How do Child Welfare Supervisors Approach Ethical Dilemmas in their Practice?

by

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Bachelor of Child and Youth Care, University of Victoria, 2015

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Supervisory Committee

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Abstract

Although there is extensive literature on supervision in the human services, there is limited research specific to the stories from supervisors in child welfare, in particular in Canada. This inquiry sought to understand how child welfare supervisors navigated through ethical dilemmas in their practice and how their approach influenced decision making. In addition, specific attention was paid on whether these practitioners used critical reflection in their approach to decision making. Findings indicated that these child welfare supervisors relied primarily on their personal moral framework. They encountered frequent dilemmas in highly complex work environments. Further, they endured ethical tensions as a result of not being able to enact their ethics amid work place barriers. These ongoing tensions often resulted in leaving these supervisors depleted emotionally and physically. Critical reflection in action was used in some cases when examining the context of the family in the process of ethical decision making. As with recent studies, this inquiry found that child welfare supervisors often stepped away from reflection in action for self-preservation and relied more heavily on reflection on action. Implications for future studies and recommendations for child welfare practice are discussed.
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Dedication

This inquiry is dedicated to the memory of my father who passed away shortly after my arrival to Victoria to commence my graduate studies. In the latter part of my undergraduate studies and prior to my graduate classes, my father suffered significant physical health related issues. I struggled with the idea of moving forward with the graduate studies at that time, but he encouraged me to attend and had always strongly advocated for me to take risks and to achieve my academic goals. What I appreciate most about my Dad was his total unconditional, unwavering love and support for me. I understand this is such a beautiful gift and his giving nature shaped the course of my life in so many ways.
Supervisors in Child Welfare have a multifaceted role. Perhaps most important is that they provide critical support to child welfare workers in ethical decision making throughout the lifespan of a case. Studies have demonstrated that effective supervision improves overall front-line worker job satisfaction, reduces stress, and helps to develop resilience in the helper to manage the demands of today's ever-changing work environments (Beddoe, 2010; Beddoe, Davys, & Adamson, 2014; Noble, Gray, & Johnston, 2016). Fook (2007) adds that effective supervision involves a reflective process whereby one improves practice through learning from one's own experience. Recently there has been a call for a different kind of supervision, one that is more “critical” in nature. There is substantial literature and research in social services emphasizing the desire for the application of critical reflection in practice (see, for example, Fook & Gardner, 2007; Hair, 2015; 2014; Noble, et al., 2016). Critical reflection can be a transformative process that can often involve carefully evaluating and challenging thoughts, feelings, values, and beliefs. In some cases, it can also involve an exploration of structures of power that influence approaches to practice (Fook & Gardner, 2007). As a supervisor of child welfare workers and residential child and youth care (CYC) workers in child welfare practice, I am concerned about the struggle to prioritize critical reflection when approaching ethical dilemmas due to competing demands of increased paperwork and reporting measures. Throughout my experience, there has been reliance on individuals to be critically aware and make ethical decisions under resource-deprived, financially restrictive environments, which are heavy in compliance and accountability measures. Goddard and Hunt (2011) found that cuts in funding across helping services
sectors, as well as political pressure over the last few decades, have resulted in organizations moving toward a defensive kind of supervision. This heavy emphasis on compliance and rule following could be a deterrent in organizations who strive to provide critical supervision. Adding to the challenges are that both supervisors and child welfare workers are engaged in highly contentious, crisis-oriented work environments that are often emotionally exhausting and publicly scrutinized. Perhaps even more distressing is that these challenging work environments can have a detrimental effect on clients. Poor outcomes for the service users may lead to paralysis and powerlessness in the worker. Fook and Gardner (2007) echo this sentiment, suggesting along with the sense of helplessness is uncertainty and buckling under the pressure of risk-based management in fear of political or media exposure. Further, they note the increase in complex cases while balancing the demands of paperwork, and caseload size.

Considering the systemic barriers and stress faced by child welfare workers in an attempt to provide effective services to children and families, and that ethical decisions impact human lives, a shift to prioritizing a critically reflective practice seems imperative. Fook (2015) argues the importance of incorporating critical reflection into practice in environments that are based on compliance in order to hold ourselves and our organizations accountable.

Inspiration and Purpose of Research

My inspiration for doing this research comes from my career over the last thirty-six years as a child and youth care worker in child welfare. I have had a strong desire to continue to advance practice that improves outcomes for the families that I am privileged to work alongside. I initially had idealized notions of what that support, or "help" would
be as a new CYC worker. Over the years, through my experience in mandated services, I have realized structures set up to support often forced compliance on others. Further, such structures have also produced less than desirable outcomes for many of the youth exiting out of care (see, for example, Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Kovarikova 2017). The focus in my work has had two purposes: to support and advocate for children and families and to consider ways to change the system. I have a personal struggle as a less than perfect ally in a system filled with ethical tensions. In my darkest moments, I have a nagging worry about whether I have done anything to improve the trajectory of the young ones that have been entrusted in our care. This worry has been heavily reinforced by those outside the profession with narratives that describe the work I do. For example, newspapers, social media, and the general public's perceptions often convey the idea that a child might be unnecessarily apprehended. On the flip side, there are the legal mandates of the child welfare profession, allied professionals, and community members, who have expectations that timely intervening with children, youth, or families is necessary. At times these narratives reinforce my inner angst. Mostly, I am troubled that these problem saturated narratives do not resemble me or some colleagues that I work with. Despite these negative narratives, I am confident that I do approach my work with a positive attitude, compassion, and care, and a desire to continue to learn and transform my practice. I have been blessed to be mentored by leaders who have been compassionate and strong in their efforts to change the paradigms of a provision of care that will improve the outcomes for our service users. Ideally, I hope to work collaboratively with my colleagues to share their thoughts on the strengths and challenges of ethical decision making in our community, in efforts to continue to
transform the work we do in our organization. This work is relational and comes from an ethic of love. hooks (2001) wrote: "We do this by choosing to work with individuals we admire and respect; by committing to give our all to relationships; by embracing a global vision wherein we see our lives and our fate as intimately connected to everyone else on the planet" (p. 87-88). Further, she argues removing our fear, and embracing an ethic of love can lead us to "radical change" (p.90). In this vein, I approach this qualitative study appreciatively and with curiosity to understand how supervisors in child welfare navigate through ethical dilemmas in their practice. Two questions that will guide my research are: How do child welfare supervisors’ approach ethical dilemmas and what processes do they use to influence their ethical decision making? How does critical reflection play a role for supervisors in responding to ethical dilemmas in child welfare?

**Thesis Organization**

This thesis is divided into five chapters. This chapter has provided an introduction, inspiration for the study and purpose of the study. The second chapter is devoted to a literature review of key terms, a description of ethical dilemmas, as well as supervision and research studies involving critical reflection. The third chapter includes the methodology which situates the inquiry. Here I highlight my positionality, the participants, and describe the research design and methods used throughout the study. The fourth chapter includes the findings and discussion. Finally, the fifth chapter includes implications, limitations, recommendations, and concluding thoughts.
Chapter 2: Literature Review

This literature review will first, define and describe key terms in my study, including child welfare, compliance in child welfare, ethics in child welfare, ethical decision making in practice, and supervision. Second, I will explore the context that decision making occurs in for a supervisor in child welfare. Third, I will describe critical reflection and provide a summary of the research of critical reflection in social work focusing on child welfare practice in general.

Throughout this literature review, I refer to the child welfare worker, social worker, or child welfare supervisor in social services work, but those who work in the profession of child welfare come from diverse fields of study, including Child and Youth Care Workers (CYC). Also, as my research is in Northwestern Ontario, I will be referring to the legislation and mandates within Ontario Child and Family Service Organizations (CAS).

