20 papers were found that focus on the impact of child protection work on the CPWs and their work life. These papers are listed on Table 2.4.

Only five of the 20 papers listed on Table 2.4 used qualitative interviews to gather the CPWs perspectives and experiences of workplace stress (Ellet et al., 2007; Gibbs, 2009; Littlechild, 2005; Morazes et al., 2009; Wagner et al., 2001). Consistent with the wider organisational literature and highlighted earlier there were few qualitative studies located pertaining to workplace stress in child protection. Regardless, when looking collectively at the child protection literature it is clear that it is consistent with the wider organisational literature in that it is organisational constructs that account for a large portion of the contributing factors of workplace stress.

2.5.1 Factors contributing to workplace stress in child protection work

Daily contact with families experiencing complex, often traumatic life events can contribute to a number of negative consequences to CPWs (Anderson, 2000; Azar, 2000; Conrad & Kellar-Guenther, 2006; Dane, 2000; Dillenburger, 2004; Jayaratne & Chess, 1986; Littlechild 2002, 2005). However, organisational issues were also
cited as major contributing factors to CPWs workplace stress. Of the organisational constructs identified as specific to the workplace stress of CPWs, high workloads (or caseloads) were reported as the most commonly occurring contributing factor (Dillenburger, 2004; Ellet et al., 2007; Healy et al., 2009; Landsman, 2007; Markiewic, 1996; Morazes et al., 2009; Stalker et al., 2007; Tham & Meagher, 2009; Wagner et al., 2001).

Wagner et al’s (2001) qualitative study of three Australian child welfare services revealed that decreased job satisfaction and worker morale were associated with a lack of centralisation. The same study cited other contributing factors to be excessive workloads; poor manager and team relationships; inadequate supervision and training; unstable organisational culture; lack of resources; unclear policies and procedures; and lack of meetings within an organisation. Wagner et al (2001) also reported that workplace stress arose in child protection settings where working collaboratively with other CPSs was difficult, where policies and practices were workload driven and not client driven, and where workers had to make choices about who to provide services to due to resource considerations and not client need.

A more recent Australian study interviewed 22 CPWs and 11 child protection supervisors about their experiences of working in a child protection organisation (Gibbs, 2009). What this cohort revealed was that CPWs experienced workplace stress as a result of a lack of support for new recruits, inadequate supervision, bureaucratic demands (such as excessive paperwork and a large focus on task completion and compliance), and workers not feeling valued by their organisation (Gibbs, 2009). Findings similar to those presented by both Wagner et al (2001) and Gibbs (2009) have been presented across other child protection literature where it is argued that organisational and workplace structures, characteristics, and constraints continue to challenge the work life experiences of CPWs (see Table 2.4).
Table 2.4: Contributing factors and consequences of workplace stress to CPWs

<table>
<thead>
<tr>
<th>AUTHOR, YEAR</th>
<th>TYPE OF STUDY</th>
<th>PARTICIPANTS and STUDY AIMS</th>
<th>WHERE</th>
<th>CONTRIBUTING FACTORS and CONSEQUENCES OF WORKPLACE STRESS IN CHILD PROTECTION WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson, 2000</td>
<td>Survey</td>
<td>151 front-line CPWs.</td>
<td>USA</td>
<td>Working with multi-stressed families. High levels of depersonalisation. Worker burnout &amp; related emotional exhaustion.</td>
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<tr>
<td></td>
<td></td>
<td>To investigate veteran CPWs (2 years or more) coping strategies for job stress and to examine the relationship between coping strategies and burnout.</td>
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<tr>
<td>Ayre, 2001</td>
<td>Systematic review</td>
<td>Published literature on media coverage of child protection in the 1970’s, 1980’s &amp; 1990’s. To explore the contribution of the media to the climate of fear, blame &amp; mistrust in child protection work.</td>
<td>UK</td>
<td>Negative media coverage. Climate of fear, blame &amp; mistrust.</td>
</tr>
<tr>
<td>Azar, 2000</td>
<td>Auto-biography</td>
<td>Author uses her own experiences with providing supervision to CPWs and existing literature. To identify supervision strategies to combat early manifestations of burnout and prevent full-blown burnout occurring in CPWs.</td>
<td>UK</td>
<td>Violence and threats towards CPWs. Working with multi-stressed families. Poor or little supervision. Worker burnout. Work-life imbalance.</td>
</tr>
<tr>
<td>Conrad &amp; Kellar-Guenther, 2006</td>
<td>Survey</td>
<td>363 participants made up of CPWs and supervisors. To understand the levels of compassion fatigue, burnout and compassion satisfaction among CPWs.</td>
<td>Colorado</td>
<td>Working with multi-stressed families. High worker turnover. High risk for compassion fatigue but low risk for worker burnout.</td>
</tr>
<tr>
<td>AUTHOR, YEAR</td>
<td>TYPE OF STUDY</td>
<td>PARTICIPANTS and STUDY AIMS</td>
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<td>CONTRIBUTING FACTORS and CONSEQUENCES OF WORKPLACE STRESS IN CHILD PROTECTION WORK</td>
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<tr>
<td>Dillenburger, 2004</td>
<td>Survey</td>
<td>16 social workers. &lt;br&gt; To assess the extent of occupational stress and its causes; suggest ways in which occupational stress can be alleviated for CPWs.</td>
<td>UK</td>
<td>High workload. &lt;br&gt; Meeting deadlines imposed by others. &lt;br&gt; Administrative responsibilities. &lt;br&gt; Contact with other professionals. &lt;br&gt; Supervision of subordinate’s work. &lt;br&gt; Working with support/ancillary staff. &lt;br&gt; Lack of acknowledgement of or negative managerial response to stress. &lt;br&gt; Feeling constrained by organisation. &lt;br&gt; Management changes. &lt;br&gt; Temporary workers. &lt;br&gt; Poor line-management &amp; conflict with line-management. &lt;br&gt; Lack of support. &lt;br&gt; Poor supervision. &lt;br&gt; Lack of resources. &lt;br&gt; Isolation in a situation. &lt;br&gt; Counteracting unhelpful views others hold of your job. &lt;br&gt; Imposing controls that curtail or restrict the personal autonomy of the clients. &lt;br&gt; Direct contact with clients. &lt;br&gt; Emotional demands of clients. &lt;br&gt; Aggression and potential violence of clients. &lt;br&gt; Contact with significant others such as relatives. &lt;br&gt; Experiencing too little time to perform duties to your satisfaction. &lt;br&gt; Continually working in crisis situation. &lt;br&gt; Removing children into care. &lt;br&gt; Physically uncongenial or uncomfortable work environments.</td>
</tr>
<tr>
<td>Ellett et al., 2007</td>
<td>Focus group interviews</td>
<td>460 CPWs. &lt;br&gt; To investigate CPWs work experiences and perceptions of personal characteristics and organisational factors that contribute to the decision to remain or leave child protection work.</td>
<td>Georgia, USA</td>
<td>High job demands/large caseloads. &lt;br&gt; Long work hours. &lt;br&gt; Work-life imbalance. &lt;br&gt; High worker turnover. &lt;br&gt; Poor organisational culture. &lt;br&gt; Poor recruitment &amp; retention. &lt;br&gt; Fiscal costs to organisation.</td>
</tr>
<tr>
<td>AUTHOR, YEAR</td>
<td>TYPE OF STUDY</td>
<td>PARTICIPANTS and STUDY AIMS</td>
<td>WHERE</td>
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<tr>
<td>Healy et al., 2009</td>
<td>Survey</td>
<td>208 CPWs. To determine characteristics of the child protection workforce, quality of service outcomes, and views of CPWs of contributing factors to high turnover of front-line CPWs.</td>
<td>Australia, England &amp; Sweden</td>
<td>Young and/or inexperienced CPWs. Inadequate training and preparation Lack of professional support. Lack of development opportunities. Large caseloads. Low pay. Lack of resources. Negative public perception of CPWs &amp; media pressure. High worker turnover.</td>
</tr>
<tr>
<td>Littlechild, 2005</td>
<td>Mixed methods</td>
<td>Phase 1 - 192 CPWs. Phase 2 - 20 managers. Examines the experiences and views of CPWs and managers in relation to the management of violence against CPWs at work.</td>
<td>UK</td>
<td>Violence and threats towards CPWs. Fear and anxiety.</td>
</tr>
<tr>
<td>AUTHOR, YEAR</td>
<td>TYPE OF STUDY</td>
<td>PARTICIPANTS and STUDY AIMS</td>
<td>WHERE</td>
<td>CONTRIBUTING FACTORS and CONSEQUENCES OF WORKPLACE STRESS IN CHILD PROTECTION WORK</td>
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<tr>
<td>Markiewicz, 1996</td>
<td>Discussion paper</td>
<td>Articulates with a previous article which describes the history and background of social work within the state welfare department in Victoria. To explore workplace issues pertinent to recruitment and retention in an Australian state welfare department.</td>
<td>Victoria, Australia</td>
<td>Large caseloads. Low pay. Lack of resources. Contradictory priorities and values imposed by organisations. Poor recruitment &amp; retention. High turnover rates.</td>
</tr>
<tr>
<td>Morazes et al., 2009</td>
<td>Qualitative interviews</td>
<td>386 CPWs over a 10 year data collection period. To explore similarities and differences between CPWs who remain and those who leave the profession.</td>
<td>California, USA</td>
<td>High caseloads. Lack of support &amp; respect. Poor supervision. Lack of time. Bureaucratic demands that decreases face-to-face client contact e.g. excessive paperwork. Work-life imbalance. Worker burnout.</td>
</tr>
<tr>
<td>AUTHOR, YEAR</td>
<td>TYPE OF STUDY</td>
<td>PARTICIPANTS and STUDY AIMS</td>
<td>WHERE</td>
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<tr>
<td>Stalker et al., 2007</td>
<td>Systematic Review</td>
<td>Social work, social psychology, sociology, management &amp; women’s studies literature. To review the coexistence of high levels of emotional exhaustion (burnout) and high job satisfaction in CPWs.</td>
<td>International</td>
<td>Work overload. Lack of promotional opportunities. Perception of problematic changes in agency policy &amp; procedures. Unsupportive supervisors. Perceptions that the job is physically unsafe.</td>
</tr>
<tr>
<td>Wagner et al., 2001</td>
<td>Qualitative interviews</td>
<td>Workers from three children’s welfare agencies. To investigate stresses and rewards impacting on CPWs and develop strategies to improve the working environment.</td>
<td>Australia</td>
<td>Lack of centralisation. Excessive workloads. Poor manager and team relationships. Inadequate supervision and training. Unstable organisational culture. Lack of resources. Lack of instrumental communication. Negative public perception of CPWs &amp; media pressure. Decreased job satisfaction. Low worker morale.</td>
</tr>
<tr>
<td>Yamatani et al., 2009</td>
<td>Mixed methods</td>
<td>Focus groups = 60 children, youth and family workers. Case analysis = 16 000 cases. Job shadowing = 34 children, youth and family workers. To establish caseload standards for CPWs to ensure quality service provision, and, recruitment and retention of qualified workers.</td>
<td>Pittsburgh</td>
<td>Excessive caseloads. Pressure to process cases quickly. Long work hours. Unnecessary administrative paperwork. Potential for errors. Worker burnout. High staff turnover.</td>
</tr>
</tbody>
</table>
A contributing factor to workplace stress of CPWs not addressed in the wider organisational literature is the negative public perception of CPWs as well as media pressure associated with this profession (Ayre, 2001; Healy et al., 2009; Morazes et al., 2009; Tham & Meagher, 2009; Wagner et al., 2001). A Swedish comparative study of 309 social workers in child welfare and 4,271 county council personnel revealed that negative publicity of CPWs may be linked to these workers feeling undervalued and, consequently, experiencing low self-evaluations and a reduced sense of mastery in their work (Tham & Meagher, 2009). Other research papers have also linked negative media and poor public opinion to workplace stress of CPWs (Ayre, 2001; Healey et al., 2009). Regardless of these reports, there remains a substantial gap in the literature in investigating CPWs experiences and feelings around the media pressure that is associated with their line of work.

Finally, a significant contributing factor of workplace stress not identified in wider organisational literature but reported as contributing to the workplace stress of caring professions such as nursing (Luck, Jackson & Usher, 2009; Varcoe, 2008), social work (Balloch, Pahl & McLean, 1998; Jayaratne, Vinokur-Kaplan, Nagda & Chess, 1996; Stanley & Goddard, 1997) and child protection (Azar, 2000; Littlechild 2002, 2005), is the violence and threats such professional groups can experience. Littlechild has presented a number of seminal papers specific to CPWs experiences of workplace violence. Littlechild (2002) examined literature from England, North America and Australia to determine the impact of threatened and actual violence to social workers in the course of their working roles in child protection. The same author revealed that while only a few studies provided discussion of violence towards CPWs, they identified that workplace violence experienced by this cohort impacts negatively on their well-being.

Littlechild (2005) reports on a mixed method study with child protection social workers and managers investigating their experiences of violence and aggression from parent service-users. In this study in-depth interviews were carried out with seven workers who had reported being victims of violence while undertaking child protection work. Findings presented across these papers report that while physical violence towards the CPWs was rare indirect violence (such as threats and harassment) was commonplace (Littlechild, 2005). This was reported to affect both
the CPWs practice and well-being with the CPW experiencing fear, anxiety and stress (Littlechild, 2005).

While the consequences of working with multi-stressed families are acknowledged as challenging for CPWs, organisational issues are more likely to cause their workplace stress. Organisational constructs of high caseloads, bureaucratic demands, poor workplace integration, inadequate supervision, unstable organisational culture and poor inter-organisational communication are all identified as contributing factors to CPWs workplace stress. Additional workplace stressors not linked to organisational constructs were identified as negative public perception, media pressures and exposure to workplace violence. Each of these contributing factors of workplaces stress can result in negative consequences to the health and sustainability of CPWs.

2.5.2 Consequences of workplace stress in child protection work

There are consequences of workplace stress that impact the individual CPW and/or their employing organisation. While a number of consequences are comparable to those identified in the organisational literature (see section 2.3.3), there are consequences that are specific to caring professions such as child protection.

2.5.2.1 Impacts of workplace stress on the individual CPW

There are psychological and social consequences of child protection work identified in the literature. These are reported as being directly related to the sensitive nature of child protection work, in particular the CPWs chronic exposure to abused and neglected children and working with multi-stressed families (Anderson, 2000; Azar, 2000; Conrad & Kellar-Guenthar, 2006; Dane, 2000; Jayarante et al., 1986), as well as organisational structures and cultures within the workplace (Anderson, 2000; Azar, 2000; Ellet et al., 2007; Gibbs, 2009; Morazes et al., 2009; Smith, 2005; Tham & Meagher, 2009; Yamatani et al., 2009). Such consequences are identified as vicarious traumatisation (VT), burnout, and a lack of work-life balance.

Vicarious traumatisation (VT) in relation to therapists who work with trauma clients was first conceptualised by McCann and Pearlman in 1990 and is defined as “the transformation that occurs within the therapist (or other trauma worker) as a result of
empathic engagement with clients' trauma experiences and their sequelae” (Pearlman & Mac Ian, 1995, p. 558). Specific to child protection only one study was found that identified VT as a consequence of child protection work (Dane, 2000). The same study collected data from 10 CPWs in New York via focus groups and reported that over time their initial enthusiasm in their work turned to sadness, with some participants reporting that exposure to extreme child abuse cases resulted in symptoms such as irritability, feeling vulnerable, anxiety, inability to sleep and intrusive imagery (Dane, 2000). Such symptoms have been identified as direct consequences of VT in non-child protection literature (Baird & Kracen, 2006; Brady, Guy, Poelstra & Brokaw, 1999; Canfield, 2005; Pearlman & Mac Ian, 1995).

Another potential workplace stress consequence for CPWs reported in the literature is burnout (Anderson, 2000; Azar, 2000; Conrad & Kellar-Guenther, 2006; Jayaratne & Chess, 1986; Stalker et al., 2007). Burnout refers to a progressive state of fatigue and/or apathy resulting in a disruption in the ability to perform expected roles, arising due to the psychological strain of working with difficult populations (Maslach & Leiter, 1997). Burnout has also been associated in the child protection literature with organisational factors such as high workload, long work hours and little input into decision making (Azar, 2000; Morazes et al., 2009; Yamatani et al., 2009).

While comparisons to child protection work can be drawn from the large amount of literature available around worker burnout in other professional groups, research pertaining to burnout specific to child protection is required. The literature review revealed only five papers that had a significant focus on the experiences of worker burnout specific to child protection work (Anderson, 2000; Azar, 2000; Conrad & Kellar-Guenther, 2006; Jayaratne et al., 1986; Stalker et al., 2007). Andersons (2000) study of 151 veteran CPWs (2 years or more as a CPW) working in CPSs in a southern state of the USA reported that many of its participants (n=94, 62%) experienced emotional exhaustion, a major consequence of burnout. Another study involving 75 female CPWs and their husbands reported that their CPW participants experienced high levels of anxiety, depression, irritability, somatic complaints and lower levels of job satisfaction and self-esteem as direct consequences of burnout (Jayaratne et al, 1986).
A more recent self-report survey study of 363 Colorado county CPWs reported that while 50% of their participants were at high risk for compassion fatigue the overall risk for experiencing burnout was considerably lower (Conrad & Kellar-Guenther, 2006). Compassion fatigue, also known as secondary stress disorder, is where workers develop strong empathic regard for clients and as a result the worker may experience episodes of irritability or outbursts of anger; sleep disturbance; difficulty concentrating; exaggerated startle response; hyper-vigilance; recurrent and intrusive recollection of the event the client experienced; and avoidance of thoughts, feelings, people or places that arouse recollection of the event (Figley, 2002). Despite the contrasting finding between compassion fatigue and worker burnout, the association of working with traumatised children and the increased risk this presents for workers to experience burnout cannot be denied (Anderson, 2000; Azar, 2000; Jayaratne et al., 1986; Stalker et al., 2007). It is suggested that worker burnout in child protection work is investigated further.

The final consequence to individual CPWs that can result from workplace stress is the social consequence of work-life imbalance. However, while work-life balance is well represented in organisational literature (Bovenberg, 2005; Grady & McCarthy, 2008; Nordenmark, 2004; Pichler, 2009; Schoon, Hansson & Salmela-Aro, 2005; Seto, Morimoto & Maruyama, 2006) it has been poorly addressed in the child protection profession. Of the papers on Table 2.4, only eight specifically detail work-life imbalance as a consequence of workplace stress (Azar, 2000; Dane, 2000; Ellett et al., 2007; Gibbs, 2009; Jayaratne et al., 1986; Morazes et al., 2009; Smith, 2005; Tham & Meagher, 2009).

Tham & Meagher (2009) reported that Swedish CPWs described their work as negatively influencing their private life when compared to other professional groups (Tham & Meagher, 2009). Similarly, a qualitative study of 460 CPWs revealed that a major personal factor contributing to CPW turnover was the intrusion of their work responsibilities into their personal life (Ellett et al., 2007). This study demonstrated the pervasive nature of child protection work with many of its participants reporting being constantly on call and working over 50 hours per week (Ellett et al., 2007).

However, of the eight papers that acknowledged the impact of child protection work on work-life balance, only one paper emphasised in detail the impact of work stress
of CPWs to family life (Jayaratne et al., 1986). This survey study determined that where stress at work was reported, in particular where high burnout scores were noted, the CPW participant’s experienced increased stress on their marriage (Jayaratne et al., 1986). Further research on the impact of child protection work to work-life balance is needed.

2.5.2.2 Impacts of workplace stress to child protection organisations

The most commonly identified consequence of workplace stress to a child protection organisation was the high levels of worker turnover experienced within this profession. A number of papers in Table 2.4 were focused on investigating the organisational consequences of workplace stress associated with high worker turnover and the related difficulties in recruiting and retaining workers (Conrad & Kellar-Guenther 2006; Ellet et al., 2007; Gibbs, 2009; Healy et al., 2009; Landsman, 2007; Markiewicz, 1996; Morazes et al., 2009; Smith, 2005; Tham & Meagher, 2009; Yamatani et al., 2009).

High worker turnover has been shown in section 2.3.3.2 to occur across many professions and workforce groups. As indicated in the organisational literature, high worker turnover results in lost productivity and high organisational costs (Clarke & Cooper, 2000; Lambert, 2001; Siu & Cooper, 1998). Similar findings are presented in the child protection literature (Ellet et al., 2007; Healy et al., 2009; Landsman, 2007). For example, Ellet et al., (2007) undertook a qualitative study of 369 CPWs and reported that high worker turnover posed significant costs to a child protection organisation due to recruitment costs, lost productivity and the use of resources for on-the-job training for employees.

Another consequence of high worker turnover is that it can leave a child protection organisation depleted of experienced, front-line workers which places additional pressure on the remaining workers to increase their often already large caseloads (Conrad & Kellar-Guenther 2006; Landsman 2007). Additionally, child protection organisations may recruit inexperienced workers to fill the vacant positions, leaving the workforce depleted of experienced workers who are important to the professional development and social support for newly employed CPWs (Healey et al., 2009; Morazes et al., 2009).
While the problem of high worker turnover in child protection has received some attention in the child protection literature, it continues to impact negatively on the child protection workforce. This indicates that the child protection research to date has not adequately addressed or provided effective solutions for the high turnover rates within this profession.

Overall, the published research on the contributing factors and consequences of workplace stress within child protection is consistent with that of the wider organisational literature. Consistency exists in not only the key contributing factors and consequences, both individual and organisational, but also in the type of research designs used to investigate these phenomena. There are few research designs that address workplace stress from a qualitative standpoint yet it is plausible that experiential data directly from the workers themselves may shed light on why workplace stress continues to impact on many workers and their employing organisations. Notable in the published child protection literature on workplace stress is that there are contemporary papers that are addressing this phenomenon, with 11 of the 20 papers on Table 2.4 being published in 2005 onwards. Regardless, workplace stress continues to impact many workers and organisations, in particular caring professions such as child protection. This supports the need for further research on workplace stress within child protection and may contribute to ensuring effective management strategies are in place.

2.6 Section 4: Managing the Workplace Stress of CPWs

Workplace stress has been shown in this chapter to have serious implications for the health and well-being of both individual employees and their employing organisations. However, there is literature that indicates that the contributing factors and consequences of workplace stress can be managed. Organisational literature identifies various strategies for workplace stress management that include individual employee strategies (such as meditation, relaxation, time management training, counselling) (Arthur, 2000; Caulfield et al., 2004; Giga et al., 2003; Kirk & Brown, 2003; Noblet & LaMontagne, 2006); developing resilience (Edward, 2005; Jackson, Firtko & Edenborough, 2007); effective change management (O’Brien, 2002; Wells, 2006); improving teamwork (Lee & Chang, 2008; Van Mierlo, Rutte, Kompier &
Doorewaard, 2005); and human resource management (Murphy, 1995). Evident from this research is that no one strategy is adequate on its own and that a combination of stress management interventions are key to successfully reducing and managing workplace stress (Dollard et al., 2000; Giga et al., 2003; Michie & Williams, 2003; Noblet, 2003; Noblet & LaMontagne, 2006).

When compared to the wider organisational literature the management of workplace stress in child protection work has received relatively little attention. Suggestions for managing workplace stress that have emerged parallel many of those cited in the organisational literature. Those that have attracted the most attention in child protection are professional supervision (Dillenburger, 2004; Fox et al., 2003; Gray, 2009; Landsman, 2007; McPherson & Barnett, 2006; Redmond et al., 2008; Smith, 2005; Tham & Meagher, 2009), social support (Anderson, 2000; Conrad & Kellar-Guenther, 2006; Littlechild, 2002, 2005; Stalker et al., 2007; Redmond et al, 2008; Tham & Meagher, 2009; Wells, 2006; Yoo & Brooks, 2005), and maintaining a work-life balance (Ellet et al., 2007; Morazes et al., 2009; Smith, 2005; Tham & Meagher, 2009; Wagner et al., 2001).

2.6.1 Professional supervision

In the context of child protection work, professional supervision refers to a forum that provides the CPW with the opportunity to reflect on and critically appraise their professional practice (Darlington, Osmond & Peile, 2002; Gray 2009; Wagner et al., 2001). The provision of adequate and accessible professional supervision was suggested as a management strategy of workplace stress in the majority of child protection literature (Dillenburger, 2004; Fox et al., 2003; Gray, 2009; Landsman, 2007; McPherson & Barnett, 2006; Redmond et al., 2008; Smith, 2005; Tham & Meagher, 2009).

A survey of 16 social workers employed in statutory child care teams reported that participants felt that better supervision, including front line management being fully aware of and trained in stress management, would assist in reducing workplace stress (Dillenburger, 2004). Other studies have associated CPW supervision with professional and personal development, allowing the supervisor to gain insight into the CPWs capabilities and level of professional knowledge, which enhances
managerial workload allocation, and worker-client compatibility (Darlington et al., 2002; Gray 2009; Wagner et al., 2001). Additionally, professional supervision has been linked to recruiting and retaining workers to the child protection profession as well as increased job satisfaction (Conrad & Kellar-Guenther, 2006; Gibbs, 2009; Landsman, 2007; Lawson & Foster, 2005; Redmond et al., 2008; Smith, 2005; Stalker et al, 2007). Receiving appropriate professional supervision was also linked in some studies to reducing worker burnout (Azar, 2000; Darlington et al., 2002; Landsman, 2007).

Overall, professional supervision was viewed throughout the child protection literature as a necessary strategy for the management of CPWs workplace stress. As with the child protection literature that investigates what CPWs do, the published works that cite supervision as beneficial to CPWs health and sustainability are largely survey design (Dillneburger, 2004; Redmond et al., 2008; Smith, 2005; Conrad & Kellar-Guenther, 2006; Lawson & Foster, 2005; Tham & Meagher, 2009). Additionally, these studies do not have a focus on professional supervision but small sections that corroborate the benefits of supervision to reducing workplace stress and increasing CPW retention. Child protection research that has a sole focus on the role and benefits of professional supervision to CPWs and this workforce is needed. Qualitative research that provides experiential evidence for the benefits of professional supervision directly from CPWs and those providing this supervision is also called for.

2.6.2 Social support

While not attracting as much attention as professional supervision, there is some literature specific to child protection that identifies the importance of support, in particular that of a supervisor, for CPWs (Anderson, 2000; Littlechild, 2002, 2005; Stalker et al., 2007; Tham & Meagher, 2009; Yoo & Brooks, 2005). In a paper reviewing empirical evidence of managing a CPS, Well’s (2006) describes support from a supervisor as an essential function within child protection work. However, for supervisor support to be beneficial in reducing workplace stress, Wells (2006) reports that such support needs to be carried out as a consultative process, not as a monitoring role. In a survey study, supervisor support was also reported as being required routinely to counteract job-related stressful emotions (Anderson, 2000).
Along with supervisor support, peer support was noted as valuable in managing workplace stress. A review of previous research concluded that CPWs can be, and often are, emotionally exhausted, and that social support from their peers may moderate the effects of emotional exhaustion (Stalker et al., 2007). Similarly, a self-report study of 151 front-line CPWs suggested that to prevent and treat emotional exhaustion of CPWs, support from peers needs to be promoted within child protection organisations (Anderson, 2000). Other child protection literature have associated peer support to aiding in the reduction of various elements of workplace stress such as VT, compassion fatigue, worker burnout and staff retention of CPWs (Conrad & Kellar-Guenther, 2006; Redmond et al, 2008; Smith, 2005).

The literature reporting on social support in child protection work is convincing in its argument of the benefits of such support to CPW health and sustainability; however, it remains limited by study design. A number of published papers on social support in child protection are systematic reviews (Littlechild, 2002; Stalker et al., 2007, Wells, 2006) thereby not contributing new or further empirical evidence to this phenomenon. Other published works on the social support of CPWs are largely from survey studies and lack experiential insight on this aspect of CPW workplace stress management (Anderson, 2000; Conrad & Kellar-Guenther, 2006; Redmond et al., 2008; Tham & Meagher, 2009; Yoo & Brooks, 2005; Smith, 2005). While these studies provide collaborative evidence of the benefits of social support in managing CPWs workplace stress, further studies that explore the CPWs beliefs, ideas and experiences of social support and its benefits to them is called for.

2.6.3 Work-life balance

The promotion of work-life balance within a child protection organisation was also acknowledged as an important element in reducing work related stress of CPWs. A survey study by Smith (2005) of CPWs in the USA revealed that child protection organisations that facilitated work-life balance, such as offering flexible working hours, were more likely to retain workers. This was echoed in a qualitative study by Morazes et al., (2009). Further support for child protection organisations promoting work-life balance for their front-line workers were acknowledged, if fleetingly, in other child protection literature (Ellet et al., 2007; Tham & Meagher, 2009; Wagner et al., 2001). While these published papers provide some evidence that strategies for
managing work-life balance is beneficial to CPWs, none report specifically on the importance of work-life balance for CPWs. Clearly more studies are required that specifically investigate work-life balance and child protection work.

While professional supervision, social support and work-life balance are important strategies for managing workplace stress of CPWs, there were other strategies reported on a smaller scale within the literature. For instance an Australian state welfare department addressed workplace stress associated with poor recruitment and retention rates by implementing a new salary structure, improving worker orientations and staff development programs, and providing clearer documentation of policies and procedures (Markiewicz, 1996). Similar management strategies were reported by Smith (2005) and Healey et al (2009). Regardless of the identification of these strategies, it is evident that discussion around the management of workplace stress in child protection is allocated to relatively small sections of research and discussion papers. As such, strategies for managing the work related stress of CPWs is an area requiring further research.

2.7 Section 5: Chapter Summary and Research Questions

To contextualise the working experiences of CPWs this chapter sought to define and describe who CPWs are, what they do and how they experience their role as a CPW. In seeking a definition for the term ‘Child Protection Worker’, it was apparent that a universal definition did not exist. What was presented in the literature is that the child protection profession is staffed largely by female social workers and requires workers to be multi-faceted in their service delivery. Published literature also asserts that CPWs must engage in diverse roles but fails to examine the variety of CPW roles in any detail or how CPWs experience these roles. However, the literature was convincing in highlighting that child protection work is demanding and emotionally challenging.

Despite the lack of detail on experiential aspects of the CPW role, some literature has identified that there are workplace stress issues experienced by this workforce. Child protection literature relevant to this topic demonstrated consistency with the wider organisational literature where there were strong links between organisational constructs and workplace stress. Such links included high worker turnover, a lack of
inclusion in workplace decision making, unclear polices and procedures, excessive workloads and a lack of social support. Additionally, a link between workplace stress and an employee’s working environment was consistently represented within the organisational literature. Within the working environment, contributing factors of workplace stress commonly cited were organisational structure; organisational change; job demand, control and support; and work-family conflict. Similarities existed between these constructs and those in the child protection literature; however, were more extensively discussed in the organisational literature.

Similar to other professional groups and organisations the consequences of workplace stress in the child protection profession were experienced at both an individual worker and organisational level. Individual consequences were shown to be related to both organisational demands and working with sensitive and emotionally challenging child protection cases. While the literature presented in this chapter provides insight into what CPWs may experience, further research is required on the consequences of workplaces stress specific to CPWs.

Consistent with the contributing factors and consequences of workplace stress in child protection work, there is paucity in the literature on management strategies of workplace stress. What is evident is that professional supervision, social support and maintaining a work-life balance are essential elements in counteracting the workplace stress of CPWs, with professional supervision receiving the largest attention in the literature.

Overall, the published literature on workplace stress in both organisational and child protection arenas are largely quantitative. It was also notable that although reliable and valid instruments were employed to gather data, many of the studies had small numbers of participants and there was a high reliance on survey data. It is suggested that research specific to the day-to-day work experiences of CPWs that employs both quantitative and qualitative research designs be undertaken. This thesis will use both quantitative and qualitative data collection and analysis methods to answer the following questions which have not been previously explored:

- What do CPWs do?
- How do CPWs experience their daily child protection role within a CPS?
• What are the workplace stress issues experienced by CPWs in a given CPS?

• What strategies do CPWs employ to manage or circumvent workplace stress?
CHAPTER 3

Methodology and Methods

Abstract

This chapter provides a detailed description of case study methodology. Instrumental case study is defined and described. As context is essential for case study research a description of this study’s setting is provided. This chapter also provides a detailed account of how the current study was undertaken, inclusive of the various data collection and analysis methods implemented. Some data were extracted from the CPS or child protection organisation documents. As identifying the CPS or organisation where this research took place would breach confidentiality agreements, such documents are referred to throughout this thesis as organisational or CPS documents. To attest that data extracted from these documents and the research presented is genuine a letter of support is submitted as Appendix B.

Important to all research is the rigorous manner in which it is carried out and findings presented. This chapter, therefore, outlines the principles of rigor applied to this study. These were credibility, auditability, authenticity and transferability. The ethical practices applied to this study are presented as informed consent and autonomy, confidentiality and beneficence. Finally, the limitations of case study design are discussed.
3.1 Introduction

The methodology chosen for this study was a case study design. This case study explored the day-to-day experiences of child protection workers (CPWs) within the context of working in a child protection service (CPS). The case study design was used as this allowed an in-depth, real-life exploration of the phenomenon of interest (the day-to-day experiences of being a CPW), while also considering the context and setting of the participants’ work (Creswell, 2007; O’Leary, 2004; Stake, 2003; Yin, 2003).

While there is some research that explores the phenomenon of CPWs working within a child protection service (CPS) (Darlington et al., 2010; Spratt, 2003; Trotter, 2002; Walsh, 2006), there remains many gaps. There is still much that is unknown about what CPWs do and experience in their working day. This thesis aimed to provide an in-depth study of the CPWs day-to-day lives in the workplace through answering the research questions presented in the preceding chapter. This chapter discusses the case study design that was used to address the research questions and study aims. Table 3.1 provides an overview of the sections presented in this chapter.

3.2 Case Study

Section 2 provides detailed discussion on case study as a research design. The identification of the current case study as an instrumental case study design will also be discussed.

3.2.1 Case Study Design

Case study is defined as a research design used to investigate contemporary, real-life phenomenon in the naturally occurring context within which they occur, and of which little is already known (Creswell, 2007; Stake, 2003, 2008; Yin, 2003). The literature around case study as a research design identifies various approaches to applying case study and highlights its usefulness across a variety of disciplines (Creswell, 2007; Jensen & Rodgers, 2001; Stake, 2003, 2008; Yin, 2003). Social scientists have long used case study and identify a number of case study designs (Yin, 2003). The various case study designs include single and multiple case studies (such
as exploratory, descriptive and explanatory) that can explore, describe and explain phenomena (Yin, 2003). Other case study designs are intrinsic, instrumental and collective case studies (Creswell, 2007; Stake, 2003, 2008).

Table 3.1: Overview of Sections in Chapter 3

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<td>Limitations of case study</td>
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<td>3.8</td>
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While many case studies have been described as fieldwork, the term ‘case study’ illuminates what can be learned about a single case (Stake, 2008). To learn about the case, research questions are developed that inform the exploration of the case and the phenomenon of interest (Stake, 2008). Additionally, various authors assert that case study research enhances understanding of a complex issue as well creating and generating research (Dooley, 2002; Stake, 2008; Yin, 2009). Through a process of scholarly inquiry, case study research aims to add to existing knowledge and create new knowledge around a contemporary phenomenon and the associated social, cultural, political and environmental context of the case being studied (Dooley, 2002; Stake, 2008). Case study research achieves these aims through in-depth examination of a single, contextualised, and bounded case (Dooley, 2002).
A number of methods are used in case study research to achieve the examination of the case. Observations of human interaction and activity provide key information for case study research (Stake, 2008). However, to thoroughly explore the case and its context, multiple sources of evidence are used (Stake, 2008; Yin, 2003). The various data collection techniques that can be employed in a case study design include, but are not limited to, observation, document analysis and interviews (Dooley, 2002; Yin, 2003).

3.2.2 Defining the case

Stake (2008) reports that “case study is not a methodological choice but a choice of what is to be studied” (p. 119). It is therefore important that the researcher in any case study design chooses the case that will achieve the greatest understanding of the phenomenon of interest (Dooley, 2002; Gerring, 2007; Patton, 1990; Yin, 1994). Also of importance is that the case is identified prior to the research commencing and is situated within a bounded system (Creswell, 2007; Luck, Jackson & Usher, 2006; Ragin, 1992; Stake, 2008; Yin, 2003).

The case is the tool used to facilitate an understanding of the phenomenon being studied (Stake, 1995, 2003). A case has been defined as a unit of analysis or a unit of human activity studied in the context of the real world in which it occurs (Gillham, 2000; Patton, 2002; Yin, 2003). Furthermore, a case can be single or collective and can include individuals; several individuals or a population; a programme; activities or events; or an institution (Creswell, 2007; Stake 1995, 2008; Yin, 2003). Finally, a case can be situated within a site (within-site) or across a number of sites (multi-sited), focusing on a social unit or issue that can reveal complex human relations and their personal implications (Creswell, 1998; Stake, 1995; Yin, 2003).

3.2.3 Defining the Context and the Boundaries

In case study research, the case must occur within a bounded system (Creswell, 2007; Stake, 2003, 2008). Determining the boundaries of what is to be researched aids in the identification of the aspects of the case that make it distinct (O’Leary, 2004; Stake, 2003). Boundaries are the limits that are placed on the identification of the
case and may include time, events, processes or a defined geographical location such as a workplace or school (Creswell, 2007).

Features that fall both within and outside the boundaries must be considered when defining the case (Stake, 2008). However, it is the features that fall within the boundaries of the case that need to be predominantly considered and studied (Anaf, Drummond & Sheppard, 2007; Stake, 2008; Yin, 2009). The features that fall outside the boundaries of the case are not included as a part of the case, but require consideration when determining the limits of the boundaries, and are significant as context of the case (Stake, 2008). Features that can assist in determining the boundaries of a case include physical, environmental, economic, ethical and aesthetic characteristics (Stake, 2008).

3.2.4 Instrumental Case Study

Instrumental case study is where a particular case is examined to provide insight into an issue (Creswell, 2007; Stake, 2008). Differing from other types of case study, instrumental case study focuses on the issue, or phenomenon of interest, rather than the case (Creswell, 2007; Stake, 2008). While the context and details of the case are scrutinised, in instrumental case study these aspects of the case play a supportive role only by facilitating an understanding of the phenomenon of interest (Luck, Jackson & Usher, 2006; Stake, 2008).

The current case study has been guided by Stakes instrumental case study design (Stake, 2008). Instrumental case study design was selected for the current study because the aim was to investigate a phenomenon of interest (the day-to-day working lives of CPWs) through a group of individual participants (the CPWs) within a single case (the CPS). Stake (2008) states that instrumental case study allows the researcher to gain each participants view of an issue or concern of a phenomenon of interest within a given case.

Instrumental case studies present an opportunity to enhance understanding and provide new insights into the phenomenon of interest (Ellis, 2003). Instrumental case study also allows for other cases to draw information from the study findings (Ellis, 2003; Stake, 2008). In the current study, the experiences of working as a CPW within
a CPS were investigated to extend existing knowledge and provide new insights to
the CPW role that may benefit CPWs, their employing organisations and the wider
community. However, as the purpose of the instrumental case study is not to
represent many populations but to represent one case (Stake, 2008), the findings of
the current study provide insight into the phenomenon of interest based on CPWs
employed within one CPS.

3.3 The Case

This case study was carried out within a non-government child protection service
(CPS) situated within a large organisation in a major Australian city. The CPS is the
case of the current study. The boundaries of the case were geographical location
(defined by postcode), the clients receiving child protection services and the staff
employed by the service.

This section provides the contextual details of the current instrumental case study’s
case. Stake (2008) identifies that the context of the case can include historical,
cultural, physical, educational, political and social characteristics. The contextual
information for this section is supported by documents from the organisation, the
Department of Community Services (DoCS), the case study field notes and the
Australian Bureau of Statistics. Where necessary, these sources will be identified.

3.3.1 The Child Protection Service (CPS)

The geographical characteristics of the CPS in the current study were recorded in the
case study field notes and are presented in the following paragraph. The case study
presented in this thesis represents one CPS placed within a larger organisation. This
CPS shared the same organisational goals, philosophy and policies as other services
within the same organisation. The service was funded primarily by its Local
Government Area Health Service. The geographical locations of areas serviced by
this CPS were defined by postcodes.

Each CPS can only service clients who have a confirmed child abuse or neglect issue
and have an allocated Department of Community Services (DoCS) case worker. The
Department of Community Services is the leading New South Wales Government

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agency responsible for community services in the promotion of safety and wellbeing of children and young people, and in building stronger families and communities (NSW Government, nd). The majority of the CPS referrals were made by DoCS; however, referrals to the CPS were also made by other sources such as general practitioners, schools or other community services (Organisational Policies & Procedures, 2008). Referrals to the service were dependent upon the referred child being a current client of DoCS with an allocated DoCS case worker (Organisational Policies & Procedures, 2008). Additional criteria for referral to the CPS included that the referred child client was aged 12 years or under and resided within the services defined geographical locations (Organisational Policies & Procedures, 2008). Furthermore, DoCS are ultimately responsible for making the final decisions about the client’s receipt of services and living arrangements. The participants of this study were therefore bound to report all interactions with, and actions of, the clients, their families and carers to DoCS on a regular basis (Case Study Field Notes; Organisational Policies & Procedures, 2008).

Once accepted by the service as a client, both the child and their family were eligible to receive the therapeutic, tertiary child protection services offered by this CPS. This CPS provided long-term work with their clients for up to three years (Child Protection Service Model [CPS], 2007). The CPS where this case study occurred provided both outreach and centre-based activities to meet the individual needs of the client and their families. On site interventions occurred in any of the three counselling rooms, a large all-purpose room or an outdoor play area. The overall aims of the service were to resolve the child protection issues within the family, and increase the safety of the child while maintaining them in their family home (Organisational Annual Report, 2008-2009).

3.3.2 The Philosophy and Goals of the CPS

The organisational and CPS philosophies that were in place included the belief that children have a right to be safe in their own homes and wherever possible, should be supported to remain resident with their families (CPS Model, 2007). It was also believed that as children were resilient they could be supported to overcome the impact of abuse (CPS Model, 2007). Furthermore, the organisation viewed child protection as a community responsibility and believed that the development of
relationships between the workers and the client’s caregivers was vital to support positive change (CPS Model, 2007).

One of the goals of the CPS was to provide case management services that were client focused to meet the support, care and social health needs of eligible clients (Organisational Policies & Procedures, 2008). Another goal was to ensure children were nurtured and safe with their families, protected from abuse and neglect (Organisational Employee Handbook, 2007). The goals for the CPW interventions were therefore to support changes within their client’s families that enhanced child safety and well-being, and improved the quality of parenting and the parent-child relationship (Organisational Policies & Procedures, 2008).

3.3.3 Staff structure

To achieve the philosophical values and beliefs of the organisation and meet the service goals, it was important for the CPS to employ workers with suitable qualifications and experience (see Table 3.2). The organisational child protection employees consisted of a Service Manager, Senior Practitioner, Case Workers and Case Worker Assistants. Table 3.2 outlines the CPS most current qualifications and experience required to be eligible for employment into these positions.