Child Welfare

Child welfare in Canada is a mandated service directed by legislation unique to each province and territory (Fallon, Filippelli, Black, Trocme, & Esposito, 2017). In Ontario, as of 2017, there were 47 independent, not for profit organizations including nine Indigenous agencies and three religious agencies (Ontario Association of Children’s Aid Societies, 2017). Each agency is run on a community governance model, based on the premise that each community has specific needs and interests; therefore, a group of volunteer board members from the community oversees the organizations "functioning and financial well-being" (OACAS, 2017, para, 5.) Each agency has an executive director that is responsible for the delivery, administering, and development of all programs, and
services. The executive director also oversees all mandated functions under the Ontario Child, Youth and Family Services Act (OACAS, 2017).

Child Welfare in Ontario is governed by the Ontario Child, Youth and Family Services Act. The purpose of the act is to "promote the best interest, protection and well-being of children" (Child, Youth and Family Services act, para 1, 2017). The purpose of each Children’s Aid Society (CAS) according to the act is to: a) investigate allegations or evidence that a child might be in need of protection and b) protect children when necessary (Child, Youth and Family Services Act, 2017). Also provided is an array of services including, family support, accessing community resources, support to youth in care, support to young adults leaving care to the age of 21, adoption services, and in some organizations, mental health, and developmental services (Child, Youth and Family Services Act, 2017). According to the OACAS (2018), the top reasons for service in 2014/2015 in order, were “request for assistance, child exposure to partner violence, a caregiver with a problem, physical force and/or maltreatment, and inadequate supervision” (para.3).

The primary focus of the CAS organizations in Ontario is the safety and well-being of the child. The Child, Youth and Family Services Act places emphasis on supporting children and youth to stay in their own families, although some must come into care due to unsafe conditions (OACAS, 2017). According to OACAS, (2015), 97% of investigations result in children remaining in the home. In Ontario, there has been an increased focus on family finding and placing children and youth in Kin Care Families when removed from their home. Kin can be described as other immediate family
members, extended family, and significant others in the child or youth’s life (OACAS, 2017).

**Compliance in Child Welfare in Ontario**

Supervisors in child welfare in Ontario operate under a legal mandate with standards in place that influence and guide decision making in practice. There are a number of reviews, training processes, and performance measures put in place with the intention of ensuring workers and foster families are adequately trained to work with service users and that they are meeting the standards. The performance indicators are intended to make the work transparent to the public as well, to collect data to highlight areas of strength and identify areas needing improvement in the various organizations (OACAS, 2018).

**Reviews.** There are several reviews to monitor organizations for meeting the standards for children, youth and families involved with CAS organizations. These include the annual crown ward licence review (now known as the extended society care review who include children and youth that are long term wards of the system), the annual group home licence review, and the annual foster care licencing review.

**QIP.** The quality improvement plan (QIP) is a requirement implemented by the ministry over the last two years to address “non-compliance with the directives and standards for child welfare” (Ministry of Children, Community and Social Services, 2016, para. 5). In my organization, progress in meeting standards is monitored quarterly
through manual audits of the system, and the agency is provided with reports in order to address areas of non-compliance.

**CPIN.** The child protection information network (CPIN), is a gradual plan implemented over a number of years to integrate all CAS's in Ontario into one universal information system (Ministry of Children, Community and Social Services, 2016). This system has strict timelines and procedures for documenting intakes, investigations, ongoing work, supervision, and other compliance measures as per ministry standards. This system was a key recommendation from the Jeffrey Baldwin and Kaetlynn Sampson death inquests (see, for example, OACAS, 2016).

**Mandatory training.** Mandatory training in child welfare in Ontario includes a new hires training, called the child welfare pathways to authorization using an anti-oppressive framework. This framework increases focus on Indigenous issues, human rights, issues of equity and anti-racism (OACAS, 2018). Also, there is mandatory training for conducting home studies for potential foster parents called SAFE (Structured Analysis Family Evaluation), and a training series for prospective foster parents called PRIDE (parent resources for information, development, and education) (OACAS, 2018).

**Ethics in Child Welfare**

Many ethics are in play when engaged in decision making in child welfare practice. Although not an exhaustive review of the literature on ethics, I will provide an overview of deontological ethics, teleology, consequentialism, utilitarianism, virtue ethics, ethics of care, ethics of responsibility and constructionist ethics.
Lonne, Harries, Featherstone, and Gray (2016) define ethics as approaches that lead to a stronger awareness and development of professional learning in the area of “moral matters” (p.14). The Harvard good work project reported that professional ethics are shaped through influences such as personal values and beliefs, education and mentors in the profession, factors such as power and status, and professional codes of ethics (Gardner, 2010). Hugman and Carter (2016) add that one's work organization would also be a factor in facilitating ethical practice. The Canadian Association of Social Workers (2005) describes a code of ethics as a set of values and principles that guide a social worker's professional conduct. The social work association cautions that the code of ethics is not meant to be prescriptive, and the worker should consider the social and cultural context in decision making (Canadian Association of Social Workers, 2005). At the same time, Gray (2010) observed that most codes of ethics and certainly from my perspective in the case of child welfare legislation, are deontological. This concept means they are prescriptive and based on reasons concerning set duties and rules to follow (Gray, 2010). Further, those deontological ethics are focused on risk-based management which may result in an internal conflict with remaining in touch with one's ethics (Gray, 2010). Reynolds (2012) speaks about the "spiritual pain" (p.21) that occurs within when we are not in line with our ethics. On the one hand, principles and codes have benefits in helping to govern ethical behaviour in a profession and act as a guide to ethical decision making (Banks, 2012). In addition, deontological ethics value duty, impartiality, and respect for the autonomy of the individual (Carey & Green, 2013). On the other hand, deontological ethics have been criticized for being restrictive and often applying
universal principles which do not consider the context surrounding an ethical issue (Lonne et al., 2016).

Although deontological ethics are one perspective in child welfare, there are other approaches at play, including teleology. Where deontological approaches are concerned with the duty to act according to set rules and regulations, teleology is concerned with the “ultimate ends” and consequences in approaching ethical dilemmas (Lonne et al., 2016, p.20). The perspective of teleology is the belief that one has an innate potential for goodness (Lonne et al., 2016). In child welfare, for example, this would mean that with the right guidance, the client can make the best possible decisions. This perspective comes from the view if a person is not doing well in life, it is because they are seeking fulfillment in the wrong places (Lonne et al., 2016). A risk to this ethical stance is holding others accountable for their circumstances such as living in abject poverty. Under the branch of teleology, consequentialism is an ethic where one is concerned with outcomes, or the consequences of ethical decisions (Carey & Green, 2013). In child welfare, this could be seen in examining the risks or benefits of removing a child from their home (Lonne et al., 2016). Utilitarianism is a consequentialist perspective that focuses on decisions that will benefit the most people in a given situation (Carey & Green, 2013). For example, a supervisor may decide to remove a young person who is seen as disruptive, from a residential program to benefit the safety of the rest of the youth in care. This approach does not honour the autonomy of the individual but rather, the overall well-being of the group. The downside of this ethic is that favouring the majority of a population may result in excluding minority populations, and these are the diverse groups that are engaged most in services with child welfare workers (Carey & Green,
This diversity includes those of racial diversity but also intersects with those of lower socioeconomic status, single parents and people with mental health issues. Lastly, virtue ethics focuses less on duties and responsibility to intervene because of codes or prescribed rules, but because it is the morally right thing to do (Lonne, et al., 2016). For example, in child welfare, the supervisor might decide the morally right decision is to breach confidentiality out of concern for the safety of a child or family. Banks (2012) states that virtue ethics acts as a "corrective" to reliance on rule-following (p. 91). She adds that workers should be able to make decisions based on their virtues and not strictly because a rule has been set out by a professional entity. Carey and Green (2013) state that the challenge of virtue ethics is in working with diverse populations, in particular, cultural difference, and in whose virtues would be privileged?

There has been a trend in child welfare toward relational ethics. Relational ethics seeks to understand the dynamics of relationships and focuses on the ethical responsibility of the care of others (Agllias & Gray, 2013). Gray (2010) argues that male-dominated ethics of reasoning disregard the differences between genders. There is often a lack of attention to “emotions, care, responsibility, relationships, and so on” (p.1797). An ethics of care, inspired by Feminist scholars, broadens the scope of practice to consider social context, anti-oppressive practice and inequities due to gender, race or socioeconomic status (Lonne et al., 2016). Although there have been some who challenge the notion of an ethics of care perspective in social work environments that are burdened by compliance measures, depleted in resources, and have mandates that survey families, there is also agreement that relationships are at the core of effective human services work. For example, Held (2006) sees care as the framework for social change with our
service users because without care there would be “no persons to respect or families to improve” (p. 72). In this perspective, Held (2006) sees individuals as relational and interdependent, starting with the care and dependency of children from birth. Along with the relational focus of an ethics of care, postmodern ethics are grounded in an ethics of responsibility. This responsibility means morality starts with the care of other, the respect for other's autonomy and voice, as well, as an understanding that ethics are enacted in messy places and full of tensions (Lonne, et al, 2016). This sentiment is certainly the case in child welfare. Tronto (1993) explored the politics of care, highlighting care in our society as marginalized and undervalued woman's work. She also stressed that we need to broaden our responsibility of care from a worker or organization to society as a whole in caring for others. In child welfare, for example, we would see our service users as participants with a voice who are not dependent but rather, exercising their rights to care so they can in turn care for their families. Mullaly (2007) highlights that social workers provide care for service users guided by the Canadian Association of Social Worker code of ethics. He believes the code of ethics focuses solely on the child, youth or family, and therefore seeks to reduce stress by providing comfort to those suffering from social problems, rather than working to seek social change. Weinberg (2010) agrees with Mullaly arguing for professional ethics that moves away from risk-based management to a focus on addressing the causes of social problems. This approach to ethics could help child welfare workers move away from potentially holding the service user responsible for inequities in the system and society. Constructionist approaches to ethics are interested in how people construct reality through discourse (Banks, 2012). This approach leads to a focus on language and how power influences "dominant discourses"
This suggests that time and energy is needed in order to more fully understand how child welfare is constrained by professional discourses. Others, such as Weinberg (2010) stress the importance of social workers’ self-awareness in acknowledging their complicity in the development of structures that may serve to marginalize their client base. In child welfare, for example, the supervisor makes decisions about who is abusive, what are acceptable parenting practices, and when mental health or addictions prevent a parent from providing care. All of these choices contribute to the development of structures in an organization, who is granted power, and whose behaviour is determined to be aberrant (Weinberg, 2010). Lonne et al., (2016) argue that given the complex work of child welfare, a number of these ethics are in play and can conflict with one another when working in child protection.

In reflecting on these ethical processes named above, I will be interested in learning how my participants manage these tensions. I am also interested in how they approach relationships while simultaneously considering the mandates that have universal definitions and applications for what constitutes “child maltreatment.”

**Ethical Decision Making in Practice**

In this section I will discuss what ethical dilemmas are, various types of dilemmas in child welfare practice, and some of the ethical challenges in approaching ethical decision making. Last, I highlight some of the proposed approaches to ethical decision making from a review of literature in the human services.

**Ethical dilemmas.** As a supervisor, I have found ethical dilemmas an ongoing challenge in child welfare practice given some of our policies, financial restrictions, and limited resources. I am making decisions that often come down to the best of less than
ideal options. Allen (2012) sheds light on some of these constraints. She highlights that an ethical dilemma occurs under three conditions. The first involves the worker having to decide on a course of action; the second is that there are two or more choices of action, and the third is regardless of the decision, an "ethical principle is compromised" (Allen, 2012, para. 3). Bertotti (2010) adds another dimension to Allen’s three aspects. In her study of child protection workers in Italy she found that ethical dilemmas in child welfare were grouped into three categories. The first she referred to as structural, or those dilemmas involving the balance between the mandate of protecting youth versus the support to the family (Bertotti, 2010). The second involved the relationship between the organization and the social worker, particularly efforts to provide efficient services in managerial environments (Bertotti, 2010). The third is the tension between collaboration with families, versus the directive approach when matters are before the court (Bertotti, 2010).

Emphasizing another aspect, Asquith and Cheers (2001) found that ensuring equitable access to resources for their clients, preventing a discriminatory practice, and solving conflict with colleagues, as the most common themes in dilemmas faced in their study involving social workers in Australia.

**Ethical dilemmas in practice.** There are several ethical dilemmas in practice that can highlight the insights mentioned above. For example, when bringing siblings into the care of CAS the worker is faced with the option of splitting up the siblings into different homes to remain close to family and their community or keeping them together and possibly moving them out of the community. Some other situations involve ethical challenges that occur because the child welfare worker is obliged to make decisions based on legal mandates or policies, yet principles are impacted, and as a result, the
worker experiences a dilemma (Allan, 2012). An example of this would be a youth disclosing sexual abuse and not wanting a Child and Youth Care (CYC) worker to report it. Consequently, the worker is conflicted between respecting confidentiality and the legal obligation to report the abuse. Banks (2012) adds that it depends on how the worker views the matter that will determine if they are experiencing an ethical dilemma. For example, one person might perceive someone being ineligible for service as an ethical dilemma, whereas another person may find it a morally challenging situation. Banks (2012) stresses, due to the nature of the work of the social worker and the power held over the service users, that all of the work is comprised of “ethical dimensions” (p.19). In addition, she indicates that efforts should be made to focus on the ethical issues embedded in the work, not just the dilemmas. Ethical issues in this case centre on workers who work for systems with the intention to promote wellbeing and social justice, but also have power over the service users in their relationships (Banks, 2012). For example, the child welfare worker decides who is eligible and not eligible for services, and they may lay out what services the client must attend in order to reduce the risks identified in the home. All of these decisions in the work child welfare workers do involve ethical dimensions.

**Approach to ethical decision making.** As touched on above, a plan to practice ethically can be complicated in child welfare when one might work under competing professional mandates and codes of ethics found within the various disciplines represented by those who work in the field. Within Child Welfare, there are those from Social Work, Child and Youth Care, Psychology and Counselling Psychology all who have their own particular mandates and codes. Supervisors need to be aware of the
tensions that can arise when certain codes contradict with others. Baines (2013) expands further on these challenges by arguing that it would be impossible to determine a code of ethics that was reflective of a group of practitioners who hold personal values and beliefs about the origin of the root issues of social problems and the solution to those issues. Not only is this an issue but there are also contradictions when it comes to mandates.

In Child Welfare, along with professional codes of ethics, the mandate of the Ministry of Child and Family Services in each province has legislative requirements that guide the work of the child welfare worker. In Ontario, for example, there is an eligibility spectrum that outlines codes for determining risk and the process to follow at the time of involvement with a family, from investigating a referral, assessing safety, and decisions to open or close a case (OACAS, 2017). Supervisors need to be aware of these distinctions.

Although there are mandates with prescribed duties regarding reporting and investigating procedures, much of the codes and manuals are merely guides, relying on the practitioner to make many decisions about complex matters. Asquith and Cheers (2001) found in their study that practitioners relied on their own moral code rather than professional codes in ethical decision making. White and Hoskins (2011) had similar findings in their study of child welfare workers’ approach to decision making in neglect investigations. Although the participants relied heavily on mandated investigative procedures, they also acted on their interpretations of the situation in decision making throughout the process (White & Hoskins 2011). Further, White and Hoskins (2011) noted how overwhelming the task is to interpret these codes as each decision creates new tensions and decision making in other areas. For example, deciding to bring a young
person into care may result in creating more economic hardships for the parent, resulting in difficulties meeting the basic needs of the child and thus a potential barrier in the reunification process. A more recent study in Australia with 30 frontline child welfare workers, found that they were utilizing a variety of tools to assess risk and deciding on intervention approaches (Gillingham, Harnett, Healy, Lynch, & Tower, 2017). It was stressed by most participants that the tools were merely guides and that the majority did not rely on unique tools or frameworks because of a variety of factors in working with each youth and family (Gillingham et al., 2017). Gray and Gibbons (2007) suggest that reliance on tools or frameworks for decision making may risk assuming that these processes can resolve ethical dilemmas, where in reality they are only possible choices.