3.3.4 Significant Changes to the Service

Immediately prior to, and during the study, the CPS and organisation experienced a number of changes. The organisational changes included restructuring of some of their non-child protection services and changes to their overall managerial structure and staffing (Case Study Field Notes). Similar to the organisation, the CPS experienced some significant staffing changes. A number of CPWs, including workers in senior positions, left the service (Case Study Field Notes). This not only depleted the CPS of experienced workers, but also resulted in the CPS having vacant CPW positions for the duration of this study.
Table 3.2: Employee Classification, Qualifications and Experience

<table>
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<th>POSITION CLASSIFICATION</th>
<th>QUALIFICATIONS</th>
<th>EXPERIENCE</th>
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<tbody>
<tr>
<td>Manager</td>
<td>Registered Psychologist in NSW OR Eligibility for membership of the Australian Association of Social Work (AASW) (Organisational Position Description, Manager, 2008)</td>
<td>Good leadership and team building skills appropriate to front line manager level Superior case work and clinical supervision skills Planning and evaluation skills Good understanding of research in the context of working with complex families; Early childhood knowledge Sound theoretical knowledge in relation positive and productive outcomes for children and families accessing programs in this CPS Proficient at writing for different audiences Desire to be innovative in undertaking all aspects of our work Good analytical skills including the ability to identify, assess and manage risk Demonstrated experience and ability to manage people and financial resources including the ability to evaluate the efficiency and effectiveness of programs and activities Superior knowledge and understanding of child protection issues including the context and complexity of child and family work Ability to prioritise and manage complex child and family issues Ability to implement strengths based management and supervision Ability to network, collaborate and initiate and lead partnerships with agreed stakeholders Ability to manage a holistic, multi-layered, integrated service Knowledge and experience of implementing community engagement strategies Ability to promote The Benevolent Society’s services and initiatives Superior written and verbal communication skills Experience with best practice in EEO/OH&amp;S/diversity and ethical practice Computer literacy (Organisational Position Description, Manager, 2008)</td>
</tr>
<tr>
<td>POSITION CLASSIFICATION</td>
<td>QUALIFICATIONS</td>
<td>EXPERIENCE</td>
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</tr>
<tr>
<td>Senior Practitioner</td>
<td>Registered Social Worker or Psychologist in NSW</td>
<td>Superior case work and clinical supervision skills Planning and evaluation skills Good analytical skills including the ability to identify, assess and manage risk Superior knowledge and understanding of child protection issues including the context and complexity of child and family work Ability to prioritise and manage complex child and family issues Ability to work with a multidisciplinary, holistic perspective Superior written and verbal communication skills Experience with best practice in EEO/OH&amp;S/diversity and ethical practice Computer literacy</td>
</tr>
<tr>
<td>Case Worker</td>
<td>Bachelor Degree in Social Work OR Psychology</td>
<td>Registered to practice as a psychologist in NSW or eligibility for membership of the AASW. Experience working with children and their families where there are child protection issues. Counselling, casework or assessment experience with children and their families Knowledge of counselling approaches with children and families where abuse or neglect has occurred Willingness to work in a partnership with their clients Be able to work within a multi-disciplinary team and inter-agency context Be self-motivated and committed to ongoing professional development Excellent written and verbal communication skills Commitment to ethical practice, cultural diversity and equal employment opportunities Understanding of, and commitment to, occupational health and safety of others Computer literacy</td>
</tr>
<tr>
<td>Case Worker Assistants</td>
<td>Currently studying in a related field or 1 year TAFE qualification in welfare-related field</td>
<td>Knowledge and understanding of child protection and socially disadvantaged and vulnerable families Ability to negotiate tasks and work within a team Organisational skills Strong written and verbal communication skills Ability to work independently Ability to meet the physical competency demands of the position Computer literacy Current drivers licence</td>
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</table>
The CPS was also without a service manager for an extensive period of time. Although this was recognised by the organisation as problematic, and a temporary manager appointed to this position, there remained a considerable period of time before a permanent manager was appointed to the CPS (Case Study Field Notes). The CPS continued to function within these conditions until the organisation was able to fill a number of the vacant CPW positions (Case Study Field Notes). However, this did not provide an immediate solution to the staffing issues. Despite the required experience (see Table 3.2) several of the new CPWs were also new to child protection with limited experience in this specialty. As a result, the service remained short staffed while the new staff members were orientated into their CPW positions and trained in child protection work (Case Study Field Notes).

Other changes were occurring in tandem with the staffing situation. These included the implementation of a new client assessment format as well as other new tools that the CPWs were required to implement in their client interactions and work schedules as a result of a quality enhancement project being undertaken within the organisation (Case Study Field Notes). This project initially resulted in the CPWs having to learn, understand and complete a number of new documents (Case Study Field Notes). Furthermore, at this time the CPWs were required to pack up their offices and move into new premises.

With the move to the new premises, the CPWs were placed in an open plan office, where they had previously had separate offices with two to three workers sharing each office (Case Study Field Notes). This meant that the workers were required to share one large office space with each CPW having their own desk, computer, shelving and telephone (Case Study Field Notes). Simultaneous to all of these changes, the organisation initiated a new client program within the CPS that was answering the needs of the community it was servicing (Case Study Field Notes). This new program grew substantially over the data collection period, and the CPS required additional CPWs to keep up with the programs demands (Case Study Field Notes).

By the completion of the current study, the workers were settled into their new premises, many of the CPWs were functioning at a full capacity, the new program was fully staffed and functioning, and the new manager had settled into the role
(Case Study Field Notes). However, while the staffing levels overall were more acceptable, there were still vacant positions within the CPS, with inexperienced CPWs filling some positions. During the entire case study, inclusive of follow-up interviews undertaken six months after exiting the field, there was not a time where the service was fully staffed (Case Study Field Notes). Highlighting this staffing instability, eight of the 15 participants left the service during the data collection period.

3.3.5 Client demographics

While the above changes were occurring, the number of clients entering this service was increasing. In the 2007/2008 organisations annual report specific to the case study site, the CPWs worked with thirty one (31) families, comprised of seventy (70) children and thirty nine (39) adults (Organisational Annual Report, 2007-2008). Due to dynamic movement of clients into this CPS, there was a substantial increase in the number of individual clients who used this service. The 2008/2009 annual report revealed that the number of children and adults serviced by this CPS increased to eighty two (82) children and forty eight (48) adults (Organisational Annual Report, 2008-2009).

Demographic issues such as low socio-economic status, low education levels, being of Australian Indigenous origin or non-English speaking backgrounds (NESB) are reported as predisposing characteristics of families experiencing child abuse and neglect (AIHW, 2009; Ethier, Couture & Lacharité, 2004). According to the Australian Bureau of Statistics (ABS) census data, the two predominant suburbs of this CPS had higher unemployment rates, lower family incomes and more single parent families than the average rates of Australia (ABS, 2006b). There were also a higher number of houses rented from the State housing authority with 56.3% of one suburb being state housing, compared to the overall Australian rate of 14.9% (ABS, 2006b). While one of these suburbs had a lower Australian Indigenous population compared to the Indigenous population in Australia, the other suburb had a higher comparative Indigenous population (ABS, 2006b). The residents in these suburbs were also characterised by a higher percentage of residents born overseas, a higher percentage of non-English speaking background residents, and lower percentage of
residents with Australian citizenship when compared to the average Australian population (ABS, 2006b).

As the aforementioned statistics demonstrate, there were a large number of individuals and families within the current case study’s geographical boundaries who experience characteristics that increase the risk of child abuse and neglect. This corresponded to the children and families accepted to the current study’s CPS experiencing high risk child protection issues due to their family’s exposure to long term alcohol and drug abuse, domestic violence, intergenerational abuse, mental health concerns, social isolation and a lack of parenting skills (Organisational Annual Report, 2008-2009). Additionally, the number of children residing in the two LGAs serviced by the CPS that were between the ages of 0-14 years, was higher for both LGAs compared to Australia’s average population of this age group (ABS, 2006b). This is significant given that the age range of clients accepted to this CPS was between 0-12 years.

During the time spent in the field there was a substantial increase in clients entering the CPS that matched the statistical data presented by the ABS (2006b). Notably, this was not paralleled by an equally substantial staffing increase. This, along with each of the demographic data presented in this section demonstrates the need for a fully functional, well staffed CPS.

3.4 The Current Study

In keeping with an instrumental case study design, the current study consisted of a case within a bounded system that facilitated an understanding of the phenomenon of interest under investigation (Creswell, 2007; Stake, 2008). Section 3 of this chapter has provided detailed descriptions of the case. In summary, the case was a non-government CPS situated within a large organisation in an Australian city. The boundaries of the case were geographical location (defined by postcode), the clientele of the service and staffing structure (number of CPWs employed, positions employed within and roles each CPW performed). Through the CPS (or case), the phenomenon of interest (the day-to-day working lives and experiences of being a CPW) was investigated. This section describes the research approaches undertaken in
this instrumental case study. These are presented in sequential order as outlined in Table 3.1.

### Table 3.3 Stages of the Current Instrumental Case Study

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<td>Data management and analysis</td>
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<td>3.4.5</td>
<td>Exiting the field</td>
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### 3.4.1 Entering the Field

An important aspect of this study was entering the field. Successful field entry ensures that information rich data about the phenomenon under study is collected (Yin, 2003). In the current study field entry began six months prior to the commencement of data collection. This allowed the researcher to establish rapport and build and maintain the trust of potential participants. Early field entry also provided opportunity for the researcher to ascertain important information about the environmental, cultural, social and political context of the case (the CPS) (Marshall & Rossman, 2006; Morse & Field, 1996). This information was used to establish the case of the study (Marshall & Rossman, 2006), assist in the development of the structured observation tool (described below, section 3.4.3.3.1), as well as developing flexibility in the data collection approaches that were used in this study. Data collection flexibility included determining what situations to observe, who to interview and what to ask (Marshall & Rossman, 2006).

Early field entry also allowed for the researcher to identify and develop rapport with key informants in the field. Key informants can provide useful insight into the research context, direct the researcher to relevant information and introduce the researcher to important contacts (Creswell, 1998). For this study, apart from the individual CPWs, other key informants included senior managers who were able to direct the researcher to relevant CPS information including organisational documents and the working days and hours of CPWs in the service.
3.4.2 Recruitment of the Participants to the Case Study

The participants in this case study were the CPWs employed within the CPS (the case). Recruitment for this study was via non-random, convenience sampling (Schofield, 2004). Non-random samples are suitable for studies such as case study where the researcher is not working towards representativeness or generalisability (O’Leary, 2004; Stake, 2008). Case study designs are not concerned with generalising findings to a wider population but rather investigating phenomena that occur within a specific bounded case (Stake, 2008; Yin, 2003).

Convenience sampling involves selecting participants from a location that is suitable to provide the desired information (Schofield, 2004). While convenience sampling does not allow for generalisation to wider populations, it provides more accurate data when looking at a specific phenomenon (Hedt & Pagano, 2011), as in instrumental case study research, and indeed this current study. Convenience sampling was also advantageous in this study due to the provision of easier accessibility to participants as they were located in the same service (Hedt & Pagano, 2011).

Participants in a convenience sample are chosen from a given population where the potential sample group may be more knowledgeable in the research topic and therefore, able to provide information rich data that leads to a powerful description of the phenomenon of interest (Borbasi et al., 2008; Gerring, 2007; Hedt & Pagano, 2011; Schofield, 2004). As a result of the sample population being in the one location and having knowledge of the phenomenon of interest, the participants chosen were the most appropriate for this instrumental case study (Borbasi et al., 2008; Hedt & Pagano, 2011) The participants in this study were chosen based on their ability to provide such detailed descriptions of the day-to-day work life of the CPW and their willingness to participate in the study. Additionally, the participants were recruited according to their ability to meet a set of defined criteria (Borbasi et al., 2008). For this case study a given CPS was chosen as the sample site as it housed CPWs considered as meeting the study criteria.

The inclusion criteria were selected to provide real life perspectives on the work life culture of a representative group of CPWs that may lead to different perceptions of the phenomenon of interest (Hammersely & Atkinson, 1995). The participants in the
current case study were selected according to particular inclusion criteria including expertise of, and knowledge in, the phenomenon of interest (O’Leary, 2004; Polit & Beck, 2006). Additional inclusion criteria for this study were that the participants were CPWs who: provided direct family-centred interventions in relation to child abuse and neglect; were working in a child protection worker role, CPW assistant role or management role in the CPS at the time of the data collection or up to 12 months prior to data collection; and were willing to participate in the study, including being observed in their day-to-day worker activities and/or share their experiences of working as a CPW.

Recruitment strategies for this case study included posting invitations to participate (Appendix C) in locations around the centre of the service that staff regularly occupied such as the staff room, meeting room and office area. Invitations were also placed into the pigeon holes of each potential participant within the bounded study site and were posted to four CPWs who had recently left the service (within 12 months prior to data collection commencing). Furthermore, a brief presentation outlining the research aims and questions, eligibility for inclusion in the research and what data collection techniques were to be used was given to potential participants pre-recruitment.

Recruitment continued throughout the field work as new CPWs were employed into the service. Invitations to participate were provided to each new CPW, along with a verbal description of the study. Each potential participant also received an information sheet outlining the purpose of the study, data collection methods, ways in which findings will be disseminated and the researchers’ qualifications and contact details (see Appendix D). Participation in the study was entirely voluntary. Overall, 21 potential participants received invitations to participate in the current instrumental case study.

3.4.2.1 The Participants

Individual CPWs, case worker assistants (CWAs) and service managers employed by the CPS were the participants for this instrumental case study. To ensure confidentiality all participants were referred to as CPWs or case worker assistants (CWAs). Furthermore, although there were both male and female participants, due to
the small number of male participation, all participants were given pseudonyms that did not reflect their gender.

A total of 21 CPWs were invited to participate in the current study. Fifteen CPWs consented to participate and be observed in their day-to-day work activities. This resulted in a 71% participation rate. Of the 15 participating CPWs providing data, 14 consented to participate in both informal and formal interviews. None of the consenting participants withdrew from the study; however, eight of the participants left the CPS during data collection. Each of these eight participants were interviewed and observed prior to leaving the CPS and all agreed to participate in follow-up interviews if required.

3.4.3 Data Collection

This section describes the data collection techniques that were implemented in the current study. Table 3.4 provides an outline of the sources of data collected, data types and rationales for their inclusion. Data analysis will be discussed further in section 3.4.4.

Table 3.4: Overview of Data Source, Data Types, and Data Analysis

<table>
<thead>
<tr>
<th>DATA SOURCE</th>
<th>TYPES OF DATA</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational</td>
<td>Annual report</td>
<td>To provide contextual information about the case</td>
</tr>
<tr>
<td>documents</td>
<td>Position description</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Policies and procedures</td>
<td></td>
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<tr>
<td></td>
<td>Employee handbook</td>
<td></td>
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<tr>
<td></td>
<td>CPS model</td>
<td></td>
</tr>
<tr>
<td>Interviews</td>
<td>Qualitative data as narratives</td>
<td>To gather the participants’ subjective meanings and understanding of working as a CPW</td>
</tr>
<tr>
<td>Structured</td>
<td>Quantitative data as frequencies and percentages</td>
<td>To inform what CPWs do in their day-to-day work activities and confirm some interview findings</td>
</tr>
<tr>
<td>observations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unstructured</td>
<td>Field notes</td>
<td>To provide clarity and greater detail to observed events and to confirm some interview findings</td>
</tr>
<tr>
<td>observations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.4.3.1 Organisational Documents

Organisational documents are an accepted source of data for case study designs (Creswell, 2007; Stake, 2003; Yin, 2003). While the organisational documents accessed in this study were public records, the researcher gained consent from the organisation to access the relevant documents.
In the current study, organisational documents were individually examined, with the content closely scrutinised (O’Leary, 2004; Yin, 2003, 2009). This involved reading the documents during field visits as a number of these documents were not electronically available. Any pertinent content were then used as contextual information (O’Leary, 2004; Yin, 2003, 2009). These documents also provided insight into the CPS expectations of CPW roles and functions and the legal frameworks within which CPWs must work.

The organisational documents included in this case study were:

- Child Protection Service Annual Report Summary - provided information on the types of service provided, consumer feedback and client outcomes, as well as the CPS participation in interagency collaboration, professional development and community activities and events. Statistical data pertinent to the clients serviced by the CPS were given in this document, as well as information around the CPS budget usage and policy and practice implementation (CPS Annual Report Summary, 2007-2008, 2008-2009).

- Organisational Position Descriptions – provided the precise description of the professional requirements of each position within the CPS. This was provided above in Table 3.2: ‘Employee Classification, Qualifications and Experience’ (Organisational Position Descriptions, 2007, 2008).

- Organisational Policies & Procedures – in this document the policies and procedures around expected CPWs roles and functions within the CPS are provided. This is inclusive of, but not restricted to, case management practice where the child client is the focus, community care procedures and the employee assistance program (Organisational Policies & Procedures, 2008).

- Organisational Employee Handbook – provided the conditions governing employment within the organisation including the Code of Conduct and professional standards and policies with which the CPWs were expected to comply. It also outlined the employment benefits that CPWs could expect from the organisation (Organisational Employee Handbook, 2007).
Child Protection Service Model – provides detailed information about the purpose, goals, values and beliefs, theoretical perspectives and roles of the CPS in working with children and families experiencing child abuse and neglect. It also outlined each phase of service delivery to the clients and their families, beginning with the referral and intake phase and carrying through to the evaluation of the interventions implemented (CPS Model, 2007).

3.4.3.2 Interviews

Interviews are one of the most important sources of data in a case study (Suzuki, Ahluwalia, Arora & Mattis, 2007; Yin, 2009). An interview is a means of gathering the participants’ subjective meanings and understandings of the topic under study using a question and answer format and may be either structured, semi-structured or unstructured (Borbasi et al., 2008; Minichiello, Madison, Hays & Parmenter, 2004). Interview data was the major data source used to inform this study. The interviews allowed access to the participant’s experiences of working as a CPW and provided insight to their opinions, attitudes and belief systems of their work life (Borbasi et al., 2008; Minichiello et al., 2004). While various types of interviews can be used in case study, they are usually unstructured and undertaken as a guided conversation with open-ended questions (Yin, 2009). There were three (3) types of interviews carried out in the current case study. These were:

1. Formal interviews
2. Follow-up interviews
3. Informal interviews

Recording of interviews can involve the use of several tools including audio and video recording (Borbasi et al., 2008; Creswell, 2007). In the current study all of the formal and follow-up interviews were audio recorded (with the participants’ consent) however, a number of the informal interviews were not. Where possible, a hand held IPAQ recording device was used for the informal interviews. Where recording of an informal interview was not possible key words and phrases used throughout the interview were documented during the interview. These were expanded and fully
documented into a password protected computer file as soon as possible after the interview ended.

3.4.3.2.1 Formal Interviews

The formal interviews were undertaken as semi-structured interviews. This is where the interview is neither fully structured nor unstructured (O’Leary, 2004). There were 14 formal interviews undertaken in the current study. Each formal interview went for between 1-2 hours, was held at a time convenient for the interviewee, and was in a private and quiet location within the CPS. As the researcher is the instrument that ensures quality data is obtained in the interview, gaining trust and developing rapport with the participants is essential (Borbasi et al., 2008; O’Leary, 2004). In the current study trust and rapport were established and maintained in a number of ways. These involved participating in social activities as well as staff development and team building events, and practicing authenticity as described in section 3.5.3. Additionally, boundaries set by participants of what could and could not be observed were respected and data were only collected as detailed in the initial recruitment information.

An interview guide (Appendix E) was developed and used to ensure the interview remained within the focus of the research topic (Minichiello et al., 2004). A research guide is a list of issues or questions that the researcher uses to focus on the conversation occurring within the interview and to maintain consistency between interviews (Minichiello et al., 2004). As the interviews were semi-structured, the sequencing and asking of the questions remained flexible and conversational in style (Minichiello et al., 2004; O’Leary, 2004). The domains and questions were developed through knowledge gained during the early field entry and by reading relevant literature (Minichiello et al., 2004).

Each participant who was interviewed received a copy of the interview guide prior to the interview being undertaken. This allowed for the participant to prepare for the interview and maintain a focus on the research topic. Throughout a number of the interviews the order of the questions changed to suit the natural flow of the conversation (O’Leary, 2004). Probing questions were also used to pursue relevant
information and to encourage detailed, descriptive responses in order to develop further insight into key issues (Minichiello et al., 2004; O'Leary, 2004).
3.4.3.2.2 Follow-up Interviews

As with the formal interviews, the follow-up interviews were semi-structured and conversational in style. Follow-up interviews were conducted six months after exiting the field as data analysis determined areas that required further exploration (see follow-up interview guide, Appendix F). The follow-up interviews therefore aided in confirming the developing categories and providing additional information to enhance analysed data. Child protection workers who were accessible and willing to participate were engaged in follow-up interviews. There were six follow-up interviews conducted.

Four of the follow-up interviews were conducted at the CPS while two were undertaken outside of the CPS at a location convenient to the participants. Each location was quiet and private. The interviews conducted away from the CPS were with participants who were no longer employed at the CPS at the time of the follow-up interview. Additionally, at the request of the participants, one of the follow-up interviews was conducted with two interviewees simultaneously. Preceding this interview, both participants were fully informed that the other participant would be privy to the information they provided and their request to be interviewed together was again confirmed. Each of the follow-up interviews lasted for 1-2 hours.

3.4.3.2.3 Informal Interviews

The informal interviews were used to clarify an observed event or interaction that warranted further investigation. This enhanced the clarity of observations and provided a deeper understanding of key events within the CPWs working day. There were 20 informal interviews conducted in the current study. Of these, 18 were one-to-one interviews while two consisted of the researcher and two or more participants. Where the informal interview involved more than one participant, interviewees were informed of the risks to confidentiality and provided consent before the interview commenced. All of the informal interviews were carried out in the CPS as soon as possible after an observed event requiring further explanation had occurred; and at a time and place that ensured confidentiality and was convenient to the individual.

The informal interviews were carried out over short periods of time, lasting from 5 minutes to 30 minutes, focused on the event requiring further exploration and were
conversational in style (Minichiello et al., 2004). In these interviews, the researcher engaged the participant in a conversation on the observed event that required clarification, allowing the participant to provide subjective and detailed information about the observed event (Minichiello et al., 2004).

3.4.3.3 Observations

Observation is an important data collection approach in case study (Stake, 2008). The naturally occurring setting of a case study provides an opportunity for direct observations of behavioural and environmental conditions (Yin, 2009). In the current study, the observational data were used to inform what CPWs do in their day-to-day work lives as well as to consolidate and substantiate some of the interview findings.

Observation involves systematically noting and recording events, activities and behaviours that occur within the natural setting (O’Leary, 2004; Marshall & Rossman, 2006; Polit & Beck, 2006; Russell, 2004). Additionally, characteristics of the individuals, verbal and nonverbal communication and environmental conditions may be observed (O’Leary, 2004; Marshall & Rossman, 2006; Polit & Beck, 2006; Russell, 2004). Where the term ‘natural setting’ is used, it reflects the researcher observing individuals engaged in their everyday work setting and situation (Russell, 2004). In the current study, the individuals being observed were the CPWs, their everyday interaction was their day-to-day work life and the natural setting was their workplace.

All participants in the current study consented to being observed. Furthermore, the participants were aware that an observation was occurring which ensured that all observations were overt (Polit & Beck, 2006). Data were only collected from consenting participants. Within the scope of their professional practice the study participants engaged with other individuals during observations. While these individuals were not providing data for the focus of the current study it was important to inform them of the researcher’s presence. To do this each individual present during an observation was given an information sheet about the study (see Appendix D) as well as provided a verbal script (see Appendix G). The individual then had the opportunity to agree to or decline the researcher’s presence. During
these instances, observation and subsequent data recording and analysis was only of the consenting participants’ behaviours and actions.

Both structured and unstructured observations were used in this study. Structured observations are observations of participant’s behaviours that are pre-determined as categories or check-lists which are checked off during an observation (Borbasi et al., 2008, Polit & Beck, 2006). Unstructured observations are descriptive accounts of what is observed and experienced by the researcher during immersion in the field (Borbasi et al., 2008; Marshall & Rossman, 2006).

The structured observations carried out in this study were non-participant observations. This is where the researcher is an outsider or complete stranger to the field (Bonner & Tolhurst, 2002; Russell, 2004). Non-participant observation was apt for this study as the researcher was not employed by the child protection organisation, was not known to the CPS prior to entering the field, and is of a professional discipline outside of child protection.

Another key aspect of non-participant observation is for the researcher to remain as unobtrusive as possible while observing events (O’Leary, 2004). In the current study, while the participants were aware of the researcher’s presence, the researcher was positioned as inconspicuously as possible during an observation. This was to minimise the ‘reactivity’ of the participants where their behaviours are distorted due to their awareness of the researcher’s presence (Polit & Beck, 2006). Over the period of the observations, it was noted that the participants relaxed in the researcher’s presence, with many commenting that they had forgotten the researcher was present during observation. Minimisation of the participant’s reactivity was also attributable to the trust that had developed between the participants and researcher. The positive effects of developing participant-researcher trust to prevent distorted observations are supported by existing research literature (Caldwell, 2005; Lincoln and Guba, 1985; Polit & Beck, 2006).

In the current study the majority of the structured observations were undertaken within the office environment. There were also a small number of observations undertaken outside of the office \((n = 8); \) see Chapter 4, Section 4.2). On these occasions, the researcher had been invited by a participant to observe a work related
interaction that was to take place outside of the office environment. All observations were of a structured format (O’Leary, 2004) and recorded onto the structured observation tool (Appendix H).

3.4.3.3.1 The Structured Observation Tool

Observation tools allow for formal data collection that captures predetermined behaviours and characteristics of study participants (Yin, 2009). Structured observation tools are a checklist of what is to be investigated and are useful for observing phenomena that can be broken down into specific behaviours or actions (Yin, 2009; Young, Lieu, O’Sullivan & Tong, 2011). A number of studies have shown that observation tools based on checklists offer reliable research findings (Daelmans, van der Hem-Stokroos, Hoogenboom et al., 2004; Luck, Jackson & Usher, 2009; Luck, Jackson & Usher, 2007; Turnbull, MacFadyen, Van Barneveld & Norman, 2000). In the current study a structured observation tool was developed to investigate the phenomenon of interest using a checklist of CPW actions and behaviours (see Appendix H). There were 62 observation tools completed for this study and 219 CPW actions recorded. Further explanation of this is provided in Section 4.2 of Chapter 4.

Careful development of the observation tool is important so that data collected can be accurately categorised, recorded and encoded (Polit & Beck, 2006). The structured observation tool in the current study was developed by consulting expert sources such as child protection clinicians and academics, organisational documents and published child protection literature. The initial structured observation tool resulting from this consultation was piloted on 10 occasions. Following the piloting of the observation tool, the expert clinician and academic panel were re-consulted and minor adjustments were made to the tool prior to implementation in the study.

The study observation tool utilised a category system where behaviours and events of interest were recorded on a checklist in a systematic and timely fashion (O’Leary; 2004; Polit & Beck, 2006; Russell, 2004). Each structured observation tool was allocated an observation number. Recorded on each tool were the observation date, start and finish time, and pseudonym of the participant observed. There were five
categories identified on the structured observation tool (see Appendix H). These were:

1. Who is activity with?

2. Location of activity

3. Client focused Job Task

4. Worker Focused Job Task

5. Worker Action.

Each of the five categories had between six and 22 items with check boxes beside them. For the observation being entered, the researcher ticked the check box that applied to each item. For any given observation, a category may have had more than one check box marked (see Appendix H).

It is not possible to make extensive notes during a structured observation; however; key words and phrases relevant to the observation were recorded on the structured observation tool (Russell, 2004). These key words and phrases served as memory triggers for the recording of detailed descriptive accounts into the field notes as soon as possible after the observation was completed (Kemp, 2001; Russell, 2004). Key words and phrases were also used as a reference source for informal interviews of an observed event that warranted further investigation.

3.4.3.3.2 Unstructured Observations

Unstructured observation is a “method of observation in which behaviours are described and recorded as or after they occur using a journal, diary or field notes” (Borbasi et al., 2008, p. 169). In the current study the unstructured observations were recorded as field notes. Field notes are the written account of what is observed, heard, thought and experienced during data collection (Borbasi et al, 2008; Marshall & Rossman, 2006; Polit & Beck, 2006; Russell, 2004). In case study, field notes are a common component of the overall data and may take a variety of formats (Yin, 2003).
In this study, the field notes were handwritten notes recorded onto the observation tools at the time the observation was undertaken. These notes provided detail and clarity of the events observed. Once the researcher had left the field, observational notes were created in an electronic format into which the field notes were expanded upon. This is described in greater detail in the data analysis and management section below (Section 3.4.4).

3.4.4 Data Management

As suggested by Miles and Huberman (1994), the data were entered into different data management tools. Data management tools aided the researcher to code and categorise the large amount of data collected, as well as create data displays and tabulate the frequency of different events (Creswell, 2007; Miles & Huberman, 1994; Yin, 2003). The management specific to each data source are described in the corresponding sections below.

3.4.4.1 Interviews

All interviews that were audio-taped were transcribed verbatim with the participant’s consent. Some of the verbatim interview transcripts included frequently repeated phrases such as ‘you know’ and ‘um’. While the complete verbatim interview text were analysed, the final presentation of some of the interview data included narratives that had repeated phrases removed, known as ‘cleaning up’ the data (Browne, 2004). Throughout the ‘cleaning up’ of some of the narratives presented in the research report, care was taken to ensure that the meaning of the text were not altered (Browne, 2004).

With the exception of the first three (3) formal interviews and each of the informal interviews, all interviews were transcribed by a professional transcribing service. The transcribers employed by the professional service were contracted to adhere to the same principles of respect and confidentiality as the researcher (Suzuki et al., 2007). Clear instructions were given to the transcribing service regarding how the interviews were to be transcribed. This included the use of pseudonyms to replace individual names and transcribing the interviews verbatim. The context of the interview is important to the analysis of the data therefore, each transcribed interview
was thoroughly checked for any discrepancies that may have occurred through a transcribers’ misinterpretation (Wellard & McKenna, 2001; Suzuki et al., 2007). To assist in this process, detailed notes relating to the context of each interview, such as the environment and participant behaviours, were documented in a researcher journal (see section 3.5.2.1) for comparison during checking of the interview transcriptions and reflection during analysis of the interview data.

The qualitative interview data were imported into NVivo 2.0 software program for coding (QSR, 2002). The NVivo 2.0 program allowed the researcher to file, code and easily retrieve required data (Borbasi et al, 2008; Grbich, 2007; Yin, 2003). Along with the transcribed interview files, computer files of the informal interviews were also entered into the NVivo 2.0 software.

3.4.4.2 Observations

During data collection the structured observational data were handwritten onto a single observation tool by marking the appropriate check box. Each observation tool was allocated an observation number and was stored in a locked filing cabinet in the principle researcher’s office. Once the researcher had left the field, the data on the observational tool were entered into a Microsoft Office Excel 2003 spreadsheet (Lewis, 2006). To enter the data into the excel spreadsheet, code numbers were allocated to each of the structured observation tool check box items, with these numbers being recorded onto the spreadsheet. The time each observation took was also recorded.

3.4.4.3 Field Notes

For each structured observation tool completed, an observational field note was recorded, which was dated and allocated a number that corresponded to the structured observational tool it was describing. These notes were documented as soon as possible after completion of an observation, and stored in an electronic file on the researchers password protected computer. This assured the details were an accurate version of the observation (Russell, 2004). As with the interview data, the field notes were read numerous times and entered into the NVivo 2.0 program (QSR, 2002). An example of an observational tool note can be viewed as attachment J.
3.4.5 Data Analysis

Consistent with case study design, the data analysis of this study began during the data collection (Hancock & Algozzine, 2006; Miller, Hengst & Wang, 2003; Stake, 1995, 2008; Yin, 2003). This ensured a detailed account of the case as well as capturing data that informed the phenomenon of interest (Creswell, 2007; Stake, 1995, 2008; Yin, 2009). Early data analysis entailed reading interview transcripts and making notes on the transcripts of emerging concepts. Final codes and categories were not determined until all interview data and quantitative data had been collected. Data analysis continued until saturation of the data had been achieved (Creswell, 2007; Hancock & Algozzine, 2006; Yin, 2003). Analysis of each data type collected are presented below.

3.4.5.1 Interviews

Content analysis was used to analyse the interview data. This is where large amounts of textual data are analysed by systematically coding and categorising to identify patterns and trends in the data (Browne, 2004; Grbich, 2007). By coding the data to look at the experiences of the CPWs, the complete interview data were organised into 42 codes (see Appendix I), with each code containing excerpts of interview text. With continued reading and re-reading of the interview text and using developed codes, the interview data were organised into categories (Browne, 2004; Polit & Beck, 2006). Categories are key concepts that explain the data (Browne, 2004). In the current study there were four major categories identified. Looking at trends and patterns within the major categories resulted in the development of nine minor categories and 21 sub-categories (see Chapter 4, Table 4.4). This process enhanced the depth and intensity of the analysis of the interview data (Browne, 2004).

3.4.5.2 Observations

Once all of the observational data had been entered into the excel spreadsheet, the data were analysed descriptively. This occurred through the data being counted (according to the code number), formulated into a percentage, and tabulated or arranged into figures that demonstrated the work role characteristics of the CPWs (Unsworth, 2004). The descriptive statistics were used to determine the frequencies
and percentages of the job tasks and CPW actions that were observed (Borbasi et al., 2008; Jaccard & Becker, 2002; Unsworth, 2004). The job tasks were the designated roles or functions of the CPWs during their working day. Worker actions were the behaviours and activities the CPWs engaged in to complete a job task. Tables that provided descriptions of the CPW job tasks and actions were developed and included in the presentation of the findings to clarify the meaning of the descriptive statistics for the reader (see Chapter 4, Section 4.2).

3.4.5.3 Field Notes

The observational tool field notes provided detailed descriptive accounts of what had been observed in relation to the physical environment, the people in the setting, and the activities that occurred during an observation (Russell, 2004). Field note entries were analysed using content analysis in the same manner as the interview data. The data were coded into the 42 initial codes and presented within the final categories. These were used to support the findings that emerged within the categories from the participants’ narratives. The field note data were used to contribute to the overall context of the case (see section 4.3), thereby adding contextual information to this case study.

3.4.5 Exiting the field

Exiting the field can be an emotional process for both the researcher and the participants (Marshall & Rossman, 2006). This is because during prolonged time immersed in the field, trusting relationships develop with the participants providing access to detailed information, opening up their daily lives and sharing their personal experiences and meanings (Marshall & Rossman, 2006). It is therefore suggested that researchers have a plan for exiting the field (Marshall & Rossman, 2006).

An exit plan must consider both practical and theoretical considerations, such as time and budgetary constraints, and achieving data saturation (Dooley, 2002). It is suggested that researchers slowly withdraw from the field while acknowledging the participants’ roles in the study, thanking participants and ensuring they have adequate understanding of how the data will be used and how they can access the study results (Creswell, 2007). In the current case study, these facets of exiting the
field were addressed. Once data saturation had been achieved, the researcher reduced
time spent in the field gradually, and informed each participant of the date that the
researcher would be exiting the field.

Short term re-entry was required for follow-up interviews. This was explained in
detail to the participants, including the length of time the researcher would be re-
attending the field and what the researcher would be doing during the re-entry
period. As previously identified, this was to undertake the follow-up interviews (see
section 3.4.3.3 of this chapter).

3.5 Section 5: Rigor

Details of the rigor applied to the current case study are presented in this section.
These include credibility, auditability, transferability and authenticity.

3.5.1 Credibility

Credibility refers to measures taken to ensure accuracy in the data collected and that
the interpretations of the data are a re-presentation of the participant’s real world
experiences (Creswell, 2007; O’Leary, 2004; Polit & Beck, 2006). Additionally,
credibility refers to the ability to elicit belief by the readers about the findings and
conclusions drawn from the research (Creswell, 2007; O’Leary, 2004; Polit & Beck,
2006).

Prolonged engagement was one method used for ensuring credibility of the current
study. Prolonged engagement involves ensuring ample time is spent in the field for
sufficient data collection that allows for an accurate and in-depth understanding of
the culture, language and views of the study participants (Lincoln & Guba, 1985;
Polit & Beck, 2006). Additionally, prolonged engagement facilitates the building of
trust and rapport with study participants (Lincoln & Guba, 1985; Polit & Beck, 2006).
In the current study, early field entry followed by six months of field time spent data
collecting (inclusive of re-entry into the field) ensured that in-depth understanding of
the CPS and CPWs occurred. Trust and rapport with the study participants were also
enhanced and demonstrated in the CPWs repeated invitations for the researcher to
observe their workplace activities. The CPWs ability to accept the researcher’s
presence during observations, and willingness to participate in interviews were also
evidence of the affinity between participants and the researcher. Together these
actions created an open, honest and trusting relationship between the researcher and
participants which enhanced credibility (Polit & Beck, 2006).

External checking of the data collection and analysis approaches enhanced the
credibility of the current case study (Lincoln & Guba, 1985; Merriam, 1988; Stake,
2008). In the current study external checking was achieved by regular peer review
with a supervisory panel as well as via a steering committee. The steering committee
was formed prior to data collection and comprised the researcher, two study site
organisational representatives, and academic and child professional experts.
Members of this committee met regularly throughout the study. During the meetings
reports on the development of the study, in particular the structured observational
tool was provided via a PowerPoint presentation. Discussion around the study would
follow with the committee members providing expert feedback and advice. The
involvement of expert practitioners and researchers in the development of the study
observation tool enhanced the credibility of this tool (Polit & Beck, 2006).

Gaining participant feedback on preliminary findings was also used to establish study
credibility (Creswell, 2007; Lincoln & Guba, 1985; Polit & Beck, 2006). Participant
feedback involved presenting the initial categories of the study findings to the
participants and inviting their feedback to confirm if these categories resonated with
their experiences.

Credibility of the current study was also established through the use of triangulation.
Triangulation is the use of multiple data sources to draw study conclusions (Lincoln
& Guba, 1985; Merriam, 1988; Polit & Beck, 2006). The use of a variety of data
sources assured that the findings were an accurate representation of participant’s
contextual experiences and meanings (Polit & Beck, 2006; Stake 2008). Using a
variety of data sources enabled each data source to clarify the meaning of and
confirm findings emerging from other data sources (Stake 2008). For example, in the
current study, participant’s narratives revealed documentation was a time consuming
role that removed them from direct client care (see Chapter 4, Section 4.3.1.1). This
was confirmed in the observational findings where documentation was shown to
consume a large portion of the CPWs working time (see Chapter 4, Section 4.2.1.1).
The combination of observational descriptive accounts and experiential interview narratives of what CPWs do and experience in their day-to-day work practices can be used by other CPWs and organisations to enhance child protection work practices (Stake, 2008).

3.5.2 Auditability

Auditability is the clear explanation of the research methods used to allow others to determine how and why the researcher has arrived at their conclusions (Meyer, 2001; O’Leary, 2004). This was achieved in the current case study by the comprehensive explanation presented within this chapter of the research context, the identification of the case and phenomenon under study and the bounded system, as well as the data collection and analysis approaches used (Meyer, 2001; Miles & Huberman, 1994; O’Leary, 2004). By providing open and transparent detail of the research context as well as data collection and analysis methods, others can determine the trustworthiness of the data and the value of the study (O’Leary, 2004; Polit & Beck, 2006).

Auditability is also enhanced through decision trails which divulge how data was coded and categorised and inferences made during data analysis (Polit & Beck, 2006). A description of the data analysis processes used in this study has been given in this chapter. Additional accounts verifying the decision trail are provided by the list of 42 codes (see Appendix I) developed in the initial data analysis stages and the presentation of the final categories and sub-categories in the following three (3) chapters of this thesis. The decision trail established early in the current study allows others to evaluate the soundness of the data analysis decisions and the trustworthiness of the findings (Creswell, 2007; Polit & Beck, 2006).

Another means of enhancing study auditability is through the establishment of an audit trail. This is where the researcher uses a systematic and well documented approach to the collection and analysis of the study data (Polit & Beck, 2006). Through the establishment of an audit trail, trustworthiness of the data as well as others being able to clearly interpret the meanings attached to the data are enhanced (Polit & Beck, 2006). The types of records used in the current study to develop the audit trail were the raw data (interviews, observations and field notes), clear
descriptions given on the data analysis process and a researcher journal (Creswell, 2007; Polit & Beck, 2006). The way in which the audit trail was undertaken was by making chronological narrative entries about each observation undertaken, recording daily field experiences into a researcher journal, as well clearly dating all data sources (Creswell, 2007).

3.5.2.1 Researcher Journaling

Throughout the data collection process, the researcher maintained a journal. This enabled the researcher to reflect on the impact of their presence in the environment, as well as the impact of the researchers own history, biases, interests, experiences and expectations on what was observed (O’Leary, 2004). The journal entries in the current study were therefore recorded as reflective and descriptive accounts of what had occurred during the time in the field (Borbasi et al, 2008; O’Leary, 2004; Polit & Beck, 2006; Russell, 2004). These entries were made in a timely and systematic manner (O’Leary, 2004). To ensure this the journal entries were completed as soon as possible after leaving an episode in the field and always on the same day. They were numbered in the order of occurrence and dated. Researcher journaling included details of data collected, descriptive accounts of what had occurred outside of the observations, the people in the setting, and the researcher’s experience of being in the field on that day (Russell, 2004). An example of a researcher journal entry from the current study can be viewed as Appendix J.

3.5.3 Authenticity

Authenticity ensures that each of the study participant’s experiences, meanings and voices are represented in the interpretations and presentation of data (Creswell, 2007).

In this study authenticity was assured through rich, in-depth descriptions of the phenomenon under study in a manner that was true to the experience of the participants (O’Leary, 2004). For instance, the collection of the in-depth, context rich interview data allowed for experiential findings of the working lives of CPWs within a CPS to be presented. Additionally, a number of the features outlined and described above that ensure study credibility and auditability are inherent in study authenticity.
These features include participant feedback, triangulation and reflexive practice of the researcher.

As previously described establishing study credibility involved gaining participant feedback on initial concepts (Lincoln & Guba, 1985; Polit & Beck, 2006). This assured authenticity as participant feedback certified the researcher’s interpretation of the data as true accounts of the participant’s experiences and meanings. Triangulation also provided assurance that the researcher’s presentation of the findings were a representation of participant’s contextual experiences and meanings (Polit & Beck, 2006; Stake 2008).

Reflective practice was implemented through meeting with the researcher’s supervisory panel and researcher journaling (see section 3.5.2.1). The meetings with the supervisory panel allowed for an external check of the research process and reflection of the researcher’s feelings and experiences in the field (Lincoln & Guba, 1985; Merriam, 1988). As previously identified a researcher journal was also maintained during the study. Both of these processes allowed for the researcher to discourage self-beliefs and prejudices from interfering with the data analysis (Creswell, 2007).

### 3.5.4 Transferability

While a standard indicator for applicability of study findings has long been generalisability, case study research is not concerned with this (O’Leary, 2004; Stake, 2008). Transferability describes the capacity of the findings and conclusions of the study to be applied to another setting or group, or within other contexts (Lincoln & Guba, 1985; O’Leary, 2004). Achievement of this enhances the study’s trustworthiness (Polit & Beck, 2006).