To make the right ethical decision can take courage and may create subsequent tensions in practice.

Although there are a number of frameworks for ethical decision making, there has been a call to develop processes that can address the complexity of child welfare and the many ethics that are enacted in practice. Lonne et al. (2016) emphasize that part of the problem with current frameworks in child welfare is that they are risk aversive and mirror bureaucratic priorities of organizations or mandates, rather than focus on ethics and value-laden practice. In addition, they argue for an ethical framework that mirrors the work of child protection, which includes a duty to care with a relational, social justice approach. The DECIDE model of ethical decision making is a stage model not meant to be prescriptive or linear that addresses both internal processes, knowledge, and intuition, as well as external processes such as poverty and race (Lonne, et al., 2016). The DECIDE
model is centred around four contexts in making ethical decisions in child protection, including:

- consideration of power relations
- acknowledging mandates through legislation and organizational policies
- mediating evidence and social context
- considering agency responsibilities, and relational aspects both with service users, organizations and other professionals (Lonne et al., 2016).

This model defines the problems, conducts an ethical review, considers options, investigates outcomes, decides on an action, and evaluates the results (Lonne, et al., 2016).

Where Lonne et al. (2016) stress the need for a framework for ethical decision making that will balance out risk-based management, Banks (2016) argues for a constructionist approach to ethical decision making, one that focuses on "ethics work" (p. 35) in everyday practice. She describes reflexivity and awareness workers must have to see ethical aspects in their work, strive to develop as practitioners, and justify their actions and decision-making processes. Banks (2016) describes seven components to doing ethics work:

- framing work, which situates aspects of the ethical concern in a political and social context
- role work, where one negotiates and lays out clear roles in the given situation
- emotion work, where one demonstrates an understanding of one’s own emotions and how it influences decisions, as well as responding to the emotions of others
- identity work, where one develops one’s ethical identity
- reason work, where the practitioner makes ethical decisions and can justify those decisions
- relationship work, where one works relationally through dialogic processes
- performance work, where one is transparent and accountable for decisions.

Reynolds work is also informative along similar lines (Reynolds, 2012). She argues that those of us in the helping professions can centre ethics in practice through “enacting our ethics” (p. 22) to become aware of how to hold ourselves accountable for our ethical approaches in our work. We can do this partly through healthy skepticism of what we profess to be our ethics. Reynolds (2012) used the example of asking how the client would view the actions of the worker, concerning how they profess to be family-centered in approach. In this case, the worker would question the ways they work that demonstrate in each instance that they are family centred. Reynolds (2012) also argues for collective ethics, a finding of points of solidarity, or rather shared interests in care and social justice with other community services providers, and supervisors. This approach moves away from individual responsibility for ethical work with marginalized, impoverished individuals with a lack of access to resources, to a collective responsibility of the group to conduct ethics work where the “group is more powerful than the most powerful individual” (Reynolds, 2011, p. 32). Ricks and Bellefuille (2004) also wrote about collective ethics when they argued that the worker needs to be self-aware, critically reflective, curious and open to inquiry. It is through this approach that one works collaboratively with a family toward collective change and growth (Ricks & Bellefuille, 2004).
In addition to a collective and collaborative approach to working with families, there has been a push in child welfare in recent years to move toward a more strength based, relational approach, one that focuses on developing relationships, conveying compassion and considering the social context. For example, Oliver’s (2017) Firm, Fair, Friendly approach to child protection has the practitioner view the client as the expert in their own life and seeks to approach decision making collaboratively. In this approach, child welfare workers can navigate a change in direction, with an increase in the use of their power temporarily when child safety is at risk. This approach views a coexistence of "the worker and client's authority and expertise" (Oliver, 2017, p. 111). Before going further, it is important to understand supervision in a child welfare context.

What is Supervision?

The supervisory relationship is the "key encounter where the influence of organizational authority and professional identity collide, collude, or connect” (Middleman & Rhodes, p. 52, 1980).

Supervision is hard to define in child and youth care work due to the broad scope of practice. Workers are employed across all human services sectors, including child welfare and supervised per the mandate and ethics of an organization. Also, there is little practice-based research in respect to supervision specific to child welfare practice. Most of the research is geared to various disciplines in human services. The following section describes both traditional definitions of supervision as well as newer ones that expand the definition to more closely reflect the work in human services practice. Following these various aspects of supervision, I include research on what constitutes effective supervision in social work practice. In the following sections when I use the term social
work, the research presented involves multi-disciplines in human services including child welfare work.

Before the 1970’s, supervision in social work was viewed as a role to educate staff to support their development in the profession (O'Donoghue, 2015). Following that time, a shift began in organizations to a managerial focus due to fiscal cutbacks, and a need to hold the profession accountable for the services provided to the clients (O'Donoghue, 2015). Also, a higher awareness was placed on supportive measures for social workers to reduce the risks of burnout (O'Donoghue, 2015). This need for support influenced a move to a traditional concept of supervision in social work which was to build knowledge and skill development, provide emotional support, and ensure attendance to administrative tasks (Kadushin & Harkness, 2014). In the late 1980's and throughout the 1990’s, there was increasing literature by feminists and cultural minority populations criticizing the traditional concept of supervision as patriarchal and lacking in focus on systems of power and oppression (O’Donoghue & Tsui, 2011). In response to such critiques, models of supervision were developed from a feminist perspective as well as anti-oppressive and anti-discriminatory approaches (O’Donoghue & Tsui, 2011). These models question bias and examine how power is distributed in education, practice, and the supervisor and supervisee relationship. Beddoe and Daveys (2016) acknowledge that supervision and its purpose remain a highly debated practice. They have framed current literature on supervision to encompass three perspectives including, personal survival lens, professional development lens, and quality assurance lens. First, the personal survival lens focuses on the supervisor providing a supportive, healing, and advocacy role with the supervisee (Beddoe & Daveys, 2016). Second, the professional
development lens, is where supervision is seen as a catalyst for the professional and personal growth of the supervisee in their practice (Beddoe & Daveys, 2016). Third, the quality assurance lens, where the supervisor's role is to ensure quality and accountability based on the organization culture and priorities for work-based practice (Beddoe & Davey, 2016).

In recent years, there has been an emphasis placed on a culturally responsive approach to supervision. In Eketone’s (2012) study of Maori social workers and managers for example, he found that Maori cultural supervision would place more emphasis on the spiritual and cultural safety of the workers, organization, and the client than it would on administrative tasks often found in the western description of functions of supervision.

There has been an increase in focus on the importance of the role of the supervisor in supporting the development of critically reflective practitioners. In consideration of what constitutes emotional support in child welfare, Dill and Bogo (2008) found that supervisors in child welfare felt strongly that time and place for critical reflection were necessary, but not prioritized within their organization as part of the role of supervision. There have been other studies that support the use of critical reflection in supervision as an essential dimension of practice (Beddoe, 2010, Noble & Irwin, 2009). Hair and O’Donoghue (2009) argued that definitions of supervision lacked a focus on social justice in a culturally embedded practice. Hair (2015) furthered this argument indicating that there was a lack of emphasis by previous authors on the importance of social justice as an element of supervision.