Sufficient descriptive data must be provided in the research report for readers to evaluate the applicability of the data to other context (Lincoln & Guba, 1985; Polit & Beck, 2006). To achieve this thick description of the case, research methods and findings are required (Creswell, 2007; Stake, 2008). The term ‘thick description’ refers to the provision of a rich, in-depth and thorough description of the research setting, and the transactions and processes observed during the data collection (Polit
& Beck, 2006). This was achieved by providing a detailed, rich description of the research context and bounded system, the case and phenomenon under study, and the research methods applied to this study in preceding sections of this chapter (Lincoln & Guba, 1985; Merriam, 1988).

By providing a thick description of the research context, processes and findings, the readers are presented with a detailed account of how the phenomenon existed within the CPS (the case), which is pertinent to instrumental case study (O’Leary, 2004; Stake, 2008). This also allows for others to draw implications from this case study for other like cases (Creswell, 2007; O’Leary, 2004; Stake, 2008).

3.6 Section 6: Ethics

All human research should be subject to ethical approval by institutional review boards or an external review process (Borbasi et al, 2008; Parsons & Oates, 2004; Polit and Beck, 2006). In Australia, the National Health and Medical Research Council (NHMRC) Act has established guidelines that enforce this ethical approval (Parsons & Oates, 2004; National Health and Medical Research Council [NHMRC], 2007). This ensures that the risks and benefits of the research are not biased by the researchers’ desire to conduct the study (Borbasi et al, 2008; Creswell, 2007; Parsons & Oates, 2004; Polit and Beck, 2006). Additionally, studies where observations are used as data collection methods require closer ethical consideration because of the close relationship that may develop between the researcher and participants (Russell, 2004). Ethical procedures also need to be applied to data analysis, and presentation and circulation of findings (Browne, 2004).

Ethical approval for this research was granted by the appropriate Human Research Ethics Committees of the University of Western Sydney (HEC approval number: HREC 08/071) and the organisation accommodating the study (see approval letter, Appendix K). The ethical approval was granted for all data collection processes, including re-entry into the field, as described previously in this chapter. The ethical considerations to be discussed for the current case study are informed consent and autonomy, confidentiality, and beneficence.
3.6.1 Informed consent and Autonomy

Informed consent ensures that participants have adequate information about the research and can freely choose whether to participate or not (Hancock & Algozzine, 2006; Parsons & Oates, 2004; Polit & Beck, 2006). The elements of informed consent that were upheld in the current study included voluntary participation and the right to withdraw at any time without penalty; being advised of any foreseeable risks or discomfort; and acknowledgement of the potential benefits to the child protection profession resulting from study findings and conclusions (Creswell, 2007; O’Leary, 2004; Parsons & Oates, 2004). Additionally, each participant made autonomous decisions to participate in the study through their decision to participate in the study being self-directed and self-determined (O’Leary, 2004; Polit & Beck, 2004).

The elements of informed consent, along with assurance of confidentiality and details about who to contact for further information about the research and participants rights were outlined in an information sheet given to each potential participant (see Appendix D) prior to commencement of the study (Borbasi et al, 2008; Creswell, 2007; Parsons & Oates, 2004). Additionally, both the participant and researcher signed a consent form (see Appendix L) which outlined each of the aforementioned elements as well as the proposed dissemination of research findings (Creswell, 2007; Parsons & Oates, 2004).

Prior to recruitment an informative presentation about the case study was given to potential participants. This presentation included the aims of the study and study questions, inclusion criteria, data collection and analysis methods, and the intended dissemination of the findings in publications, conferences, a report to their employing organisation, and this thesis (Creswell, 2007; Parsons & Oates, 2004). Time to consider participation following the receipt of the information about the study was afforded to each potential participant, providing them the opportunity to obtain further details in relation to their involvement (Parsons & Oates, 2004).

3.6.2 Confidentiality

Confidentiality involves protecting the identity of the individuals providing the research data (O’Leary, 2004). Due to the nature of data collection and the
corresponding note keeping during field work, confidentiality was an important ethical criterion of the study (Parsons & Oates, 2004). Unless required by law, or participants’ consent to public identification, all information obtained in the study must be confidential (NHMRC, 2007).

In the current study, confidentiality was assured by assigning pseudonyms to each participant and de-identifying data prior to dissemination of findings. Pseudonyms were also used in all hard copy (paper form) information, such as observation tool notes, and electronic data files, such as transcribed interviews (Creswell, 2007; NHMRC, 2007). The use of pseudonyms during the recorded interviews ensured that the professional transcribers were also only privy to participants’ pseudonyms. Pseudonym assignment was only known by the corresponding participant and researcher.

Confidentiality must also be maintained during dissemination of research findings. Potential avenues for dissemination of study findings were clearly detailed in the participant consent form (O’Leary, 2004). Dissemination details are described in the following section (3.6.3).

To assure that only the primary researcher had access to any identifying data, all hard copy data were securely stored in a locked cabinet on the university campus office, while electronic files pertinent to the case study were stored in computer files on a password protected computer (Creswell, 2007; NHMRC, 2007; O’Leary, 2004). On completion of the study all hard data will be stored in a locked cabinet of the primary researcher’s office. Details of the eventual destruction of all data (after 5 years) were included in the consent form (O’Leary, 2004).

3.6.3 Beneficence

Beneficence is defined as doing no harm and maximising possible benefits (Borbasi et al, 2008; Polit & Beck, 2004). Research involving human participation should result in benefits for the participants and/or other individuals, communities or society as a whole (Polit & Beck, 2004). Case study research involves intense interest in personal views and circumstances of the participant’s world (Stake, 2008). Great care must therefore be taken to prevent risk of exposure and embarrassment, loss of
standing within their profession or loss of employment as a result of participation in the study (Stake, 2008). In this study the full support of the CPWs employing organisation was provided with the guarantee that participation would not result in any negative consequences pertaining to the CPWs employment.

In recruiting human participants for research it is expected that they will be protected from harm, where such harm in social science research usually refers to emotional or psychological harm, not physical harm (Borbasi et al, 2008; Hancock & Algozzine, 2006; O’Leary, 2004; Polit & Beck., 2006). At the commencement of participation in the study each CPW was provided with a list of available counselling services (see Appendix M) in the event that any psychological distress should arise (Polit & Beck, 2006). During the data collection conducted in the study there were no reports from participants, or evidence observed, that indicated participant distress.

Data collection in case study is expected to be carried out within the boundaries of the case (Yin, 2003; Stake, 2008), in this study the CPS. Given the study site was within a small CPS, the vulnerability of the participants in relation to coercion to participate and identification by their peers and managers required consideration. Therefore, in this study beneficence was achieved through the application of voluntary informed consent and confidentiality as previously described (Polit & Beck, 2006).

Observations and subsequent informal interviews were carried out as discretely as possible to reduce the possibility of others being aware of who was being observed. Pseudonyms were also used on all data recording and storage documents to maintain confidentiality. Additionally, all formal and informal interviews were carried out in a private location chosen by the participant within the CPS (Polit & Beck, 2006).

The findings from this study will be disseminated in a number of ways. Each participant was fully informed both verbally and in writing (see participant information sheet, Appendix D) of this process. Dissemination of findings were listed as the current thesis, a report to the study sites organisation, presentation at pertinent international conferences and publication in relevant peer reviewed journals. Prior to dissemination of findings, participants should be consulted to ensure interpretation and subsequent presentation of findings are accurate (Polit & Beck,
As detailed earlier in this chapter, participant consultation was achieved via an informal presentation.

It is important for participants to be privy to preliminary reports of the findings before dissemination. To reveal how the findings will be presented, quoted and interpreted, as discussed earlier, participant feedback was implemented (Polit & Beck, 2006; Bradbury-Jones, Irvine & Sambrouk, 2010). Along with ensuring study credibility, participant feedback can minimise the previously identified potential risks intrinsic in participation (Bradbury-Jones et al., 2010).

Dissemination of findings also enhances benefits of the study findings to the participants, other individuals, communities or society as a whole. The research conducted in this study creates new knowledge and extends existing knowledge about the working life and experiences of CPWs. It is believed that this will enhance CPWs well-being and productivity as well as recruitment and retention of workers to this profession. By achieving this, benefits to the participating CPWs, other CPWs, child protection organisations as well as individuals, families and communities experiencing or exposed to child abuse and neglect will be potentiated.

### 3.7 Limitations of Case Study

According to the literature case study designs are criticised for lacking academic rigor and generalisability (Meyer, 2001; O’Leary, 2004; Polit & Beck, 2006). Specific to instrumental case study design Stake (2000) reports that it is accused of poorly representing an entire population. Such criticisms may be based on the small sample size and single data collection sites that often inform case study designs (Creswell, 2003; O’Leary, 2004; Stake, 2008; Yin, 2003). However, this is debated and contested through others reporting that case study is concerned with representing the case and developing rich, in-depth understandings of the phenomenon under study, and not with the need to generalise the findings to other populations (Creswell, 2003; O’Leary, 2004; Stake 2003). Additionally, instrumental case study allows for the study findings to identify complexities that require further research and can contribute to setting public policy and reflecting on human experience (Stake, 2008).
A number of limitations have been cited as specific to observation as a data collection method. These are possible ethical difficulties, reactivity of the participant being observed and observer bias (Polit & Beck, 2006). However, as observation is one of the most meaningful data collection techniques in case study research (Stake 2008) clear justification for its use in data collection is required (Meyer, 2001). Section 3.4.3.5 of this chapter has detailed this justification.

As acknowledged previously in this chapter (section 3.4.4.3) only overt observations were used in this study. This eliminates covert observation as an ethical concern and limitation. However, reactivity (where the participant being observed behaves in a manner that is abnormal due to knowing they are being observed) may impact negatively on the validity of the observation (Polit & Beck, 2006). As detailed earlier in this chapter, the researcher attempted to be as unobtrusive as possible during observations by sitting at the edge of the office and not participating in the activity being observed in any way.

Finally, observational biases may arise due to emotions, prejudice and values of the researcher; personal interest of the researcher in what is being observed; anticipating what will be observed; and drawing conclusions prior to collecting adequate data (Polit & Beck, 2006). As identified earlier in this chapter (section 3.4.4.3), the observational data collection was via non-participant observation where the researcher did not hold professional qualifications in child protection work. This minimised the likelihood of pre-conceived ideas or values of what would be observed. The use of a structured observation tool also ensured observations were not influenced by the researcher’s emotions, prejudice, values or personal interest, as did the researcher journaling and peer debriefing sessions detailed earlier in this chapter (Lincoln & Guba, 1985; Merriam, 1988; Polit & Beck, 2004).

3.8 Summary

An instrumental case study design has informed the current study. This chapter has provided a detailed description of case study design which included the importance of identification of the case, and the boundaries, as well as consideration of the context of the case. Detailed discussion on instrumental case study and its applicability to the current study were also provided. Clear, descriptive accounts of
the approaches used for data collection and analysis that conform to the theoretical requirements of case study design have been given. Furthermore, aspects important to rigor and ethics pertinent to the current case study have been presented. The information detailed in this chapter allows the reader to follow the case study design and comprehend how and why the researcher has arrived at the findings and conclusions that meet the aims and questions of this case study.
CHAPTER 4

Child Protection Workers: Observed and experiential accounts of what they do

Abstract
Chapter 4 presents the first of the findings of this thesis. Specifically, this chapter presents the observational data that provides insight into the roles and functions of the CPW in the office environment. These findings demonstrate the many roles of the CPW extend beyond the implementation of family-centred interventions. This chapter also presents experiential findings that extend the observational findings to encompass the CPWs experiences of working directly with vulnerable families exposed to child abuse and neglect. Specifically, the experiential accounts given by the participating CPWs highlight that there are both challenges and rewards that are associated with direct client roles. Some of the findings in this chapter have been previously published.
4.1 Introduction

The literature reviewed for this thesis revealed that CPWs day-to-day working roles and experiences are not adequately described beyond the workers’ involvement in the implementation of family-centred interventions (see Chapter 2, section 2.4). While there has been some acknowledgement of the multi-dimensional nature of child protection work and the impact this can have to worker and workplace health and sustainability, this area of child protection work remains largely unexplored. Section 1 of this chapter explores the multi-faceted roles and functions of CPWs in a given CPS via the presentation of observational findings. Section 2 presents information about the varying roles and functions of a CPW, supported by extracts of the CPWs narratives. Real life accounts are shared by the participants describing the challenges and rewards they experience in their day-to-day working life as a CPW.

4.2 Section 1: Child Protection Workers: What They Do – Observational Data

The observational data collected in the current study were intended to provide insight across the broad spectrum of CPWs day-to-day working roles. Due to limitations with access, the observations collected focused predominantly on the roles and functions of the CPW in the office environment. However, this was considered important in providing contextualised detail to an area previously under researched, and as a beginning foundation for understanding that the roles of the CPW extend beyond the implementation of family-centred interventions.

To explore the roles of a CPW in the current study, a set of data were collected using the structured observation tool (Appendix H). There were 62 observation tools completed, of which 54 were of workers observed in the office while eight were out of office observations. Of the out of office observations five took place in a community facility (such as other service, coffee shop or shopping centre), one in the workplace courtyard, one in a counselling room, and one in a DoCS office.

The out of office observations that occurred in other community facilities were of two types. Firstly, there were observations made of the CPWs during their
supervision of contact visits between biological parents and their children who were in out-of-home care. While these contact visits could be held in the CPS centre, there were occasions where the CPWs would, at the parents request, allow the contact visit to be held at a local park, shopping centre or coffee shop where as Jamie stated “the contact between the parents and kids can be normalised a bit, you know let the parents do things they might normally do if their kids lived with them”. The second type of out of office observation was of parent group therapy sessions where an alternative community facility would be used for space or easier access by the parents attending the group.

Of the overall 62 completed observation tools two types of data resulted and are reported in this section. The two types of data are presented as ‘job tasks’ and ‘worker actions’. For the purpose of this case study, a ‘job task’ was defined as a designated role or function that the CPW engages in during their working day. These may be considered as the expected roles or functions required of a CPW during a standard work day and include tasks such as client assessment, counselling, staff meetings and documentation. As a job task, documentation was the umbrella term used to collectively describe the variety of documentation tasks the CPWs engaged in such as recording in client notes, writing assessment reports, writing court documents or DoCs reports. When looked at individually each of the documentation roles were recorded as worker actions. ‘Worker actions’ were defined in this case study as the behaviours and activities the CPW engaged in while carrying out a job task such as questioning, talking, advocating, discussing client interventions, and record keeping in clients’ files. Both of these types of data provided information on various CPW roles carried out within the context of this case study, and contextualised the multi-faceted nature of the day-to-day working roles of CPWs.

4.2.1 Job Tasks

The job tasks were divided into client focused job tasks and worker focused job tasks. As defined above, job tasks were the designated roles and functions of the CPW. However, the job tasks entailed different roles or functions when broken into client and worker focused job tasks. The client focused job tasks demonstrated the roles of the CPW when implementing the family-centred, child focused interventions. The worker focused job tasks were the functions that the participating CPWs carried out
in relation to organisational requirements (such as meetings, formal discussions) or worker welfare (such as debriefing, informal conversations with peers).

Each structured observation tool represented a job task that was observed. This meant that 62 job tasks were observed and recorded. Representing this number of observed job tasks by frequency did not reflect the intensity of some of the roles performed by the CPW. However, when viewed as the time spent on each job task a clear indication of the amount of time dedicated to CPW roles, even when not in direct contact with the client, was presented. Before presenting the data that indicates the time spent on worker job tasks, Tables 4.1 and 4.2 provide a list and description of the observed worker job tasks. This contextualises what the time spent on any given job task entailed.

Table 4.1: Client Focused Job Tasks

<table>
<thead>
<tr>
<th>Job Tasks</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone consultation</td>
<td>Discussing client orientated interventions, actions or care with another person via the telephone.</td>
</tr>
<tr>
<td>Documentation</td>
<td>Any type of data entry into the clients’ files. This could include progressive report writing, assessment reports or closure of a file.</td>
</tr>
<tr>
<td>Contact visit</td>
<td>The supervised contact between biological parents and client child when the child had been removed from the biological parents care.</td>
</tr>
<tr>
<td>Educational session</td>
<td>Any communication that involved teaching or instructing of client interventions or care to improve client outcomes.</td>
</tr>
<tr>
<td>Group therapy</td>
<td>Therapeutic interventions, excluding counselling, for a group of adult carers, biological parents or child clients. Examples included play therapy and art therapy.</td>
</tr>
<tr>
<td>Closing episode of care</td>
<td>Ending all interventions within the child protection service for the clients and closing their file.</td>
</tr>
<tr>
<td><strong>Other:</strong></td>
<td></td>
</tr>
<tr>
<td>Administrative activities</td>
<td>This category was broken down to administrative activities (e.g. receiving and sending work related emails, internet searches for clients’ needs), group therapy preparation, looking for a gift for a client child and PPMs. Looking for a client’s gift involved the CPW taking a suitable item from gifts donated to the CPS for the children. In the event that the family were experiencing severe financial problems, the gift would be given to the parent to give to their child on the child’s birthday or other special occasions. The PPM was a meeting between the child client caregivers, the DoCS case manager and the CPWs. The meetings were held as an initial contact between the child client caregivers and the CPW to discuss what the CPS could implement for the child client and their caregivers or family. There were also PPM’s at regular intervals during the intervention phase to reassess the needs of the client, caregivers and families and determine if the interventions would continue, change or cease.</td>
</tr>
<tr>
<td>Group therapy preparation</td>
<td></td>
</tr>
<tr>
<td>Gift for child client</td>
<td></td>
</tr>
<tr>
<td>Protection Planning Meeting (PPM)</td>
<td></td>
</tr>
</tbody>
</table>
Table 4.2 Staff Focused Job Task

<table>
<thead>
<tr>
<th>Job Tasks</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff meetings</td>
<td>CPS staff meetings to discuss work related issues and concerns. These occurred on a fortnightly basis and were formatted as: matters arising from previous minutes, manager’s report, administration update, occupational health and safety report, client update, group therapy update, interagency update, diary dates and business arising. Other meetings could include organisational meetings or for any events requiring an extraordinary meeting.</td>
</tr>
<tr>
<td>Debriefing</td>
<td>CPW consulting with another CPW or site manager to discuss an issue or experience that they may have had related to a client intervention or organisational concern.</td>
</tr>
<tr>
<td>Telephone contact</td>
<td>Any discussion a CPW had over the telephone that did not directly relate to client care, such as contact with human resources or personal contacts.</td>
</tr>
<tr>
<td>Informal conversation</td>
<td>Any discussion a CPW had with another person that was not directly related to client care, such as discussion on organisational communications, policies, or personal issues.</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>Handover</td>
<td></td>
</tr>
<tr>
<td>Administrative duties</td>
<td></td>
</tr>
<tr>
<td>Relaxation session</td>
<td></td>
</tr>
<tr>
<td>In-service</td>
<td>This included handover of clients to site manager; administrative duties (e.g. emails); a relaxation session that the CPWs attended during work hours and a staff in-service.</td>
</tr>
</tbody>
</table>

4.2.1.1 Time allocated to Job Tasks

The job tasks were looked at in terms of the amount of time allocated to both client and staff focused job tasks. There were 95 hours of job tasks observed. Of these 95 hours, the CPWs time was observed as being spent predominantly on client focused job tasks. As represented on Figures 4.1 and 4.2, the observed time for client focused tasks (61 hours) were almost double the time observed of CPWs in staff focused job tasks (34 hours). This reflects the nature of child protection work as a human service profession where client’s needs are central to all worker roles.
Notable in the observations of time spent on client focused job tasks was the significant amount of time that the CPWs spent on documentation, almost triple that of the next highest job task, which was ‘other’ (Figure 4.1). This is consistent with the interview findings where dissatisfaction was expressed by the participants about the amount of documentation (often referred to as paperwork) that was required of them (see section 4.3.1.1). Furthermore, the observations of documentation and administrative roles (represented in the category of ‘other’ on Figure 4.1) are under represented in the data presented on Figure 4.1. This is because it was not possible for the researcher to record all episodes of workers engaged in these tasks. For instance, where more than one worker was in the office performing documentation and administrative functions simultaneously, the focus of the observation would be on one participating worker only. Additionally, there were a number of occasions where the researcher would be leaving the office area to observe an alternative worker job task, such as a client contact visit ($n = 5.3$ hours), or carry out an interview with another participant, and noted that other participating workers were engaged in documentation or administrative roles at this time. On many occasions the worker would still be engaged in the same documentation or administrative job tasks on the researchers return to the office.
As figure 4.2 demonstrates, time spent on staff focused job tasks were dominated by staff meetings. These meetings were a means of allowing the CPWs to discuss a multitude of client and organisational issues and to maintain open lines of communication. The importance of meetings as a form of communication between service managers, the front-line workers and the organisation were confirmed in narratives from the participants in category 2 (see Chapter 5; section 5.2.1.2). Having a large portion of the observed hours of job tasks allocated to meetings suggests that the current study’s CPS utilised meetings as the main means of communication.

Closely following meetings, informal conversation consumed the second largest portion of time for observed staff focused job tasks. As revealed in Table 4.2, informal conversation involved the participating workers conversing with other workers or non-CPS people on matters that were not directly related to client care. While the exact breakdown of this job task into the topic of discussion was not recorded on the observation tool, the researcher’s field notes suggested that much of such informal conversation was with the workers’ peers and involved matters that were relevant to organisational issues or worker safety and welfare (see Appendix N for an example).
4.2.2 Worker Actions

The worker actions were the activities that the CPWs carried out to achieve the job tasks. Although there were sixty two \((n = 62)\) job tasks observed, as there were multiple worker actions observed during the implementation of a single job task, there were a larger number of worker actions recorded on the observation tools. This resulted in two hundred and nineteen \((n = 219)\) worker actions being observed. Given the larger number of worker actions recorded on the observation tools, the frequency of each worker action were used to contextualise what the CPWs in the current study did in their day-to-day working roles. As with job tasks, the worker actions are predominantly those occurring within the office area and in non client contact.

Table 4.3 describes the two hundred and nineteen \((n = 219)\) worker actions observed, while Figure 4.3 demonstrates the frequency of each worker action as number of times observed. Of the top seven worker actions on Figure 4.3, six of these reflect that the CPWs roles were predominantly client focused, even when not involving direct client contact. “Talking” \((n = 27; 12.3\%)\) was the one worker action not reflecting a client focus, but involved debriefing and discussion of work related issues with other CPWs. This was acknowledged in the interview data (see chapter 5, 5.4.2.2), and felt to be a vital component of promoting and supporting the CPWs health and sustainability.

As indicated in Table 4.3 there was a category titled as ‘Other’ \((n = 15; 6.8\%)\). This included the worker actions of preparation for group interventions \((n = 3)\); active listening \((n = 3)\); confirmation of appointments \((n = 2)\); waiting for a client who does not show up for an intervention \((n = 2)\); client transportation \((n = 1)\); confirming client attendance at a group intervention \((n = 1)\); internet searches for client resources \((n = 1)\); staff relaxation session \((n = 1)\) and informing the site manager of their safe return to the centre \((n = 1)\).
<table>
<thead>
<tr>
<th>Worker Actions</th>
<th>Definitions</th>
</tr>
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<tbody>
<tr>
<td>Discussing interventions</td>
<td>Client related interventions (e.g. counselling session, group therapy) discussed with a work related person the CPW had contact with.</td>
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<tr>
<td>Talking</td>
<td>General dialogue between CPWs and any other person the CPW had contact with. This mostly involved debriefing about professional matters and organisational issues. A small portion of this was made up of personal conversation.</td>
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<tr>
<td>Questioning</td>
<td>Observation of a CPW asking another work related person any question relevant to professional matters or client related care.</td>
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<tr>
<td>Informing what will happen to client/family/worker</td>
<td>The CPW telling the client, client’s carers or another worker (including DoCS and other CPS workers) of any interventions, changes, activities or actions that would or could be implemented for the clients by their service.</td>
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<tr>
<td>Advising</td>
<td>Providing advice to another person specific to client care.</td>
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<tr>
<td>Discussing actions of client, parent/caregiver</td>
<td>Dialogue with another work related person about a concerning or positive act or behaviour carried out by a client or their parent/caregiver.</td>
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<tr>
<td>Answering questions</td>
<td>Answering the questions of any person the CPW was engaging with related to client care or professional matters.</td>
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<tr>
<td>Documentation in client notes</td>
<td>Any form of documentation that was made within an electronic or hard copy client file such as an assessment report, a progress report or closure of a file.</td>
</tr>
<tr>
<td>Monitoring interactions between parents/carers and child clients</td>
<td>The CPW observing and analysing the way in which the child client and biological parent/s or carers interact during any family-centred intervention.</td>
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<tr>
<td>Encouraging</td>
<td>Speaking to another person in a manner that was to enhance the other person’s level of confidence.</td>
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<tr>
<td>Advocating</td>
<td>The participant speaking for, or acting on behalf of, a child client or adult carer.</td>
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<tr>
<td>Educating/teaching</td>
<td>Provision of information to another person that increased the person’s ability to implement or perform an intervention, task or activity.</td>
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<tr>
<td>Reducing anxiety</td>
<td>Dialogue or actions used to eliminate or lessen the concern being experienced by another person.</td>
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<tr>
<td>Comforting</td>
<td>Dialogue or actions used to demonstrate an understanding of, or care for, what the other person was experiencing.</td>
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<tr>
<td>Introduction</td>
<td>Informing another person of their name, title within the service, the reason why they were interacting with the person and the role of their employing service.</td>
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<tr>
<td>Motivating</td>
<td>Dialogue or actions used to increase the desire of the person to want to, and be able to, improve client outcomes.</td>
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<tr>
<td>Other</td>
<td>Any other observed worker action and included preparation for group interventions, active listening, confirmation of appointments, waiting for clients who do not show up, client transportation, confirming attendance at a group intervention, internet searches, worker relaxation session and informing site manager of safe return to office.</td>
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</table>
Of particular interest is the relatively small number of times documentation was recorded as an observed worker action ($n = 9, 4.1\%$). This is of interest as documentation as a job task consumed the largest number of hours ($n = 29.7$ hours) for client focused job tasks (see figure 4.1). This suggests that even a single episode of documentation in a CPWs working day can consume a large portion of time and significantly reduce the number of hours that can be spent in the CPWs most desired role of direct client care.

Overall, when reviewing the description of each worker action, it is evident that the majority of the worker actions were dedicated to client orientated activities. This is consistent with the job tasks which show a greater number of hours were dedicated to client focused job tasks as opposed to staff focused job tasks. Furthermore, when looking at the breakdown of job tasks and worker actions carried out in the current study’s CPS, it is clear that the roles of the CPW are multi-dimensional and largely client-centred.
4.2.3 Summary of Observational Findings

From the observational data the following can be concluded:

- Client focused job tasks \((n = 61\) hours) were almost double that of staff focused job tasks \((n = 34\) hours).

- Of the client focused job tasks documentation \((n = 29.7\) hours) consumed the largest portion of CPW time.

- Of the staff focused job tasks the largest amount of time was spent in meetings \((n = 15.3\) hours) followed by CPWs being engaged in informal conversations \((n = 10.5\) hours).

- Discussing client interventions \((n = 30; 13.7\%)\) was the most observed worker action.

- The worker action data set demonstrates that the roles and functions of CPWs are multi-dimensional, ranging from debriefing and supporting other CPWs as indicated by discussing interventions \((n = 30, 13.7\%); talking \((n = 27, 12.3\%); advising \((n = 12, 5.5\%); through to documentation \((n = 9, 4.1\%); and being a client advocate \((n = 6, 2.7\%).

- The breakdown of ‘Other’ worker actions \((n = 15; 6.8\%)\) further demonstrates the multi-dimensional requirements of CPWs.

4.3 Category 1 – Child Protection Workers: What They Do – Interview Data

Each of the major categories and their corresponding minor-categories and sub-categories from the analysed interview data are presented in Table 4.4. These will be discussed in turn across Chapters 4, 5 and 6.
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<thead>
<tr>
<th>CHAPTER</th>
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<th>MINOR CATEGORY</th>
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<td>4.3. Category 1: Child protection workers: What they do – Interview data</td>
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<td>4.3.2. The challenges</td>
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<td>4.3.3. The rewards</td>
<td>4.3.2.1. Developing worker-client relationships</td>
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<td>5.2. Category 2: The impact of working in a child protection organisation</td>
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<td></td>
<td>5.2.1. The organisational influence on the worker</td>
<td>5.2.1.1. Organisational change</td>
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<td>6.2.1. Support</td>
<td>6.2.1.1. Peer support</td>
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<td>6.2.2.1. An essential element to child protection work</td>
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<td>6.3. Category 4: Maintaining work-Life balance: Professional and personal implications</td>
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<td>6.3.1. Parents as workers</td>
<td>6.3.1.1. Child protection worker: Life as a parent</td>
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<td>6.3.2. A Balancing act</td>
<td>6.3.1.2. Child protection worker: Parent as a worker</td>
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<td>6.3.2.1. The impact of child protection work on the worker</td>
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<td>6.3.2.2. Achieving a work-life balance</td>
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This section explores the major category of ‘Child Protection Workers: What They Do’. This category describes the participant’s experiential accounts of working with vulnerable families who are exposed to child abuse and neglect. The CPWs were faced with complex problems from diverse families. The diversity of the vulnerable families they worked with included children in the care of biological parents, who may or may not be the perpetrators of the abuse or neglect; children in kinship care (care by a family member who is not a biological parent); and children in out of home foster care. The participant’s experiences of what they do in their day-to-day working roles are presented within three minor categories and their corresponding sub-categories as outlined in Table 4.5.

Table 4.5: Category 1 Minor Categories and Sub-categories

<table>
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<tr>
<th>MINOR CATEGORY</th>
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<td>4.3.1 Implementing the interventions</td>
<td>4.3.1.1 The assessment process 4.3.1.2 Family-centred interventions</td>
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<td>4.3.2 The challenges</td>
<td>4.3.2.1 Developing worker–client relationships 4.3.2.2 Social worker and psychologist approaches 4.3.2.3 Working with DoCS and other community organisations</td>
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<tr>
<td>4.3.3 The rewards</td>
<td>4.3.3.1 Positive client outcomes 4.3.3.2 A sense of achievement</td>
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4.3.1 Implementing the Interventions

Within this minor category, there were two sub-categories that dominated the participant’s narratives. ‘The Assessment Process’ refers to an intensive, holistic assessment that was undertaken for each referred client and their family. A formal format, inclusive of a specific time frame for the initial assessment process, was described by the participants. Both during and following the initial assessment process, ‘Family-centred Interventions’ were implemented. In this section, the participants describe their impressions of, and experiences with, both the assessment process and the implementation of family-centred interventions.

4.3.1.1 The Assessment Process

To contextualise what the CPWs in this case study did in their working day, and understand their experiences of performing child protection roles, it was important to provide a chronological account of the establishment of a child and their family as a client to the CPS where the current study was undertaken. In gathering this data, the
participants were asked to describe the process of client referral and assessment within their employing CPS. All participants described the same pattern, which began with a referral to their service of a child and their family where child abuse and/or neglect had been confirmed. The most common means of referral was from DoCS. However, referrals were also accepted from varying sources, such as general practitioners, community members and schools, as long as the referred child was an established client of DoCS with an allocated DoCS caseworker (see Chapter 3, section 3.3.1).

Once a referral was received within the CPS, the details of the referral were presented at a CPS team meeting where a discussion about the referral was held between the CPS manager and the CPWs. During this discussion, decisions were made as to the suitability of the client for their service and the service capacity to accept the referral. The service capacity was reflective of the current workload of each CPW. On acceptance of a client to the CPS, and allocation to a CPW, the CPW would arrange a protective planning meeting (PPM). The purpose of the PPM was for DoCS to inform all key stakeholders present what the child protection concerns were, what services were already in place and what they were hoping to achieve through the CPS involvement. All parties present were then informed by the CPW what the CPS could offer the referred child and their family.

The family were then invited to accept or decline the referral to the CPS. This was perceived as important to a number of participants. As Emma reported “this service only works with voluntary clients, so they have to agree to the referral.” However, it was also noted that for parents who were at risk of having their children removed from their care, the perceived choice they were offered in accepting the referral to the CPS was questionable. Rose revealed that “...when they [the parents] come to this service they are told [by DoCS] this is your last port of call”.

Once a family had accepted their referral to the CPS, the CPW would initiate the assessment process. This process involved an intensive 6-8 week assessment of the child client and their family where child protection issues, as well as general living conditions, family support systems, parental capacity of the biological parents or caregivers were thoroughly assessed. While the CPWs acknowledged that this period of time was an intense and exhaustive experience for the clients - “usually clients
have never even been through such an intensive and comprehensive assessment process” (Tulip) – it was experienced similarly by the participating CPWs. Although the allocation of a newly referred client considered the current workload of the CPW, concern existed that both the current workload and the assessment process may not be viewed the same way by the CPS as by the CPW. Therefore, a number of participants expressed concern for the wellbeing of the CPW where a full and/or intensive client load was being carried simultaneous to undertaking the assessment process with a newly referred client and their family.

Jessie: I think it is a really good system to have that assessment period at the start but I don’t know if it is being considered that in essence one family becomes two families like the equivalent of two families. The pressure, the work, the involvement really becomes two families during that assessment period. ... I think unfortunately there’s going to be some burn out. But I think in time it will become clear that it is not as sustainable as everyone would like.

The intensity and complexity of the assessment process was also described as stressful for newly employed CPWs. It was recognised that new CPWs often struggled with the assessment process more than with any other job task required of them.

Sandy: I think it’s difficult for new caseworkers to get their head around, because it’s not really – it doesn’t have a rigid structure. My experience has been new caseworkers struggle to be okay with not getting all the information in assessment. That seems to cause a lot of stress.

While the initial assessment was described as a six to eight week thorough process it was also acknowledged that “the assessment is an ongoing process” (Ivy) that continued throughout the length of time the service was provided to the client and their family. Many of the participants acknowledged the ongoing nature of assessing a client as an important role for the CPW.

Joy: You're always doing an ongoing assessment because things change and the information that people give you changes and the way they present changes.
Sandy corroborates Joy’s account of the ongoing nature of client assessment. Sandy highlights that while the entire initial assessment process is not continued elements of this are implemented throughout the longevity of the case. Which elements of assessment are continued is determined by the needs of the client and their family.

*Sandy: There is an element of ongoing assessment after we finish that formal assessment period. We write the [final] report but there will always be sections in the report saying this area needs further assessment. If the service continues to work with the family, we will continue to assess the impact of this or that.*

A number of participants revealed a further rationale for the assessment process being ongoing. While the assessment was thorough and over an extended period of time (6-8 weeks), the CPWs reported that not all of the information gathered during this time accurately reflected the true context that the referred child was living within. There were a number of reasons for such misrepresentation of the child protection concerns which were captured within a narrative provided by Tulip.

*Tulip: It’s still just a very small snapshot of where the clients are at in that period of time because I would even say that six to eight weeks of doing the assessment is largely rapport building and getting to know the client, and the clients are still sussing you out as a worker. The answers that they give you are not necessarily completely truthful and honest because no one would do that. That’s the reality of the work [child protection].*

While the CPWs expressed concern regarding the intensity and potential workload issues that arose during the assessment process, there were also positive experiences linked to the assessment process used within this CPS. The positive experiences included a degree of flexibility in the assessment process and the resultant individualisation this offered for each client and family. Other positive aspects were reported as the thoroughness of the assessment, as well as the ability of the assessment process to allow for the immediate implementation of interventions where necessary. This flexibility was an important aspect to the CPWs sense of feeling valued as it was linked to the CPS trusting the professional capability or valuing the workers’ professional judgement. Furthermore, the individualisation
offered to a client and their family were perceived as necessary to meeting the clients and family needs and more likely to lead to positive client outcomes.

In describing the details of the assessment process, many of the participants highlighted that although there was a structured tool used for assessing the client and their family, it also afforded some flexibility “on the whole, it [the assessment process] fits really well with our client group, because it is flexible” (Sandy). The structure to the assessment tool was in the form of a template designed by the organisation and used within the CPS for all new admissions. Flexibility was allowed by the CPWs ability to include additional information and remove headings where information was not required. This was important as it allowed a degree of individualisation in assessing the needs of the clients and their families.

Emma: I think that it’s fairly thorough and if you need to add extra headings or whatever for specific families, then that’s okay.

As Emma identified, the assessment process was thorough. Contributing to this thoroughness was not only the length of the assessment (6-8 weeks), but also through the use of lengthy home visits whenever possible. It was felt that a more thorough and accurate assessment was achieved when assessment was carried out in the context of the family home, in particular where the assessment home visits occurred for a long period of time.

Rose: ...especially during the assessment stage I spend a lot of time, about two to three hours at times, at their house, just observing the conversations with them and I think... the rationale behind that for me I guess is, if things were going to come out they will come out, because you can’t sustain not being normal for that amount of time. Whereas if it was going to be forty-five minutes to an hour... because they’ve gone through this for such a long time – this is going to sound so judgmental, but they know how to work it at the end of the day.

Additionally, thoroughness in the assessment process was reported to be achieved through the use of multiple sources for gathering the required information.
Tulip: Anyone who’s connected with the family, such as other external services, any other significant family members that impact on the children, and the children, are involved in the assessment period.

The assessment process did not only involve gathering data. Given the organisational and CPS philosophy of supporting children to be safe in their own homes and for children to remain resident with their families wherever possible (see Chapter 3; section 3.3.2), it was not surprising to discover that the CPWs implemented interventions throughout the assessment process. Providing interventions during the initial assessment period was perceived as assisting in gaining the acceptance and trust of the child and their family as well as being a function of child protection work that may separate it from other professional practices, such as clinical psychology.

Sandy: We don’t have that formalised model of assessment that you might get in a psychiatric or even like a clinical psych framework. It would be alienating to our families. We would lose engagement. These families are in crisis. They’re about to have their kids removed. We can’t sit back and take that assessor role and not be actively working with them to address the immediate concerns. So yeah, interventions will start straight away if need be.

Implementing interventions during the assessment period was also acknowledged as a necessity for ensuring the safety, health and happiness of both the child and their family.

Rose: Just to say it was just purely assessment, you can’t. Especially in families that are quite crisis driven. So if things were coming out which – for example, a mum’s not coping, because of X, Y and Z, that would obviously go into the assessment, but I wouldn’t hold back and go, oh, this is the assessment period. I’m just here to see. Because at the end of the day, there is a child involved, there’s a parent involved and things are going to happen. We wouldn’t want this to escalate.

The description of the assessment process given by many of the participants also identified that, although the CPWs believed in working within a child-centred philosophy, and the assessment process utilised data from many sources, the assessment largely focused on the parents. In particular, the assessment process had a
large focus on assessing parenting practices, or lack of these, that led to the child protection concerns and reason for referral to the CPS. The assessment process enabled the CPW to determine if the parent had the ability, and were ready, to improve their parenting or implement new parenting techniques that provided a safe home environment for their child/ren.

*Tulip: The big section that I would say in the report is the parenting section. So the parenting section would cover the parent’s insight into parenting, what their actual beliefs and ideas are about parenting, and where those beliefs and ideas come from, and whether the parents have the ability and capacity to practice those parenting ideas and beliefs. So the three big areas of that assessment would be the parent’s willingness, capacity and ability to parent.*

At the completion of the 6-8 week assessment process, an intensive formal report was compiled by the CPWs. Narratives presented by the participants described the documentation of the final assessment report as cumbersome, complex and lengthy. “The assessment involves a very long document where we go through and type up multiple areas of the client’s life and situation and history, strengths and recommendations” (Joy). In recognition of the pressure placed on the CPWs to complete and document a large report, and the complexity of this document leading to the clients’ and families’ inability to understand them, the organisation made substantial changes to the way in which the assessment reports were written (see Chapter 3; section 3.3.4). A more concise, easier to read assessment template which provided greater direction in the assessment documentation process and substantially reduced the size of the document was developed. A number of participants believed that this change to the assessment document was not only beneficial to the CPWs but also more reader friendly to the clients, their families and DoCS.

*Sandy: Just for the assessment report, for some reason we were writing 50 page reports. It was believed that they weren’t useful. They weren’t useful to clients. Clients were not reading the 50 page report. DoCS wouldn’t read a 50 page report. So we can’t write a report just for the sake of writing a report. It actually has to be useful. So that changed, the report format, yeah.*
The excessive size of the assessment documentation, as well as the large amount of time required to complete such documentation paralleled many other types of paperwork required of the CPWs. While the participants understood the necessity and importance of clear and accurate documentation, they also questioned the amount of time that this required. Of concern to many participants was the time that the excessive paperwork demands took away from their most desired role of face-to-face client care.

Charlie: Just sometimes I think there’s so much paper work. I think there’s a lot of bureaucracy paper work required. I see that as taking away from the work with our clients face-to-face. I know that there’s requirements for that but sometimes I think there’s a lot, there’s almost paper work for the paper work.

Overall, the assessment process post change was described by many participants as a useful and effective process. Having a formalised, thorough, yet flexible assessment process in place was noted as beneficial to accurately indentifying the needs of the client and their family. In addition, the assessment process identified the most appropriate family-centred interventions needed by the clients and their families.

Rose: I think the assessment process is very important. There’s been a lot of um-ing and ah-ing in the team about it for a while, about how important it is and whether it informs. To me, it informs about the situation that’s there, at present, with that family. I think things may change after six or eight weeks. But the fact is that is what we’re assessing now. We need that kind of assessment to be able to give our recommendations. It just informs what kind of therapeutic work is needed – it gives you guidelines or a set of – yeah – guides you in how you need to do things or what needs to be done.

4.3.1.2 Family-centred Interventions

While interventions occurred during the assessment phase, they were often crisis driven and mostly comprised of the provision of concrete services. Concrete services included assisting in accessing emergency housing and food, linking to emergency financial aid, and transportation to medical and community service appointments.
These addressed the immediate stressors that were concerning the family allowing them to then engage with the CPW and participate in other child protection interventions. It was suggested by some participants that if a family was in crisis then effective engagement by the family with the CPW, and CPS, would not be able to be achieved.

*Sandy: One of the things that gets in the way of being truly therapeutic is we have so many practical issues that our families are dealing with. You know … homelessness or poverty, facilities being turned off because they haven’t paid their bills, you know, all those sorts of things. And they have to be addressed. I mean, how do you get someone into the headspace to think therapeutically when they’re worried about where they’re going to live tomorrow?*

Once the initial assessment process had occurred and the immediate needs of the client and their family determined, the CPW would develop a plan, often in conjunction with the family, and implement the appropriate child protection interventions. As a goal of the CPS was to safely maintain child clients within their family home (see Chapter 3; section 3.3.2), the interventions offered by the CPS were acknowledged by many participants as being inclusive of all family members. Many of the interventions were approached as an opportunity to develop families and parents strengths which were felt to be a more effective means of alleviating the family’s child protection concerns.

*Joy: The service is holistic and the interventions are holistic so they cover all parts of the family and all people in the family. They are tailored to the individual family….There’s a lot strength based, which is not focusing on the deficits and the problems but focusing on the strengths, so looking at what they can do. For parents to just look at what is a failure is really quite depressing and they don’t get anywhere.*

The ability of the CPWs to provide flexible and individualised family-centred interventions according to the assessed needs of the client child and their family were experienced by many participants as a positive aspect of their work. Not only was the provision of individualised care felt to be valuable for achieving positive client
outcomes, a number of participants reported satisfaction with the way in which the organisation allowed for, and supported, the staff to be autonomous in the interventions they implemented.

Jamie: The interventions that we do are very individual and tailored. All families are individuals and you’re not making families fit. And that’s what I like, because you need your policies and procedures and your assessment forms and reports but you can be creative and say “look, this family, they don’t fit into that square. What are other ways we can address that?” And I think that, and tailoring interventions around what the families need, is what I really enjoy about this organisation. So having that flexibility and being creative, I think that that’s what suits me in this type of work.

The family-centred approach to child protection implemented within this CPS involved working closely with the child client as well as their parents, carers and siblings. However, the child client’s safety and welfare were always considered the priority by all of the CPWs. This was affirmed when Jessie reported that “It’s all about what is best for the children.” Similarly, Ivy reveals that:

Ivy: All of the time I am working with parents I am working with the focus on the child. So the conversations I am having with the parents are based on child protection concerns and the children’s needs.

The organisational philosophy of all care being child focused was therefore an influential factor on the way in which client care was implemented. This reflects the position that the child is the client to the CPS and that the care provided is client focused. However, part of the philosophy of the organisation is that the child functions, and the abuse or neglect occurs, within a family and therefore the interventions involve a family-centred approach. Many of the participants were impressed with the organisation’s family-centred philosophy and embraced it; however, made it clear that a family-centred approach did not extend to child abuse or neglect continuing.

Jessie: The organisation's philosophy is that children are best kept in the home where possible but that where possible is a big one because if they are in an abusive environment it won’t happen. The organisations really clear
Where the CPW felt a child could be supported safely in the care of their biological parents, family-centred interventions would be provided. In these instances, the parent perpetrators of the abuse or neglect were often the main focus for many of the interventions. Most of the participants believed that the parents of the child client needed to be the focus of the interventions, as the abuse and neglect often occurred as a result of the parent’s behaviours, lifestyle choices and/or inability to parent effectively. It was believed that if the issues of the parents were not addressed then the abuse or neglect would continue to occur.

*Ivy: I work pretty strongly from the belief that you really need to be working with the parents. Even though we say we're child centred that doesn't mean we only work with the child. And it concerns me if I hear of people only doing therapeutic work with the child. We need to be working with the parents in order to increase their awareness around the effects of their abusive behaviours and support them to make some changes to that.*

Other participants also felt that to achieve safety for the child clients and allow them to remain residing with biological parents, it was important to have a focus on parent perpetrators when providing child protection interventions. As Sandy stated “*I think first and foremost, that the responsibility for change has to sit with the parents, or the carers, you know, whoever it is.*” An example of working closely with the parent carer came from an informal interview with a participant following an observation of a telephone counselling session between the CPW and a parent perpetrator who was the main carer of the child client.

*Charlie: I am looking after Crystal [client’s biological mother] as that was what she needed at the time and this helps in making sure that she wasn’t still at risk of harm to herself or the kids .... because Crystal is their [the children’s] carer I need to ensure her safety and meet her needs so that the kid’s needs are met and they are safe.*

Where the child client was in residence with their biological parents, the most commonly used family-centred intervention reported by each participant was that of
home visiting. This was believed to be important as many of the parents lacked the ability or desire to attend CPS appointments due to numerous lifestyle issues such as drug and alcohol addictions, lack of transportation, and a lack of structure in their day-to-day life.

*Sandy:* The main aspect of the services model is that it's home visiting. If you want to work with this group of clients you need to home visit because they can’t get to you for numerous reasons. For practical reasons but also for, you know, chaotic lifestyles, limited ability to organise, those sorts of reasons.

Home visiting also allowed the CPW to gain increased insight into the living conditions and family dynamic in the context of their everyday environment.

*Tulip:* I think the idea is that you see – it’s almost like you’re working in the context of where the child is living in. So, for example, if one of the concerns, child protection concerns, is hygiene or routine in the house you actually get a lot of information if you do the home visiting, especially when you actually see the client, the adult clients, in the setting that they’re in every day. So you see what goes on and what changes and where some of the barriers or the problems are.

While home visiting was considered as an essential component of achieving effective outcomes for the child client and their family, as the narratives unfolded it became clear that there were a suite of interventions used within this CPS. Therefore, a multi-intervention approach was identified as being practiced by all participants.

*Joy:* But interventions vary. With the families, I guess this CPS is around holistic, to work holistically with the families and the interventions are holistic so they cover all parts of the family and all people in the family type of thing. So there are different types of interventions and techniques. Our interventions involve case work, counselling and other types of extra curricula stuff and practical support. It is tailored to the individual family as to what the discussions are about and there are various techniques you would use within those discussions.
This was echoed by Ivy with her description of the multi-intervention approach implemented within this CPS. It also reflects Jamie’s earlier narrative on not making families fit into services but providing services that fit the family’s needs. In the following narrative Ivy refers to the CPW using discussions with the family, or as Ivy terms this ‘a conversation’, which was reflective of providing individualised care that was based on a negotiation between the CPW and the family.

Ivy: So in terms of intervention the way I see it is that the skills I bring would be in facilitating a conversation and therapeutic process and that varies depending on the issue and depending on the family. So in terms of interventions that would be individual counselling or family counselling, linking them into external agencies, for community based connections, group work, having a really strong advocacy role with the department and anyone else that they are willing to work with.

To highlight the way in which an individualised multi-intervention approach to providing child protection was implemented, the following example was given in one of the formal interviews.

Joy: I could talk about a family where there was a holistic thing going on. So I was home visiting the mum and talking to her about, she was struggling with anger as well, and having had a history of violence and she also had a mental, she was delayed, so it was about reactions in the home for her. So there was a lot of parenting stuff, behaviour management, routines, structure, being a parent. The whole thing was what we were aiming for but also linking her into the community and other things. We linked her to a group, an anger management group.

Joy goes on to say:

I also saw the children. So did some play therapy with them. The older child in particular, because the other child was a little bit young, did one-on-one counselling with the older child around unresolved issues and the experience she’d had because there had been past domestic violence as well so exploring that, the abuse from her father and just kind of where she fit in this family and her anger, because she was just copying what mum was doing really. And
also she came to a group for her self esteem and social skills. I also did family therapy with the 3 of them to help look at improving family interactions, dynamics and increase the positive interactions between the kids and mum. I also linked the older girl with a community, a group outside, like an extracurricular group so she could continue to have that exposure to different experiences, self esteem and social skills and that sort of thing when we left. I felt that Mum had gained more insight into the children and more insight into her reactions. The family had a link to the community; there was another space for this child. We even did house cleaning and budget so it was quite full on.

As identified in the preceding example, additional to home visiting, there were a number of centre based interventions offered to the clients and their families, as well as referral to services which may fall outside of the CPS but be more appropriate in meeting the needs of the client and their family. These ranged from individual counselling to group therapies. Furthermore, many of the participants identified the importance of advocacy as a CPW role, with Charlie reporting that “a lot of our work is advocacy.” The narrative that follows emphasizes the importance of both the CPW role of client and family advocate as well as the utilisation of other services. Of particular importance is the ongoing support that working with other services provides the client and their family once the CPS withdraws their services.

Ivy: In tertiary child protection, no one service can work with a family and contribute to a positive outcome unless there's a whole range of other services working with that family as well. We can't do it all. And the long term connections with the community once we withdraw are vital because they need to have other people in their lives.

The preceding discussion on the family-centred interventions offered by this CPS highlights the multiple roles and skills required of the participants to achieve effective outcomes for the families they worked with, in particular the safety and welfare of the child clients. The importance of individualising the interventions to suit the child client and family the CPWs were working with was revealed. The following analogy was offered by a participant, which captures the essence of the multi-intervention approach that was used by the participants.
Rose: The way I see it [the multi-intervention approach] is I carry a toolbox, I carry a bunch of tools. And you can’t use all the tools for all the problems. You can use some of the tools, sometimes, and it just depends on what the problem is. And that’s how I see it.

4.3.2 The Challenges

As described in the literature review, the CPW role is known to be professionally and personally demanding. In this section, the most commonly identified professional challenges experienced by the participants were described.

Developing worker-client relationships were challenged by many of the child clients’ parents resenting the connection between the CPWs and DoCS, the child client or a family member displaying undesirable behaviour (such as anger), a lack of educational opportunities of the clients or their parents, and where an incompatibility existed between the CPW and child clients or family members personality and/or culture. Further challenges presented where the differing disciplinary approaches between the social workers and psychologists potentiated an undercurrent of professional rivalry. Finally, the participants’ narratives shed light on the frustration and challenge of working with DoCS and other agencies. Difficulties in developing a collaborative working relationship between such services and the participant CPWs were described.

4.3.2.1 Developing Worker –Client Relationships

Challenges in developing worker-client relationships were attributed mostly to the client and family’s perception that the CPWs were closely linked to DoCS. For the clients and their family this link was often thought to represent the removal of children from the family home. As a result, the clients and their family displayed a level of distrust towards the CPWs. This distrust was augmented by the CPWs being mandated by professional and legal responsibilities to make regular reports to DoCS about the client and family progress and, any further child protection concerns noted during the assessment and intervention periods. This is confirmed by Charlie who stated ‘I need to communicate what I have been told by Beth [child client’s mother] to the DoCS worker because it’s my legal responsibility.’ As a result of such
requirements, and due to a lack of trust, and often anger, towards DoCS by the client’s parents or carer, worker-client rapport and the development of a trusting relationship with the participating CPWs was often slow and difficult to establish.

*Ivy: I think there would be the sense that what are you going to do with this information. If I tell you that are you going to tell DoCS? Just yesterday at a home visit the mum made some comment about the DoCS worker not listening. The mother then said don’t tell her [DoCS worker] I said that. So it comes up in different ways. Sometimes really overtly – ‘I’m not going to tell you this because you’re going to tell DoCS’.*

Furthermore, the negative impact of DoCS on the development of a positive connection between the worker and child client’s parent who were the perpetrators of the abuse and/or neglect were noted. Such a connection can be difficult to attain due to the parents often feeling forced to receive the child protection services in an effort to maintain custody of their children.

*Charlie: Ultimately the parents have the decision to say no [to the CPSs intervention] but in the same breath they know that if they didn’t choose to come and work with us it may contribute to them losing their kids. It may ultimately lead to that anyway, but it [refusal to engage with the CPS] may be a clearer cut decision by DoCS.*

A number of participants discussed how the mandated CPW association with DoCS could lead to a perceived power imbalance between the CPW and the clients’ parents or carers, and the negative impact this had on the capacity to develop worker-client rapport. The clients’ families were aware that the CPW was mandated to report all progress, changes or problems to DoCS and, that DoCS had the power to remove a child immediately from their family home if the child’s safety was compromised. This was interpreted by many of the client’s parents as a power imbalance between themself and the CPW, often resulting in the slow and difficult establishment of worker-client relationships.

*Charlie: I think we do our best to make sure we try and break down the barriers and I think ultimately, while we’re not DoCS, we work with DoCS, we talk to DoCS, they [client’s parents] know that we’re mandated and*
ultimately we’re going to feed back to them [DoCS], so I think that’s where the power imbalance happens. So there is that power imbalance and I do my best to minimise it but its there and they [client’s parents] are aware of it.

To overcome this challenge, some of the participants reported that they made sure the clients had some control over the decisions and choices made within their family, while maintaining safety for the child. Working collaboratively with the clients and their family was viewed as one way to ensure this.

Ivy: I like to work in collaboration with families. I bring expertise and skills but so do they. So I’m not coming in saying here’s what we’re going to impose on your family and here’s what we’re now going to do, because it’s not going to work. I strongly believe that.

However, overcoming the power imbalance and achieving a working partnership with the clients and their families remained challenging for the CPW. As Charlie reported, many of the client’s parents were not new to the child welfare system and may have had previous negative experiences with CPWs – “Maybe they [client’s parents] haven’t had the best experiences in the past with other workers or services or the department [DoCS]” (Charlie). The biological parents who were perpetrators of the child abuse or neglect had often experienced a lifetime of contact with child protection services due to their own childhood experiences of abuse and neglect. Given this, they were frequently wary, untrusting and at times angry towards the CPW, often labelling them as ‘just another child protection worker’.

Rose: They’ve been in the system such a long time you can’t really get that equal partnership going because they go, ‘well she’s just going to sit there’ and also based on their past experiences they’ve might have had with another case worker. I think initially I’m just another agency and I’m just number twelve [CPW] walking in. So it’s up to me, in terms of building that rapport and letting them know that it’s just about you and me and these are the things that we need to do together.

As a result of any or a combination of the factors already discussed the CPW was at times confronted with angry clients and parents. This challenged not only the development of worker-client relationships but also the ability for accurate
assessment and effective interventions to be carried out. Lee provides an example of an experience she had with a child client where the client’s anger created difficulty in developing worker-client rapport.

*Lee:* I was working with one of the boys here and it had taken us a long time to get through to him because he was a very angry “I don’t want to do work” sort of boy. He could get really annoyed, and he told me a few times that he hated me.

Lee also reports on her experiences with angry parents – ‘if things didn’t work out with one of the parents and they didn’t take it well they could get really angry with the case worker.’ Not only was this a challenge for the worker in developing rapport and facilitating positive change with the parent clients, there was also the challenge of ensuring their own safety.

*Sandy:* The first family I worked with the children were being removed and we were at a meeting at the department [DoCs] to tell dad, and mum was supposed to be there with the baby. And mum and baby didn’t turn up, because they knew. And dad lost it, and we were… he got very violent, smashing holes in walls and we were trying to lock the room, and kick him out and there was no security and it was all very scary.

Another factor that created challenges in developing worker-client rapport was directly related to educational levels. Many of the parents of the child clients were reported to have had little to no educational opportunities and therefore lacked the ability to understand what the child protection issues within their family were and how they could implement the required changes to address these issues. Also contributing to the parent’s lack of education and inability to comprehend the child protection concerns within their family unit was the intergenerational abuse often present within the families this CPS worked with. Sandy revealed the impact of these issues on the family’s capacity to develop rapport with the CPW and effectively participate in family-centred interventions.

*Sandy:* One of the things that I have come to believe through my work in this sector is that education leads to a capacity to be able to reflect critically and when you can reflect critically on your behaviours you don’t become as
defensive around that. But the reality is that most of the families that we work with, you know, they don’t have the capacity, they haven’t had the support to be able to even finish high school because of their own abuse and neglect experiences. So I think that limits or impacts on a lot of our work.

Additional to low education levels and the effects of intergenerational abuse experienced by a number of the CPS families, many of the families were also exposed to negative lifestyle factors (such as drug and/or alcohol addictions, socioeconomic difficulties) and mental health concerns. These factors potentially created challenges for the CPWs in the implementation of family-centred interventions and development of worker-client rapport. Sandy felt that poor lifestyle factors and mental health illness of client parents were influential in parental capacity and the ability and willingness to work with the CPS and their child protection concerns.

Sandy: I think it is difficult, in this work, because often the issues that are impacting on our parents or our carers that prevent them from being good parents and good carers are so complex, and huge, and it’s difficult to be able to, to get to a point where you feel like you’ve got someone to a really functioning level.

The participants also reported challenges in developing worker-client relationships that stemmed from personality and cultural differences between the CPW and the client and their parents or carers. In many cases the professional standing of the CPWs allowed them to manage such issues. However, there remained some cases where the parents or carers would refuse any attempts made by the CPW to develop rapport claiming that the CPW did not understand their circumstances or cultural requirements. Jessie expressed that ‘many of the clients that the service sees are of Anglo-Saxon origin and can be a little racist.’ A number of participating CPWs were not of Caucasian background and confirmed that there were times where non-cultural acceptance by the client’s parents was evident.

Tulip: I got some client feedback that the client felt that it [worker-client relationship] wasn’t really working. That there’s some, you know,
disruptions to our working relationship and part of that reason could be because of my... my culture.

Overall, many of the challenges faced by CPWs when working with vulnerable families experiencing child abuse and neglect were overcome as a result of the participant’s professional training and expertise. Additionally, the ability to empathise with the experiences of the clients and their families and offer a non-judgemental approach to managing the child protection concerns were viewed as beneficial in developing worker-client rapport and successful client outcomes.

Jessie: My own childhood and my own experiences and not having had the easiest ride myself has made me very resilient and given me the ability to genuinely empathise with people and know what it’s like to go through some difficulties. So I genuinely care about that family. I genuinely empathise with others and they can see that it is genuine. I think anyone can pretend and anyone can go through the steps and, I don’t think that we give our clients enough credit that they can see through it.

4.3.2.2 Differing Disciplinary Approaches

The challenges created by working within a multi-disciplinary team were not always obvious. However, emerging from the narratives was an occasional professional rivalry between the two disciplinary practices within this CPS – Social Workers and Psychologists. Learnt professional approaches and philosophical underpinnings specific to each discipline were felt, at times, to create challenges due to having to implement practices not familiar to their own discipline. As Tulip reported, “I work out of psychological intervention models because that’s what I’m trained in”. It became apparent that the reliance of the CPW on the knowledge base of their specific discipline’s training created challenges when required to implement non-discipline specific tasks.

Sandy: Using standardised assessments around coping skills or coping mechanisms, coping styles, those sorts of things are always going to be difficult because we’re a multidisciplinary team. There doesn’t seem to be an acceptance or willingness for the non-psychs to use the psychs in that
way. There is always going to be that rivalry between social workers and psychs.

The case management role, a primary function of the CPWs in this service, provided an example of where differing disciplinary training and expertise may create challenges for the CPW. While Joy embraced the use of a different disciplinary approach, she felt other CPWs would be challenged by this.

Joy: I find the case management role interesting because you are playing multiple roles, but I think maybe social workers and psychologists have a different opinion about that. I think, in the training of the social worker there’s more of that case work stuff, whereas psychology’s more individual. So I think they [psychologists] try and explore those individual and mental health roles.

Whilst each disciplinary approach were appropriate to the CPW role, as they spring from differing disciplinary standpoints, each discipline experienced some difficulty in implementing approaches that were not common to their own training and philosophical underpinnings. As Joy described above, case management originated from the discipline of social work. However, the assessment approaches used originated from psychology, and were not always the preferred method of assessment for the social work trained CPWs. While there was no obvious conflict between the CPWs of each discipline around this, the potential for resultant debate to arise was present.

Charlie: I think that psychologists may come from more an assessment approach, but this is a social worker saying this. I am thinking they [psychologists] come from more assessment tools, you know psychological assessment tools, which while we use these here, may be something I wouldn’t normally do as a social worker. I think that at the end of it you could say that each discipline is drawing upon different theories. I think it comes back to the debate, there’s a joke on either side, which ones better, but I’d rather keep out of that.

In line with Charlie’s statement around the debate of which disciplinary practices were more suited to child protection, one participant expressed her belief that the
CPW role was more aligned with social work approaches. This stems from social work being more holistic and community focused in its approach while, as Joy reported previously, psychology focuses more on the individual and mental health needs of their clients.

*Jessie:* *I think there is a difference between the case workers’ background, like Social Worker or Psychologist, and how this impacts on the client. I know that Social Workers spend a lot of time on looking at things holistically and linking things with the community in the social work degree. So I think it [the CPW role] is a little bit Social Worker specific.*

Regardless of which discipline was felt to be more suited to the CPW role, there was the belief that while working in a multi-disciplinary team created some challenges for the CPW there were benefits for the client. One such benefit was that a wider array of client needs would be met due to having a larger range of interventions available.

*Charlie:* *The beauty of a multi-disciplinary team is that we cover different viewpoints and hopefully within that we meet different possible needs. Just because I am a Social Worker doesn’t mean that I am going to do better job than a Psychologist and vice-versa. So I think it’s just ultimately our baseline of where we come from and our theories and underpinnings are different.*

Finally, it was believed that the challenges arising from the different disciplinary standpoints and philosophies were not as influential to the overall child protection interventions and outcomes as the organisational philosophies. In line with this, as long as all CPWs were familiar with, and working within the organisations philosophical requirements, it was believed that a collaborative approach to client care was achieved.

*Ivy:* *I think it’s okay that you work from different philosophical underpinnings, so long as there’s a clear, common shared understanding of ‘here’s what we as a service provide’. That’s, I think, more crucial. ‘Cause this is not a service where you have to have the same theoretical underpinnings, and I don’t necessarily think that that would be helpful. But*
I think there’s some elements of theoretical underpinnings that go across all of them, which would bring a sense of collaboration as well.

4.3.2.3 Working with DoCS and Other Non-Government Organisations

DoCS were commonly the referring agency to this CPS, with all clients accepted to this service required to be an active DoCS client. It was DoCS who had the ultimate responsibility and power for decisions regarding the child client’s receipt of therapeutic interventions and living arrangements. As has been previously highlighted, the CPWs were mandated to report all interactions with, and actions of, the clients, their families and carers to DoCS on a regular basis. In fact Charlie stated that ‘DoCS, they have the power’, while Rose commented:

Rose: The DoCS case worker is the overall manager because they have access to information that we could not get, because they’ve got the power and the authority that comes with DoCS.

As previously identified, the power imbalances between DoCS and the CPWs were perceived as creating difficulties in developing and maintaining a trusting relationship between the CPW and their client and family. The power imbalance extended to the CPWs where final decisions were taken away from the CPW and enforced by DoCS.

Jessie: On the day of a forcible removal of a child that another CPW had been working with, the CPS contacted the CPW to tell her what was happening because she was on a day off and was prepared to come in to be with the child, because she had told the child that she would be there with her on the day she was placed with a foster family. But DoCS would not wait for this CPW and removed the child before she could get there. The CPW then had to deal with a break in trust of the child and the child saying to her ‘You said you would be there’.

Working in collaboration with DoCS was difficult at times for reasons other than the power imbalance. In contrast to the DoCS immediate and decisive action in the incident illustrated above, there were times when their lack of involvement with the clients and CPWs impacted negatively for the client. This again created challenges
for the CPW as their ability to provide adequate child protection interventions for their clients were affected.

*Jamie:* When I reflect and think back on that [intervention with a family], DoCS lack of involvement wasn’t necessarily very helpful for the family. Because what was happening, is I was just working with the family in isolation from the Department. And then I was probably, just really band-aiding some stuff because we weren’t working collaboratively.

However, collaboration was revealed as difficult to achieve at times for a number of reasons. One reason was the misinformation sometimes provided to clients and their families by referring organisations. Other reasons that potentiated a lack of collaboration between services were a lack of communication between the organisations and services, and incomplete referral information provided by DoCS to the CPS. These are each discussed in turn.

Firstly, misinforming a referred family of the interventions and functions of the CPS was reported to occur on a number of occasions with DoCS referrals. Such a lack of understanding by DoCS of what interventions were able to be provided by this CPS impacted on the expectations of the client, with the potential to challenge the worker-client relationship and resulting in the clients’ family questioning the role and ability of the CPW.

*Jessie:* DoCS goals are sometimes ridiculous. Like wanting the parents to learn completely different parenting strategies – well I don’t know anyone who can completely learn different parenting strategies after a lifetime of using those and experiencing that. Or they tell the family that you are going to do stuff that you’re not. For instance one mum I was working with said ‘DoCS said you would drive me everywhere. They said you would drive me to the school so I could drop him [the child client] off at school every day, well why aren’t you doing that’ – well that is not my role.

A number of the participants expressed dissatisfaction in the level of communication between DoCS and themselves. Maintaining contact with, and communication between themselves and DoCS was considered an essential element of the child
protection role. Where this did not occur, it was reported as impacting negatively on the CPWs ability to implement effective child protection practices.

Sandy: With DoCS, sometimes the impact they can have on our capacity to do the work by not doing simple things like communicating with families, picking up the phone and making a phone call around a particular event, like this has changed, or this has happened, and it can put our work back significantly - it’s so frustrating.

Many of the participants reported that while they attempted to maintain efficacious communication with DoCS, they did not experience reciprocated communication.

Rose: I think it’s easy for the department to say, okay, here’s your family. Now deal with it. Then for us to go, well, how come when we send emails no-one’s getting back to us or whatever.

Such a lack of contact from DoCS to the CPS was reported by many participants as a common occurrence. Although the CPWs made numerous attempts to ensure lines of communication were established and maintained between themselves and DoCS this did not always occur. Not only did this confirm that a lack of collaboration often existed between DoCS and the CPS but also increased the CPWs workload as they were required to spend more time chasing the DoCS case worker for a response to their communication.

Sandy: We say to the department and we say to the family in front of the DoCS worker and manager, at the initial PPM, we would be expecting weekly contact. That’s our expectation. But it’s quite a common occurrence that I’ll hear one of the other caseworkers saying I’ve been emailing and ringing this DoCS worker for the last two weeks. Then the manager has to say, alright, email them again and CC her and their manager. It’s been escalated to that a lot more now, in order to get a response. Usually once we do that, we get a response, once the managers are written in on the email.

Difficulties in communication and collaborative working arrangements between child protection organisations were not limited to this CPS and DoCS. While
discussion by the participants of challenges related to multi-service collaboration focused on DoCS, some participants identified difficulty of such collaboration occurring with other outside services. This was often contributable to incompatible work schedules between CPWs from different services.

*Lee:* It can take a long time, if we’re going to meet with an outside source, to try to work everyone’s timetables out that need to be at the meeting. That can slow the process down and that can be frustrating because you just want to get in there and start working with families. So, I think that just the time it takes for some procedures to go through can be a little draining.

Another challenge experienced by CPWs was the receipt of inappropriate referrals to their CPS. A number of participants revealed experiencing disappointment and frustration as a result of families being referred for family-centred child protection interventions, even when DoCS were planning on removing the child from the parents care. As a result it was often the CPW who was the recipient of the parent’s anger when their hope of retaining the residential care of their children did not come to fruition.

*Jessie:* There was a family who were set up to fail by DoCS. Even at the first meeting that we have with DoCS they said they are not confident that the children will stay and then to bring in another service and, basically we asked them [the clients] to open up and put their souls out there, to be exposed, and talk about their past and childhood and their hope for their future. I think they [DoCS] set them up by giving them hope when they knew there was hardly any to begin with. You really felt let down by DoCS and it ended really badly. We didn’t get the chance to say goodbye to the children. Mum called and yelled and said ‘don’t you bastards ever call me again’ so she felt let down and betrayed by us as well, because of the department getting us involved.

Overall, communication and collaboration between DoCS and the child protection service were reported as sub-standard. However, many of the participants acknowledged that there were, at times, valid reasons for this. Jamie reports that such a lack of communication may be due to the high workload carried by DoCS.
Jamie: DoCS sometimes forget to inform us of any changes that they have made to the families and I think this is because DoCS is so busy.

Additionally, the challenges of poor communication and collaboration between DoCS and the CPS were partly attributed to the reported high staff turnover experienced by DoCS. As Rose reported ‘it’s such a high turnover at DoCS. There’ll be three or four case workers in a short time period and each one has different ideas.’ This was emphasised further in narrative by Jamie, where the experiences one client had with DoCS demonstrates the impact of such a high turnover of workers.

Jamie: One of my families had three DoCS case workers allocated to them in 12 months and only had one home visit from them. Now the client won’t make any contact with DoCS about their family issues even when I suggest it. He just says “Why bother” and comments about how they have changed so many times and had so little contact with them that he wouldn’t even know who he is meant to ask for. So basically, when there is no collaboration between the different services it really adversely effects the clients.

In addition, it was acknowledged that there were times when the lack of communication and collaboration between workers from different services were due to individual workers not responding appropriately or professionally. In this way, the personalities and work ethics of individual workers impacted on developing relationships with DoCS and other agencies, and ultimately on the care that could be provided to families.

Jessie: I really think it depends on the worker not even the system. Like I have worked with some case workers at DoCS who were fantastic and the lines of communication were always open; have been really respectful of our work that we do. They work collaboratively but then others, and this is going for all different services, with others you get the other end of that. They don’t return your calls, they try to palm the work off on to you that they should be doing and you end up chasing up stuff that you don’t need to.

Sandy corroborates that individual workers rather than the service itself may be problematic to achieving successful communication between services. She identified
with Jessie in an account of an experience she had with an individual worker in another child protection service.

Sandy: I talked to another service worker recently about one of our groups and she was not very supportive. She told me that they had no-one they could refer to the group but later, at a meeting I had with the service, I found out that there were actually five families to be referred. Maybe she couldn’t be bothered or she may be very protective of her area. She has been in the role for a long time and this can lead to territorial behaviour in this line of work. But two of the other workers in that service were really enthusiastic.

4.3.3 The Rewards

The final minor category, ‘The Rewards’, highlights the positive experiences CPWs reported. The rewards reported by the participants were ‘Positive client outcomes’ and ‘A sense of achievement’. ‘Positive client outcomes’ were rewarding for the CPW as this represented success in achieving the goals and philosophies defined by the organisation, with the ultimate outcome being the child client residing in a safe environment, preferably in the care of their biological parents. ‘A sense of achievement’ often followed the attainment of the positive client outcomes. In this section, the participants highlight both the client related and professional achievements that often led to, or followed, positive client outcomes.

4.3.3.1 Positive Client Outcomes

When the participants were asked to describe the most rewarding aspect of their work, almost every participant talked of the positive client outcomes they had achieved. The most commonly identified positive client outcome discussed by the participants was that their child client’s safety and welfare had been assured. This was in line with the organisational philosophy of child safety being the first and foremost goal.

Jessie: I worked with a family for a brief period of time. It was really obvious from day dot that the children needed to be placed into out of home care long term, and while that wasn’t the best outcome for the mum, and that was really hard to be a part of, it was the best outcome for the children.
They did go into out of home care and they won't be going back with mum. This was successful because the outcome was what was best for the children rather than the parents. I achieved what I needed to achieve and what I wanted to achieve. So I guess the agency goals as well were met and ultimately the kids are safe, which show that the intervention is working, if the kid’s lives are improving.

Positive client outcomes were also achieved when the CPW was able to work with parents or kinship carers towards the self-realisation that they were not in the position to adequately provide the physical and/or emotional care that the child client required. In this way, the CPW was able to facilitate a smooth and easier transition to alternative residential care for the child, from the parent or kinship carer’s home, to a foster care placement. Ivy’s narrative further demonstrates that a positive client outcome was associated with ensuring the child client’s safety. In addition, Ivy emphasises the importance of maintaining links with the biological family and expresses a sense of satisfaction at having fulfilled this.

Ivy: I worked with a family who were grandparents who had two kids placed in their care after the children were removed from their mother. So the referral was to support the placement of these kids. They've actually been moved from that placement to other carers who are not kinship carers. The reason I am thinking as the outcome of this as successful for the kids, was because I was able to work with the grandmother for her to be able to say this is not what I want to do, and to be able to acknowledge that there were concerns with the kids emotional needs not being met. It was a really good outcome because the grandparents can now maintain their relationship with the kids while the kids live with people who have the capacity to meet their emotional needs. It is really nice to see the kids so much happier and to see their development.

Many of the participants shared the common belief that empowerment of clients and their family was influential in ensuring positive client outcomes. Empowering the child client involved the child acknowledging that the abuse and neglect occurring within their family was not their fault. Additionally, such empowerment was achieved by the child client being able to develop coping strategies for adversity in
their lives, as well as overcoming the negative effects already imposed from the abuse and/or neglect to which they were exposed.

Sandy: I found out that a young male client, he’d actually written the judge a letter to say this is what he wanted, and I felt like I had a role in that. That he must have had such a sense of empowerment and control over this really uncontrolled situation and… yeah, I felt really… good, that I had succeeded for him in that, that I had done something to help him build his resilience.

Ivy explores the role of the CPW in empowerment of their clients and families further. She suggests that the sustainability of positive client outcomes is reliant on empowering the client and their family to self-recognise, own and identify strategies to overcome their child protection concerns.

Ivy: If we work more from a sense of ‘I have to work out what they [the family] need to do’ and ‘I have to be able to tell them [the family] what needs changing’ then, while I absolutely think there is a role that we play in that, if that’s all we say our role is, then we will lose the family, and the family’s ownership of being able to bring about changes for themselves. Then the sustainability of that change in the future is not there.

As well as empowerment of a child client and their family, the CPWs highlighted the importance of assisting each family member to achieve self-belief and self-worth. A lot of the families referred to the CPS had been a part of the child protection system for many years. This included the parents of the client child who had experienced the child protection system as children themselves. Promotion of the client’s self-belief and self-worth were therefore viewed as an essential role of the CPW. There were numerous interventions described by the participants that were implemented to promote the strengths and values of the family as a whole and each individual family member.

Joy: We can do strength based work and identify what their good at, whether it’s the child or the parent, and that helps them rewrite their views or their thoughts about themself and build up their strengths. In cognitive behavioural therapy they are also rewriting their views, their thoughts or cognitions, which are linked to their core beliefs, and then trying to get them
to do that. It gives them a different idea about themselves. Hold on I’m not crap, hold on I’m not a bully, hold on I’m not the worst mother in the world. With children it’s giving them new opportunities that they haven’t actually had before, giving them opportunities to experience success, to experience being great at something, to experience being worthy. And for families it’s giving families different experiences like family outings and family sessions where as a group, they have a different experience that you can draw on. So hang on we did get on that day, hold on a minute we did laugh, we did have fun, and then reminding them to build on that.

Group therapy interventions were also used in the promotion of self-esteem and self-worth and ultimately to achieve positive client outcomes. One of these was a successful group therapy for the child clients.

**Tulip:** The [group therapy program] is a self-esteem, social skills support group where a group of kids meet up every week for one afternoon and they do some conversation, some group work about issues around self-esteem and confidence and social skills, and then after talking, or during their talking they’ll use materials which they’ve chosen to make a blanket. So in other words, having a think about the ideas that are important to them, in terms of self-esteem, confidence, and putting them on a blanket, so that at the end of the process they have their own blanket, which has all their ideas of you know, safety, security, warmth and after they’ve finished the group, they still have the blanket in times of need.

4.3.3.2. A Sense of Achievement

Positive client outcomes occurring as a result of the family-centred interventions provided the participants with a sense of achievement. There were many successes achieved throughout the intervention period which gave the CPW a sense of achievement. However, the event identified by the participants as the most significant to attaining successful outcomes, and a sense of achievement, was when parental insight into the effects of their abuse and/or neglect on their child occurred. Parental insight involved the parent perpetrator of the child abuse and/or neglect identifying and accepting that the problems or issues within their family were a result
of their negative parenting behaviours and practices, and not a result of the
behaviours of their child.

Ivy: We need to be working the parents in order to increase their awareness
around the effects of their abusive behaviours. The work we're doing with
the children is then to help to reduce the effects of the abuse that they’ve
experienced in order to minimise long term consequences of the abuse. It’s
not to change the child’s behaviour. It’s on the parent to change so then the
child’s behaviours change. If the parent still abuses then the child’s
[behaviours] won’t change. The child is in no way a problem; their
behaviour is because of their experiences.

A sense of achievement due to parental insight was discussed by Rose. She describes
this as a ‘light bulb moment’ and the beginning of a therapeutic relationship
developing between the CPW and client’s parent. Rose believed that this was the
point where the parent began to actively participate in the family-centred
interventions implemented by the CPW.

Rose: One of the things for me is when the parent actually starts having
insight of their situation, on that what’s happened for them and what they
are doing to their child. I think for me that would be like a light bulb
moment, when they have insight about things. That’s when the changes
happen and they actively participate in the change process. Then
automatically the child starts responding to it, and then they start feeding
off each other.

Another significant client event that provided participants with a sense of
achievement was described as breaking through client barriers. In many ways,
breaking down parent and/or the carers barriers were often more difficult than
breaking through the child client’s barriers. This was due to various reasons ranging
from parents or carers distrust of and anger towards the child protection system
through to mental health issues. In the following narrative, Jamie tells of achieving a
breakthrough of a parent’s barrier, which led to the parent developing insight into the
effect her mental health issues had on her parenting ability.
Jamie: At the end of the assessment we went through some really difficult parts and she [client’s mother] just cried. And she was hard, she came across hard. She said that to me. But one comment she made to me is “I never felt like you judged me”. So I thought that’s really interesting, isn’t it? It was a breakthrough in the sense that, although the children were still removed down the track, she [the mother] could move into thinking about having a thorough mental health assessment, and looking at some of her past abuse. I think that was the opening where we could look at some ways that she could address her, it was like she had a really reactive anger and it was really detrimental to her every relationship, not with just her children. So getting her to understand why she had that behaviour was a success.

And I learnt a lot.

While breaking down parental barriers were often perceived by participants as more difficult than breaking down child client barriers, a sense of achievement was felt in both instances. With the child clients, the small progressive changes in the child’s acceptance of the service and development of a therapeutic relationship with the CPW were experienced as a sense of achievement.

Violet: There are lots of successes, sometimes very small. Like when a child client refuses to come to the centre for months and months finally then comes along. And then another couple of months later you actually see them smiling and chatting to the staff. I mean there are lots of those moments. You are boosted by the tiny victories.

The sense of achievement felt by the participants due to breaking through barriers with their child client was also evident in Lee’s narrative.

Lee: I was with one of the boys here for a couple of years, then he gave me a hug one day. And that was just like “oh my gosh, he gave me a hug” and also for Easter he put my name on an egg and kept it there until I came back, and he gave it to me. I was very, very happy because it had taken us a long time to get through, because he’s a very angry, “I don’t want to do work” sort of boy. He could get really annoyed, and he told me a few times that he hates me, so that’s why the hug and then the egg were really good.
Once the worker-client barriers were overcome, the CPW experienced achievement in being appreciated by the families with whom they were working. This was confirmed not only by the positive outcomes achieved, but through clients and/or their parents providing positive feedback about the CPW.

*Tulip:* Most of the families I’m working with have given me feedback that has confirmed to me that they were glad that they had me as their worker, or even had us as a service to help them. So to me that makes me feel like I’m in this role for a reason, and that we are serving a purpose in community welfare.

Client and parent appreciation were not always provided as positive feedback, yet when offered in any format, was considered as an achievement by the CPW. One participant shares her experience of feeling appreciated by a parent even when the CPW had thought she was simply performing her role requirements.

*Emma:* A mum in one of my groups on Monday asked me to look at some court documents about some contact orders. It was just a small thing, half an hour out of my day, and I just wrote out the dates that she is suppose to have the kids, and I took it over to her in a little folder and she just started crying. She was so thankful that I done that for her and how much it means to her and that was so much of a gift for me.

It became evident that many of the participants felt that feeling a sense of achievement often resulted from not only attaining a final, positive outcome, but in the many small improvements or changes made in their client’s lives during the intervention period. Lee expressed that her sense of achievement came from believing she could, in her role as a CPW, make a difference to an abused or neglected child’s life.

*Lee:* I love kids but feeling like I can make a difference to their life, even if it’s only a tiny thing where you show them something they haven’t experienced before. So I feel that I’m making a difference.

Emma concurs with Lee that at times, it’s the smallest changes that can provide the CPW with a sense of achievement.
Emma: I truly believe that one person can make a difference. It doesn’t mean you have to get the child out of the home and get them a new home and a new life, but just make a small difference. Even just getting them to a pre-school and they might have formed some sort of relationship with the teacher there, or getting them out into a play group and meeting other people and making connections - just a little thing. The little things and really getting across that one person can make the difference. It might be tiny, tiny but it could be huge to that child.

4.4 Summary

This chapter has described what the CPWs do in their daily working role as a CPW, and the experiences the CPWs had within this role. Firstly, the observational data were presented. This data demonstrated that the individual CPWs allocated the majority of their working time to client related activities and tasks. It was also recognised that child protection work is a multi-faceted role, with a significant portion of CPW non-client work dedicated to documentation and administrative roles.

Following the observational data, participant narratives pertinent to what CPWs do in their daily work roles were presented. The narratives revealed the intense nature of the assessment process and family-centred interventions used by the participants in their daily roles. It was identified that the philosophy and policies of the organisation were considered throughout the assessment period and during the implementation of family-centred interventions. It was made clear by the participants that they valued and supported the organisational philosophy that ensured the child was always central to their service provision and the child’s safety paramount. While many of the interventions were directed to the parents and other adult carers, the CPWs were working for the child through the parents with the ultimate goal of providing a safe environment for the child. The responsibility for assuring child safety therefore leant heavily on the CPWs.

The challenges faced by CPWs were acknowledged within this chapter. Developing worker-client relationships, the diverse range of approaches used by the different types of professionals within the service, and the difficulties and frustration of working collaboratively with other CPSs were revealed. However, while there were
challenges evolving from the CPW role, there were also rewards. These were discussed as positive client outcomes and a sense of achievement.

Overall, this chapter has highlighted the complexity of the CPW role and the diversity of tasks and actions required for positive client outcomes to be achieved. Additionally, this chapter has shown the dedication and desire of the CPWs in achieving a safe home environment for the child client, preferably within their biological family.
CHAPTER 5

Child Protection Workers: Workplace Stress

Abstract

This chapter explores the contributing factors of workplace stress that were experienced by the CPWs within this study. An exploration of the participants’ experiences of working as a CPW within this organisation and CPS is provided which are supported by excerpts from the CPWs narratives. Particular focus is given to the organisational issues and workplace stress that were implicit to the CPWs and their workplace health, happiness and sustainability in child protection work.
5.1 Introduction

Child protection work was identified in Chapter 2 as challenging and emotionally exhausting work. While some child protection literature has begun to acknowledge that CPWs are susceptible to workplace stress, there is relatively little research on this facet of child protection work. This chapter therefore presents experiential findings that identify the contributing factors of workplace stress experienced by the participating CPWs. In this chapter, the contributing factors of workplace stress of CPWs are presented in Category 2: ‘The impact of working in a child protection organisation: The worker and the workplace.’

5.2 Category 2 - The impact of working in a child protection organisation: The worker and workplace

According to the literature presented in chapter 2 child protection work is known to be challenging and stressful due to both organisational constructs and working closely with people who have suffered traumatic life events. Of these, it is their work with multi-stressed families that is associated to the workplace stress of CPWs in much of the published literature. However, findings in this study show that it is organisational constructs that create workplace stress for CPWs more so than working with multi-stressed families. These constructs are presented under the minor categories and sub-categories given in Table 5.1.

Table 5.1: Category 2 Minor Categories and Sub-categories

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<thead>
<tr>
<th>MINOR CATEGORY</th>
<th>SUB-CATEGORY</th>
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| 5.2.1. The organisational influence on the worker | 5.2.1.1. Organisational change  
5.2.1.2. Organisational communication  
5.2.1.3. Feeling valued by the organisation |
| 5.2.2. The organisational influence on the workplace | 5.2.2.1. Workplace environment  
5.2.2.2. Workplace integration  
5.2.2.3. Appropriate people in appropriate roles |
5.2.1 The Organisational Influence on the Worker

The first of the minor categories, ‘The Organisational Influence on the worker’, revealed that ‘Organisational Change’ influences worker health and sustainability in a number of ways. The changes that dominated the narrative and will therefore be discussed were managerial changes to both the organisation and CPS, and the changes to the CPS work location.

‘Organisational communication’ was revealed as impacting on the workers’ health, happiness and sustainability in a number of ways. As will be identified within the organisational changes sub-category, the participants felt unsupported and undervalued at times. Through the analysis of the interviews and field notes, it became apparent that issues existed within organisational communication that potentiated these experiences, leaving the workers feeling frustrated and angry within their CPW roles. A variety of reasons for the lack of communication between the organisation and its front line workers emerged and are described in this section along with the positive outcomes where adequate communication occurred.