Noble et al. (2016) called for a definition of supervision based on the work done in social work such as in child welfare, which encompasses work with those who are
marginalized and are suffering as a result of social inequities. Further, child welfare workers do this job in spaces of increasing political pressure, and financial restraints where the client base is rendered invisible by cuts to resources and finances that might support them. Ultimately, this leads to blame of the service user population for deficiencies in the systems that are set up to serve them. Noble et al. (2016) describe supervision from a critical perspective, as centering practice on a critical focus of political, social, historical, and cultural contexts. They would do this without negating the process between supervisor and employee that includes attention to professional and learning development, as well as accountability. Further, they emphasize a critically reflective practice by the supervisor, which includes self-analysis, with special consideration of dynamics of power in approach to their professional relationships and in ethical decision making in practice (Noble et al., 2016).

Despite all of the interesting suggestions above, there is a lack of research about the effects of supervision on client outcomes. With an increased interest in research in supervision in the last decade, there is a desire for research to link supervision to improved practice in the human services and as a result, improved outcomes of the service users. I now touch briefly on some of the current research.

**The Supervisory relationship.** Over the last decade, there has been more evidence-based research on supervisory practice and what constitutes effective supervision. Noble and Irwin (2009) describe effective supervision as relational, one that mirrors the helper relationship, building on the experience of trust, safety, support and compassion that creates the space for the professional work to occur. Garfat (2005) also wrote about the concept of the supervisory relationship needing to mirror practice. As a
result, supervision would be relational and situated with the supervisee in the day to day practice. It would also imply that good supervision is modelled for a way of being in practice. Gharabaghi (2016) expands by suggesting an effective supervisor separates the role of performance management from supervision. In this approach, the supervisor moves away from traditional office-based supervision to a present and engaged position in the practice moments of the practitioner.

Davy’s and Beddoe (2010) argue that support is not a function of supervision but rather a critical component. Further, they indicate that effective supervision starts from a supportive climate which is the foundation to build relationships, safety, and restorative practices that help the practitioner maintain a level of self-care. McPherson, Frederico, and McNamara (2015) conducted a study on ten supervisors and ten practitioners in child protection in Australia to determine what constitutes effective supervision. They found that safety in the professional relationship between supervisor and supervisee was a theme echoed by all participants in the study. This safety was described as relational safety, deep listening, coaching, not judging, and a sharing of power within the relationship. Phelan (2006) speaks about the element of establishing safety as the primary role of a supervisor in the development of a new worker. The role changes as the worker develops, beginning with relationship building, followed by coaching to develop alternative approaches and build on the worker's strengths. Finally, the supervisor and supervisee work on a collegial basis encouraging the worker to strengthen mentorship skills and take new professional risks (Phelan, 2006). McPherson, Frederico, and McNamara (2015) would add that safety needs to be maintained throughout the relationship between the supervisor and supervisee. This concept of safety extends to
cultural considerations. Eketone (2012) proposed a framework based on the three functions of culturally effective supervision, including education, support, and protection. This protection would involve supporting workers so that they can work with their clients in an "appropriate and safe" manner (Eketone, p. 2012). Currently in Ontario, many supervisors are white so there is an added challenge for those in positions of power over marginalized workers. Cultural safety does not only apply to service users but also to workers and supervisors.

Hair (2015), found that 80% of the social workers in her study wanted supervision conversations about anti-oppressive and anti-racist practice. These conversations would involve the need to reflect on "how racism and sexism could oppress or privilege clients" (p.358). In addition, Hair (2015) found that 6% of her participants were self-identified as racialized and of those only 18% had racialized supervisors. Kikulwe (2016) can add to the voice of those racialized workers. In his study with 15 racialized workers and a separate focus group involving six racialized workers in Ontario, four themes emerged: First, racialized workers felt they had to prove their competence continually because of their status as a minority. Second, workers felt their supervisors excluded them from any decision-making power, and they indicated they were shut out from positions of power such as supervisory roles. Third, participants felt skepticism by some clients and other professionals. Fourth, workers felt because of their race, there was an assumption they were cultural experts, resulting in working with similar families, and being shut out from mainstream cases. The workers felt that the message is that their competence was limited to the work with diverse populations. Also, workers reported silence in their work
environments concerning conversations about race, both of their race, and that of the client base.

Kikulwe (2016) recommended that effective supervision would include supervisors and workers working relationally and engaging in challenging conversations about race and racialization.

Context in Supervisory Practice in Child Welfare

This section shares some of the factors that may influence or impact ethical decision making in practice for supervisors in child welfare. I start with a discussion of the complexity of the cases, and the scrutiny that child welfare supervisors operate within when approaching decision making in the work environment. Next, I discuss approaching ethical decision making, from a strength-based perspective in a scrutinized environment. Last, I share some of the research on burn out and compassion fatigue and the risks to workers and supervisors in the work place.

Complex cases. The child welfare system is asked to deal with the profoundly detrimental effects of social inequalities with few resources and practically no ability to confront the roots of family problems (Lee, Kindle location 3592, 2016).

Understanding the complexity of cases in the child welfare system in Canada is difficult as each province has its child welfare mandate and method of data collection. In 2013, there were 62,428 children in out of home care across Canada (Jones, Sinha, & Trocmé, 2015). According to Stats Canada (2011) the number of Indigenous youths in care in Canada was at 48%, which is startling, considering Indigenous youth accounted for 4.3% of the population. In looking at the statistics in Ontario, 21% percent of the young people in care were Indigenous, while 3% of the overall child population in
Ontario were Indigenous (Stats Canada, 2013). This statistic would also extend to other youth of colour. Eight percent of black youth were the subject of a child maltreatment investigation as opposed to 5% of white youth (Stats Canada, 2013). I would argue that some of the complexity in cases is because child welfare does not have the structure and policies in place to adequately address the root issues that precipitate children, youth and family's involvement in the child welfare system. These overarching issues include the impact of colonization where European settlers came to Canada, invading and controlling the land of Indigenous people (Tuck & Yang, 2012). They did this violently and structurally in the form of removal of land, isolating communities ("ghettoizing"), creating policies that designate white elitism, economic deprivations, confinement and residential school systems (Tuck & Yang, 2012). These actions led to oppression, systemic racism, discrimination and cultural genocide of the Indigenous people (Henry, Tator, Mattis, & Rees, 2000). Consequently, Indigenous people continue to suffer high rates of suicide, incarceration, unemployment, poverty, lack of education, and substance abuse problems. Further, such policies have resulted in increased rates of their children living in child welfare care (Henry et al., 2000). Once in care, the current structure of Child Welfare has left Indigenous youth living in long-term care, resulting in a disconnection from cultural roots as well, disconnection from family, traditions, and language (de Finney & di Tomasso, 2015).

Socioeconomic status is another significant feature of disenfranchised contexts that places families at higher risk for child welfare involvement. Pelton (2015) reported on the links between unemployment, low socioeconomic status, and maltreatment of children. Interventions by the child welfare system can exasperate the problem, such as a
loss of housing due to kids coming into care, disruption in finances, and undue stress causing threats to employment (Lee, 2016). A high volume of youth in care, lack of resources, and an inability to adequately address issues that precipitate involvement in child welfare leads to poor outcomes with youth residing in out of home care. In looking at outcomes for youth that have been in Society care (CAS), Courtney, Piliavin, Grogan-Kaylor, and Nesmith (2001) reported an elevated risk of homelessness, addictions, criminalization, and mental health-related issues amongst those youths that have been maltreated and subsequently residing in the Child Welfare system. Kovarikova (2017) found that poor outcomes for youth in care can be attributed to structural deficiencies, like a lack of a circle of support for the youth, poorly prepared for independence, isolation, lack of mental health supports and criminalization of youth in care. Poor outcomes for the service users may lead to paralysis and powerlessness in the worker. Fook and Gardner (2007) echo this sentiment, suggesting along with the sense of helplessness is uncertainty and buckling under the pressure of risk-based management in fear of political or media exposure.