‘Feeling valued by the organisation’ was identified by the participants as integral to their happiness and sustainability in the CPW role. The participants’ experiences of feelings de-valued by the organisation emerged when the organisational changes and subsequent breakdown in communication occurred. However, with the organisational changes nearing an end at the time of the qualitative data collection, the workers were feeling more supported and valued by the organisation, which in turn enhanced their happiness within their role and likelihood of remaining a CPW.

5.2.1.1 Organisational Change

During the data collection period, and for a number of years prior, there had been many changes occurring at both an organisational and child protection service (CPS) level, which were perceived by the CPWs as influencing worker health, happiness and sustainability in the CPW role. The narrative presented around these changes demonstrates the experiences of the CPWs during these changes and the impact that they had on the worker. As described in chapter 3 (section 3.3.4), the changes to the organisation involved restructuring of management, including the employment of a
new Chief Executive Officer (CEO) and changes to the roles and responsibilities of some middle level managers. Another organisational change was that new programs were being developed and implemented within the organisation, some of which were at the CPS level.

Additionally, the CPS itself was experiencing a number of changes. These involved changes to the staffing including the service manager and senior practitioner, senior CPWs leaving the service and the appointment of new, at times inexperienced CPWs. Another notable change was the moving of the CPS to a near-by location that, for a short period of time, disrupted the CPWs day-to-day work lives. Such changes were recognised and acknowledged by many of the participants, with the implication this has on the potential for workplace stress identified.

*Jessie: Ever changing. It just seems to be changing not from managers but from higher up than that. It just keeps, seems to be changing again, again and again. I think the bar has been raised each time as well. I think that is starting to have an effect, a negative effect on case workers.*

Joy supports Jessie’s position that the changes were having a negative effect on worker health and happiness. She explains:

*Joy: It was actually a very interesting time (laughter) at that time, we, there was a lot of changes going on with the service. There was actually a lot of unhappy workers in my opinion and a lot of things, yeh, not a lot of consultation going on.*

As the organisational changes occurred so did changes to the CPS. During this time some participants felt that the organisation did not always respond to the needs of the CPWs in a timely manner and left the workers feeling both unheard and unsupported in their professional roles. Furthermore, there was concern that the program changes within the CPS would increase the workers already strained workloads. Joy explains:

*Joy: There had actually been some issues and we had spoken to management and said basically this is not good enough that we can’t work in this environment and then this [new program] was added on top so it just made it, kind of very difficult. We thought we should have been considered*
in it as there was no support for the current programs. So that was annoying and it also made you feel frustrated and not heard about our concerns within the service and the support that we weren’t getting.

Where the workers felt unsupported and not listened to, their health and happiness as well as their ability to sustain the CPW role were impacted resulting in negative outcomes. The negative outcomes were reported as stress, worker burnout and worker attrition. Jamie reported that “the burnt-out senior workers left” while Joy revealed that the lack of support throughout the change process did have an emotional impact on the CPWs. Joy likened the organisational and service changes to a ‘struggle’ and reported that she “felt emotionally drained and exhausted when there were some struggles going on with the service, the changes in the organisation and that kind of thing.”

On the other hand, the participants shared some positive experiences related to the organisational and service changes. One of the positive changes that dominated much of the narratives around the organisational and service changes was that of the managerial positions. As previously mentioned, one of the managerial changes for the organisation was the appointment of a new CEO to the organisation.

Violet: The CEO was there before I came, but I think he’s only been there about three years, but clearly when you talk to people who’ve been there longer, he’s absolutely made a change. And I think that we [CPWs] don’t feel as isolated as we used to, and we could see that things were changing, and the organisation was working in our best interest.

Another managerial change occurred at the service level when the organisation employed a permanent, clinically experienced manager. Prior to this the service had been without a manager for a long period of time and then had a temporary manager in place. Participants reported experiencing the benefits of having a front-line manager, such as feeling supported within the workplace.

Tulip: We’re still probably going towards the end of the change process because we’ve just had a new manager on board, and there are things that are constantly changing, hopefully for the better. It feels like it’s for the
better. I’m quite happy and satisfied with the place, because I feel it’s quite a supportive environment.

The workplace stability brought about by the employment of a permanent front-line manager was reflected in some workers’ decisions to stay working in their CPW roles. Joy reflects on her decision to remain in the CPS, directly linking this to the more positive changes that were occurring within the workplace.

Joy: I saw the potential of the service and hoped it would get better. I had a fragment of hope that it would change. And I mean this is from before when we didn’t have a manager, like to then having someone so there were some changes that were happening that were positive and I guess that probably kept me here.

As a result of the managerial changes there were changes imposed to ensure workplace safety, in particular around off-site client visits where formalised processes of communicating CPWs movements were not only enhanced but enforced. Prior to the managerial changes, the movements of CPWs were recorded via a movement board and a logbook. The movement board was a whiteboard with each worker’s name and magnetic markers placed in squares denoting whether the CPW was in or out of the office. The log book was an exercise book for which each worker was accountable for recording the date, time and address of any off site client activity. Both were located in the office area. With the employment of the new front-line manager, additional safety mechanisms were implemented, including notifying the manager or senior practitioner on return from an off-site visit, minimising after hour client contact and carrying a work mobile phone on each off-site client contact.

Lee: The management has changed several times, and right now I think it’s the best it’s ever been. Things are a lot more formalized now. In the past if I was taking a kid home, I wouldn’t be back until six, seven o’clock so it’s dark. I had to bring the car in and lock up the gates by myself, and I used to get scared. Whereas now that would not even be heard of, and now we have to take a mobile phone and someone needs to know where you’re going. In terms of worker safety, that’s improved heaps.
Another CPS change that was acknowledged within the narrative was a change in the physical workplace environment. Moving to a new, more appropriate building was viewed as a positive change for improving the team dynamic and morale of the workers as they were required to work together to achieve the move into the new building. With staffing instability due to experienced staff members leaving and new staff members being employed, the experience of physically moving was viewed by some as team building.

Violet: I think the way everybody chipped in when we moved, and lent a hand to pack and unpack, work out where things were going to go. We had a couple of working bee days where the spirit was really good and people chipped in. So that was nice.

The teamwork required during the workplace move was reported as beneficial to the team cohesiveness and dynamic that had previously experienced difficulties due to the lack of stability in staffing and management, and general feelings of a lack of organisational support. Sandy commented on not having experienced any fun or laughter within the child protection team for some time. However, with the relocation to another venue came the opportunity for the workers to pull together as a team and each have a chance to contribute to the set up and functioning of the new workplace setting.

Sandy: The service had moved here less than a year ago but there was still things like the counselling rooms that no-one was using. So we had three counselling rooms and all the staff got into teams of two, and we took a room each and decorated it. And it bonded us and there was fun and laughter, which I hadn’t really seen here before. We had been through a lot and there was not a great connection. I think that went some way to building on that and helped create a nicer environment to work in.

5.2.1.2 Organisational Communication

Instrumental communication within an organisation has been strongly linked in the literature to workplace stress (see Chapter 2; section 2.3). In many organisations, communication of job tasks and roles, organisational policies, procedures, issues and
concerns are often passed down through the lines of management, with front-line management communicating each of these to the front-line workers. Given the lack of managerial stability in this CPS, it was not surprising to find that the participants’ feelings of frustration, anger and a sense of not being valued by the organisation were directly linked to deficits in communication within the workplace. One participant tells of her frustration when a lack of communication and managerial guidance lead to confusion in what the focus of the CPS should be in the care of their clients.

Rose: I think one that really sticks out is (pause) upper management. I think they should really think about who’s saying what, like what the focus is. What is the focus of the service? And put it out there. Because it gets quite trying after some time, when you’re like thinking, well I thought this was the focus of this. Why is there different versions of it, and then you kind of start questioning … what the Hell are you doing? Am I in the right place?

Tulip also expressed frustration at not having adequate organisational communication or guidance around client care:

Tulip: When I first started in my induction, if someone had been able to tell me that, you know, I can spend more than an hour with a family each week, then I would feel that I’ve got the freedom to spend more than an hour each week instead of slowly exploring that. Yeah, so just being clearer with the guidelines and the policies and procedures.

The breakdown in the organisation’s instrumental communication was also experienced as a lack of consultation around the implementation of new programs for which the already stretched CPWs would be expected to staff. In discussing such a lack of consultation, Ivy stated that she was “angry at the lack of consultation that’s received”. Other CPWs experienced the lack of consultation as feelings of being unsupported, frustrated, and of their professional expertise and opinions not being considered.

Joy: We got the two new programs money at the same time and that was July last year so I think, we knew that the, once we found out we got the money we knew that the proposals had gone through quickly. That it had
kind of needed to go through quickly because of the cut off date ... So we understand that; however, we still thought we should have been considered in it as there was no support for the current programs that adding two more programs doesn’t help, it just makes it harder for everyone. So that was annoying and it also made you feel frustrated and not heard, that they hadn’t heard the issues that we had already presented to them about our concerns within the service and the support that we weren’t getting.

The lack of communication and consultation appeared to be the result of a breakdown in the methods of communication between the organisation and its workers. As is common in this technologically advanced era, most organisations have turned to electronic means for communicating with their employees. This organisation was no different and provided each CPW with access to a computer, including email and internet service in the office. Although such provisions were in place, some of the CPWs would not always access their work email accounts regularly. Their large workloads and irregular hours worked often left minimal time for administrative duties. Where administrative duties were undertaken in such time poor conditions, choices had to be made, and checking emails was often not prioritised. Therefore, while the upper management of the organisation were fulfilling their communication requirements via the email system, the unstable and time pressured work environment did not always allow for the CPWs to access their emails.

Violet: I can see how they [the frontline CPWs] would still feel a little bit isolated from all that [organisational information and decisions]. But that also was a time issue. We started in team meetings, getting all that information, and then the meetings were getting longer and longer and longer and we said you know, we need to cut this back. And then we started emailing stuff and then you think, oh no, then we get sick of having to answer all these emails. I don’t know if there’s an easy solution to that.

In addition to the narratives, excerpts from my observation tool (OT) field notes revealed that many of the CWAs felt that emails were not an effective means of communicating, primarily due to working within a time poor environment. The
following excerpts are from the field notes which were taken as further explanations to observation tool numbers 1 and 2 respectively.

OT1: Jamie reported that the case worker assistants have told her that they are so flat out in the time they are there that they hardly even get the chance to check their emails. Ivy suggested that the case worker assistants have a resource folder to look at when they get the time

OT2: One case worker assistant reported that she had a huge number of emails to read each time she works as it may have been a week or more since her last shift and therefore she may have hundreds of emails to get through during her next shift as well as the job she has been booked in for and writing her case worker assistant notes for that days work.

As emails were clearly not a preferred means of organisational communication for many of the participants, team meetings between the front-line manager and front-line workers became an essential avenue of communication. This reflected the previously identified importance of having a stable service level manager in place to ensure the chain of communication from upper level management to CPWs was maintained. A number of participants revealed that during the periods where a service manager was in place, regular team meetings facilitated improved communication between the organisation and the CPS.

Lee: Different people hold different roles here and it’s really clear now, especially now, everyone’s role is really clear, which I think is more helpful so you know who to go to for different things. I think having team meetings is really important. So everyone gets together, and everyone knows where everybody’s up to.

Despite Violets earlier misgivings about team meetings becoming lengthy and cumbersome, it was this style of communication that many of the participants preferred. It was through team meetings that consultation of the new assessment process (see Chapter 4; section 4.3.1.1) occurred, resulting in the CPWs professional ability being recognised and valued. Joy’s narrative captures the impact that maintaining open lines of communication through a consultative process had on improving the workplace.
Joy: I've felt there's been quite a bit of consultation around developing these new forms and I find that's really good. And it's quite a contrast with how things were before in regards to the way the service managed the support of the staff in the service was all messed up, the consultation was all messed up, the whole, just everything seemed to be messed up a little while ago and now it doesn't seem to be like that.

5.2.1.3 Feeling Valued by the Organisation

Within the previous two groups of findings (organisational change and organisational communication), there were links established between such findings and the CPWs sense of feeling valued by their employers. More specifically, feeling valued by the organisation was described by participants as inclusion in workplace communications and decisions made that directly related to child protection practices and programs. Such inclusion was experienced by the CPWs as a feeling of being respected as a professional member of the child protection team. Jamie articulates this below.

Jamie: Well I just feel like you're being listened to and it's being managed, like, you just feel like you're much more (pause) special's not the word. But do you know what I mean? Like you feel like you're, you're respected, that your work is respected and professionalised, the work that you do with the families.

As previously revealed, at the times where there was unstable staffing and no front-line manager in place, the workers were left feeling unsupported in their needs and felt their voices were unheard within the organisation. However, once staffing levels stabilised, including a front-line manager in place, the participants revealed that they began to experience organisational support and a sense of being heard. In particular, being listened to by their front-line manager was considered as making the CPW feel valued professionally. When expressing how one such manager made her feel valued and happy to work for this service, Jessie reported that central to this was that ‘the manager listened. She truly listened’. This was experienced by other participants.
Ivy: I always got the impression from the manager that she was open to my ideas and had a sense of being valued by her, and that I’d contributed something and you know, all that sort of stuff.

While being listened to by their manager and organisation featured strongly as making the participants feel valued, so too did feeling respected by their peers. During the organisational change processes, hostility and tension between CPWs were reported as impacting on the health and happiness of the worker, in particular their experiences of feeling valued, or not, by their colleagues.

Violet: We [CPWs] were exhausted, very unhappy, there was a lot of opposition, there was a lot of tension, between different staff members. Some of them were openly quite unpleasant, to not only me but also to other visitors to the service and it really was not a nice climate at all. Also, we’d found some asbestos in one of the sheds, and it took the organisation months to come and tear down the shed and take care of the asbestos and they [the CPWs] felt they’d been put at risk, and that the families had been put at risk, and that the organisation didn’t care. So there was this perception of being not important, not valued. I think over the time I can say that that changed. That the tone changed, that their approach to each other and working respectfully absolutely came back.

While Violet reveals improvements in the CPWs valuing and respecting their colleagues had been made, there remained one group of CPWs (the CWAs) who did not always experience this. Ivy revealed her feeling that “the case worker assistants feel as if they are used for the menial tasks that the case workers don’t want to do and are not part of the team.” The revelation of a number of the CWAs feeling undervalued by their colleagues and the CPS was reported by another participant.

Shane: Another case worker assistant said I have just virtually been told all we are doing is talking [in a client group therapy] and they [CPWs] are running the group and she [other CWA] said she feels belittled. I hadn’t had that experience until I went to a meeting with the manager and I thought okay now I get that feeling. I have only had probably two or three
interactions with the management but the last one felt very - I was just brushed aside. That is how it felt.

While many CWAs felt devalued by the organisation in their assistant roles, there were others who experienced feeling as if they were a valued team member. Notably, the experiences of feeling devalued were mostly linked to the organisation or management. However, the feelings of CWAs that they were a valued team member were reported as contributable to the way the CPWs included them in all aspects of their day-to-day work lives, including non-client activities that occurred in work hours.

Lee: I don’t think I ever felt like - because some of them [CWA’s] felt like they were just being used for stuff, but I don’t know. I never felt not included, because they would include me in a social aspect anyway. So maybe that’s why it was different for me compared to some of the other CWA’s.

5.2.2 The Organisational Influence on the workplace

The second minor category, ‘The organisational influence on the workplace’ describes organisational factors that can impact on the workplace, creating an unstable work environment. There were three sub-categories established within this minor category. In the sub-category ‘The workplace environment’ it was identified that the provision and maintenance of work related resources, or lack of these, as well as the physical and work related conditions that the CPWs were required to work within impacted on the ability of the CPWs to effectively perform their work roles.

Workplace integration was revealed in chapter 2 (section 2.3) to involve an organisation creating a sense of belonging and group cohesiveness among its employees. In the sub-category titled “workplace integration”, a lack of such integration was shown to impact negatively on the CPWs health and sustainability within the workplace. Finally, findings revealed that both the workplace environment and the workers themselves were influenced negatively when there were not ‘appropriate people in appropriate roles’.
5.2.2.1 The Workplace Environment

The physical environment within which the CPWs were working directly affected the participants’ ability to perform their CPW role. One way in which this was evidenced was in the participant’s discussion around the plentiful supply of material resources available. The resources discussed by the participants included the material resources available for their interventions, such as outdoor play equipment, sand trays, puppets and artwork supplies, as well as a library of reading resources available to increase the CPWs professional knowledge base and expertise. Most of the participants revealed that this organisation provided the most well resourced CPS that they had ever worked in. Ivy stated that she had access to “more resources here than I’ve ever had in any other workplace.” Having such plentiful and readily available material resources allowed for variety and flexibility in the types of interventions the workers could implement with their child clients and families.

*Tulip: Where I find that, particularly about this workplace, is where, in terms of material-wise we’ve got loads of resource. With the volunteer fund that we have running that definitely helps with any resources that we need for our interventions with the families.*

Therefore, the importance of having such an extensive supply of material resources within the workplace was that it allowed the CPWs flexibility and variety in their interventions. Having the ability to be flexible and provide a variety of interventions were linked to the success of their programs and the uniqueness of this CPS.

*Jessie: This service has such a unique model and it has the potential to do so much good work for families. There is nowhere else that does what we do that is so holistic in its intervention. You have got other services that are strictly counselling or strictly case work. There’s all different services that specialize in one certain thing and this service is diverse.*

Many of the participants reported on the positive effect having access to abundant resources made to the workplace and ultimately provision of diverse and high quality care for their clients. However, participants reported that there were times when the workers were not able to use the resources adequately due to time constraints.
Charlie: As far as facilities go it’s unbelievable, like the rooms, our work stations, we’ve got absolutely everything we need and there’s a volunteer fund that provides anything we may need that’s suitable for the family or kids we work with. We’ve got every resource in the book so to speak (laughs). Yes, it’s just finding time to use them all.

Although it was acknowledged that the service was well resourced, it was identified that some of the resources were under-utilised by the CPWs. Sandy agreed with Charlie that a lack of available time may contribute to a number of the resources not being used effectively. In Sandy’s narrative, she identifies that workplace resources aimed at the enhancement of the workers’ professional knowledge base and work practices were not used appropriately.

Sandy: We’ve got a wealth of resources here and I think this is one of the positives, this is a very well-resourced team. And I think if we [CPWs] had the capacity to be able to say “right, now I’m looking at a folder down there and it’s got Self Esteem on it. I’m dealing with a child who has poor self esteem. Let me go through that folder and see, or go through all the books and see what’s there”. The capacity for us to increase our repertoire, and then our confidence … I think if there was more time and a culture of that as well.

As a lack of time was shown to impact on the worker’s ability to access workplace resources, it was important to explore the reasons behind this. The participants revealed that the main reason for lack of time was due to excessive worker caseloads. During the changes within the organisation, in particular the changes to staffing, some of the participants felt they had been expected to carry a large workload. Jamie speaks of her first day at work when as a result of severe worker shortages she was expected to take on a different role to which she was employed, and was allocated a client workload without an induction or orientation to the service.

Jamie: … they [the CPS] were desperate and I ended up with that family. So I felt like I was only here part time but I was doing like, a full time load. Like it was just overwhelming at first. And so my first day here I, I ended up doing a contact with a family and I didn’t even know what contact was. And
there was no handover. There was just “That’s the family, and you’ve got to do it”.

Large workloads were also identified as a contributing factor to worker exhaustion. This, in turn, placed additional pressure on the workplace, with exhausted CPWs unable to fully contribute to each required CPW role. While the CPWs were adept at multi-tasking; the sheer volume of work left the workers feeling dissatisfied and unhappy in their roles.

Joy: I had far too many case loads for a little while there and that really does affect your work with your families because you don’t have all the time to do all of what you want to do. And I felt exhausted when I had far too big a case load.

Another consequence of such workloads and limited time to achieve all CPW roles was the necessity for many CPWs to attend to some aspects of their work at the last minute. Jessie explains that “I really don’t like doing things last minute and sometimes that is not an option here. It has to be done last minute because you’re just so flat strapped.” More evidence of time constraints leading to last minute preparation for client interventions were revealed by Ivy in her discussion of a family that she and Jamie were working with:

Ivy: We attempt to [go over the case before a home visit]. We’ve done it mostly before hand and it is usually just 15 minutes beforehand when we just kind of grab each other and go ok right what are we doing today when we get there. What’s our plan? And there’s been a couple of times when that happens in the car on the way over because we don’t get the time to do it in the way we hope. And both of us have said that it would be great if we had more time to sit down. But she’s busy and I’m busy.

The working conditions discussed by the participants also encompassed worker safety. While safety was previously revealed to have improved with the initiation of managerial changes and the employment of more CPWs, it was still of concern within the workplace for some participants. One such concern was voiced around home visiting, one of the most widely used interventions of this CPS. As Tulip reported,
“Finding out that we had to do home visits was a little bit daunting, mainly because of the safety factor.” Rose’s narrative reveals the dangerous environments the CPWs may be required to go into and her wish that for some home visits, there was another worker attending with her:

Rose: There’ve been families when I’ve thought ‘cripes’, you know, there’s some dodgy guy walking in, I don’t know what he’s got on him. And why is he here? And where’s my car. And there’s a lot of things that can happen, ’cause it’s their home at the end of the day, you know, who am I to say you know, “why is he here?” And when I go there I feel unsafe because there’s some dodgy guy coming in. Also when I know they’re [the clients] going to be stoned, and if it happens in the initial stages that makes it harder. Or if I know that if I said this, that client could get aggressive. I guess there were certain times when I thought I wish we worked in pairs.

Due to the high risk clients and potentially volatile situations the CPWs were potentially exposed to, worker safety needed to be of utmost importance. There was a perception by some participants that their safety had not always been of uppermost concern for the organisation. However, with the changes to senior positions within the service, worker safety was identified as an important issue and was given attention. As previously identified the safety of the worker was addressed with the use of the movement board and log book, as well as the expectation that each CPW would not attend a home visit without taking a work mobile telephone with them. Numerous recordings in the researchers’ field notes captured the rigid strategies that had been put into place for assuring CPW safety.

OT 17: I observed an interaction between the Senior Practitioner (SP) and two CPWs.... If the site manager is not present then the senior practitioner is the contact person for the CPWs to inform of their safe return back to the office after being on an off-site client contact intervention. ... One CPW asked if since there were two of them returning at the same time could they be accountable to each other for their safe return. The SP said no and insisted that they contact the site manager as previously explained and if they could not get in touch with the site manager then to let her know. Both CPWs agreed to do this.
Even at the office, the workers were always alert to the potential for danger. This was evident in an event witnessed by the researcher which occurred at the CPS office. On this day there were a number of CPWs in the office and the doorbell was being frantically pressed. Tulip went to respond to the ringing but Joy immediately stopped her and stated ‘I think I will come with you for this’. When the researcher spoke to Joy about this later she reported that “My past experiences in this field have made me more alert to dangers and always thinking of the safety of me and my co-workers.” Furthermore, workplace safety had been considered by the organisation with a locked door policy implemented at the office at all times. As Lee revealed “They’re really security conscious here. As soon as you walk in you have to lock the door.” The safety of child protection and centre staff was therefore considered as of utmost importance and the policies and procedures around this were enforced.

The final environmental factor that the participants revealed as noteworthy to the workplace was the office space in which they performed their administrative duties and telephone consultations. While the previously discussed changes in service venue had some positive implications, there were some mixed views about the new office area. The CPWs had gone from having separate offices that housed two to three workers to all workers being together in an open plan office. Some participants reported while it was noisy and distracting at times, it did enhance the team morale and allow for inter-team communication and easier, informal debriefing to occur.

Joy: I did come from a space where I pretty much had my own office. I think it [open plan office] has pros and cons. In your own space you just get it done and move on. So it does effect it a little bit, as in you can get distracted a lot. And I guess hearing everyone’s conversations can be a little bit distracting if you’re trying to focus, but it’s been alright, and it hasn’t been as bad as I thought it would be. I think it has, in one way been good that we actually have been able to talk more. To be able to have some of those discussions and hear what’s happening for people or just get peoples’ opinions on things.

As with Joy, Ivy presents positive and negative implications for the open plan office:
Ivy: I don’t think it’s [office set-up] conducive to concentration. As soon as you’ve got one other person in the room having a conversation… you hear everything in that room. So… that can be distracting if you’re a person that likes to have some peace and quiet while you do your work. But I think there’s some positives to it, as well. It forces people together. It forces people to know what other people are doing and it makes it easier then to be interested in each other’s work, because you hear it. But I do think it’s too overcrowded.

While the open plan office space received mixed reactions from some participants, others reported that over crowding and consequent lack of privacy impacted negatively on some workers’ ability to perform work tasks. Sandy reveals “We’re certainly at bursting space here. I think that already does impact on the work and I think it will impact on the work more.” For some workers, sharing an office with each and every work colleague made them feel that their work practices were constantly on display and that they were being judged.

Jessie: Terrible. Too many people in a small area, no room. It is difficult to make a phone call when you have got six people that can hear you. You are on show, on display all the time. You know if you muck up when you are on a phone conversation everybody has heard it. If you put your foot in your mouth. Everybody has just heard it. Originally why all offices went to open plan was to give people more space not to cram more people into a small place but that is what it has become.

5.2.2.2 Workplace Integration

Organisations have a responsibility to their employees to create a sense of belonging and team cohesiveness (see Chapter 2, section 2.3). Already described in this chapter was the impact the organisational changes, perceived lack of organisational support and staffing instability had on the CPWs in this service. Throughout the turbulent times the workplace inter-team dynamic and inter-collegial trust were negatively affected. For a number of participants, difficulties in workplace integration were revealed to be a greater threat to the workplace and worker health and happiness than working with children and families experiencing child abuse and neglect.
Jessie: It is more stressful, the office politics, than the work itself. Certainly the most stressful thing since I have been at this organisation has not been the families it has been the office politics. It has been the politics around the office that has been (pause) people being treated really badly and leaving because of that.

Ivy was another participant who reported experiencing workplace stress as a result of organisational issues rather than working with vulnerable and traumatised clients.

Ivy: Certainly there are moments with my client work that I spend time thinking about it and stressing about it but more recently in my career its always colleagues and the work environment that take up much more time and attention than the clients.

Where workers felt they needed to leave the CPS as a direct result of the poor workplace integration, the workplace was left understaffed, and resulted in the remaining workers being required to increase their workloads to continue to meet client needs. Excessive caseloads potentially affected the CPWs ability to develop worker-client rapport and implement effective interventions.

Jamie: Having such heavy workloads means less time we can spend with our [client] families. What that means is we can’t develop that rapport which is so important to being able to have success with these families. I think this is partly due to so many workers leaving this service so it is understaffed.

The levels of inter-team dynamic and inter-collegial trust appeared to fluctuate throughout the data collection period. At the beginning of the data collection for this study the staffing of the CPS, while not complete, was stable with CPWs reporting positive and trusting team relationships. At this time the positive team dynamic was reported as creating a workplace where the workers felt supported in their role as a CPW by both their peers and the organisation.

Charlie: I think when I say that the group dynamics, that you have a good team, that you have a team that’s professional and that’s definitely what’s been here. I think just the team dynamics is very accepting and welcoming.
I’ve always felt part of the team and also supported by my managers, so always felt that. There’s a healthy team dynamic here.

The importance of having such a healthy team dynamic was further evidenced in Rose’s comment: “if I’m not stressed within the team, I’ll be able to do my job better, and I’ll be able to give more of myself to my clients.” It was clear that a sense of connectedness between members of the child protection team was vital to a positive team dynamic. In fact, team connectedness was linked to the availability and level of peer support within the team. Peer support is identified in category 3 (see chapter 6, section 6.2.1.1) as an important facet to worker health, happiness and sustainability in the CPW role. The vital nature of having a connected team and therefore, adequate peer support, is emphasised by Sandy’s narrative.

Sandy: If you don’t have a connection within the team where they feel understood by each other then you’re not going to have the space to be able to be honest and let off steam. And I think in this work it’s really a survival mechanism.

As identified above, the workplace integration fluctuated as the data collection progressed. This fluctuation appeared to be linked to the ongoing organisational changes occurring, in particular the changes to the staffing of the CPS. Throughout the data collection there was a high worker turnover which impacted negatively on peer relationships and connections.

Sandy: I think it’s a combination of personalities; and the difficult times we’ve have been through. And I think there were… structures in place that, in my opinion, had an effect of de-skilling some people. So I think there are some members in the team that are connected, but I think as a whole team together we’re not there yet.

One factor that was revealed as important to the connectedness of the team and team dynamic was trust in colleagues. Collegial trust was reported as difficult to establish in an ever changing workplace environment. An area where a lack of trust was reported to impact was on the workers’ ability to carry out child protection interventions. There were a number of occasions where participants were not confident that their client’s needs would be met if they took sick leave. However, this
lack of trust and peer support were reflective of the difficulties the CPS were experiencing as a result of staffing instabilities, inexperienced workers newly employed to the service and CPWs experiencing high caseloads. Consequently, workers would come to the workplace unwell to assure their client’s received the required interventions. This was evident in an interaction between two participants where Rose stated “I don’t feel well but I am too busy not to be here so I will just continue to work until I drop and then go home.” A similar scenario was noted when Jessie stated:

Jessie: Yesterday I wasn’t well but I knew that if I didn't come in, I knew the kids that I worked with wouldn’t be able to do their speech therapy because I didn’t trust that anyone would fill in for me or I knew that there were no case worker assistants available for the group so I knew a case worker would have to do it and I didn’t have the confidence that that would happen. So I came in even though I wasn’t really a hundred percent and I was tired.

Inter-collegial trust was further acknowledged as problematic in discussion around a group supervision session that had been initiated by the organisation as a means of supporting and promoting worker and workplace welfare. While support for the worker will be discussed in depth in a later category, it was relevant to team dynamic and inter-collegial trust. Although the participants acknowledged the attempt by the organisation to promote workplace integration, due to a lack of team dynamic and trust, the group supervision session was not well received by many of the participants. Rather than bringing about team cohesiveness, the group supervision sessions highlighted the lack of trust and team dynamic and were not providing the support required by the CPWs.

Jessie: The group [supervision]. I think from the experiences so far with the current one is not so great. I think part of it is to do with the team. To be honest we don’t trust each other. I think we don't trust that we’ll be respected, don’t trust that everyone else will put out the same level of information and vulnerability.
5.2.2.3 Appropriate People in Appropriate Roles

The CPS had been experiencing high staff turnover for an extended period of time as well as being without a permanent service manager. Throughout the data collection period there was never a time where the CPS was fully staffed. Furthermore, there were clinically inexperienced CPWs employed as replacements for seasoned workers who had left the service. Study participants expressed concern and a lack of trust in colleagues or senior staff where they were perceived as not having the appropriate skills to perform their roles. One role that was highlighted by the participants as requiring a strong clinical knowledge in child protection was that of the front-line manager. Not having a front-line manager or having a manager who lacked clinical experience were viewed by some participants as reasons for staff being unhappy and leaving the service. This in turn impacted negatively on the workplace by creating a service that was short staffed, placing a heavier workload on the CPWs without a manager with the knowledge or skill level to support them in their child protection practices.

Rose: *With the manager I think having someone with a clinical background is very, very helpful. I guess also in terms of human management I think it would be a great idea to have someone who does have a clinical background because there’s been a lot of people who have real experience leaving and so many misunderstandings ‘cause it creates unnecessary stress in the workplace.*

The negative impact of workers not having the appropriate experience to fulfil the working role they were employed for impacted on the workplace, as well as the CPWs. Jamie refers to how she felt when she first commenced as a CPW and stated that “[whisper] *I really didn’t know what I was doing.*” Another participant tells of the stress that she felt when placed in a role that was not appropriate for her expertise or training:

Violet: *I had concern about whether I was the right person for that child protection role. Which added that level of stress to the role; I probably spent the entire time with a level of worry about my role. From day one, I carried the sense of the importance of the work and worried that I wasn’t*
doing enough to support the others [CPWs] or that I didn’t have the right procedures in place to support the families.

Further, Ivy reports how not having appropriate people in appropriate roles can impact negatively on the client families.

Ivy: I would say people being employed in positions that they potentially might not have enough experience to be doing, particularly if you’ve got staff that are not experienced in the work, that they don’t have enough time to stop and do the reflection and the planning, the preparation for the family work. So they go from one visit to the next visit to the next visit without stopping and really thinking about what they’re doing there.

Due to the high staff turnover and a large number of senior or experienced staff leaving the service, the organisation was left with large gaps in clinical leadership and less than optimal support for any inexperienced or new workers within the service. However, the organisation was in a difficult position as they attempted to balance the understaffed, overloaded workplace by employing new staff. In doing this they were faced with the dilemma of not always having experienced people who met the organisations position description (see Chapter 3; section 3.3.3) applying for the vacant positions.

Joy: We [this CPS] are actually looking for quite skilled people to be in this job. And I think a lot of people with those skills are in private practice, or other higher paid areas ... And I do know of a lot of services around here are employing at the moment, so there is actually a lot of jobs available, so [appropriately qualified and experienced] people can very much pick and choose.

Once appropriate people were placed into the roles matching their skill level, the participants reported feeling more supported in their work. This improved team dynamic and inter-collegial trust. During one of the more stable periods of staffing, it could be seen how having appropriate people in appropriate roles positively influenced workplace integration.
Joy: Now its definitely better, it’s a nicer place to work for multiple reasons. The fact that we’ve got all the staff we need now, the fact that we’ve got more appropriate people in more appropriate roles certainly gives me a lot of relief, a lot of relief in being able to be supported here and do my work.

5.3 Summary

This chapter has discussed the experiences of CPWs in their day-to-day working role within a CPS. The experiential findings reflect the issues that impacted CPW health, happiness and sustainability in the CPW role. These were organisational change, organisational communication and feeling valued by the organisation. The impact of organisational constructs to the workplace were discussed, revealing the workplace environment, workplace politics and having appropriate people in appropriate roles as important factors in the sustainability of a healthy and productive workplace. The following chapter will outline the current practices implemented by both the CPWs and their employing organisation in combating workplace stress experienced by CPWs and if these were experienced as beneficial or not.
CHAPTER 6
Managing the Challenges

Abstract
This chapter discusses the management strategies that this study’s participants described as necessary for overcoming or reducing the workplace stress that CPWs face in their day-to-day working lives. The strategies were identified as peer and organisational support, professional supervision and maintaining work-life balance. Detailed descriptions of each of these facets are presented in this chapter which are supported by participants’ narratives.
6.1: Introduction

The preceding two chapters have presented findings that demonstrate the multi-dimensional nature of child protection work and how such work is experienced. Evidenced by the preceding chapter’s findings is that CPWs experience both positive and negative outcomes as a direct result of their work. It is therefore important to understand how CPWs can ensure that positive outcomes are supported and negative outcomes minimised and managed effectively. The management strategies for the workplace stress of CPWs identified in this study are presented in this chapter under the headings given in Table 6.1.

Table 6.1: Categories for Management Strategies of CPWs Workplace Stress

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<thead>
<tr>
<th>MAJOR CATEGORY</th>
<th>MINOR CATEGORY</th>
<th>SUB-CATEGORY</th>
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<td></td>
<td>6.2.2 Supervision</td>
<td>6.2.1.2. Organisational support</td>
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<td></td>
<td>6.3.2. A balancing act</td>
<td>6.3.1.2. Child protection worker: Parent as a worker</td>
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<td></td>
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<td>6.3.2.1. The impact of child protection work on the worker</td>
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<td>6.3.2.2. Achieving a work-life balance</td>
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6.2 Category 3: Support and Supervision: Their Role in Child Protection Worker Health and Sustainability

The third category focuses on the minor categories of support and supervision as experienced by the participants. Participant’s narratives contextualise the complexity of the CPW role and the importance of peer and organisational support, as well as professional supervision in maintaining their health and sustainability and reducing workplace stress. Table 6.2 shows each minor category and sub-category that will be presented in Category 3.
Table 6.2: Category 3 Minor Categories and Sub-Categories.

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<tr>
<th>MINOR CATEGORY</th>
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<tr>
<td>6.2.1.Support</td>
<td>6.2.1.1.Peer support</td>
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<td></td>
<td>6.2.1.2.Organisational support</td>
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<tr>
<td>6.2.2.Supervision</td>
<td>6.2.2.1.An essential element to child protection work</td>
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<td></td>
<td>6.2.2.2. The right fit.</td>
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6.2.1 Support

In this study, the minor category, ‘Support’, identified two levels of support that were discussed by the participants – peer support and organisational support. ‘Peer support’ was recognised by the participants as their first line of support and was described as debriefing and advice, and informal conversations often occurring within the office area or over a coffee. The importance of such support being readily accessible during the working day was highlighted by many participants, as was the impact that team dynamic and trust in colleagues had on peer support. The participant’s narratives will reveal the positive and negative experiences they had with peer support and the essential role this played in their workplace health, happiness and sustainability within the CPW role.

The secondary minor category of ‘Organisational Support’ identifies the significance of the type of support the organisation had in place for the participants. While peer support was important to promoting worker health and happiness, the more formalised support that was or should be offered by the organisation was described as invaluable. Support through organisational communication such as formal team meetings where client cases and issues could be discussed, the provision of professional development opportunities and an accessible and approachable manager were acknowledged as being highly desirable elements in the workplace.

6.2.1.1 Peer Support

Peer support was discussed by the participants as being a way the CPW could informally debrief at any time throughout their working day and could occur within the office area or over a coffee. It was felt that peer support was an essential component to this line of work where exposure to the complex and traumatic experiences of their clients could affect the welfare of the worker.
Sandy: I think that... that informal support you get from your team coming home from a, you know, a home visit and going “bleh bleh bleh” you know, and being able to, be able to talk. You know, politically incorrect, you know, and stuff like that, and really express what it, you know, what that experience just was for you, I think is really important.

The extent to which peer support assisted the CPWs welfare was identified at various levels by the participants. As in Sandy’s narrative above, there was the ability to unburden stress that may have been experienced during difficult client contacts. Another way in which peer support was viewed as helpful was in the assistance it gave to the development and implementation of CPWs professional practices. This is highlighted in Rose’s narrative below where she shares her experience of being able to seek and share advice about client care in an informal atmosphere.

Rose: Definitely being able to... seek advice on things, or even, when you’re having doubts on certain things about how you want to go, having someone to brainstorm that with. I think that’s, yeah that’s good. Even with listening to other peoples’ experiences of cases that they might have had, similar cases and that brainstorming, yes, that’s helpful.

Similarly, Charlie shares her thoughts on the way in which peer support assisted her in her child protection practices.

Charlie: We all share amongst each other and get advice from each other so if we’re really stuck or whatever we can really clarify that and get some ideas. We can go to our colleagues to debrief or get advice from as well. It’s very good.

Jamie reports that her experiences with peer support around client related issues were helpful during times when there was a positive team dynamic and trust between colleagues. However, when the team dynamic was not as positive, the difference in Jamie’s experiences with peer support is evident. While this was experienced by other participants the two narratives by Jamie presented below draw a comparison between the times where team dynamic was felt as positive to times when this was not so positive. This supports previous findings that revealed the impact that
fluctuating workplace integration had on the participants and workplace support (see Chapter 5; section 5.2.2.2).

Jamie: I think as a team now we’re starting to do very informal “oh, what do you think about that?”, and I think that’s helpful, too. We’re much better as a team because you’ve got that support. And in reflecting you can’t do it without that support. With the intensity, with families, you can talk to the senior prac, or your manager. I feel that’s really a must. You must have that.

However, in the less positive times for Jamie:

Jamie: I’m thinking ‘what the heck am I doing here?’ Seriously. I thought this is just… You know, I just didn’t feel supported. Adequately supported, would be the right way to describe that, and so I was just bumin’ along. That’s how I would describe it and I, I mean I didn’t hurt the family, I’m sure I didn’t. But I don’t know... yeah.

Given the stressful nature of the CPW role, peer support was described as beneficial in providing an informal means of debriefing about client or organisational issues that may negatively impact on worker health and happiness. However, for peer support to be accessible, a positive team dynamic and trust in colleagues were required. Where these positive team features were present, peer support was provided, workplace stress reduced and the CPW role was therefore sustainable.

Rose: The work that we do is very stressful, and I think for me worker burnout would come in… if I wasn’t supported in my work. I think if I’m not supported by my team, that’s when I start to lose sight. I think having a team that’s laid back is just fantastic. And that’s how it was for me when I initially came, before everybody started leaving. And if I was in an environment that was not like that I probably would have freaked out and may have even left, thinking ‘I can’t cope with this.

As well as a healthy team dynamic and trust between colleagues, a number of participants believed the organisation had a role in promoting and maintaining peer
support within the CPS. Jessie describes her experiences of working within other organisations where peer support was encouraged by the employing organisation.

*Jessie: I think peer support is down to the individual, but as an organisation they could support that a little bit more I guess. Like developing peer relationships. Like I have worked in organisations where you have team building days and things like that and they are really good for just creating those relationships.*

6.2.1.2 Organisational support

Promoting peer support was not the only way in which the participants identified that the organisation could support its front line workers. Organisational support in the provision of professional development opportunities, such as sending workers to external training sessions, was viewed by the participants as invaluable in supporting the professional and emotional welfare of the worker. Professional support was enhanced through external training sessions providing the opportunity for the CPWs to keep abreast of contemporary policies and practices within child protection. Personal health and happiness were enhanced as the participants felt valued by the organisation when provided with professional development opportunities which simultaneously allowed for some time out from the daily demands of the CPW role. During the time when there was no service manager in place, professional development for the workers did not occur.

*Violet: We’d [CPWs] hardly been to anything, any training and development for a really long time because there wasn’t a manager so we weren’t being linked into it, we didn’t know what was in the budget, we were so busy... you know, it needs a manager to come and say “this is important”, and regularly send us stuff that comes: “this might be interesting to you”, you know, and to encourage us to give ourselves permission to take the day to do it.*

Organisational support therefore involved the CPS having a process in place that allowed for access to professional development opportunities and encouraged CPW
attendance at these. The positive impact that such opportunities afforded the CPW was described by Ivy.

Ivy: For me partly it’s about keeping interested in the work. And having that variety does that for me. But also to continue to develop your skill set in a wide range of areas. You know, provisional training required for different skills to individual counselling … but I think also to be able to break up your work routine to give yourself time to stop and think without just being taken over by family crises, which often becomes the case for people if all their working with is five families who are all in crisis, becomes really difficult for them to support and sustain themselves in the work.

Joy concurs with the way in which organisational support for attendance at training days was important in allowing the CPW some time out from their daily exposure to families in crisis.

Joy: So it [organisational support] involves supervision and training and development. So being allowed to continue your development but gives you that break from being here every day. The fact that there are a lot of opportunities available in regards to access to different workers, to different supervision, to different training, that’s quite a good part about this organisation.

A number of participants spoke highly of the organisational orientation program. While many organisations provide such programs for newly employed workers, participants in this study revealed that the orientation offered to new employees of this CPS made them feel welcomed and comfortable within their new workplace.

Violet: The organisation took the time to have an orientation at the beginning where you met everybody. They actually talk to you, they know who you are, they take the time to get to know you.