**Scrutiny.** Another important aspect of context is the way that the work is constantly being scrutinized. For some on the left, child welfare has been viewed as an organization with structures that serve to oppress their client base, rendering them powerless and without agency, where others on the right, consider child welfare as a system that created welfare dependency (Rogowski, 2015). Mansell, Ota, Erasmus, and Marks, (2011), stress that although there is a consensus of deficiencies in the child welfare system, there is a significant amount of disagreement of how the system should be fixed. The workers and system end up being criticized in the public and political
sphere for doing too much, with over involvement in the lives of families, or doing too little, prompting “reactive crisis driven policy” (p. 2078). This often leads to even more structures with increased surveillance of families as a result of fear of mistakes by workers and systems (Mansell et al., 2011, p. 2078). Over the last few decades, there has been a move toward neoliberalism, based on free markets and privatization, where the individual is responsible for their wellbeing (Rogowski, 2015). Individuals are seen as the catalyst for lifting themselves from deprivations such as poverty and unemployment (Noble et al., 2016). This shift has resulted in cuts to funding in the service sector, and an increase in managerialism has led to bureaucratic processes that take the workers away from a relational approach to an administrative focus. Mansell et al. (2011) add that organizations in child welfare have been under pressure from public scrutiny as a result of media attention and inquests from child deaths. This attention results in pressure to want tighter controls in child welfare with higher accountability and compliance measures to ensure the protection of children and minimize the risk of child deaths (Mansell et al., 2011). This increased managerialism combined with pressure to do more in practice has led to risk-based management with a family having to perform a list of compliance measures to reduce risks. Supervision then centres on complying with standards rather than what might be in the best interest of the family. Also, supervisory decision making could be influenced by limited resources and restricted finances. In one study in the USA, McLaughlin and Jonson-Reid (2017) found that the amount of money
allocated per capita to child welfare organizations influenced decisions on whether to
investigate referrals and to substantiate incidents of maltreatment.

**Strength-based practice in scrutinized environments.** There has been a call to
restructuring child welfare to a more strengths-based, collaborative process with families,
yet the funding structure has not changed from a focus on investigation, apprehension,
and maintenance of children in care to that of family preservation. Pelton (2015) reported
he and other researchers had called to dismantle child welfare's dual-purpose system of
control and surveillance combined with a service agency focused on family preservation
and support, as it has consistently not produced good outcomes for those they serve.
Instead, they call for a child welfare service separate from surveillance, which focuses
solely on prevention, support, and addressing root issues such as poverty. Another
complexity is that a child death can lead to child welfare worker risk-based anxiety,
which has been a barrier to strength-based practice (Chapman & Field, 2007). As child
protection workers deal with severe incidents of violence, there is no more significant
fear than a child death. To add to that tension, the systems who investigate these events
can come across in a very deficit-based approach toward the child welfare worker, which
leads to chronic feelings of inadequacy (Chapman & Field, 2007).

Another challenge in child welfare supervision is helping child welfare workers
engage in relationships with service users who are mistrusting of the organization. For
service users, a risk-based system exacerbates the problem of building healthy
relationships, as it is hard reaching out for help when there is a risk that one could come
under the scrutiny of an investigation or have a child apprehended (Pelton, 2015).
Currently, child welfare workers, continue to search for ways to provide efficient service
in this dual-purpose system. Baines (2013) has found in her research, that social workers display acts of resistance to narrowly prescribed expectations or frameworks in practice to demonstrate acts of social justice for their service users. One such example is the Signs of Safety, a child protection framework that has been adopted by much of the CAS's in Ontario. The Signs of Safety framework was developed by Turnell and Edwards (2012) in response to theories and approaches that did not adequately meet the complex needs of child protection work. Turnell and Edwards (2012) found that narratives established about child protection work through public scrutiny resulted in child welfare workers being defensive. This professional context consequently left youth and families more at risk. Turnell and Edwards (2012) instead focused on an appreciative inquiry, an approach that focuses on positive change in organizations, specifically building on what works in child protection. The Signs of Safety framework is a collaborative, strength-based, solution-oriented approach that considers dangers and worries, but does so in recognition of strengths that can mitigate those concerns (Turnell & Edwards, 2012). This framework has been spearheaded by the child welfare workers in Ontario but not mandated as an approach through the ministry. This means that an organization might not prioritize this framework if they have limited financial resources. Other optional programs such as the kin family finding program, which involves a dedicated, exhaustive search of families for youth in care is also difficult to sustain without dedicated funding toward the program as in the current structure; the mandated functions take priority.

**Burnout and Compassion Fatigue.** Another challenge in the system for supervisors to contend with is that the turnover in child welfare is high which might be attributed to a number of factors. First, young workers enter the field unprepared as there
is no education specifically focused on child protection, and these workers can come in with an inflated sense of the impact they may have with a family (Azar, 2000). Second, workers who are exposed to chronic trauma in the workforce are at risk of developing post-traumatic stress disorder (Azar, 2000). Not only are child welfare workers exposed to trauma as a result of the retelling of their client's traumas, but they also experience violence in the workplace. In a research study involving child and family services workers (CAS) in Ontario, SPR associates (2013) found that high numbers of child welfare staff experienced violence in the workplace including assaults/attempted assaults, stalking, threats, and verbal or written abuse. This violence occurred in all roles within the organization with child protection workers highest at 88.7%, but supervisors also experienced violence at 81.4% (SPR associates, 2013). Third, can be a lack of support to navigate through these traumatic experiences. Unfortunately, in a risk-based mandate, with compliance standards, substantial recording expectations, and high caseloads, buffers to protect people in the workplace such as supervision is often focused on accountability measures (Goddard & Hunt, 2011). Those that work in high-stress work environments such as child welfare are at higher risk of burnout. This manifests in ways such as emotional and physical exhaustion, feeling overwhelmed and powerless, depersonalization, and a low sense of job satisfaction (Mathieu, 2013). In a one-year study of 335 public child welfare workers using surveys, Lizano and Mor Borak (2012) focused on two elements of burnout, emotional exhaustion, and depersonalization. They found that lack of work experience, workplace demands, and stressors as a result of work-family conflicts were predictors of emotional exhaustion. Further, that depersonalization was predicted by age factors (younger workers experienced higher
levels of depersonalization), work-family conflict and organizational support (Lizano & Mor Borak, 2012). Although organizational support was a predictor of depersonalization, supervisory support was not determined to be an antecedent of either exhaustion or depersonalization. This study is in contrast to the results from research conducted by Boyas and Wind (2010) involving 209 child welfare workers using a survey, with data collected over one year. They found that emotional exhaustion was highly associated with a number of factors including a lack of supervisory support or a lack of commitment from the agency. Along with burnout is a concern for those that are the most compassionate and empathetic in that they are at risk for the consequences of caring which can lead to compassion fatigue. Symptoms such as avoidance of calls and meetings, frustration, depression, apathy, numbing, a disconnect from feelings, and verbal aggression, are indicative of compassion fatigue which ultimately needs to be buffered through active peer and supervisory support (Mathieu, 2007). At the same time, empathy has been found to act as a protective factor in buffering against compassion fatigue. In addition, it has been suggested that the use of empathy may help in preparing new workers to cope with the stressors of the job as well contributing to "longevity" on the job (Wagaman, Geiger, Shockley, & Segal, 2015). Davys, Beddoe, and Adamson (2014) speak about the concept of resilience and how the characteristics of employees can be a buffer to workplace stressors. Other research shifts the focus away from individual characteristics of the social worker toward attention to protective factors in the work environment to build resilience in the worker. The factors include a healthy work environment and a positive relationship with the supervisor (see, for example, Davys, Beddoe & Adamson, 2014; Shier & Graham, 2011). Reynolds (2011) criticizes
attributing responsibility to the individual for burnout and instead argues that burnout occurs as a result of an inability of the worker to effect change due to unjust structures in society that continue to marginalize our client base. Weinberg (2005) also stated the importance of moving away from the individual relationship between worker and client and suggested broadening the lens to a critique of the structural and systemic inequities that often scapegoat both the worker and the client. Mänttäri-van der Kuip (2016) reported on the moral distress that occurs for workers in environments where they struggle with an inability to “implement the action that a person considers morally appropriate” due to structural issues such as restricted finances or lack of available resources (p. 87).