Charlie revealed her appreciation of being supported by the organisation’s manager in attending professional development opportunities and echos Violets thoughts on the supportive orientation new staff are given by the organisation.
Charlie: I always felt supported by my managers, so always felt that.
They’re very open and willing for you to go to training and things like that.
They have a very good induction into the organisation so they really look
after us there; it’s a great introduction to working for them.

While reference was made by Charlie to the importance of managerial support for
front-line CPWs, it was considered of equal importance that the service managers
received organisational support. Ivy believed that without such support, the service
manager could not adequately support the front-line workers.

Ivy: I think, when one manager was here, she was in a situation that she
should have never been put in. And I think she was very badly supported.
And I can’t speak for her, but my experience of her is that she was asked to
do, be doing things that she’d said that she didn’t have a skill set to do, and
because the organisation couldn’t come up with anything else then they just
left her to do it. And didn’t provide her with the support she needed, so I
think it’s then difficult for her to be supportive of other people when she’s
just running around trying to do way too much, and not feeling confident in
doing it.

The final way in which the participants felt that the organisation could support the
CPWs was in ensuring there was regular communication around organisational
changes, support structures in place and policies and procedures pertinent to the CPS.
The participants believed that organisational support was important in not only the
provision of a variety of support systems but in keeping the CPWs informed of them.

Ivy: There needs to be clear understandings amongst the staff about what
policies and procedures are in place to support the work. There needs to be
an understanding of what each person in the team’s role is and a variety of
different support structures, so not just clinical supervision, for example. So,
having lots of different systems that provide support to people in different
ways.
6.2.2 Supervision

Supervision differentiated from support in that it was a more formal arrangement than support and was often referred to as ‘clinical supervision’. Clinical supervision was defined by the participants in this study as therapeutic and professional development sessions that a CPW has with an outsider to their CPS, who is experienced in the supervision of any profession dealing with other peoples traumatic life events. There were various formats of supervision discussed by the participants. These included both internal and external supervision provided by the organisation and external supervision provided by a private practitioner. The internal supervision was held on a fortnightly basis and was a one-to-one session with the service manager focusing on professional practice and the case management of the CPWs clients. The external individual supervision provided by the organisation once a month was with an outside consultant who came to the service and supervised group supervision for all of the CPWs. The external supervision with a private practitioner was not provided by the organisation but arranged and self funded by the individual worker. Of the 14 participants in this study, four were self-funding private supervision at the time of data collection.

Supervision was discussed as vital to the welfare of the worker and workplace and therefore ‘an essential element to child protection work’. While the participants spoke of the importance of having adequate supervision which was supported by their organisation, it was noted that simply having supervision provided by the organisation was not always adequate. Of utmost importance was that clinical supervision was appropriate to the CPWs needs and therefore ‘the right fit’. Discussed within this section are the various styles of supervision offered by the organisation and whether they were considered by the participants as appropriate for their needs and the environment they were working within.

6.2.2.1 An essential element to child protection work

A common theme among the participants was the necessity for the organisation to provide regular clinical supervision. They believed that the very nature of child protection work meant that regular supervision was an essential element to the health and sustainability of the workers and the workplace. As Violet commented ‘we need
good, strong supervision.’ Participant’s narrative revealed the importance of regular supervision for the welfare of the CPW.

Lee: I think regular supervision for staff is really important because it helps us to unload and also to find ways to work better with the family.

More specifically, participants voiced the importance of supervision that was external to the organisation. External supervision was reported as a medium for CPWs to access advice and support on all aspects of their work, in particular the emotional aspects that arose not only from the client work but issues within the organisation that were impacting negatively on the workers. However, while Sandy reported that formal supervision is something that is instrumental to worker welfare, she also acknowledged that during the organisational changes there were times where supervision was not provided by the organisation.

Sandy: I think good supervision is incredibly important and external consultation. That’s one of the things the team has been missing here, that we weren’t having external consultation. But we will be starting it in a couple of weeks with an external consultant. And that’s important in terms of the organisations accountability and keeping us [the workers] on track.

Joy revealed her experience of working within this organisation as a CPW during the times they did not have organisationally-mediated supervision. However, confirming the essential nature of supervision in child protection work, the organisation recognised the need to provide supervision for the CPWs and implemented temporary external supervision until a permanent supervisory process could be put in place. Joy’s narrative supports that supervision is essential to the welfare and sustainability of both the worker and the workplace.

Joy: We should never have been in this job without supervision but there was a period of time there was no supervision. We did have external and that was for like a month and I think that helped us scrape through, that was actually really good. That was very useful.

Once the CPS changes were resolving and staffing stability was returning, and a permanent service manager was in place, external group supervision was initiated.
The CPWs were informed that an experienced, external supervisor had been employed on a permanent basis to facilitate group supervision for all of the CPWs. This supervision was to take place once per month on the CPS site. Additionally, the organisation provided a free and confidential counselling service to all its employees. The counselling service was accessible to the CPWs at all times and although not a formalised supervision process tailored to manage child protection work challenges, could be used as an interim means of managing workplace stress for individual CPWs.

Charlie: Like they’re going to start external supervision coming in so that will be someone neutral which is probably really good too. And then we can also access the employee one [counselling] that you can do privately where no-one would know that your going to anyway. So there’s plenty of avenues there.

Although it was not known if any CPWs in this study had utilised the organisations confidential counselling service, a number of participants revealed that they had previously accessed, or were currently accessing formal, self-funded supervision outside of the CPS. Child protection workers who utilised this private arrangement spoke of the usefulness in being able to be debrief around personal and organisational issues they may not feel comfortable discussing with a supervisor arranged by the organisation.

Rose: I ended up having two different supervisors. The one that I had was for my registration purposes, and the one that I actually seeked out was someone that had worked at child protection. Yep. Full of experience and it was someone that I gelled with. So that, that for me is important in a supervisor. You should be able to say things, and not have to hold back. So I guess, yeah, my external supervision is very, very helpful and I feel that, yeah, I use it not just to debrief but also in terms of... I see my supervisor as my mentor. So it’s also about aiding my professional growth in terms of if something we discuss or the role plays that we do, it’s like a whole bunch of stuff that we do.
6.2.2.2 The Right Fit

Although both external and internal supervision were in place at the end of the data collection, the question arose as to whether the supervision offered by the organisation was ‘the right fit’ for the CPWs. Some participants, while acknowledging that the organisation was fulfilling their commitment to the provision of regular supervision for each worker, were concerned about the appropriateness and therefore benefits of the supervision being provided.

While the organisation was once again providing supervision, at the time of data collection several participants were not happy with this arrangement. Jessie spoke of her one-to-one supervision provided by the service manager. She describes the difficulties of this for both her and the supervisor alluding that this style of supervision was less than ideal.

*Jessie: My current supervision is case management and my current supervisor has never supervised before. I feel there is no space for reflection and her background is very, very different from mine and I feel that I am not getting any of the support I need. I don’t get a chance to reflect in a way that goes beyond, ‘How did you feel about that? From my supervisors side, the way that supervision has been set up now, we have outcome measures so half of my supervision will be outcome measures which is sitting down ticking boxes about stats for higher up, it’s research based. Other times its just case management, about where you are up to with your cases rather than something you have to reflect. Obviously there’s a place for case management in supervision but supervision itself, the main component of it is to reflect and grow as a practitioner.*

Professional supervision being ‘the right fit’ was reported by participants to involve the establishment of a comfortable and trusting relationship. An important aspect within such a relationship is that there is not a power imbalance. Given that the CPWs one-to-one supervision was with their direct manager, the appropriateness of this for developing the type of relationship required between the supervisor and supervisee was questioned.
Ivy: In terms of supervision, whether it’s provided internally or externally, I think that it can work if it’s provided internally but it needs to be based on a relationship… that supports those sorts of conversations where possible. You know conversations that are about things that are important to that person and their work. So it’s, certainly all the literature will say that the best practice in supervision, all the models of supervision practice, would be that you have an external supervisor, where that supervisor is not in a position of power to you and your work.

Additionally, the power imbalance emerged as an issue for the external group supervision sessions due to the professional connection of the supervisor to the organisation and personal connection to the service manager.

Jessie: We have external consultation once a month but she is not separate. Lovely lady, absolutely lovely lady but she is quite good friends with the manager. She has been involved with the organisation for a very long time. She also supervisors the manager and all the other service programs so she is no way separate. I think having someone external to talk to that isn’t linked in every way possible way to back to the service- like an external professional to talk to about whether it be cases or whether it be about case loads, about management, about the organisation itself. I think it would be good to talk to someone completely outside ... I have worked in other work places and I know of other work places where you can choose your external supervisor as long as their approved, as long as their social work based or psych based. You can choose that and have that one-on-one external supervision.

Other findings emerged around the appropriateness, or the ‘fit’, of the external group supervision. It was felt by a number of participants that due to the workplace politics discussed earlier, the absence of inter-collegial trust amongst many of the team members rendered the group supervision ineffectual for aiding the workers’ personal health and happiness. As Rose points out, “…having an external one [supervisor] that does group supervision, how much are you really going to say?’ This is expanded on in Jessie’s narrative where she reveals that for group supervision to be successful the group attending the supervision need to feel that have trust in one another. As
revealed in previous discussion on workplace integration (see Chapter 5; section 5.2.2.2), inter-collegial trust was not always present. This was given as one reason that the group external supervision was not as effective as hoped.

*Jessie: My impression so far [about group supervision] is not that crash hot. I have had group supervision before with our previous supervisor and it was wonderful. But I think that was because when she was here she always felt neutral. I'm not sure about the current external group consultation. Because if you have got problems with the organisation, external consultation, it's not even so much the consultant, but your saying it in front of your peers and I think it's going to be very, very rare that you're going to get a team that you will trust everyone.*

Another issue the participants expressed in regards to the external supervision offered by the organisation was its frequency. It was felt by some participants that given the emotionally traumatic experiences CPWs are exposed to; the limited frequency of external supervision provided was inadequate. Rose speaks of the time where supervision was provided by the organisation on a monthly basis only.

*Rose: Well… my understanding was in their eyes [the organisation] I was getting a supervisor once a month, which was good, great supervisor, but the fact is that’s not really enough for me. Not with the case loads that I was having and the type of family experiences that I had.*

Many of the participants understood that the budgetary constraints of the organisation were one possible reason for the initiation of external group supervision. It was clearly stated in Ivy’s narrative that while one-to-one external supervision on a fortnightly basis would be the preferred means of this type of supervision, it was unlikely to occur.

*Ivy: Certainly if it was to be suggested that all staff have external supervision [with a self-selected consultant] one hour a fortnight, there’s no way that that would be approved. And the reason that would be given would be because we don’t have room in the budget. So it wouldn’t be approved.*
Many participants divulged their belief that external supervision with a supervisor of their choice would provide a more appropriate style of supervision for all CPWs. As Rose previously stated, such supervision was only available if it was self-funded. Given this, the CPWs lacked autonomy in the way in which their group and one-to-one supervision were provided.

*Jessie:* You just need to vent sometimes and sometimes you just want to go and have a whinge, well not a whinge cause that's not productive, but to say am I being too sensitive because this was happening and you need an outsider that you can talk to that is external from all of this. If I am having issues with something and I talk to a peer here they already have their own thoughts and their own opinions and their own impressions and so that taints, and it does in a way it taints the information that they give you to support you so if you get an external person instead, its a blank slate. And also that is an opportunity that if you are being over sensitive they will say you are being over sensitive. So for the supervision, let us have an external supervisor that we can choose.

### 6.3. Category 4 - Maintaining work-life balance: Professional and Personal Implications

When working in an emotionally and professionally demanding role such as child protection, maintaining a work-life balance is paramount. Category 4 highlights the professional and personal implications the CPWs experienced while trying to maintain a healthy work-life balance. This is presented in the two minor categories of ‘Parents as Workers’ and ‘A Balancing Act’. Corresponding sub-categories for each minor category are identified in Table 6.3.

**Table 6.3: Category 4 Minor Categories and Sub-Categories.**

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6.3.1 Parents as workers

The minor category parents as workers, identifies the way the CPW role can impact on the workers own parenting and the way in which being a parent can impact on the CPW role. In the sub-category titled ‘Child Protection Workers: life as a parent’ the parent participants shared their experiences of balancing the dual role of CPW and parent. However, the non-parent participants also provided their insights into the impact parenting had on the CPW role and the CPW role had on parenting. These insights emerged from the non-parent participant’s experiences of working side by side with workers who were parents. Furthermore, there were times when the non-parent worker could relate experiences from their own personal lives through contact with, and caring for, children of family and close friends. Emerging from the data within this minor category were elements such as parent CPWs becoming more vigilant in their own parenting practices and self questioning of their own parenting. Imagery of their child client’s abuse occurring to their own children and the parent workers comparing their parenting with that of their parent clients also emerged.

In the secondary minor category ‘Child Protection Workers: parent as a worker’ both the parent worker and non-parent workers provided insight into how being a parent may influence the professional practices of a CPW. The elements that emerged included the influence being a parent worker may have on gaining client acceptance and trust, how being a parent worker can impact on experiencing empathy towards their clients and the parental comparisons that occurred when considering developmental stages between their own children and their client children. For all CPWs, in particular those participants who had the dual role of being a parent and CPW, the need to maintain family-work boundaries was identified as a necessity to sustain a career in child protection as well as for their own health and happiness.

6.3.1.1 Child Protection Workers: life as a parent

Of the 14 participants who participated in the qualitative interviews, six were parents. One of the effects of maintaining a dual role of parent and CPW was the potential of the child protection role to infiltrate the parenting role in a number of ways. The impact on the CPWs own parenting practices of the constant exposure to child abuse
and neglect suffered by their child clients was highlighted. Some parent workers would contemplate the emotions they would experience if their own children were exposed to child abuse and neglect. Many participants reported CPWs who were parents themselves became hyper-vigilant in their concern for the safety and welfare of their own children.

*Violet:* For the staff that have small children of their own you could see that after there had been an incident that they then had to go home and see their children. I think it is unavoidable to compare their own children’s circumstances with the children they are working with. I have heard worker say things like ‘I went home and all I wanted to do was hug my children’, or ‘I couldn’t imagine how I would feel if that had happened to my child’.

Being hyper-vigilant in their child care practices was further highlighted by Ivy through her observations made from informal and formal debriefing sessions with other CPWs.

*Ivy:* I have heard parents as workers noticing that they are more vigilant in their care taking of their own children and expectations about parenting practices.

Hyper-vigilance in parenting practices were identified by some participants as being excessively affectionate with their child after exposure to any incident in the workplace that affected the worker emotionally. One participant shared her story of how she experienced this after a child client the same age as her own child disclosed an attempt to take their own life.

*Shane:* I didn’t even realise it but I was extra hugging my child that night before he went to bed and he said what’s wrong mum, because he knows I can be affectionate but he was like what is wrong. I didn’t even realise. But I have been told you have to be careful of that.

The infiltration of work into home life was evident for non-parent workers as well. In particular, when they had child care responsibilities, such as short term child minding, for the children of family and friends. Policing their environment and their own child
care practices when not at work was evidenced by Jessie’s experiences of caring for a family members child once she had entered into the CPW role.

Jessie: *I think it [working as a CPW] makes me aware of it. For example my husband and I were babysitting our nephew who is only 10 months old. My husband’s sister said sometimes you can just take him in the shower with you and that will be fine, and my husband said, do I take him in the shower. I said he is just a child and I don’t know how appropriate that is given he’s not your child and your both going to be naked and he’s 10 months old, but he’s still family - it shouldn’t be an issue. But that went into my head and I probably wouldn’t of thought that a while ago. I think it [child protection work] makes you more aware of your reactions.*

Furthermore, the CPW role infiltrated the child care or parenting role by some participants expressing their fear of not being a ‘good enough’ parent or child carer. The daily contact with abused and neglected children gave some basis for the parent workers as to what they felt a ‘good enough’ parent was and whether they were, or could, live up to this for their own children. Rose revealed that once in the CPW role it effected her self-belief as a parent and led to self-questioning her own ability to be a “good enough” parent.

Rose: *I never thought of becoming a child protection worker until I started doing further study. And that was because some of the topics that were mandatory, that we had to do, was child protection, abuse, neglect all that. And it just really gelled. But I think another thing was being a parent, I was really curious; in terms of as a parent myself am I okay, as a parent, in terms of am I doing whatever that’s right? And now I think am I… am I good enough, for my kids?*

The parent workers’ self-questioning of their parenting abilities did not go unnoticed by their peers. Tulip, through working alongside and talking with parent CPWs, reported that the she had noticed that the CPW role could infiltrate the worker’s confidence as a parent.
Tulip: I think ultimately for parents who are workers, they would think about if they are good enough parents themselves and this may cast pressure on themselves as parents.

The ability to maintain family-work boundaries was acknowledged as difficult for the parent workers. The importance of CPWs being able to enjoy personal time with their families, free from their working demands, was vital to their health and happiness, and the ability to sustain the CPW role. However, imagery of their working day would sometimes intrude into their personal lives making it difficult to achieve the much needed family-work boundaries. Such infiltration could unbalance, even fleetingly, the workers’ personal time with their family.

Charlie: It's been a big journey over the four years I've been working with kids and I think that as a parent myself that potentially it may impact my role as a parent. You have those little moments when you can be sitting in the lounge room in your own world cut off from the work, or you think you are, and there will be like a fleeting moment where you'll think of that and you think, I don't want to be thinking about that stuff now. There are little things that come up from time to time and I just want to enjoy my own time, as selfish as it may be, my own time with my kids now. So I'm not stopping in a cuddle to think about something I may have come across before [at work]. I want to just enjoy the moment. I describe it as I now want to be the emu that sticks my head in the sand.

Such imbalance in work and personal life proved too difficult for some parent workers. The infiltration of their work into the time they wanted to spend just being a parent resulted, for some, in an inability to sustain their role as a CPW. When the parent CPW would leave the CPS, it impacted directly on the workplace, creating unfilled positions within the team. This, in turn, increased the client load for the remaining workers who must carry their own and the vacant positions client load.

Violet: For the staff I would, from time to time, see that it was taking a toll on them personally... In fact I had this conversation a couple of times with them, and I think it [being a parent] can contribute to why some workers leave, because its, you know, just too hard to see this [child abuse]
happening. And one worker even said to me she realises that in some ways she’s running away from that, but to then go home and look at her little girl, was too confronting. So there were times when you could see they were going through difficulties because, you know, they had children of their own.

It is evident that creating clear work-life boundaries is vital for the welfare of both the worker and the workplace. When the worker is a parent themself, it has been identified that this can make the development of such work-life boundaries more challenging. Jamie identifies that she had to make conscious efforts to ensure that her role as a CPW did not impact on her family. Jamie likened her change over from ‘worker’ to ‘mum’ as changing a floppy disc in her head.

Jamie: The work doesn’t impact on my family life because I’ve got really clear boundaries, and when I’m here I have my worker’s hat on. I always say that I’ve got like a floppy disc in my head and I just take it out and then while I’m driving home I’m changing into mum. I’m like “Rightyo I’m transforming into mum now!” but seriously you need to do that and I do it. It just is something that I do so then when I’m home I’m mum.

Perhaps Jamie not identifying such a cross over into her personal life was because she viewed the ability to compare her own parenting and family life as a positive aspect of the CPW role. Jamie’s narrative demonstrates that her CPW role reinforced that her parenting practices and home life were good enough.

Jamie: It [child protection work] doesn’t affect my children or impact on my family but it does make me think, there’s times when I think ‘oh look, we’re doing okay’. Like even if there’s things’ going on in our life, I think ‘oh we’ve got nothing to complain about’. So there’s a little bit of that that goes on for me, but I don’t let them [my family] know that.

Two other parent workers reflected on the positive implications the CPW role had on their personal parenting experiences. This occurred in a group meeting where the participants were discussing their experiences of being a CPW. The following two narratives were recorded during this group meeting, where both of the participants spoke affectionately about their children’s interest in their work and their concern for their child clients. In these instances it was revealed that being able to share the
difficulties of their day on a basic level with their own children, and have their children react in a heartfelt way, was a positive experience for them and one they may not have had from another line of work.

Emma: The best conversation I have ever had, and it is a continuous conversation, is with my five year old about what I do because I don’t need to go into detail with her nor would I wish to go into detail with her but she just loves the fact that my explanation is that I help kids. Yes along those line, and that is the best time, when I like talking about my job because she likes hearing what I do, that I help kids that can’t help themselves or that are getting hurt and yes she likes to hear that and they are good conversations. My daughter sometimes wonders why I don’t bring them [child clients] home. She says they could come to our house and they could have her toys. I just love that that is what her heart is like.

Rose added:

Rose: That is really interesting. I would agree with that. Yes even with my son especially when I come home late, he asks ‘ Why are you late?’ and I don’t usually go into it but like you said obviously he is really curious about my work and will ask is she [child client] alright now.

6.3.1.2 Child Protection Workers: parent as a worker

There were many challenges that the CPWs face during their working day. Being a parent was revealed to influence some of the challenges in either positive or negative ways. One such challenge was in gaining client acceptance and trust. Regardless of the workers’ parental status, many of their clients were initially suspicious of both the CPWs and their organisations. Study participants reported their belief that being a parent could assist in gaining the client’s acceptance and trust leading to establishment of client-worker rapport more rapidly.

Jamie: Some of their [clients] comments are ‘oh well you’ve got a couple of kids, you understand it’s not that easy’. Being a mum probably makes developing that rapport a bit easier for me.
While Jamie, as a parent worker, reported this helped her in gaining the client’s trust and acceptance more readily, some non-parent participants revealed that they felt disadvantaged in this area, purely because they were not parents. It was therefore evident from both parent and non-parent workers that being a parent was perceived as positively influencing the initiation of worker-client rapport. Tulip identified with this when during a client consultation on parenting behaviours, the client stated to her ‘how would you know, you don’t have kids’. Sandy also acknowledged this phenomenon in her narrative:

Sandy: I know that not being a parent has always been an issue with clients. It is often something clients will challenge you on and it is a very difficult issue to address with clients.

Another challenge faced by CPWs was the professional impact of parent workers experiencing empathy for their child clients’ parents, even when they were perpetrators of abuse or neglect. One area in which this emerged was in the capacity of a parent CPW to understand and empathise with the child client’s parent unhappiness in having their child/ren removed from their care. Being a parent worker in this instance was believed to provide professional insight a non-parent worker may not have. One such insight is the understanding that the child client’s parent may say or do anything they feel will allow them to retain custody of the child/ren.

Rose: Because they’ve gone through this for such a long time if it was me, I would know how to work it, at the end of the day. If I knew that my kids were going to be removed, and they [clients] usually do when they come to this service, if that was me I would do my damn best to make sure that I’m on my best behaviour and do whatever it takes not to have to part with that child.

While child abuse and neglect were not considered as acceptable by either parent or non-parent workers, it was felt being a parent may provide some insight into the dilemmas a parenting role encompasses. In this way, being a parent worker was reported to facilitate greater understanding of parenting and the difficulties that their client parent’s could face. As a result, it was felt that being a parent helped the
workers implement professional practices that were more empathically driven than text-book driven.

Ivy: I have heard others say that being a parent has given them a greater understanding of the difficulties parents face in parenting and thus more able to come from a position of appreciating the struggle than from a position of judgement.

However, such empathic response in professional practice was not always viewed as a positive trait. Rose reports how professionally, having parental empathy towards a client’s parent, had the potential to skew the judgement of the parent worker and have a substantial emotional impact:

Rose: I think it goes back to my very first case that I had, ended up going to court and the kids got removed. That was very hard for me but I think it got to a point where, because I’m a parent, that I started thinking a lot about the parent and coping and empathising in a basically unhelpful way. When I had to make a decision in writing that report saying yes, I advocate for the children to be removed, that was very stressful. I had to kind of see the positioning that I was taking, why I was taking it, and me looking at it from parent’s point of view, I mean what if they were my kids? Thinking God, if my kids were taken away how would that make me feel?

In acknowledging the impact being a parent can have on the CPW role, it was felt that drawing comparisons between the child client and the workers’ child/ren, or children whom workers had a close relationship with in their personal life, could be both beneficial and prejudicial in a number of ways. While all CPWs have professional knowledge of the developmental milestones of children and being able to recognise where child clients are not meeting these, participants expressed that having children of a similar age to the child client provided an advantage in that the parent CPW had a comparison to draw from. However, it was felt by one participant that such comparison of developmental issues between child clients and workers’ children may impact negatively on the parent workers’ emotional state or may lead them to become judgemental of their client.
Jessie: I think it [being a parent worker] is really helpful in a way but then not so helpful in one way. To have a comparison [workers own children] to know if a child client is developmentally on track would be really helpful ... by the same token, you can compare in a negative way. You could go well my client is so far behind and that is terrible. So it [being a parent] could go either way. It can either be helpful or very difficult.

6.3.2 A balancing act

The second minor category ‘a balancing act’ reveals the fragile boundary that exists between a CPWs professional life and personal life. Implicit to this is the need for the CPW to be able to disassociate themself from their clients and their clients’ issues once their working day was over. Participant narratives within the findings presented in the sub-category ‘the impact of child protection work on the worker’ demonstrated the ways in which the CPW role can impact on the workers’ personal life and emotional state. Narratives shed light on the impact of the client’s sad stories and how self-protective hardening of the worker, health problems and inability to disengage from work occurs. However, there was a positive impact that was reported by the participants and that was the joy that arose as a direct result of their work.

Following these revelations, it was important to identify the methods used by the workers and the organisation to provide a means for reducing or preventing child protection work infiltrating the worker’s personal world. The second sub-category of ‘achieving a work-life balance’ will highlight the methods used by both the workers and the organisation in their attempts to reduce or prevent this infiltration. Such methods included support from organisational management, flexibility in work hours, use of personal supports, peer debriefing, humour and laughter in the workplace.

6.3.2.1 The impact of child protection work on the worker

A common experience reported by the participants resulting from their encounters with their clients was the feeling of sadness around the stories of their client’s exposure to abuse and neglect. These sad stories were not limited to the children they were working for, but also their child clients’ parents - often the perpetrators of the child abuse and neglect. The participants often saw the perpetrators of the abuse or
neglect as victims themselves, with many having experienced childhood exposure to abuse and neglect and involvement with the welfare system. It was therefore not surprising when many of the participants revealed how the exposure to their client’s sad stories could impact on the CPW in various ways including transference of the client’s sadness to the worker.

*Charlie:* I think a lot of things we come across are sad. The stories we hear are sad. Um, I think it takes probably a negative impact on us in a way but I think as part of our work we just have to learn how to deal with that. It’s like I feel like we open ourselves when we talk to clients to hear their stories but I think there’s got to be transference to us for us to receive it. I think there’s a sad part of that story that we take on. Whether we acknowledge or understand it we’ve got, hopefully, the tools in place to handle it.

The transference of the clients’ and parents’ sad stories was reported to impact on the CPW in two ways. Firstly, there was the feeling of helplessness the worker experienced when they could not change what their child client had already been exposed to. Secondly, they experienced sadness around the horrific abuse or neglect experienced by many of their clients.

*Tulip:* It’s quite sad when certain things are happening to a child, where they have no control over it, and it seems like you can’t, as a worker can’t do anything to change the situation. And I do notice that sometimes when I hear certain stories about the things that are going on for some of our families, I get quite sad. I think it’s just part of being human, to be sad. One of our other workers had a few stories about what’s going on with her families. And we would talk as a team, just colleagues talking about these things… a bit of debriefing, kind of thing. And I remember sitting there feeling just quite sad - just like the ‘you want to cry’ kind of sad. ‘Cause the things are quite horrific, that are going on for the families.

Joy also reports on the sadness she had experienced as a direct result of being a CPW when hearing the life stories of the child clients and their families.
Joy: Sad, sad, when you hear some of the life stories of the families and the people, it’s just, you think people should never have to have those experiences. It’s terrible that anyone has to have these experiences.

While sadness can result from the stories of the client’s life, there was a combination of disbelief and shock arising at times for the worker when they attended home visits and would see the environments some clients were living in. Although exposed to the at times unsanitary, chaotic and dysfunctional home environments of many of their clients on a regular basis, the initial shock experienced by the workers on first viewing the living conditions of some of their clients never subsided.

Lee: I probably, sometimes I probably get a bit, maybe shocked, is that OK to say, or should I - I’ll say shocked. Like sometimes people I see - or surprised, ‘cause you have to go to these people's houses, and it’s really sad.

The constant exposure to the sad stories or poor living conditions of their clients were described by one participant as impacting on the workers’ ability to feel emotion for the client at times. This was described as a self-protective hardening of the heart to cope with the daily reminders of the abuse and neglect some families’ experience. Such emotional hardening was intensified if the worker felt they could not provide the organisations, and their own, ultimate goal of keeping a child within a safe environment with their parents.

Emma: You do hide your feelings when you are around the families and stuff and you do put on a face or put on a workers face or whatever and sometimes I think that you can do that so often that you sometimes forget how to feel for them as well and I think I found that was happening in my previous job. So you put on a face so you hide how you really feel because you see so much every single day that you forget to just have empathy or sympathy or whatever you want to call it. You forget to have those things and you can become so jaded. A hard heart.

Apart from the sadness, distress and the resultant emotional hardening experienced by the participants they also revealed that they did, at various times, feel drained or exhausted after working closely with a client. If this was not addressed by the worker or their organisation it could potentially result in the CPW experiencing health
problems, burnout and an inability for the worker to sustain their CPW role. Charlie shares one aspect of the CPW role that can lead to such experiences for the front-line workers.

Charlie: After a good counselling session sometimes, cause I think you open yourself up and you take on, and you are walking part of their [the clients] journey in that moment with them [the clients], so I think that’s emotionally draining, exhausting.

Not only would the stories of the clients permeate the worker’s life and impact on their health and happiness so too do the often long hours they would work. The long hours would at times be unavoidable in this line of work, particularly when a client and their family were in crisis. This could impact negatively on the workers. Reflecting on an earlier time, Violet revealed that her role had “made me sick, my health was going down and it shrunk the rest of my life. The long hours tend to do that, I was so tired and stressed.” Sandy concurs with Violet and explains how the work arising from the child protection role could consume the worker, flowing into their time meant to be spent outside of work hours.

Sandy: You know, DoCS would often ring up on a Friday and go “I’m going to court Monday, can we have a court report?” and we would be justified in that situation of arguing “No, we need a week for a court report, put off the date”. But we know that drags on for kids and stuff, so there were occasions I’d be writing a court report over the weekend. And there’ll be times when I’ll be here until, you know, until way after everyone else has gone, but I will only do that… you know, I make sure I don’t do that more than once a week.

Sandy’s narrative reveals that the administrative duties of the CPW role often took place outside of working hours. This was a result of the necessity to balance meeting their legally required administrative duties with the CPWs desire to spend more face-to-face time with their clients and families. Due to this, some of the participants reported taking the administrative work home thereby allowing them to spend more of their at work hours in direct client contact. However, the result of this was that
their work was then introduced into their personal time, making it difficult to separate work from home.

Charlie: So I was actually having to take stuff home and its not ideally, I would say it's the wrong thing to do but there's no way I was going to get my work done if I didn't have that time so I promised myself I would never do that but I ended up falling into that trap but I think that's a bigger picture thing. I technically shouldn't have had to have done it.

Tulip also discusses an inability to complete all of her work requirements within the normal work hours.

Tulip: I have quite a lot of little things to do before I leave today as well as a workplace report for an assignment for a course I am doing. This assignment is work related and the report is supposed to be done in work hours. But there is no way I can complete it in work hours. I am too busy with other things, like I have spent a couple of times this week where I have stayed in the office working on an assessment report until 6pm.

Tulip later goes on the state:

Tulip: With the stress related to this type of work I remembered that it came with me after I left work. Even just for a little bit of time. And that's not ideal.

The impact of working with children and their families who had experienced abuse and/or neglect were not always negative. In fact, some participants expressed how exposure to their client’s sad stories would benefit them personally, allowing them to see joy in their own lives. The participants also expressed the happiness they felt at being able to help a family overcome child abuse and neglect. This was described by Jessie as feeling fortunate to be in a position to be able to advocate for the child client while still feeling compassion for their parents.

Jessie: I really, really value children and being able to be that advocate for them and make that little bit of difference however that happens. But also the parents and the way that they let you know that they didn’t intentionally hurt their child and to thankyou but it is a really, really hurting thank you.
For me to be able to see that and not get hard and think how can they do that [abuse their child], I just feel really fortunate to be in a job that allows me to do that.

Violet also highlighted the positive impacts of the child protection role. While acknowledging that this role could be difficult, the joy she received from the child clients provided her with many happy memories that balanced the difficult moments.

Violet: I learnt from the people and the experience. I wouldn’t trade a minute of it. Yes, it was difficult, and exhausting, but it was still extremely rewarding. Gosh... lots and lots of happy memories like seeing the children doing a lovely artwork or something and coming in so proudly to show it to you... lots and lots of really, positive, happy memories.

6.3.2.2 Achieving a work-life balance

The impact that a role as intense and demanding as child protection work can have on an individual cannot be ignored. In sustaining a CPW role, the participants shared the strategies they felt were important for both the worker and the organisation to have in place. The following and final minor category therefore reveals the participants’ views and experiences of promoting and sustaining worker and workplace well-being.

Achieving a healthy work-life balance was not always easy to accomplish for the participants. As previously identified, there were times when the workers would continue to work well outside their hours of employment. In order to prevent this, Sandy stated that ‘There needs to be this sense of “you can leave it”, and if you do the consequences are not yours, if there are consequences.’ Sandy felt that the ability to leave work at work, and achieve a healthy work-life balance could be experienced with the support of the organisations management.

Sandy: Having a really clear leadership around work-life balance is helpful. I was managed, when I first came to this service, by a manager who was very clear “this is work, and this is home”, and because you can so easily get caught up in the (pause) needing to do things, and the implications can be big. And she really taught me around “this is where my responsibility
ends”. And, you know, if I go home tonight and this child dies, then I can be clear that that’s not my responsibility and that I put everything in place that I needed to.

Organisational involvement in the provision of strategies to promote work-life balance for its front-line workers was demonstrated through the provision of flexibility within the workplace. Many participants expressed the importance of organisational appreciation of the dual demands of being a family member and a CPW. It was revealed that organisational acknowledgement of this through allowing for flexibility in working hours and days had a twofold effect of workers feeling supported in their role and creating workplace stability. Violet describes her experiences with witnessing organisational decisions that supported the workers with balancing work and personal life commitments.

*Violet:* They really are family friendly. You know, they do allow flexibility in working hours and all sorts of things. I’ve seen them [the organisation] make decisions that they didn’t have to make, but because that particular staff member needed that. They allow us the flexible working hours so that, you know, you can have time in lieu, and some staff have most of the holidays off ‘cause they’ve got young children.

Tulip reported that another positive aspect of the organisation was their flexibility around work hours such as employing many workers in a part-time capacity. She felt that this demonstrated that the organisation was family friendly and supportive of the workers, particularly those with children, wanting to maintain a work-life balance.

*Tulip:* The best aspect about this, about my work in this service is that it is very flexible and family friendly. And I think that’s very important, because a lot of workplaces don’t care if you’ve got family, if you’ve got your own family, you’ve got children to look after. And that’s why almost half of this organisations staff are part-timers. Because, you know, people have families to take care of, and the flexibility of that is quite a positive thing, in this work.

Given that the CPS within this organisation was predominantly staffed by women who were either mothers of young children or within child-bearing age, it was
important to the participants that personal requirements related to these demographics were recognised and acknowledged by the organisation. In this light, the organisational flexibility afforded the CPWs was recognised as having a positive effect on the workers’ work-life balance.

*Jessie:* It [flexibility] is really helpful. If you need to go home early, like as long as you talk to the manager, she’s pretty flexible with that. You can just negotiate that and I think this organisation in general is quite flexible especially when it comes to women. That’s because of [having] babies and because I guess every person that’s been known to work here bar one have been women. So that is good

Jamie, as a working mother, discloses that the organisational flexibility in working hours allowed her to maintain a work-life balance as well as feeling happier in her CPW role and more likely to remain a CPW. In effect this created sustainable jobs and a better staffed workplace.

*Jamie:* In the end, it’s about what I’m doing and what fits in with my life and how I work. So that’s what made me stay, that the organisation is quite flexible. It suits me to be part-time. So I love having an organisation that will support me as a mum, to be a part-time worker.

As well as the organisational role in supporting the CPW to maintain work-life balance, the participants felt that they, as the worker, had some responsibility for ensuring this occurred. Joy describes her ability to leave work at work as ensuring she does not work the long hours some of the participants had alluded to doing and being able to switch off from her work mentally during her drive home at the end of the working day.

*Joy:* I try to have a balanced life, for me I think that’s really, really important to have very clear work life things. I don’t work stupid hours so that all helps and there’s a period in driving home where I try and, I can think about it, but then I have to stop so that I’m not taking it home, that kind of thing. You know you clock off when you clock off and you know that kind of thing. You know I’m not doing 12 hour days which I think is stupid;
you have to look after yourself. And there will be times when that’s harder than others but trying to do it helps.

Violet and Jamie also used driving home as a time to try to disconnect from the workplace. Jamie had reported this in the minor category of ‘Parents as workers’ (see section 6.3.1), where she talks of her ability to change from worker to mother on her way home from work. While Jamie reported being successful in the ability to separate work and home at the end of a working day, Violet reports that she was not always so successful in this, at times finding herself trying to disconnect from work in the early hours of the morning. She reported trying to disconnect through ‘A lot of self-talk on the way home in the car and sometimes at 2am in the morning.’

Other CPWs also struggled at times with leaving work at work. One participant reported only being able to achieve disconnection from her work after discussing this issue during external supervision sessions. This supports the vital role that supervision has to worker welfare as previously identified (see section 6.2.2).

Tulip: I had a lot of conversations in supervision about it because I had a lot of work outside of work, which is something I don’t normally do, haven’t done in other jobs.

The ability to maintain clear family-work boundaries by not merging work and personal lives was seen as vital to the welfare of both the worker and the workplace. Apart from the managerial encouragement to not take work home and use of supervision, there were other methods employed by the participants to achieve a healthy work-life balance. One participant describes her experience of keeping clear boundaries between work and home by not having family photos in the workplace and using her extended family as a means of forgetting what had happened at work.

Joy: Trying to leave work at work. I don’t bring family photos here ... I know people bring family photos here so they can remember something positive but for me I want them clearly separate. That work is work and home is home. Sometimes when it’s been really hard I’ve gone to my sister’s house to see a happy, normal family and to not be entrenched in those issues and just to enjoy my nieces and nephews type of thing. So it just depends and sometimes I successfully do it and sometimes I don’t, it just depends.
The variety of methods revealed above and the effectiveness of these for some workers but not others demonstrated that methods used to achieve a successful work-life balance needed to be individualised for each worker. Furthermore, many participants reported using a combination of methods to attain a healthy work-life balance. Joy’s previous narrative revealed that she used numerous techniques to maintain work-life balance such as visiting extended family after work as well as not having family photographs at work. Furthermore, Joy reported using debriefing with her colleagues to ensure that work issues stayed at work. She reported that “Debriefing after groups so that you’re not taking it home helps, but sometimes it’s harder than others because things aren’t resolved in a day.”

Another key strategy that some participants relied on to maintain a healthy work-life balance was to strive to be happy within their workplace. Rose pointed out laughter within the workplace was an important factor in being able to balance their work lives and disengage from the sad stories they were constantly exposed to. Rose stated that “Laughter. I think laughter because you can’t be serious all the time. What can you do? You could either laugh or you can cry.” The importance of having humour and laughter in a workplace, along with non-work time during work hours, was considered an essential element by other participants. It was felt that humour and laughter in the workplace assisted in allowing the worker to experience happy moments in an often overwhelmingly sad environment.

Jamie: Well, you have to have humour. You just have to have humour. I don’t know why that’s not in your job description. And you need to have some fun times. I think it’s hard work and if you’re serious all the time and you’re always work, work, work, work, I don’t think that’s... so you have to have a balance in your workplace as well. I think that’s important. And if that means, you know, you go out for a coffee, or you have a laugh or you... sometimes once a week might have lunch, that’s what’s got to happen. And a worker shouldn’t feel guilty about that.

6.4 Summary

While the role of the CPW is demanding and emotionally challenging, the findings presented in this chapter suggest that there are methods that both the organisation and
worker can employ to reduce the workplace stress experienced by CPWs. Support and supervision were identified as crucial to the welfare of the CPWs, and in some instances were influential in the workers’ decision to remain within or leave the CPS. Given the complexity of the client issues the CPWs were privy to, strong and appropriate styles of supervision were highly valued. Additionally, peer support was revealed as a necessity to the welfare of the worker, particularly following an emotive event.

Finally, maintaining a work-life balance, although challenging at times, was viewed as an essential feature of child protection work, with a number of strategies for this identified. By promoting a balance between the workers’ professional and personal life, the participants felt that the health and happiness of the worker as well as stability in the workplace could be achieved. This could, in turn, promote sustainable CPW positions and a more stable workforce. Additionally, maintaining a healthy work-life balance was considered especially important for those CPWs who were parents or had close relationships with children outside of their work lives.

While the CPWs reported on the numerous negative impacts to their personal and workplace health and happiness, there were many rewards. Regardless, the emotionally challenging role of child protection work must be acknowledged. Organisations need to ensure that adequate management strategies are in place for both client and organisational related workplace stress.
CHAPTER 7
Discussion

Abstract
This chapter will provide discussion on the key findings of the current study specific to what CPWs do in their day-to-day work lives, their experiences of workplace stress and strategies for managing workplace stress. The key findings will be compared and contrasted to existing knowledge as well as highlighting new knowledge that has been evidenced in this instrumental case study of CPWs in one CPS.
7.1 Introduction

The main aim of this study was to investigate what CPWs do in their day-to-day working roles when working within a model of care that embodies a family-centred approach to child protection. Additional aims were to explore how child protection work impacted on the CPWs health and sustainability in the CPW role and to identify current management strategies in place to combat workplace stress experienced by CPWs. To achieve this, an instrumental case study was conducted in a CPS within a major Australian city. This case study involved observing CPWs during their working day as well as undertaking interviews with participating CPWs.

This study generated both quantitative and qualitative findings pertaining to what CPWs do and how their working roles impact their health and sustainability in child protection work. Additionally, the findings demonstrated how workplace challenges and stress experienced by CPWs in this study were managed. A number of the key findings resonate with some of the child protection and wider organisational literature suggesting that current child protection workplaces are experiencing a number of challenges that precipitate workplace stress.

The discussion in this chapter centres on the key findings of the present study with reference to existing literature. Similarities and differences of the present study to the existing literature will be highlighted as well as the contribution that this study makes to research pertaining to the day-to-day working lives of CPWs. Implications for CPW practice and future research will be highlighted.

7.2 Key Findings from this Study

A number of key findings pertaining to day-to-day work roles of CPWs, the workplace challenges and stress CPWs face and the way in which CPWs and their employing organisations manage workplace stress emerged from this study. These are summarised in Table 7.1 and are discussed in the following sections.
Table 7.1: Summary of Key Findings Emerging from this Study

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7.3 What CPWs do

Child protection work has been identified as a challenging and emotionally charged profession (Conrad & Kellar-Guenther, 2006; Di Gulio, 1995; Jayarante & Chess, 1986; Littlechild, 2003), yet the dimensions of their role have not been adequately described. Public knowledge on what CPWs do in their day-to-day working life is often limited to negative media reports of this professional group and the limited descriptions provided in the published literature. The present study has provided detailed insight into the day-to-day working lives of CPWs within a given CPS, in particular via the key findings which are discussed below.

7.3.1 A multi-dimensional role

The first key finding of this study was the multi-dimensional nature of child protection work. This key finding refers to the large variety of roles which a CPW must engage in during their working day. Both the observational and interview findings demonstrated that the participating CPWs were involved in a range of direct client roles; staff focused roles, and legal and organisational based roles. This range of roles included implementation of family centred interventions, peer debriefing, staff meetings and extensive documentation. Published literature has established that child protection work requires competence in a wide range of child protection intervention, administrative, organisational and legal tasks and responsibilities (Bell, 1999; Darlington et al., 2010; Feather & Ronan, 2006; Fox et al., 2003; Healey et al., 2009; Healey & Oltedal, 2010; McCowskey & Meezan, 1998; Spratt, 2003; Wells,
While the findings from the current study resonate with the published literature that lists the many roles required of CPWs, what this study demonstrates is a direct link between the multi-dimensional nature of child protection work and the negative impact this has on the individual CPWs health, job satisfaction and sustainability in this role. Given the difficulties this profession currently faces with recruitment and retention, this is an important finding that must be acknowledged and addressed by child protection organisations to ensure a robust workforce is in place.

While published research acknowledges child protection work as complex and involving multiple roles it does not offer comprehensive accounts of a CPWs day-to-day work roles and requirements (Bell, 1999; Darlington et al., 2010; Feather & Ronan, 2006; Fox et al., 2003; Healey et al., 2009; Healey & Oltedal, 2010; Walsh, 2006; Wells, 2006). Therefore, a major contribution of the current study is the detailed, contemporary picture it provides of the CPWs daily role requirements. Through the presentation of both observational and rich experiential data it is clear that CPWs are required to be competent in a variety of skills. However, as acknowledged in the present study the requirement of being skilled in multiple worker roles increases the job demands placed on CPWs.

Organisational research has linked high job demands to workplace stress across many professional groups (Caulfield et al., 2004; Grönlund, 2007; King, 2009; Lee & Cummings, 2008; Lambert et al., 2007; Lloyd et al., 2005; Michie & Williams, 2003; Noblet, 2003; Ogíńska-Bulik, 2005; Rodwell et al., 2009; Shultz et al., 2010; Worrall & Cooper, 2006). This has not been adequately addressed in the child protection literature prior to the current study. The current study highlighted that the multiple role requirements of the CPW led to many CPWs working extensive hours which resulted in fatigue, burnout and experienced worker’s leaving this profession. In consideration of the published organisational research on job demands as well as the findings from the current study, it is clear that child protection organisations must consider the job demands of CPWs as a priority area when allocating caseloads and implementing strategies to manage workplace stress.

Another aspect of child protection work requiring consideration is that the CPW roles encompass both direct client intervention and non-client tasks and
responsibilities. While some child protection research identifies the non-direct client roles, such as documentation and preparation for court (Scott, 1998; Vandervort, Gonzalez & Faller, 2008; Zell, 2006), they do not provide any detailed description of what these roles entail. This study provided detailed data on the amount of time CPWs spend on distinct job tasks. In the current study job tasks referred to the designated roles and functions of the CPW. Only one other study was found that presented data of specified time allocation to the multiple roles and job tasks of a CPW (Berry et al., 2000). This study reported that CPWs wanted more time to spend on direct client roles (Berry et al., 2000). This resonates with the current study finding of CPWs desiring more time for direct client roles and has implications for CPWs' job satisfaction.

Job dissatisfaction has been shown in existing child protection research to be associated with CPW engagement in non-client roles removing them from their most desired roles of direct client care (Berry et al., 2000; Healy et al., 2009; Scott, 1998; Vandervort et al., 2008; Zell, 2006). Such findings resonate with those in the nursing literature where spending large amounts of time engaged in non-client roles was reported as detrimental to overall job satisfaction (Duggleby & Wright, 2007; Olthuis, Leget & Dekkers, 2007). Findings in the current study demonstrated that a large portion of the CPW time was allocated to non-client roles and that this decreased the job satisfaction and increased workplace stress of the CPWs. A strength of this study was the detailed information it provided on the time and work invested by CPWs in their non-direct client roles. In particular, the current study participants gave detailed accounts of what was required of them in their documentation roles and the difficulty they often experienced in managing the paperwork within work time. Such findings provide important information for child protection organisations in their consideration of workload allocation and support for carrying out non-client work roles.

While other child protection literature identifies that child protection work requires engagement in multiple roles (Bell, 1999; Darlington et al., 2005; Darlington et al., 2010; Feather & Ronan, 2006; Healy & Oltedal, 2010; Walsh, 2006), this study has significantly highlighted that the roles of a CPW are more multi-dimensional than the literature has stated. The current study shows that while the CPW roles are clearly
directed towards meeting the child protection needs of their clients, in enacting their roles they are overwhelmed by non-clinical tasks in order to meet legal requirements. This had the negative effect of decreasing the participating CPWs job satisfaction as well as testing their sustainability with some participants questioning the true nature of their role within child protection and whether they should stay or leave this profession. This clearly has implications for the retention of workers within this workforce.

Overall, the complex and multi-dimensional nature of child protection work has been under researched. This study adds strength to the small number of existing studies that are beginning to unravel the complexity of the CPW roles and how they impact on individual CPWs, their organisations and clients. The role complexity and multi-dimensional nature of child protection work demonstrated in this study highlights that these aspects must be recognised and considered by policy makers and organisations of this profession. Additionally, this study provides a unique contribution to the finding of CPW role complexity as it is the first instrumental case study to offer evidence of this from both quantitative and experiential findings.

7.3.2 Child protection assessment and implementing family-centred interventions

Both child protection assessment and the implementation of child protection interventions have been identified as key practice areas of child protection work (Bell, 1999; Darlington et al., 2010; Healy & Meagher, 2007; Walsh, 2006; Wells, 2006). Similarly, the present study acknowledged child protection assessment and family-centred interventions as key CPW roles.

Despite the acknowledgement of child protection assessments as a key practice area in existing research there were no detailed descriptions of what this involves (Bell, 1999; Darlington et al., 2010; Feather & Ronan, 2006; Fox et al., 2003; Healey et al., 2009; McCowskey & Meezan, 1998; Spratt, 2003). Similarly there was no detail in the existing literature on the impact of the assessment process on CPWs and clients. In the current study, assessment emerged as a core role and function of child protection work. The participants provided descriptive accounts of the initial 6-8 week assessment process. In these accounts the initial assessments were reported to be an intensive process for the CPW, as well as the client and family being assessed.
Of particular concern was the difficulty experienced by newly recruited CPWs in carrying out the initial client assessment. It is suggested that child protection management consider these findings when allocating workloads to front-line staff and as indicative of areas where newly recruited CPWs require additional support. Further research that explores the impact of the assessment process to both CPWs and their clients is advised.

The current study described the challenges faced by experienced CPWs when engaged in the initial client assessment process. It was revealed in the current study that the initial assessment period for newly referred clients was demanding and greatly increased a CPWs workload. Where CPWs were already carrying a large workload, the need for the employing organisation to put into place appropriate workload policies became apparent. Literature from both child protection and other professional groups report that a high workload is a contributing factor to workplace stress, worker burnout and recruitment and retention difficulties (Dillenburger, 2004; Gibbs, 2009; Lambert et al, 2010; Morazes et al., 2009; Tham & Meagher, 2009; Winefield et al., 2003). However, the link between experienced CPWs engagement with the initial client assessment and its impact on job satisfaction and sustainability in the CPW role are unaccounted for in previous child protection research. The current study clearly identifies that the initial assessment period substantially increases the CPWs workload while being provided no relief during this time from their other role requirements. Job satisfaction is therefore reduced as the potential for worker burnout increases, workloads are perceived by some CPWs as unmanageable and they consider leaving this line of work.

There were other aspects of child protection assessment revealed as significant in the present study that have not been highlighted in existing child protection literature. The descriptive accounts given by the participants of the assessment process determined that assessment was an ongoing CPW role that continues throughout the entirety of the client care. This has implications for workplace stress associated with the previously discussed CPW multiple role requirements as well as workload allocation. Also emerging from the current study was that child protection assessment is largely dictated by outside statutory child protection organisations. However, this present study provided strong evidence that a lack of consultation
between the participating CPWs and the outside organisations and subsequent lack of input the front-line workers have in the assessment process, increases the CPWs job dissatisfaction and decreases their desire to remain in this role. While wider organisational literature associates a lack of job control with job dissatisfaction and workplace stress (Caulfield et al., 2004; Grönlund, 2007; King, 2009; Rodwell et al., 2009; Shultz et al., 2010), published child protection literature does not address this issue. The current study has therefore identified that contemporary workforce issues exist in child protection work, such as ever increasing documentation and legal demands, greater caseloads, the requirement to engage in more non-client roles and a lack of job control. These contemporary issues warrant further investigation and consideration by child protection organisations.

In this study family-centred interventions were utilised as a means of ensuring the child client’s safety and welfare. The use of family-centred interventions were reported as enabling the CPWs to implement a combination of interventions that catered to the individual needs of each child client and family member as well as the collective needs of the family unit. The CPWs in the current study believed that offering a combination of family-centred interventions was more effective in addressing all of the client and family child protection needs. These findings resonate with published child protection research that report positive client and family outcomes have been achieved through the implementation of a combination of family-centred interventions as opposed to a single intervention (Howing et al., 1989; Katz & Hetherington, 2006; Kirk & Griffith, 2004; McCowskey & Meezan, 1998; Statham, 2000).

Notable in the current study was the parent focus of many of the family centred interventions. While the child client’s welfare was always considered as the most important aspect of all interventions implemented, the CPWs in this study believed that it was the parent’s behaviours that were often the causal factors for the child abuse and neglect. Therefore, the participants reported that it was the parent’s needs and behaviours that required the greater attention while continuing to implement both individual and family-centred interventions. This finding corroborates and extends existing research that suggests enhancing parenting capacity reduces the likelihood of recurring child abuse and/or neglect (Barone, Greene & Lutzker, 1986; Bovalek,
In particular, this research has shown that by implementing family-centred interventions that address the abused child's needs yet focus on the parenting behaviours and issues, the services provided were designed to fit the family rather than the family fitting the service. Participants in the current study believed that this was a key aspect in the achievement of positive client outcomes. Published child protection studies to date have not identified the importance of considering the fit of services to the families, instead focusing only on the effectiveness of the different types of interventions (Berry et al., 2000; Bilukha et al., 2005; Dufour & Chamberland, 2004; Duggan, Fuddy et al., 2004, Nelson & Nash, 2008).

Similar to child protection assessments the existing research on family-centred interventions lacks detail on the CPW involvement (Berry et al., 2000; Bilukha et al., 2005; Cohen et al., 2004; Duggen et al., 2007; Kirk & Griffith, 2004; McGain & McKinsey, 1995). Instead list like descriptions of CPW roles and functions are offered that do not adequately describe the extent of engagement required by CPWs. The current study provides an extensive list of child protection interventions (see Appendix O), worker actions and job tasks (see chapter 4, section 1) the participating CPWs perform that corroborates those offered in published papers. However, in the current study the participant’s narratives elucidated the way the CPWs experience the implementation of family-centred interventions, worker actions and job tasks. This included both the challenges and the rewards (see chapter 4, sections 4.3.2 and 4.3.3). It is hoped that understanding that there are rewards as well as challenges for CPWs that recruitment and retention of CPWs may improve. Further research investigating the impact to both workers and clients of implementing family-centre interventions in contemporary child protection practice is warranted.

When looking at individual child protection interventions, the current study reported home visiting to be the most widely used intervention. Additionally, many of the study’s participants attested to the usefulness and effectiveness of home visiting. This is despite existing research questioning the effectiveness of this traditional and widely used child protection intervention (Bilukha et al., 2005; Duggan et al., 2007; Hahn et al., 2003). In the current study, home visiting was believed to allow a more naturally occurring assessment of the families child protection needs. Furthermore,
the difficulties in many of the vulnerable families serviced by child protection organisations were reported to lie in their accessibility to, and therefore attendance at, centre based interventions. Providing home visiting was a means of overcoming such difficulties. Due to the inconsistencies of home visiting effectiveness between existing research and the current study, it is suggested that further research be undertaken to investigate the usefulness of home visiting in contemporary child protection practice.

To summarise, published literature asserts assessment to be a key practice area of child protection work but does not emphasize the ongoing nature and intensity of assessment. These facets of assessment along with the legislative requirements of DoCS in the completion of child protection assessments, the increase in workload this created and the time this removed from other direct client roles were shown in the current study to contribute to the workplace stress experienced by the CPWs. Child protection organisations should consider these findings when determining the assessment processes that they will use and in their workload allocation or management for CPWs engaging in initial client assessments.

This study has emphasised the usefulness of home visiting as a child protection intervention, despite contradictory reports in the child protection literature. However, it is acknowledged that difficulties in the current study in accessing what happens during home visiting occurred due to limited opportunity to observe this intervention. This has an impact on future research in this area. Additionally, as noted in Chapter 2, contemporary child protection research based on both quantitative and qualitative methods around family-centred interventions in child protection is required. The current study has contributed to this area of child protection research by providing experiential accounts of the CPWs engagement in family-centred interventions. In addition, the development of an observational tool that could be adapted and used in future quantitative research investigating the CPWs role in the implementation of family-centred intervention has been provided.

7.3.3 Documentation as a CPW Role

Published research reports that CPWs are often overwhelmed and frustrated by the bureaucratic and legal requirements of documentation (Healy et al, 2009; Scott, 1998;
Vandervort et al., 2008; Zell, 2006). In the same studies, CPWs expressed dissatisfaction with the amount of time paperwork detracted from their face-to-face client contact, potentially resulting in poor client outcomes. In the present study it was clear that participants experienced discontent at what they described as the ever increasing and demanding paperwork required of them (see Chapter 5; section 5.2.1.1). While none would argue the essential nature of accurate and detailed record keeping in child protection, it is important to understand how much time it takes. The CPWs in the current study associated their extensive paperwork requirements with reducing time involved in face-to-face client interventions. As highlighted previously both child protection and nursing research has shown that roles that remove workers from direct client care negatively impact on job satisfaction (Duggleby & Wright 2007; Healy et al., 2009; Olthuis, Leget & Dekkers 2007; Scott, 1998; Vandervort et al., 2008; Zell, 2006). This may have serious implications for the retention of experienced workers within the child protection profession.

The observational data in the present study suggested that the administrative role of paperwork consumed a large portion of the CPWs office based roles and time (see chapter 4, section 4.2.1.1). Berry et al’s (2000) study of CPW time allocation to child protection roles was the only other study that specified the actual time that was allocated to the CPW role of paperwork. Berry et al’s’ (2000) study demonstrated a significant amount of time was spent on this role (5.89 hours out of 60.28 hours); however, this was not as substantial as that found in the current study where of the 95 hours of observations made, 29.7 hours were contributable to documentation. Additionally, participants expressed their belief that while documentation was a necessary part of their CPW role, elements of the paperwork were excessive and contributed to large portions of their workload. Participants shared their experiences of having to take paperwork home and their difficulty in balancing direct client work with the ever increasing demands of documentation (see chapter 4, section 4.3.1.1). This finding highlights that the CPW role does not always stop at the end of a working day, often intruding into their personal time. The cross over of work into personal time is a dimension of the CPW role that has not been well highlighted or discussed in exiting child protection literature. Further discussion of this is given in section 7.5.4.
The substantial difference between the time allocation to documentation between Berry et al’s’ (2000) study and the present study may be contributable to the era the data were collected in. It could be argued that 10 years have passed since Berry et al’s study, in which time the amount of paperwork required of CPWs has substantially increased. This argument is supported by more recent research in which worker dissatisfaction is expressed at the extensive time being spent on paperwork, detracting from direct client care (Healy et al, 2009; Vandervort et al., 2008; Zell, 2006). In particular, Zell’s (2006) study reported that 34% of their respondents felt that excessive paperwork was one reason for losing focus of the child client’s well-being and goals of a child protection case. The growing evidence that documentation requirements of CPWs have substantially increased over the last 10 years and the detrimental impact this has on CPW job satisfaction and achievement of client and organisational goals can not be ignored.

Overall, the findings of this study strongly indicate that documentation is a time consuming role that consumes a large portion of a CPWs working day. While society has moved forward and child abuse notification becomes more overt, the role of documentation will likely continue to increase. Societal demands on CPWs are also likely to increase; however, the impact of this on the CPWs roles was not discussed in this study. What this study has contributed is that documentation processes currently in place are excessive and increase the CPWs non-direct client workload, significantly impacting on the time available to spend in direct client roles. The implications of societal changes and demands on CPWs and their various roles and responsibilities, such as documentation, need to be examined further.

7.3.4 Organisational requirements

The organisational requirements of documentation (previously discussed), attendance at staff meetings and liaising with other child protection services were key findings in the current study. Emerging from the observational data was that participation at staff meetings consumed a large portion of the CPWs time, second only to documentation. Regardless, the participants reported attendance at such meetings to be beneficial as a mode of inter-organisational communication and gaining advice for complex client issues (see chapter 5, section 5.2.1.2). Similarly, a study of mental health nurses reported that weekly team meetings allowed the nurses to discuss
stressors related to working with clients with complex problems (Morante, 2005). The same study reported positive benefits for the nurses evolved from the team meetings. Additionally, face-to-face modes of communication, such as those occurring within meetings, have been documented as important in human service professions for worker support and client outcomes (Bowers-Ingram & Nelson, 2009; Gordon, Ellis-Hill & Ashburn, 2008; Manias, Aitken, Peerson, Parker & Wong, 2003; McCarthy, O’Donovan & Twomey, 2008). However, none of these studies are specific to child protection work. Therefore, the current study provides a foundation for further research that investigates which inter-organisational communication strategies within child protection are the most effective for worker well-being and best client outcomes.

While literature exists that demonstrates the benefits of team meetings in professions comparable to child protection, there is little evidence in the child protection literature. However, the current study has demonstrated a link between staff meetings and their benefits to inter-organisational communication and CPW well-being. Additionally, a number of organisational studies have reported that poor communication can lead to employees feeling devalued, experiencing reduced job satisfaction and decreased well-being (Bennet et al., 2001; Lambert et al., 2010; Slavič & Pagon, 2008). Given the obvious benefits to workers from face-to-face team meetings in this present study, further research into this form of inter-organisational communication within the child protection profession is warranted. It is also suggested that child protection organisations consider this when implementing inter-organisational communication strategies.

Like communication within an organisation, interagency collaboration is important when caring for families experiencing child abuse and neglect (Barker & Place, 2005; Darlington et al., 2005; Katz & Hetherington, 2006; Packard, Jones & Nahrstedt, 2006; Scott, 1998). This current study identified that while inter-agency collaboration was an important facet of child protection work it presented challenges. Barriers to interagency collaboration were identified in the current study as factors such as high workloads and staff turnover within organisations, a lack of trust in other organisational workers and poor communication between organisations. Similar findings were reported in a study on interagency collaboration between
CPWs and mental health workers (Darlington et al, 2005). While the importance of collaborative care between a CPS and other community and health care services is noted in existing literature, such literature does not indicate the experiences of the child protection workforce when trying to engage with other services (Barker & Place, 2005; Darlington et. al., 2005; Katz & Hetherington, 2006; Packard et. al., 2006; Scott, 1998). This study showed that for CPWs, establishing and maintaining collaborative care was difficult due to the aforementioned barriers, as well as frustrating and time consuming. This finding provides evidence of the need for child protection organisations to allow time for CPWs to liaise with other services when allocating caseloads. This would have positive implications for the development and maintenance of collaborative client care between services. Furthermore, child protection organisations should work together to establish clear communication pathways between services through which front-line workers can easily navigate.

Despite the barriers that exist around interagency collaboration, the complex demands of clients and families experiencing child abuse and neglect suggest a strong need for multiple services to work together (Barker & Place, 2005; Darlington et. al., 2010; Packard et. al., 2006). While other caring professions have successfully implemented collaborative client care, such as a multidisciplinary team approach in health care (Atwal & Caldwell, 2005; Solheim, McElmurry & Kim, 2007; Tieman, Mitchell, Shelby-James et al., 2007), there is little evidence of this in the child protection literature. The current study, along with the study by Darlington et al (2005) have identified that challenges exist for CPWs in establishing and maintaining collaborative care with other professionals (see Chapter 4, section 4.3.2.3). The current study has also highlighted that no one service can successfully meet the multiple needs of a family in crisis from child abuse and neglect. It is therefore recommended that further research be conducted to investigate and determine ways in which such inter-service and inter-professional collaboration could be encouraged and supported in contemporary child protection practice.

The current study is the first to identify that face-to-face forms of communication, as opposed to technologically driven modes of communication, are preferable for CPWs for a number of aspects of their work. The value of face-to-face communication for CPWs was especially noted where peer support and client intervention validation
were being sort. This finding has implications for child protection organisations when considering best practice for communicating with, and supporting, their front line workers. Additionally, this study reinforces that interagency collaboration and communication between child protection agencies is essential but does not appear to occur. The experiential aspects of navigating this aspect of child protection work have not been acknowledged in previous child protection literature. The current study therefore indicates an area requiring further investigation as well as attention from child protection organisations.

7.4 Experiences of CPWs when working in a CPS

This section addresses the experiences of CPWs when working in a CPS. As in other professions, child protection work has both positive and negative aspects. Drawing on participants’ narratives in the present study, two key findings are discussed in this section, namely ‘The Rewards’ and ‘Workplace Stress’.

7.4.1 The rewards

Published research findings most often portray child protection work as emotionally challenging (Conrad & Kellar-Guenther, 2006; Figley, 2002; Miller, 1998; Sexton, 1999). The same papers suggest the complexity of dealing with children and families exposed to child abuse and neglect negatively impacts the well-being of workers, their ability to sustain the child protection role and workplace dynamic. Despite this, there are some studies that report that one of a CPWs most desired role is that of direct client care (Darlington et al., 2010; Walsh, 2006; Wells, 2006). Similar accounts were given in the current study where participating CPWs expressed their desire to spend more time in direct client care. Furthermore, this study shows that the CPW roles entailing direct client care, in particular the development of positive worker-client relationships, were the most rewarding and least stressful. While the CPWs desire to spend more time in direct client care has been acknowledged by some existing research, it does not identify the rewards associated with this. By highlighting the rewards of child protection work the present study showcases the positive and rewarding aspects of this profession. Additionally, this study demonstrated the need for child protection organisations to work towards a balance in CPW roles that allows for more time for direct client work which may, in turn,
enhance the attraction and retention of suitably qualified professionals to this important role.

A key reward determined in this study was that of the successful development of worker-client relationships. This is not discussed in detail in the child protection literature; however, current nursing literature suggests that engagement in direct client care and the development of supportive relationships with clients and their family’s increases professional and job satisfaction (Duggleby & Wright 2007; Olthuis et al., 2007). This resonates with the participant’s experiences in the current study thereby adding another dimension to child protection work that establishes a direct connection between worker-client relationships and a CPW's job satisfaction. Additionally, personal and job satisfaction and professional achievement were reported in this current study to result from positive worker-client relationships and were key aspects to achieving positive client outcomes. This adds to recent child protection literature that is beginning to acknowledge, but not detail, a link between worker-client relationships and positive client outcomes (Darlington et al., 2010; Walsh, 2006; Wells, 2006).

While a large amount of child protection literature focuses on the challenging and negative aspects of child protection work this study has emphasised the rewards associated with this type of work. The findings from this study provide new and important information about the way in which CPWs positively perceive their direct client roles which may increase the attraction of working with multi-stressed families. Child protection organisations must promote the rewarding aspects of child protection work in an effort to attract and retain suitable workers into this profession. Additionally, findings of this study that identify CPW rewards as linked to direct client care suggests that child protection organisations must acknowledge and support direct client care to be a major role of child protection work. This can be achieved through the allocation of reasonable workloads and the identification and management of the more challenging roles of child protection work. It is suggested that if contemporary child protection practice allowed CPWs to engage in more direct client care then job satisfaction and the retention of experienced workers would be achieved.
7.4.2 Workplace stress

While the current study identified the rewards of working as a CPW, it also identified the facets of child protection work that contributed to workplace stress. The current study demonstrated that role complexity and organisational constructs pose greater challenges for CPWs than their work with multi-stressed families. This was a notable finding given that the existing child protection literature often cites client related factors as the most challenging aspects of the CPW role (Azar, 2000; Canfield, 2005; Dane, 2000; Lonergan, O’Halloran & Crane, 2004).

Role complexity was identified in this study as a contributing factor to the workplace stress experienced by the participating CPWs. As discussed in section 7.3 of this chapter, balancing the multiple roles required of CPWs were linked to their overall job satisfaction, health and sustainability in this role. The current study also suggested that the requirement to fulfil many non direct client roles meant that the CPWs had less time to achieve positive client outcomes. A small number of published child protection studies corroborate this finding. They acknowledge the negative impact that juggling a multitude of roles has on CPWs well-being and client outcomes (Stalker et al., 2007; Walsh, 2006; Zell, 2006). These studies link the complexity of the CPW roles and job requirements to emotional exhaustion of the CPW and the development of workplace stress. Collectively the small number of existing research and the current study findings have identified an under explored aspect of child protection work. What this study therefore highlights is that CPWs, their employing organisations and child protection policy makers must consider the complexity of the CPW role when negotiating client caseload allocation. Support strategies must also be in place to assist CPWs, in particular newly recruited CPWs, to manage heavy and challenging caseloads and the inevitable multiple role requirements.

Some child protection papers have cited organisational constructs as challenging for CPWs and leading to worker turnover (Dillenburger, 2004; Ellet et al., 2007; Healy et al., 2009; Landsman, 2007; Markiewic, 1996; Morazes et al., 2010; Stalker et al., 2007; Tham & Meagher, 2009; Wagner et al., 2001; Stalker et al., 2007). The present study corroborates that constructs of organisational change, organisational communication and workplace integration are key factors contributing to the
presence or absence of workplace stress. There is also abundant organisational literature that recognises the negative impact that organisational requirements and demands place on employees (Cleveland et al., 2006; Cooper, 2006; Greasley et al., 2009; Grönlund, 2007; Lambert et al, 2010; Shultz et al., 2010; Slavič & Pagon, 2008). However, the current study shows that the same organisational constructs in a child protection organisation pose different problems for CPWs than in many other professional groups due to the distinct client demographic CPWs care for. The current study demonstrates that organisational constructs had implications to the CPWs ability to effectively carry out direct client care for the multi-stressed families they work with. For example poor interagency collaboration and a lack of communication were cited as one reason for difficulties in developing and maintaining worker-client relationships.

Organisational change was shown in this study to create an unstable work environment and poor team dynamic. Participant’s narratives revealed many changes had taken place both prior to and during the data collection. These included staffing changes, office relocation and the implementation of new consumer programs (see chapter 5; section 5.2.1.1). Of particular note were the changes to staffing that saw many experienced workers leaving the CPS and new, often inexperienced workers employed. The staffing crisis experienced by many child protection organisations, and the replacement of experienced CPWs with novice CPWs has been recognised in this study as well as existing child protection literature (Conrad & Kellar-Guenther 2006; DePanfiliis & Zuravin, 2002; Gibbs, 2009; Healey at al., 2009; Landsman 2007; Walsh 2006). Additionally, the replacement of experienced CPWs with novice CPWs was shown in this current study to create challenges and difficulties for the workers and the workplace dynamic. While the literature reports that the child protection workforce is experiencing recruitment and retention difficulties it does little to offer comprehensive accounts of the reasons for this or the impact it has to current CPWs. The current case study has contributed largely to this area by not only identifying workplace stressors of CPWs but also exploring the CPWs experiential aspects of working in a CPS with a high staff turnover. The preceding sections of this chapter are testament to such findings and the impact this has on CPW sustainability.
A key organisational construct perceived as a workplace stressor for the CPWs in the current study was identified as changes to front-line management. This had ramifications for both workplace and worker well-being. Participants shared their perceived experiences of working in an environment that lacked managerial support and the negative effect this had to CPWs job satisfaction and professional development (see chapter 5; section 5.2.1.1). Similarly, existing child protection literature confirms the importance of managerial support to these aspects of child protection work (Anderson, 2000; Littlechild, 2002, 2005; Stalker et al., 2007; Tham & Meagher, 2009; Yoo & Brooks, 2005). What the current child protection literature has not explored is the workplace stress experienced when there are changes to front-line management.

In the current study there were periods of having no front-line manager, new managers settling into their role, and having a front-line manager not experienced in child protection. These were a cause of concern for the participants. While moving through these managerial changes, CPWs experienced a lapse in professional development opportunities, inter-organisational communication and professional supervision. Organisational literature suggests that front-line managers influence workplace and worker well-being and sustainability by ensuring that clear, concise inter-organisational communication occurs, and in providing professional support for workers (O’Driscoll et al., 2003; Thompson et al., 1999). Yet child protection research has not addressed these issues. This study has therefore identified an important organisational construct that has been overlooked in child protection yet, as discussed, has implications to the well-being of both individual CPWs and their workforce.

While changes in front line management impacted on the CPWs well-being, the current study also recognised the importance of front-line managers receiving organisational support. A number of participants in the current study believed that when front line managers were in place they did not receive adequate organisational support. This impacted the ability of the manager to provide professional support to the CPWs. Similar findings have been addressed in nursing literature (Lee & Cummings, 2008; Paliadelis, Cruickshank & Sheridan, 2007; Patrick & Spence Laschinger, 2007), and recently identified in child protection literature (Gibbs, 2009;
Landsman, 2007; Littlechild, 2005; Morazes et al., 2009). However, the necessity for front-line managers to receive support, the type of support required and benefits this has to a child protection organisation and its employee’s, while identified in the current study, has not received adequate attention. Child protection research must embrace this concept and explore the support requirements of front-line managers so that they can be well placed to provide much needed professional and emotional support to front-line CPWs.

Along with organisational change, the construct of organisational communication was associated with workplace stress in the current study. This is strongly supported by organisational literature reporting that effective instrumental communication promotes employees’ satisfaction in their work role and is linked to the reduction of workplace stress (Bennet et al., 2001; Hart et al., 1995; Lambert et al, 2010; Slavič & Pagon, 2008).

Of particular note was that CPWs in the present study described feeling valued as an employee when clear inter-organisational communication was experienced. Additionally, where CPWs were provided an opportunity to participate in decision making processes that involved their direct work, they reported feeling valued as professionals. This resulted in an increased level of job satisfaction. While there is a large body of organisational literature where both effective communication and job control have been linked to employees feeling valued by the organisation and improvements in job satisfaction (Bennet et al., 2001; Hart et al., 1995; Lambert et al, 2010; Slavič & Pagon, 2008), only one published child protection study has acknowledged this (Gibbs, 2009). This current study has shown significantly that inter-organisational communication is a central construct to minimising CPW workplace stress and a key contributing factor to CPWs desire to remain in their child protection role. It is therefore recommended that further research be undertaken to investigate the impact that adequate communication and feeling valued as an employee have on the child protection workforce.

Organisational communication did not only impact on CPW well-being. In the current study the participants believed that clear, regular and inclusive inter-organisational communication assisted them in the provision of effective client care. Where CPWs were well informed about organisational expectations of direct client
care they felt they were better equipped to provide high quality care to their clients. The finding of the impact of organisational communication on direct client care has not been documented in published child protection literature and is therefore a noteworthy finding in the current study. Comparison may be drawn from the nursing literature which has established a link between organisational communication and effective client care (Duggleby & Wright 2007; Morante, 2005). Clearly research that explores the relationship between inter-organisational communication and client outcomes and builds on the findings relevant to this concept from the current study is needed.

The importance of how information is disseminated within an organisation also stands out in the current study. As discussed in section 7.3.4 of this chapter this study shows that the participating CPWs favoured face to face means of communication, such as staff meetings, as opposed to technologically driven means, such as emails. Previous child protection research has not investigated this phenomenon but does identify a lack of inter-organisational communication as a workplace stressor for CPWs (Dillenburger, 2004; Gibbs, 2009; Morazes et al., 2009; Tham & Meagher, 2009). Given the direct link between job satisfaction and feeling valued as an employee with the mode of inter-organisational communication implemented, the findings of the present study have ramifications for the ways in which child protection organisations communicate with their front-line workers. It is therefore suggested that further research be undertaken to determine the most suitable modes of communication for child protection organisations and their employees.

Another key finding on workplace stress in child protection work was workplace integration. As identified earlier in this thesis workplace integration is defined as creating a sense of belonging and group cohesiveness among employees (Lincoln & Kalleberg, 1990). Organisational literature reports that such group cohesiveness is integral to workplace and worker well-being and sustainability (Lambert et al, 2010; Levi, 1990; Michie & Williams, 2003; O’Driscoll & Randall, 1999). The same studies identify teamwork as well as support from and trust in colleagues, supervisors and organisations as essential to ensuring workplace integration and preventing workplace stress.
In the current study the participants reported fluctuating team cohesiveness and trust in colleagues. This had implications for their decisions to remain in their CPW roles as well as their ability to debrief with, and feel supported by, their team. Workplace dynamic and CPW well-being were positively impacted where CPWs felt well supported by their colleagues, managers and organisation. A small cohort of child protection literature asserts that there are benefits of working within a supportive team, in particular when support is provided by the front-line manager (Anderson, 2000; Littlechild, 2002, 2005; Stalker et al., 2007; Tham & Meagher, 2009; Yoo & Brooks, 2005). However, the child protection literature fails to adequately address the importance of collegial trust that emerged as a significant finding in this study.

Where CPWs in this study experienced not only the support of, but also a trust in, their colleagues they were happier in their roles and less likely to leave the organisation. Similar findings are reported in the nursing literature where worker and organisational benefits are associated with supportive and trusting relationships with colleagues and front line managers (Button 2008; De Cicco, Laschinger & Kerr 2006; Harrisson, Loiselle, Duquette & Semenic, 2002; Joiner & Bartram, 2004; Scott-Caziewell et al., 2004). The concept of trusting colleagues is raised in this study and requires further investigation to establish not only its importance to worker and workplace well-being but also in how this can be established and maintained in child protection organisations.

Workplace stress was also experienced by the CPWs in this current study as a direct result of a variety of organisational constructs including organisational change and poor inter-organisational communication. Overall, these organisational constructs were shown to be largely contributable to challenges in establishing and retaining client trust and worker-client relationships and the implementation of effective client interventions. Organisational constructs were also responsible for CPWs feeling under valued by their organisation, experiencing job dissatisfaction as well as influential in a CPWs decision to stay or leave this profession. This study has therefore linked the impact of organisational constructs to a variety of negative outcomes for the child protection workforce, demonstrating the entire impact that these organisational issues have to CPWs and their clients. As previous research has focused on one aspect only, such as CPW burnout (Anderson, 2000; Azar, 2000;
Conrad & Kellar-Guenthar, 2006; Stalker et al., 2007) or CPW turnover (Healy et al., 2009; Ellet et al., 2007; Morazes et al., 2009; Yamatani et al., 2009) the current study allows for child protection policy makers and organisations to identify and address all of the challenges faced by CPWs and provide a more holistic approach to strengthening this workforce.

7.5 Managing CPWs workplace stress

Managing workplace stress within a child protection organisation has received little attention in published studies. This is surprising given the recruitment and retention difficulties faced by the child protection profession. This section identifies key findings from the current study that were reported as necessary in the management of workplace stress within child protection.

7.5.1 Organisational support

The need for organisational support was identified as a key workplace stress management strategy in the present study. Within the context of this study, organisational support was the formalised support a CPW received directly from their employing organisation. More specifically, the participating CPWs reported that support offered in the form of organisational communication, having an accessible and approachable manager and the provision of professional development opportunities were invaluable in managing CPW workplace stress and increasing job satisfaction.

Given the detrimental consequences of poor inter-organisational communication identified in this current study, child protection organisations must ensure effective communication strategies are in place. Organisational studies have long cited communication within organisations as a key workplace stress management strategy and important to job satisfaction (Bennet et al., 2001; Hart et al., 1995; Lambert et al, 2010; Slavič & Pagon, 2008). Additionally, the current study highlighted that the modes of inter-organisational communication are important in the dissemination of information (see section 7.4.2). The findings of this study suggest that child protection organisations and CPWs need to be flexible and open to the use of a variety of modes for communication. However, a gap in the child protection
literature exists that addresses this issue. This study suggests that face-to-face communication between front-line managers and front-line workers where organisational information can be disseminated and client cases can be discussed and reviewed were preferred by CPWs. Given the ramifications of poor inter-organisational communication to CPWs well-being, further research that identifies the most appropriate modes of communication for contemporary child protection organisations is suggested.

Along with organisational communication, support from front-line managers was recognised as an important facet in reducing the CPWs workplace stress. In the current study participants reported feeling unsupported and under valued by the organisation when, during the organisational changes, they were left without a manager for a significant period of time. This strengthens the argument put forward by existing research that managerial support is a key facilitator in the management of CPWs workplace stress (Anderson, 2000; Littlechild, 2002, 2005; Stalker et al., 2007; Tham & Meagher, 2009; Yoo & Brooks, 2005). Additionally, the current study identified that the style of front-line management is a significant aspect in promoting CPW job satisfaction and sustainability. In the present study there was consensus that the front-line manager being approachable, non-authoritarian and knowledgeable in child protection policies, procedures and laws was favourable and enhanced overall enjoyment of their job, improved their professional capacity and confidence to achieve optimal client outcomes and increased their desire to remain in their CPW role. Only one other child protection study has identified that the way a manager offers support is of significance in the management of workplace stress (Wells, 2006). While further research around managerial style in child protection teams is advised, the findings of the present study suggest that organisations must consider which style of front-line management would best suit their organisation in promoting a harmonious and healthy workplace.

The final key finding pertinent to organisational support was that of professional development. In the present study the provision of professional development opportunities by the employing organisation were reported to be important for increasing professional competence and skills and improving job satisfaction. Additionally, such opportunities were reported as valuable in providing variety in
their work and time out from the demands of their day to day work roles, an aspect of professional development not identified in existing child protection research. Other child protection research has suggested that the provision of professional development opportunities enhances CPW job satisfaction and may be linked to retention of workers to this profession (Carten & Goodman, 2005; Markiewicz, 1996; Healey et al, 2009; Wagner et al., 2001). The provision of professional development for CPWs by their employing organisation is therefore supported. However, the finding in the current study that professional development is considered an opportunity for time out from client and organisational demands must be acknowledged and addressed. Organisations need to consider implementing alternate means of providing time out opportunities for CPWs so that professional development can be utilised for its designated functions of developing professional skills, encouraging evidence-based practices and allowing for networking between services.

In summary, organisational support is significant in establishing and maintaining a robust and effective workforce. In a profession as challenging as child protection such support can not be underestimated. This study has accounted for a number of areas in which organisational support is deficient. To date, this has not been discussed adequately, if at all, in published child protection research. No other child protection studies have attributed modes of communication to CPWs feeling valued by their organisation and experiencing job satisfaction as this current study has. Similarly, managerial qualities and style implicit to successful and strong leadership of a profession that is challenging in so many ways has been inadequately addressed in child protection literature. Yet the current study has emphasised this as integral to ensuring a fully functional and healthy team is engaged in child protection work and is sustainable.

Child protection workers seeing professional development opportunities as a break from their child protection roles has not been recognised in other child protection research. Child protection organisations can use this finding to investigate how CPWs currently disengage from their work to prevent worker burnout and turnover, and ensure they support their workers with appropriate and effective means for achieving this. Each of the findings presented in this section are of great importance.
to achieving a robust workforce as well as the attainment of positive client outcomes and organisational goals. Additionally, this section has presented opportunities for future research in child protection.

7.5.2 Appropriate supervision

Professional supervision is inarguably considered the most important stress management strategy in child protection work. Published literature across social work and child protection assert that professional supervision is a necessity to the workers’ welfare (Dillenburger, 2004; Fox et al., 2003; Gray, 2009; Landsman, 2007; McPherson & Barnett, 2006; Redmond et al., 2008; Smith, 2005; Tham & Meagher, 2009). For CPWs, professional supervision is directly linked to professional and personal development, appropriate workload allocation (Darlington et al., 2002; Gray 2009; Wagner et al., 2000), recruitment and retention, increased job satisfaction (Conrad & Kellar-Guenther, 2006; Gibbs, 2001; Landsman, 2001, 2007; Lawson et al., 2005; Redmond et al., 2008; Smith, 2005; Stalker et al, 2007), and decreasing worker burnout (Azar, 2000; Darlington et al., 2002; Landsman, 2007). Findings from the current study support the body of literature on the benefits of professional supervision. The participants reported the benefits were that externally managed professional supervision provided a therapeutic process where CPWs could honestly and openly debrief on professional, personal and organisational issues that were impacting their work practices or personal well-being. Supervision also offered advice and support for case management thereby offering professional development opportunities and assistance with attaining positive client outcomes. This study concluded that professional supervision is a necessity in managing workplace stressors, developing durability to sustain the CPW role, and a useful forum for discussing professional practice and growth. Many participants also suggested that professional supervision should be a mandatory service offered by all employing child protection organisations.

A notable finding in the current study was the belief of the participants that when providing professional supervision an organisation must consider the appropriateness of the supervision. A number of facets emerged from the current study that highlighted the importance of the suitability of the type of supervision an organisation has in place for its front-line workers. These facets were the
The current study identified that employing child protection organisations must ensure that professional supervision is carried out by suitably qualified professionals. This supports existing child protection research that has identified that formal supervision must be provided by adequately trained, experienced supervisors (Davis & Cockayne, 2005; Landsman 2007; Severinsson, 2003). However, as explicated from this current study, having a qualified supervisor is not the only important aspect to successful supervision.

Participants in the present study strongly supported the need to have autonomy in negotiating who their professional supervisor would be and the format their supervision would take. This has not been established in existing child protection literature specific to supervision practices; however, as noted earlier allowing active involvement of front-line workers in decision making processes contributes to job satisfaction and sustainability across many professional groups (LaMontagne et al., 2007; Michie & Williams, 2003; Shultz et al., 2010; Skagert et al., 2008; Wells, 2006). This study has established that the same principle of autonomy should be implemented when establishing professional supervision practices and is the first to acknowledge this link.

The current study is one of the few child protection studies that identifies that the effectiveness of professional supervision for CPWs is directly linked to the suitability of the supervisor and format of the supervision. Only two existing studies specific to child protection have also acknowledged that supervisor suitability and the type of supervision format offered are significant to reducing front-line CPWs workplace stress (Littlechild, 2005; Wells, 2006). What the current study adds to this finding is that where the format of group supervision is implemented, success of such supervision relies largely on the collegial trust experienced within the child protection team. The participants in this study reported group supervision to be ineffective as a means of debriefing for personal and organisational issues due to a lack of trust within the team. However, the poor outcomes of group supervision were linked to it being implemented during the peak of organisational change and staffing instability which interfered with the team dynamic. This finding is significant in that
it showcases that organisations must review and assess the team dynamic and individual needs of their front-line CPWs when offering professional supervision to ensure they are providing an effective service. The importance of professional supervision being tailored to the individual worker as well as the CPW team instead of being implemented as a ‘one size fits all process’ must be considered as of utmost importance to the well-being of CPWs and their workplace.