One environmental consideration is the risk for burnout in marginalized groups in a work population, either through a race, gender (that is, female-dominated professions), or when one’s voice is silenced in hierarchal settings. A consequence of marginalization in the workplace is lateral violence seen but not limited to Indigenous agencies, rooted in colonization and intergenerational trauma (Native Women's Association of Canada, 2011). This violence manifests itself in toxic behaviours, creating unsafe working conditions that make people feel harassed, bullied and create general unhappiness in the workplace (Native Women's Association of Canada, 2011).

Supervisors are at the same risk of fatigue as front-line workers if not provided adequate support in practice (Azar, 2000). Mcrae, Scannapieco, and Obermann (2015) reported that in their study of 111 child welfare supervisors using a survey sample, they found that although supervisors stayed in their job for a longer duration than front-line caseworkers, they did not receive sufficient supervision and support. Supervisors in this
study indicated that when there was more structured supervision, it helped them to reduce
the stress they were feeling from time pressures and workload demands. Now that I have
highlighted the various contextual aspects of the work, I move to a discussion of critical
reflection in and on practice.

Critical Reflection

There have been varying perceptions of critically reflective practice, partly
because it has been adapted to fit several different professions. Schon (1983) brought
attention to what he called a “crisis of confidence” in helping professionals, highlighting
a need for attention in action, and ongoing reflective practice (p. 13). Further, he focused
on developing an awareness of the tension between what we have adopted in theory
versus what we do in practice. Although literature often views reflective and critical,
practice interchangeably, Fook (2015) specifies that part of reflective practice is the
process of challenging our biases and assumptions toward transformation. Brookfield
(1995) describes assumptions as “taken for granted beliefs” (p. 2) that we hold that
provide meaning and purpose in our lives. He breaks down assumptions into three
general categories. First, paradigmatic assumptions are viewed as facts that we believe to
be true and structure the way we see the world (Brookfield, 1995). For example, a
paradigmatic assumption might be that individuals are free thinkers that are responsible
for their own decisions and actions. Second, prescriptive assumptions are how we think
things should work in particular situations (Brookfield, 1995). For example, if we believe
individuals are responsible for their own decisions and actions, we may think as
professionals we should hold others accountable through consequences, or that praise will
facilitate better decisions. Third, causal assumptions look at the conditions one thinks is
essential to create change (Brookfield, 1995). For example, one might believe in level systems or contracts as methods of facilitating change in others. Along with reflection, Fook (2015) argues that critical praxis can create change through an awareness of how power works within structures and oneself. Gardner (2014) indicated that being actively aware of how we as professionals engage with power in our organizations, can lead to being open to how we use this in our practice and possibly create new methods of approaching the complexity of power in practice. Brookfield (1995) expands on the concept of power in saying that critical reflection involves unearthing hegemonic assumptions, or rather ones that we hold as the truth of our profession about being good for us, but in reality, these facts are constructed by those in power, to serve their interest. For example, a child welfare worker may embrace a notion of working long hours and not taking sick time as a strength whereas it is reinforced by organizations of good worker traits to save money and be able to do more with fewer resources.

Critical supervision is described as a process of "questioning and analysis, before, during, and after moments in practice" in which critical reflection is facilitated (Noble et al., 2016, p.143). Noble et al.’s (2016) book “Critical Supervision,” proposed a critical supervision model that encompasses transformational learning through a critically reflective practice, which is relational, engages in social justice, is anti-oppressive and is culturally relevant. Noble et al. (2016) suggest critical supervision is best suited for an environment committed to learning. For child welfare employees, despite an organization's willingness to learn, the challenge could be in creating time and energy for this practice due to compliance and accountability pressures.
Incorporating critically reflective supervision could have the potential to move supervisors to more consistently thoughtful approaches to decision making in child welfare practice. Keddell (2014) stressed the importance of critical reflection to produce kind learning environments and help combat what she termed “variability in decision making” in child protection practice (p.930). This variability is often the result of different locations, personal beliefs, variations in resources, finances and the manner in which the organization or society constructs the notion of maltreatment (Keddell, 2014). Although making decisions based on the needs of a community would be seen as preferable, Keddell (2014) refers to constructions of child welfare based on inequitable funding and resources for example. Further, critically reflective supervision could provide a focus on critical decision making that improves the outcomes for service users, rather than an emphasis on managerialism where checking off boxes to meet compliance measures takes precedence.

**Research in Child Welfare in Critically Reflective Practice**

There have been research studies that show promise in respect to the use of critical reflection in practice. Fook (2015) engaged in critical reflection groups for over four years with practitioners and gathered some general trends from her evaluations. These trends included an increased sense of connection to colleagues, managers, and other service providers; a renewed energy toward the profession; as well, an openness to new ways of approaching dilemmas in practice. Collins-Camargo and Millar (2010) conducted a three-year project with four different child welfare agencies in the USA where clinical supervision was structured and implemented in these settings. The majority of supervisors in the working groups found that they were more critically aware
of their practice decisions, the supervisors were more open to feedback, and they shifted supervisory practice from crisis-driven to clinically focused. Clinically focused practice included using active listening and questions to elicit self-reflection in the child welfare workers to empower them to make decisions from a strength based, family centred approach. The supervisors perceived that this approach improved client outcomes in the following ways: enhanced family engagement with workers; child welfare files closed quicker; they noticed that less youth were coming into care; as well, they found that youth were moving home sooner from state care. This research was limited to self-reports by the supervisor, but there have been other studies to demonstrate child welfare workers’ support of critically reflective practice. For example, Hair (2014) completed a mixed methods study through a web survey with over 636 social workers in Ontario, Canada, including child welfare practitioners, on workers’ views of supervision and power relations with the supervisor. The participants responded that supervision could be a very positive experience if the relationship is collaborative, supportive and the time for critical reflection in casework is protected. Further, Beddoe, Davys, and Adamson (2014) interviewed 20 social workers in the mental health and health profession, along with seven social work students. They found that supervision that was critically reflective was focused on support, took care of the emotional well-being of the practitioner, and was imperative to the professional growth, confidence and resilience of the worker. Although these studies are encouraging, the research does not demonstrate if child welfare practice is improved over the long term. Also, only one study was specific to supervisors in child welfare practice (most studies involve supervisors from a variety of fields in social services). Further, research to date in this area did not demonstrate a link between
critically reflective practice and improved outcomes for service users (Carpenter, Webb & Bostock, 2013; O’Donoghue & Tsui, 2013). At the same time, Carpenter and colleagues support the need to develop a more critically reflective practice in supervision to counter the increased pressures of risk-based management.

Although Noble et al.’s (2016) model of critical supervision is newer and not studied, Fook and Gardner's (2007) model of supervision has been utilized in more recent studies. Rankine and Thompson (2015) conducted a practice study using themselves as supervisor and supervisee utilizing a critical reflection model by Fook and Gardner (2007). This study involved only one example but highlights how the critical reflection model resulted in a strong supervisor-supervisee relationship that led to an exploration of deep level issues and creative ideas in practice. This exploration involved asking more questions rather than the supervisor providing answers, as well, assisted them to go deeper through examining wider macro issues they might not have initially considered.

In his efforts to implement Fook and Gardner's (2007) model of critical reflection with child protection practitioners, Baker (2013) described the complexity of participating in team reflections being a "supervisor" in a system with distinct separation between management and workers. He found he unwittingly recreated hierarchal relations evident in the legislated system he worked in with these workers. Upon Baker’s self-reflection, he recognized the need to create a balance of power and has revised the groups to work more collaboratively including establishing team goals. Baker (2013) acknowledged that it is unknown at this time the degree that critical reflection will bring about empowerment to workers within a rigid system. More research is needed.
However, he suggests that it may have the potential to create change in the individual and the culture of the organization.