7.5.3 Peer support

While professional supervision is well recognised as a CPW stress management strategy, peer support has received little attention in the child protection literature. Yet this form of support boasts less formal constraints and greater accessibility than professional supervision. Findings from the current study show that during office interactions, CPWs sought out and consulted with their peers for a large portion of observed office based time (see chapter 4, figure 4.2). When considered along with the participant’s narratives of the importance of peer support for both professional practice and worker well-being (see Chapter 6, section 6.3.1.1), the benefits of peer support in managing workplace stress are evident in the current study. Organisational research has established that peer support can counteract workplace stress and therefore supports this study’s finding (Lambert et al., 2010; Lloyd & King, 2001; McGowan et al., 2006; Michie & Williams, 2003; O’Driscoll & Randall, 1999). Additionally, the nursing profession, which has many similarities to child protection, reports positive benefits arise from peer support that counteract workplace stress (De Cicco et al., 2006; Joiner & Bartram, 2004; Scott-Caziewell et al., 2004). Given the positive accounts of peer support in organisational and nursing research, as well as the current study, further research on the benefits of peer support specific to the child protection workforce is needed.

Despite such positive accounts of peer support, there is organisational literature that suggests front-line manager support is more significant in managing workplace stress than peer support (Maslach & Leiter, 2008; Muller et al., 2009; Ryan, Hill, Anczewska, et al., 2005). Findings in this current study dispute this and have placed greater emphasis for workplace stress management on peer support. In particular, within the context of the organisational changes that were occurring within this CPS, the participants reported that it was their peers that provided them with the support
needed to sustain their CPW roles. This finding demonstrates the importance of peer support in child protection work and must be acknowledged and encouraged by child protection organisations.

Published literature recommends that organisations accept responsibility for fostering and supporting the development of peer support between their employees (Lambert et al., 2010; McGowan et al., 2006; Ryan et al., 2005; Yoo et al., 2007). There is a body of nursing literature that supports employer input into peer support through the implementation of mentoring programs (Baverstock & Finlay, 2006; Davis-Dick, 2009; Gordon, 2000; McDonald, Mohan, Jackson, Vickers & Wilkes, 2010; McKinley, Denise & Pettrey, 2004; Mills, Francis & Bonner, 2008). Participants in the present study called for their employing organisation to provide team building activities as a means of promoting peer relationships and support, particularly when worker turnover was at its peak. As peer support in the current study fluctuated with worker turnover, which is shown in this study and existing literature to be an ongoing problem within child protection, it is recommended that child protection organisations continually assess workplace dynamic and collegial relationships. Accordingly, child protection organisations must play an integral role in establishing and supporting peer relationships, for example team building workshops and peer mentoring.

7.5.4 Work-life balance

The current study findings demonstrated that child protection work can impact on a CPWs personal life in a number of ways. These included health problems, inability to disengage from work and vicarious traumatisation (see chapter 6; section 6.4.2). Yet little child protection literature exists that explores the relationship between child protection work and its impact on a CPWs personal life, in particular for those CPWs who are parents themselves. While some studies have identified the impact of child protection work on a CPWs personal life (Azar, 2000; Dane, 2000; Ellett et al., 2007; Gibbs, 2009; Jayaratne et al., 1986; Morazes et al., 2010; Smith, 2005; Tham & Meagher, 2009), their acknowledgement is minimal. This is surprising given the well versed discourse of child protection work as challenging and emotionally exhausting (Conrad & Kellar-Guenther, 2006; Di Gulio, 1995; Jayarante & Chess, 1986; Littlechild, 2003). Research that investigates the personal consequences of child
protection work to its workers as well as management strategies to counteract these is needed.

The interplay between being both a parent and a CPW was identified as a key finding in the current study (see Chapter 7; section 7.4.1). Parent CPWs self-questioning their own parenting practices were revealed in the current study as direct outcomes of child protection work. Hyper-vigilance in parenting behaviours, such as being overly affectionate towards their own children, also emerged as a direct result of the exposure to child abuse and neglect cases. Finally, intrusive imagery of the child client’s abuse and neglect stories were reported to infiltrate into some workers’ personal time with their own children, minimising their enjoyment of this personal time. While organisational literature has contributed being a parent and a worker to work-life imbalance (Cleveland et al., 2006; Emslie et al., 2004; Grönlund, 2007; Lindfors et al., 2006; Nordenmark, 2002; 2004), child protection research has not investigated this phenomenon. Given the numerous ways that the current study shows that child protection work can infiltrate a parent worker’s personal parenting time, further investigation of the ramifications of being both a parent and a CPW is warranted.

In the current study all but one of the participants were female, with a number of CPWs having young children or were within child bearing age. This is significant as organisational literature identifies gendered dimensions to work-life imbalance with women reported to experience greater difficulty in balancing work and parenting than men (Cleveland et al., 2006; Emslie et al., 2004; Grönlund, 2007; Lindfors et al., 2006; Nordenmark, 2002; 2004). The significance of the impact of child protection work to parent CPWs discussed above along with the ramifications to work-life balance that results from a largely female workforce must be considered as an important issue for contemporary child protection organisations. Furthermore, strategies that could be employed by child protection organisations and CPWs themselves to balance these dual roles are needed.

Being a parent and a CPW was revealed in the current study to also have implications for their professional capacity and acceptance as a CPW. However,
Unlike the impact child protection work has on CPWs personal life, being a parent was perceived by the study participants as positively influencing their work lives. In particular, the development of worker-client relationships was reported as easier to achieve if the CPW was a parent themselves. As worker-client relationships were highlighted in this current study and existing child protection literature (Darlington et al., 2010; Walsh, 2006; Wells, 2006) as beneficial to achieving positive client outcomes, this finding is important to child protection practice. Discovering if all parent CPWs have greater success in initial development of worker-client relationships and if so, how they may approach this aspect of child protection work differently to non-parent workers may provide important insight into this area of child protection work. Additionally, the findings of the current study around the effects of being a parent and a CPW on both personal and work lives are significant in contributing new insight to the small body of child protection literature on work-life balance.

Given the current study’s findings of the relationship between child protection work and a worker’s personal life, ensuring a healthy work-life balance exists for CPWs is imperative. While management strategies for work-life balance have been identified in organisational research there is no evidence of this in published child protection research. Organisational research suggests that family-friendly workplaces that offer related work benefits to their employees (such as part-time or job share positions and flexible work hours) enhance job satisfaction and worker health and happiness (Brough et al., 2005; Kenny & Cooper, 2003; Pichler, 2009; Thompson, Beauvais, & Lyness, 1999). The current study findings concur with this organisational literature and provide a new dimension to child protection research. Participants in this current study shared their belief that having flexible work hours and part-time work options were considerations for remaining in their current employment and also increased their job satisfaction. This has implications for recruitment and retention of CPWs. Additionally, the importance of the aforementioned peer relationships and professional supervision were considered as important work-life balance strategies for counteracting the emotional effects of child protection work. This finding reasserts the significance of peer support and supervision to CPW well-being and sustainability in their role. Further research that confirms or presents alternative management strategies for ensuring CPWs maintain work-life balance is vital to
ensuring CPWs remain within this profession, are happy in their roles and are achieving optimal client outcomes.

7.6 Summary

This is the first instrumental case study to be conducted within an Australian CPS. Additionally, to date there are no other published studies that provide detailed, in-depth insight into what CPWs do and how they experience their working roles. This chapter has looked at the key findings from this study and addressed these facets of child protection work. Specifically this chapter has discussed what CPWs do, what the experiences of working in a CPS are for CPWs and managing CPWs workplace stress. Key findings within each of these areas have been identified, compared and contrasted with existing literature and new insights highlighted. Having discussed the key findings in this chapter, the next chapter will provide a concluding summation for this study that includes expansion on the implications and recommendations for future practice and research emulating from this study.
CHAPTER 8

Conclusion

Abstract

This chapter provides a summation of the findings of this study and outlines conclusions reached from the analysis of the observational and interview data collected. In light of the findings from the current study this chapter also presents the implications for CPWs and child protection organisations. The limitations and strengths of this case study are highlighted. Recommendations for future research are identified.
8.1 Introduction

There were a number of aims for this case study. The overarching aim was to investigate the day-to-day working life of CPWs within the context of working within a CPS. Additional aims of this study were to:

- Identify and increase the knowledge base of what CPWs do in their day-to-day working roles and how they experience their roles
- Determine the impact of child protection work on the workers’ health and sustainability
- Determine management strategies for identifying and combating negative impacts (workplace stress) that working in a CPS may have on the CPWs

To achieve these aims an instrumental case study was employed.

The instrumental case study presented in this thesis represents one child protection service (CPS) placed within a larger organisation. Fifteen participants comprising of CPWs, CWAs and service managers employed by the organisation to work within the CPS participated in the case study. Of the 15 participants, all consented to be observed in their day-to-day work activities, excluding one-to-one direct client therapeutic interventions and the professional supervision sessions of the workers. Additionally, 14 participants consented to partake in both informal and formal interviews. Field notes, a researcher journal and organisational documents were also used in this case study to gain insight into the case and address the research aims. The use of both qualitative and quantitative data collection in this instrumental case study enabled detailed and rich interpretations to be made of the case and the phenomenon of interest.

8.2 Summary of Findings

The findings of this study extend and add new insight and knowledge to the child protection profession as well as existing child protection research. Child protection research around workforce issues is limited. The current study has investigated and
presented important findings on what CPWs do, what CPWs experience when working in a CPS and how CPWs workplace stress is managed.

The findings of the current study have provided detailed, conclusive evidence of the multi-dimensional and complex nature of the CPW role, providing a contemporary picture of what CPWs do. Aspects of this role were shown to extend beyond the direct client care of child protection assessment and interventions, to include a wide range of non-direct roles such as documentation, attendance at staff meetings, liaising with DoCS and other community services and peer support. The impact of non-clinical roles on the time the CPWs can dedicate to client and family care was also detailed. The findings from this study suggest that the CPW roles are more complex and multi-dimensional than stated in existing literature. Additionally, this study provides a unique contribution to the finding of CPW role complexity and diversity as it is the first to offer evidence of this from combined quantitative and experiential findings. Overall, this study has contributed to child protection research by providing rich data on a complex social phenomena as well as laying the foundations for future child protection research that investigates the complexity of child protection work.

Participants in the current study highlighted assessment as one of their key roles. The assessment process was reported to be ongoing and intense and included legislative requirements of DoCS, the completion of extensive assessment documents and substantial increases to the CPW workload. Each of these factors reduced the time that CPWs had to implement direct client roles and were shown to contribute to the workplace stress of the CPWs.

While many family-centred interventions were identified and described in detail in this study, home visiting was the most widely used intervention. Despite contradictory reports in the child protection literature the participating CPWs emphasised that home visiting provided greater accessibility to their services and allowed for assessment of clients and families in their everyday environment. Additionally, the CPWs felt that home visiting needed to be combined with other interventions to create an effective family-centred model of child protection. These interventions included adult group therapy, play groups, cognitive behavioural therapy and financial management.
Another component of the multi-dimensional role requirements of child protection work, and an important part of the assessment process and family-centred interventions, was documentation. While the CPWs in this study indicated their understanding of the necessity of documentation they also believed that documentation requirements were becoming increasingly excessive and time consuming. They described documentation as overwhelming and greatly reducing time available for direct client roles. This study therefore highlights the need for child protection organisations and policy makers to review current documentation and ensure that while they meet legal requirements that they do not unnecessarily intrude into direct client care.

A significant finding from this study was that much of the workplace stress of CPWs arose from organisational and workplace issues rather than direct client work. This study emphasised organisational constructs that were instrumental to CPW and workplace well-being. Of these, two were noted as the most significant. These were organisational change and organisational communication. Organisational change, particularly at the front-line management level, created a workplace environment where CPWs felt unsupported by their organisation and subsequently undervalued as a worker. While organisational change must occur for organisations to evolve and maintain currency, such change must be acknowledged as difficult for front-line workers and managed effectively. In the current study, ongoing changes at both the organisational and CPS levels to staffing, workplace environment and child protection program implementation were experienced as disruptive and impacted on communication between the organisation and front-line workers.

Interagency communication was shown in this study to have implications for worker and workplace well-being. Feelings of being valued by the organisation and the CPWs decision to remain or leave this profession were influenced by the communication, or lack of, between the management and front-line workers. This study is the first to identify that modes of communication are important to the well-being and retention of CPWs. Face-to-face forms of communication, as opposed to technologically driven modes of communication, were shown as preferable for CPWs, in particular where peer support and client intervention validation were being
sort. Additionally, this study suggests that communication between different child protection agencies is essential for collaborative practice but often difficult to navigate. Despite the implications to CPW well-being and client outcomes being directly linked to communication, aspects such as preferred modes of communication and the negative impact of poor inter-organisational communication identified in the current study have not been acknowledged in previous child protection literature.

Unlike other studies that focus on the challenging and negative aspects of child protection work, this study emphasised that there were also rewards associated with being a CPW. This study showcases the sense of value and achievement CPWs experience when positive client outcomes or minor breakthroughs with difficult, multi-stressed families occurred. It is important to acknowledge that while child protection work is indeed challenging there are equally rewarding aspects to this line of work. Given the difficulties of recruiting and retaining CPWs acknowledging the positive aspects of this work may attract and retain more CPWs to this workforce.

The current study suggests that organisational support, appropriate professional supervision, peer support and maintaining a work-life balance were invaluable strategies for managing workplace stress. Organisational support, or the formalised support an organisation offers its employees, were reported in the current study as important to managing CPWs workplace stress and increasing job satisfaction. This included effective inter-organisational communication, having an accessible and approachable manager and the provision of professional development opportunities.

The current study has emphasised each of these facets of organisational support as integral to ensuring a fully functional, healthy and sustainable team of CPWs are engaged in child protection work.

A significant finding in the current study was that when providing professional supervision an organisation must consider the appropriateness of the supervision. The appropriateness of supervision was reliant on having an experienced and qualified supervisor, CPW autonomy in negotiating a supervisor that is their best fit, and, for group supervision, the presence of collegial trust. Overall, findings on professional supervision in this study demonstrate that supervision must be tailored to the individual worker and not provided as a ‘one size fits all’ process.
Findings from the current study demonstrated the importance of peer support in child protection work which must be acknowledged and encouraged by child protection organisations. Despite the fluctuations in staffing and management, participants reported that it was most often their colleagues that provided them with the support needed to sustain their CPW roles.

Finally, maintaining a healthy work-life balance was identified to be of great importance to the CPWs in this study. The current study findings demonstrated that child protection work can impact on a CPWs personal life in a number of ways. These included health problems, inability to disengage from work and intrusive imagery. However, of particular interest, and a key finding in this study, was the interplay between being a parent and a CPW. Parent workers experienced infiltration of their work into their private time with their own children, self-questioning their own parenting practices and hyper-vigilance in parenting behaviours. While being a CPW could negatively impact on parenting roles, the opposite was shown of the impact of parenting on the CPW role. Being a parent positively influenced their work lives in particular, the development of worker-client relationships which were perceived as easier to achieve for parent workers. Overall, maintaining a work-life balance was revealed to rely on both the individual CPW and employing organisation being proactive in this workplace stress management strategy.

8.3 Implications for CPWs

A key implication emerging for CPWs from this study is that their multiple roles need to be balanced. This would allow for the direct care of clients and families to be the primary focus of the CPW working day. This balancing of roles is particularly important when inducting and mentoring new workers into the workplace. It also has implications when CPWs are formulating their own professional development goals. As well as including workshops on direct client care, in particular the assessment process, they may need to consider attending workshops on time management and mentoring of new staff.
Professional supervision emerged as another strategy for promoting the health and sustainability of CPWs. Indicated by this study is that professional supervision is essential for CPWs and must be appropriate to meet the needs of each CPW. Findings from this study suggest that while child protection organisations should ensure appropriate professional supervision is always in place they also suggest that CPWs accessing professional supervision outside the workplace is beneficial to workplace stress management.

An implication that emerged from this case study is that CPWs need to establish peer support. Experienced workers must take responsibility to establish positive, mentoring relationships with new staff while maintaining their own peer support network. These networks would assist in preventing negative effects of child protection work thereby promoting and sustaining a healthy workforce.

Another implication for CPWs is that they must take ownership of their own work-life balance. Balancing work and personal life is imperative to the well-being of the CPW and their sustainability within this profession. Where CPWs are also parents they need to reflect on their professional and life boundaries and determine personal strategies for maintaining such boundaries. These strategies can be employed by all CPWs, both independently and within their peer support networks.

8.4 Implications for child protection organisations

The findings of this study indicate that child protection organisations must take responsibility to ensure CPWs can efficiently and effectively manage their complex and multi-dimensional roles. This implies that the organisation must first recognise the complexities within the CPW role and then the impact this has on the CPWs. There is also the implication that organisations must provide effective induction programmes and ongoing professional development opportunities. Additionally, the organisations must recognise the imposition of non-direct client care on CPWs workload. Mechanisms to streamline these activities could be considered by these organisations. This would involve complex processes and needs further investigation.

This study has emphasised the implications for CPWs that arise from organisational change, in particular when it occurs at the first line management level. The
implications that arise from this case study are that organisations must introduce mechanisms to protect workers during the process of change. These would include good communication networks and workers being involved in decision making processes at the front-line level. It is also evident from this case study that organisations need to institute secession planning at the front-line management levels.

In order to provide support for CPWs their employing organisations must take responsibility in educating their front-line managers in assessing workplace health and dynamics as well as CPWs job satisfaction and well-being. Furthermore, front-line managers must be well equipped in directing workers to appropriate resources. Front-line managers must also provide appropriate managerial styles that encourage support, harmony and approachability.

Evident from this study is that organisations must take responsibility in assisting CPWs to access professional supervision. This supervision should be external to their workplace and reflect both clinical practices and the personal impact of the workplace. Organisations should also provide both time and space for peer support and mentoring activities. Additionally, organisations must take responsibility for educating staff on the processes that ensure these activities are effective.

The findings in this study suggest that workers who are supported in maintaining work-family balance and tending to family commitments are happier in their role and more likely to stay in their current employment. It is therefore recommended that organisations pursue realistic ways of promoting work-life balance, such as flexibility in work hours and family-friendly policies. Further studies on implementing these activities in child protection are warranted.

8.5 Strengths and limitations of this study

This study has contributed new insight to the existing body of knowledge on what CPWs do and how they experience their day-to-day work lives. It has provided the first Australian data using an instrumental case study approach. This allowed for both quantitative and qualitative data collection and analysis which provided rich, detailed and rigorous findings.
The study provides new insights into CPWs workplace stress and provides knowledge on strategies that could be used to reduce this impact. Additionally, the observation tool has provided a mechanism to delineate aspects of the CPWs role, particularly into aspects of non-direct care.

A number of limitations are evident in this study. The small number of participants used in this study as well as all participants being recruited from a single study site may be considered as limitations of this study. However, the requirements of case study design meant that participation was limited to the CPWs employed within the study site. Furthermore, as is consistent with case study research, gaining rich and detailed insight into the phenomenon under study is considered more important than using large sample sizes (Creswell, 2005; O’Leary, 2004; Stake, 2003, 2008). In keeping with instrumental case study the findings of this study are not meant to be representative of all CPWs, CPSs or child protection organisations, but to provide important examples from a single case (the CPS) on what CPWs do with their time, how they experience child protection work and how their workplace stress may be managed.

While the observational tool developed for this study was piloted, it was limited by not being validated in previous research. To overcome this limitation careful consideration to the development of this tool was undertaken (see chapter 3, Section 3.4.4.3), allowing for consistent categorisation, recording and coding of the collected data (Polit & Beck, 2006).

The observations were also limited because of the restrictions placed on researcher access. Participants declining to be observed in one-to-one worker-client interaction meant that worker-client relationships could not be observed. Where worker-client interactions or contact with other services workers occurred via the telephone, the full context of the interaction could not be determined. Additionally, when more than one participating CPW were engaged in office based work roles simultaneously, it was only possible to observe one worker at a time meaning observational opportunities were lost. However, the formal and informal interviews undertaken in this study allowed for further exploration of the CPW roles.
8.7 Recommendations for future research

There are four areas of research that are recommended to be pursued as a consequence of this study. These are the multidimensional role requirements of CPWs, organisational characteristics that impact on CPSs and CPWs, support of CPWs in their day-to-day work lives and work-life balance of CPWs.

Further studies that investigate the impact and management of the multi-dimensional role requirements of CPWs are needed. Specifically, research that investigates the impact of role delineation between direct and indirect CPW roles to the CPWs workload and their involvement in direct family-client care are suggested. Furthermore, as a part of family-centred care in contemporary child protection practice, studies on the value of home visiting and models of a multi-interventions approach to child protection require further investigation. The evaluation of models of collaborative relationships between agencies involved in child protection work could also be investigated.

Organisational constructs that impact on CPS and CPWs need further exploration. In particular the impact of the organisational structure on the well-being of CPWs in other CPSs requires extensive study. As well, the impact of organisational constructs on CPWs well-being and workplace stability needs further research.

It would be useful to evaluate current models of professional supervision and compare the effectiveness of internal and external supervisory services. Investigation of the value of peer groups and mentoring in supporting CPWs may provide evidence to enhance CPW well-being and sustainability of the workforce. Similarly evaluation of induction programs for new workers may improve recruitment and retention, and provide models for best practice.

Further research into the area of the work-life balance of CPWs could include the development and evaluation of a model of flexible work schedules for CPWs. Experiential studies of CPWs who are parents and the interplay between home and work would also add to knowledge in this area.

Methodological studies on refining the observation tool developed in this study need attention. The development of validated tools for measuring the impact on CPWs of
working within a child protection organisation need to be developed that focus on the worker instead of the client outcomes.

8.8 Concluding Statement

This thesis contributes to the knowledge base of child protection work that could be used by individual CPWs and their employing organisations to work together to create a robust and effective child protection workforce. It has provided new insights into the day-to-day work life and workplace stress of CPWs. Specifically, it has highlighted workplace stress as a serious issue in contemporary child protection practice that impacts worker and workforce health and sustainability. Important information for child protection organisations in addressing the recruitment and retention difficulties experienced in child protection settings can be extracted from this thesis. Finally, this thesis has also added avenues for further research in this important area of family care and support.
References


Organisational Documents

Organisational Position Description Caseworker (2008).
Organisational Position Description Caseworker Assistant (2008).
Organisational Position Description Manager (2008).
Organisational Position Description Senior Practitioner (2007).
## APPENDIX A

### Literature Search Key Terms

<table>
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<tr>
<th>Term</th>
<th>Relevant Professional(s)</th>
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<td>Child welfare workers</td>
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<td>Child welfare</td>
<td>Case managers</td>
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<td>Child protection practitioners</td>
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<td>Physical child abuse</td>
<td>Family support workers</td>
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<td>Home visiting</td>
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<td>Emotional child abuse</td>
<td>Cognitive behavioural therapy</td>
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<td>Family preservation services</td>
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<tr>
<td>Child neglect</td>
<td>Family support services</td>
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<td>Child protection services</td>
<td>Workplace stress</td>
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<td>Statutory child protection services</td>
<td>Organisational stress</td>
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<td>Occupational stress</td>
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<td>Child protection workers</td>
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</tr>
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</table>
APPENDIX B

Support letter for authentication of research

18th May 2011

To Whom It May Concern

I certify that I am aware of the name of the organisation where the research for this thesis was undertaken and attest to the authenticity of the research. The student cannot reveal the full referencing title for the organisational documents as it would breach confidentiality.

Therefore, reference to this organisation will be referred to as the ‘Organisation’ or the ‘Child Protection Service (CPS).

Lesley Wilkes
Professor of Nursing
AN INVITATION TO PARTICIPATE

Rebecca O’Reilly, (a PHD student at the University of Western Sydney [UWS]) and Professor Debra Jackson (UWS) would like to invite you to participate in a study titled:

“Model of care: A family focused approach to promote child protection.”

We would like to invite you to share your experiences as a previous case worker or case worker assistant at [Organisation and CPS identified]. Participation in this study is entirely voluntary.

If you decide to participate in this study you may be assured of total confidentiality and anonymity. For more information about participating in this study, please contact:

Rebecca O’Reilly  
Phone: 0416158393  
Email: re.oreilly@uws.edu.au

OR

Professor Debra Jackson  
Phone: 46203532  
Email: debra.jackson@uws.edu.au

NOTE: This study has been approved by the University of Western Sydney Human Research Ethics Committee (HEC approval number: HREC 08/071). If you have any complaints or reservations about the ethical conduct of this research you may contact the Ethics Committee through the Research Ethics Officers (telephone: 02 45701136). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome. If this research should cause any distress, you may contact a chief investigator for referral to counselling.
APPENDIX D

Study Information Sheet

Dear participant,

This study is being undertaken by Rebecca O’Reilly who is a PhD student of the University of Western Sydney (UWS). The project is being supervised by Professor Debra Jackson (UWS), Professor Lesley Wilkes (UWS), Dr Lauretta Luck (UWS) and Jenni Hutchins (Organisations Senior Manager).

The purpose of this study is to capture the experiences and practices of workers involved in child protection services. This project aims to describe family-centred interventions for child protection delivered by a child protection service and to describe the child protection workers’ experiences in implementing these interventions. It also aims to enhance the knowledge base around the importance of relationships between the child protection worker and vulnerable clients, and the impact of this on the worker from the workers’ perspective. Recommendations that may inform policy makers, child protection administrators and interested stakeholders in enhancing current guidelines for child protection services in the implementation of effective family-centred interventions and worker and workplace well-being will be developed.

We would like to invite you, as a child protection worker, to share your experiences in relation to providing care for vulnerable families and children in the Child Protection Service. You are in a unique position to provide highly valued and relevant information around the current interventions you are providing to your clients from this Child Protection Service, and the way in which they affect both you and your workplace well-being. Participation in the study would involve allowing the researcher to observe you in your daily activities in the workplace and being interviewed by the researcher. You will be asked to complete a consent form that will indicate the type of data collection method you are willing to participate in (described below).

Observation: The researcher will observe you carrying out your workplace activities. In all situations only observations of you, as a child protection worker will be recorded. Their will be no information about the clients recorded. Furthermore, the researcher will not be participating in any way in the relationship between you and your clients or colleagues. The client will be provided the opportunity to verbally consent for the researcher to observe any activities involving them. In the event of the client refusing such consent, the researcher will immediately leave the location of the activity.
Interviews: The in-depth interviews will be face to face with Rebecca O’Reilly, be prearranged for a convenient time and are expected to take approximately 1 hour. With your consent, the interviews will be audio taped to ensure correct interpretation of the information you provide. These interviews will occur at a location in the field that ensures privacy to allow you to speak freely. The other type of interview that you may consent to participate in are conversational (informal) interviews which will occur as soon as possible after the researcher witnesses an event or occurrence in the field that warrants further investigation.

Please be assured that this study has the full support of the Organisation and will occur within your working hours only. In the event that this study brings about any psychological distress or harm to the participant, support and counselling can be sought from the list of the services provided to you with this information letter.

The results of the study will be reported to the Organisation, presented in an in-house Organisation presentation, included in Rebecca O’Reilly’s PhD thesis, and disseminated in journal publications and conference proceedings. The research team would like to ensure you that confidentiality of your identity, anonymity and privacy will be maintained at all times. There will be no identifying details included in any dissemination of findings, with all identifying details being replaced with pseudonyms. Furthermore, all data will be stored on a password protected desktop computer or in a locked filing cabinet in the office of the student researcher at the UWS campus.

Please be advised that your participation in the study is completely voluntary and you may withdraw from the study at any time without providing any explanation and without penalty to you, your position within the service or the service itself. For any inquiries regarding the study please contact:

Rebecca O’Reilly
Phone: 0416158393
Email: re.oreilly@uws.edu.au

OR

Professor Debra Jackson
Phone: 4620 3532
Email: debra.jackson@uws.edu.au

NOTE: This study has been approved by the University of Western Sydney Human Research Ethics Committee (HEC approval number: HREC 08/071). If you have any complaints or reservations about the ethical conduct of this research you may contact the Ethics Committee through the Research Ethics Officers (telephone: 02 45701136). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome. If this research should cause any distress, you may contact a chief investigator for referral to counselling.
APPENDIX E

Formal Interview Guide

Semi-Structured Interview Concepts

Domain: Introduction of participant:
Can you tell me what your qualifications are and how long you have had them for?
Can you tell me your role and title within the service?
How long have you been with the service for?
Have you worked as a child protection officer with any other service? If so, when?

Domain: Family-centred interventions:
To start with, can you describe how you assess a referred client, their caregivers and the family unit?
Could you explain the types of interventions that are implemented/used within this service?
Once you have assessed the client, can you tell me how you choose the type of intervention/s that are required?
Can you tell me a story about a case that you feel was successful because the assessment and implemented interventions worked well?
Now can you tell me about a case where the assessment and subsequent intervention did not result in any change to the family situation?
I would love to know how you feel about the interventions you are currently using with your clients - can you describe this to me?
Can you share with me which interventions you prefer to use and why?
How do you assess if the interventions in place for a client are successful/working? If they are not successful what do you do?

Category 2: Workplace environment:
I am really interested on your thoughts and feelings of the overall running of this service. Can you share these with me?
I would like you to think of some times when the workplace environment has been very positive for you – can you tell me about these?
Can you share some ideas on how you perceive a good, healthy workplace environment?

Can you relate any of these points to this workplace environment?

Can you describe the aspects in the workplace that assists your ability to implement effective family-centred interventions?

Can you describe anything in the workplace that impedes your ability to implement effective family-centred interventions?

Do you have any suggestions for how these could be addressed?

If you have worked in a previous child protection service can you compare that service this service for the following areas:
   1. Things the other service did better
   2. Things the CPS does better

Can you share with me your opinions of the office set up at the CPS.

**Category 3: The worker**

Can you tell me how you feel about working with?
   1. Victims of child abuse and neglect
   2. Perpetrators child of abuse and neglect

I am going to give you some words or statements. For each of these can you share with me any events during working as a Child Protection Worker in this service that you can relate to these? (I need to take notes)
   Happy and positive
   Angry
   Sad or negative
   Emotionally drained and exhausted
   Made you question why you were a child protection worker
   Made you feel that you had achieved what you wanted to achieve

Can you describe to me how you felt following……give the examples given in response to above points.

Can you tell me how you might feel if interventions you had implemented for a client and their family are not successful?

Can you share with me how you feel when interventions you had implemented for a client and their family are successful?

Can you tell me of any times while working within this service that you feel you may have experienced
   - worker burnout
   -stress related to work
- emotional trauma related to a client/family

Can you share with me what happened at these/this time?

Did you feel that at these times or any other times that you needed some support within the workplace?

Can you tell me if you felt that you received the support you needed and what kind of support this was?

Can you summarise the best aspects, for you, in working at Scarba.
APPENDIX F

Follow-up Interview Guide

1. Can you describe your understanding of the CPS philosophy?

2. Can you describe the assessment process for a new client?

3. What is your view of this assessment process?

4. Can you tell me what the most commonly used interventions within this service are?

5. Can you describe these interventions to me – what do you do within each intervention?

6. How effective do you think these interventions are?

7. Do you think the interventions meet with the CPS philosophy and policies?
   - If yes how?
   - If no why?

8. Are there any other interventions that you would like to use and why?

9. What do you think are the most important factors to CPW well-being on
   - a personal level
   - a workplace level
   - organisational level
APPENDIX G

Verbal script for non participants

Hello, my name is Rebecca O’Reilly and I am a PhD student at the University of Western Sydney. I am currently doing a study for the [Organisation name] and my PhD on the daily experiences of child protection workers in delivering child protection services. The aims of this study are to describe the interventions for child protection delivered by a child protection service and to learn more about the child protection workers’ experiences in implementing these interventions. It also aims to increase knowledge on the importance of relationships between the child protection worker and their clients, and the impact of this on the worker. I would like to ask you, as a client of the [child protection] service, to allow me to observe your case worker as he/she interacts with you today. I would like to reassure you that I will not be collecting any data about you or from what you say during this interaction. Your name or any other identifying details will not be used or mentioned in any way in this study. Only data from the worker will be used. I have an information sheet about the study for you to have which provides more detail about this study. If you do not wish me to observe the interaction between yourself and your case worker I will immediately leave this room. Please be assured that your consent is completely voluntary, you are in no way obliged or expected to allow Rebecca to observe this interaction. If you choose to decline to consent it will not result in any penalty or negative consequences to you.

Do you give permission for Rebecca to remain in the room and observe your case worker during your interaction with him/her?

If the client consents I will thank them.
If they decline I will thank them for their time and leave the room immediately.
### APPENDIX H

**Structured Observation Tool**

<table>
<thead>
<tr>
<th>Observation number:</th>
<th>Client focused Job Task:</th>
<th>Worker focused Job Task:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Initial assessment</td>
<td>1. Meeting</td>
</tr>
<tr>
<td></td>
<td>2. Contact between biological parent/s &amp; child in out of care</td>
<td>2. Debriefing (specify who with)</td>
</tr>
<tr>
<td></td>
<td>3. Counselling with client</td>
<td>3. Supervision session</td>
</tr>
<tr>
<td></td>
<td>4. Counselling with clients parents</td>
<td>4. Formal discussion (specify reason &amp; who with)</td>
</tr>
<tr>
<td></td>
<td>5. Counselling with clients other caregiver (specify)</td>
<td>5. Informal conversation</td>
</tr>
<tr>
<td></td>
<td>6. Family counselling</td>
<td>6. Telephone contact (specify who with)</td>
</tr>
<tr>
<td></td>
<td>Group Counselling session:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. clients</td>
<td>7. Other (specify)</td>
</tr>
<tr>
<td></td>
<td>8. parents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. caregivers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. families</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home visit with:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. client</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. parent/s</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13. caregivers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14. families</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15. Group therapy (specify type and who for)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>16. Telephone consult (specify who with)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>17. Educational session (specify type and who for)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18. Documentation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>19. Meeting/case conference (specify type and who present)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20. Referral</td>
<td></td>
</tr>
<tr>
<td></td>
<td>21. Closing/ending episode of care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>22. Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

**Who is activity with?**

1. Other CPW
2. Site manager
3. Area manager
4. Other service worker
5. DOCS worker
6. CWA
7. adult
8. child
9. Infant under 2 years
10. Other (specify)

**Location of activity:**

1. Staff room
2. Meeting room
3. Office area
4. Client home
5. Counselling room on site
6. Other (specify)

**Worker action:**

1. Introduction
2. Demonstration
3. Referral (specify who and to where)
4. Questioning
5. Encouraging
6. Motivating
7. Educating/teaching (specify e.g. behaviour management, managing money, stress management)
8. Talking
9. Reducing anxiety
10. Negotiating conflict
11. Comforting
12. Informing what will happen to client/family/worker (specify)
13. Developing client contract
14. Advocating
15. Discussing actions of client, parent/caregiver
16. Discussing interventions
17. Answering questions
18. Advising
19. Other (specify):

---

CPW = Child Protection Worker  
DOCS = Department of Community Services  
Client refers to the child who has been referred to or accepted by the service.  
NB: Field notes will also be kept to supplement the data.
## APPENDIX I

The 42 Interview Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<td>3</td>
<td>being heard</td>
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<td>4</td>
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<td>8</td>
<td>client self belief–self esteem</td>
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<td>9</td>
<td>different worker approaches</td>
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<td>10</td>
<td>DoCS</td>
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<td>11</td>
<td>Empathy/Understanding/over-identification/getting too involved</td>
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<td>12</td>
<td>empowerment</td>
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<td>13</td>
<td>feeling valued or not valued</td>
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<td>feelings towards perpetrators</td>
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<td>flexibility</td>
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<td>inter-team dynamic</td>
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<td>interventions</td>
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<td>its not about me its about them</td>
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<td>its up to them</td>
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<td>laughter-hope-emotion</td>
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<td>workplace stability</td>
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</table>
APPENDIX J

Reflective Journal Entry

JOURNAL ENTRY: 24
DATE: 19.09.08

This morning I arrived to interview Jamie and found only Jamie in the office area. It was so quiet. Rose and Joe do not work on Fridays and Ivy was on an ADO, Sandy was out of the office but coming in later and Tulip was around but not in the office area. It was so quiet and peaceful. I mentioned this to Jamie and she said that it is often like this on a Friday and is great but she also informed me that there are new staff starting soon and when this happens it may be busier in the office on the Friday depending on how many of them actually work on the Friday. Jamie informed me there is a new CPW starting full time next week Jamie also told me that the site manager has employed 2 part time CW’s to fill the another program – combined these 2 positions will be a 1.3 position. I found that it was really nice to be in the office when it was so quiet and it was great for Jamie and I to be able to have her formal interview in the staff room that is just off the office area. Usually for interviews we need to go over to the cottage rooms as it is too busy and noisy in the office area.

The interview with Jamie went well and she spoke candidly to me about the issues that were being experienced when she first began at Scarba. These were what I saw when I first entered the field prior to data collection when there was a different site manager and a different senior prac. What I noted was that the staff morale was quite low and they were very staff deficient. There was a lot of stress within the work environment that I could sense. Jamie spoke of this to me and her experiences when first starting at Scarba, which was only a few months before I entered the field. I also feel that I am getting some data saturation beginning now with what the workers feel make a healthy work environment, such as being listened to and included in decision making, having good peer support and supervision, having management that has clinical experience and knowledge, having a senior prac that is supportive, having a happy and supportive team, having clear and effective communication with DoCS and BenSoc and having adequate resources.

After the interview I went for a coffee with Jamie and Tulip and it was lovely to see how relaxed they are together. They informed me that they regularly have a coffee together on a Friday. They talked about general things and not once was work talked about during this coffee break. We then returned to the centre and had a quick lunch and then they were back into work. Tulip was very busy catching up on her clients’ notes as this was her last day before a 5 week holiday and she wanted to make sure her notes were up to date for the CW taking over her workload (which will be Jessie).

Sandy arrived while I was there and called first Tulip into her office for a talk and then Jamie. I did not know what they talked about but did not get the impression it was anything negative. I left while Jamie and Sandy were talking.
APPENDIX K

Organisations Ethical Approval Letter

To ensure confidentiality all organisational and CPS identifying details have been removed from this letter.

To whom it may concern,

Re: ARC Linkage Project “Model of care: A family focussed approach to promote child protection.”

This letter is to confirm our full support for the project titled: “Model of care: A family focussed approach to promote child protection”, being conducted by PhD candidate, Ms Rebecca O'Reilly under the supervision of Professors Jackson and Wilkes and

The Research Approvals Committee ... the relevant internal committee, has approved this project. This Committee considers the rigour of the research design, some ethical issues and the relevance of the research to the services delivered by ... Senior Manager at ... will actively participate in this study and provide the necessary support and assistance required for optimal progress of the project.

welcomes the opportunity to be involved in this project. We believe this research will make an important contribution to the future development of our child protection services. We look forward to hearing from you.

Yours sincerely

Senior Manager Research and Evaluation
APPENDIX L

Participant Consent Form

Consent Form

“Model of care: A family focused approach to promote child protection.”

I have read the information sheet for this research project, have had any queries/questions answered by the researcher, and I agree to participate in (please tick the box or boxes that are relevant):

☐ 1. Observation of me, carrying out my workplace activities. Observation will only occur during client activities if the client verbally consents to the presence of the researcher.

☐ 2. Formal interview that will take approximately 1 hour and will be audio taped.

☐ 3. Informal interview that will occur as soon as possible after the researcher witnesses an event that warrants further investigation.

☐ 4. All of the above.

I agree to all de-identified data collected from the consented methods above being used by the researchers in reports to the Benevolent Society, future publications, conference proceedings and the student researchers PhD thesis.

I am aware that my confidentiality will be assured and I may withdraw consent at any time, without offering a reason and without penalty.

Name _____________________________

Signature __________________________

Date _____________
APPENDIX M

List of Counselling Services

College of Social & Health Sciences
School of Nursing

Counselling services:
IPS Worldwide:
This service is a free counselling service to all Benevolent Society staff via the Employer Assistance Program. It is external to the service, fully confidential and offers counselling and after hours telephone crisis counselling.
Phone: 1300 367 689
After hours phone: 1800 451 138

South Western Sydney Area health Service Community Health Centres:
These services offer free, confidential counselling service.

Ingleburn
Phone: (02) 9605 8900
Fax: (02) 9618 2219
Address: 59a Cumberland Road, INGLEBURN NSW 2565

Bankstown
Phone: (02) 9780 2777
Fax: (02) 9780 2899
Address: 36-38 Raymond Street, BANKSTOWN NSW 2200

Fairfield:
Phone: (02) 9794 1700
Fax: (02) 9794 1777
Address: 53-65 Mitchell Street, CARRAMAR NSW 2163

Liverpool
Phone: (02) 9828 4844
Fax: (02) 9828 4800
Address: Cnr Campbell & Goulburn Streets, LIVERPOOL NSW 2170

Website: www.directory.nsw.gov.au/showorgunit.asp?id=%7B992D2BB6-69E8-40C4-B886-0CFA1E36C632%7D

Lifeline:
This is a free telephone counselling service that operates 24 hours a day, any day of the week. They also provide information about other support services that available in communities around Australia. Phone: 13 11 14. Website: http://www.lifeline.org.au/find_help/service_finder
APPENDIX N

Observation Field Note Entry

Observation number: 17
Date: 31.07.08

I observed interaction between a senior CPW and 2 other CPW’s where the senior CPW was leaving early from office to go home. If site manager is not present then this senior CPW is the contact person for the CPW’s to inform of safe return back to the office after being on an off-site client contact intervention. CPW’s must tell the senior CPW or the site manager when and where they are going and their estimated time of return. If they do not return by the time given then the site manager or the senior CPW will call them on their work phone. If returning after hours (5pm) then the protocol is to let the site manager know by sending her a text message. As the senior CPW was leaving early today she informed the 2 CPW’s who are having off-site client contact that they will need to let site manager know when they leave, where they are going and when they return to the centre. Both would be returning after hours at about 5.30pm. The senior CPW also stated that the site manager does not want the CPW’s to work outside of normal hours unless unavoidable. One CPW thought that although technically finishing time is 5pm that there was something written that up to 5.30pm was not considered after hours. The senior CPW informed the CPW’s that it was now after 5pm that was considered after hours. One CPW also asked if since there were 2 of them returning at the same time could they be accountable to each other for their safe return. The senior CPW said no and insisted that they contact the site manager as previously explained and if they could not get in touch with the site manager then to let her know. Both CPW’s agreed to do this.
APPENDIX O

List of Child Protection Interventions

- Group therapy
  - art groups
  - play groups
  - angel blanket group
  - money minded group for adults (budgeting workshops)
- Play therapy
- Art therapy (individual)
- Case management/casework
- Home visiting
- Individual counselling
- Family counselling
- Linking/referral to external and community services/agencies
- Provision of concrete services e.g. transport
- Advocacy
- Contact visit supervision
- Visualisation therapy
- Narrative therapy
- Solution focused brief therapy
- Strength based therapy
- Education
- Role play
- Crisis intervention
- Goal setting
- Emotional release
- Cognitive behavioural therapy