Along with efforts to utilize models of critical reflection, there have been some studies that have brought attention to the desire for a balance between administrative and clinical practice, and a willingness for socially just conversations in the workplace. First, Bogo and Dill (2008) met with thirteen child welfare supervisors in focus groups in Southern, Ontario, Canada, where they described the delicate balancing act of working collaboratively with staff and families while ensuring adherence to accountability measures and overseeing the mandate of protection of children. The participants in the study were passionate about discussing power and authority and indicated this was not addressed enough in their profession. Also, the study demonstrated that it was important for organizations to create space for supervision outside of an administrative focus. Bogo and Dill (2008) acknowledged a limitation of the study in that a broader population of participants from Northern Ontario and remote communities may have resulted in different themes. Hair (2015) also found in her research that social workers wanted space created in their work to discuss and implement socially just practice, but that this was not happening due to the demands of compliance measures. My current study will explore these issues in more detail.

Lietz (2009) used an online survey to conduct interviews with three hundred and forty-eight child welfare workers with the Arizona District Child and Family Services to determine the level of critical reflection occurring in their organization (Lietz, 2009). Lietz (2009) contended that critical reflection in practice was intended to develop knowledge to apply critical thinking skills in approaching complex cases in child welfare.
Twenty-five percent of all the child welfare workers surveyed were supervisors. Less than half of the participants were having conversations involving critical reflection in supervision, and the rest of the respondents varied in reports of time spent engaged in critical reflection (Lietz, 2009). The questions on the survey in this study were limited to reflecting on the power dynamics of the supervisor-supervisee relationship, with no questions provided specific to power relations in broader organizational mandates. At the same time, this study demonstrated a gap in critically reflective practice, prompting the agency to incorporate group sessions focused on dialogues of critical reflection (Lietz, 2009).

McLaughlin, Gray, and Wilson (2017) completed a recent study, using in-depth interviews of twenty-five child welfare workers in two provinces in Canada (Ontario and Alberta) to explore socially just conversations in practice. Filling a gap in some of the research to date, they sought to find out how front-line social workers defined social justice and how it would apply to their practice in child welfare. More experienced workers seemed to have a stronger sense of social justice and the importance of it in their work, than novice workers. The researchers surmised that the new workers might be too overwhelmed with standards and regulatory expectations in their job to engage with issues of social justice. McLaughlin et al. (2017) recommended further research into social justice, and whether it should be more adequately integrated into child welfare practice.

There are many gaps in research currently in the area of critically reflective practice in child welfare that need to be addressed. First is the need to study the effectiveness of models of critical reflection in child welfare. Second, is the need to
determine whether or not critically reflective practice brings benefits to the service users. Third, there is a lack of research on how supervisors experience and endure the challenge of ethical decision making in child welfare practice. Although research has focused on what is not occurring in supervision, studies have not adequately reflected the strengths or creativity that might be happening in what many would view as a profession full of ethical tensions. In conducting this research, the gap I want to fill is to add to the voices of supervisors particularly in child welfare practice in Canada and how they approach, experience, and endure the challenge of ethical dilemmas in practice.
Chapter 3- Methodology

“The most basic definition of qualitative research is that it uses words as data…collected and analyzed in all sorts of ways” (Clark and Braun, 2013, p.3-4).

Qualitative researchers use a vast array of interpretive approaches to gain an understanding of the phenomena in their inquiry. Denzin and Lincoln (2018) add that the qualitative researcher enters into the world of the participant and brings light to their circumstances and experiences through a variety of practices. They state: “These practices transform the world….to make sense of or interpret phenomena regarding the meanings people bring to them” (p. 750-751). Creswell (2013) stresses that qualitative research definitions should also focus on methodology where specific qualitative approaches are used and start with theoretical orientations that structure the intent of the study. Further, the written report would ideally include “the voices of the participants, the reflexivity of the researcher, a complex description and interpretation of the problem, and its contribution to the literature or a call for change” (Creswell, 2013, p.44).

In this chapter, I will discuss my positionality, theoretical orientation, research design, data collection, data analysis, ethical considerations, and risks and benefits of my study.

My Positionality

Locating positionality in qualitative research is an essential aspect of being transparent in the interview process. Gehart, Tarragona, and Bava (2007) add that situating where the researcher is in relation to their participants and their area of study is essential because the researcher will "affect the development, implementation, and outcome of a study" (p.376).
I am a white female in child welfare with thirty-six years’ experience with the last ten years in a supervisory role. I am an insider with respect to my gender and status in a shared organization with my fellow participants. Some of the benefits of being an insider to this community is having easy access to the participants; an understanding of history; knowing about organizational structure; and using shared language (Chavez, 2008). I assume that I will relate to the participants with a shared language of child welfare, as a woman, and as a service provider. I also believe that there will be common ground to engaging in a relational approach, and that I will be empathic towards those in these roles. One disadvantage of a shared understanding, however, might result in the participants viewing me, the researcher, as too much of an insider (Green, 2014). For example, information might be held back by the participant as they take for granted that I already know the information. At the same time, there is a risk that I might mistakenly assume that the participants will share my beliefs and approaches because of my insider position.

I acknowledge that I might be an outsider when it comes to the values and beliefs and relational histories of the participants in my interviews. The lens I see the world through has been influenced by privilege and power, both personally, professionally and through the world of academia. This influence is partly a result of privileges afforded to me as a white person raised in a middle-class environment that was grounded in stable relationships. I had at one point accepted my knowledge which was culminated from western ideologies, without critical examination. Over time I have critically reflected on my beliefs, and, through my experience working with people with diverse worldviews, I have come to approach my work and this inquiry with an understanding that there are
multiple truths. I also understand the complexities of power dynamics in that we can have privilege and can also be oppressed within various systems that make up our life experiences (Hair & Donoghue, 2009). For example, the participants in this inquiry operate from a position of power as supervisors and within the mandate of child welfare, but this may intersect with experiences of oppression for other reasons (gender, race, or in some cases, being a former recipient of the child welfare system). Also, I have always viewed my profession, CYC work, as part of a marginalized workgroup, in particular with my experiences supervising CYC workers in residential care. Fox (2016) discussed how the lower wages of CYC workers are a sign of the little value placed on the profession by society. I attribute this in part to being in a female dominated work environment, and the value placed on women's role in the workplace. I give greater weight to the fact that we collaborate with what I believe is most often an invisible and marginalized population in society, which is children and youth in out of home care. I see an overarching theme of these youth regardless of race, ethnicity and sexual orientation and that is low socio-economic status.

As with all of us, adversity creeps into our lives. This adversity happened through my childhood struggles, the challenges of being a parent, as well as suffering many losses of relationships both through death and with my long-term marriage. I believe this has provided me with a strong sense of empathy for others in pain who may have a lack of resources to support them. Perhaps partly because I am a woman, and through my parent’s values, I was raised to nurture relationships and care for others, which was reinforced through my education. I was also raised to appreciate and foster a collective spirit. Collectivism stresses the importance of the community, family, the needs of other
and selflessness (Cherry, 2018). It is not to say that I do not recognize the agency of the individual to pursue goals, desires, and self-interests, but I do see most pursuits as a means to contributing to the common good of society. Seeing the world through others, through the media, my parent’s stories of childhood depravations, my friends, and my clients, has developed a strong sense of social justice in me. I understood the need for equality, but I did not understand the depth of inequity until at 18 years of age in the early ‘80s when I became aware of the AIDS crisis. I learned at that time whose voices are unheard in the broader structures of society. Also, I learned that those in power could access treatment and support for this disease where others could not. This awareness was quickly followed by the people I work with where there seems to be no justice, as I witness the ongoing impact of violence, racism, discrimination, and social and health inequities. This understanding had me critically reflect on my beliefs acquired through education and the policies and practices within my organization. Part of this reflection is a recognition that I took part in actions that make me complicit, such as separating siblings or moving youth due to limited placement options or writing up court plans for families when in actuality they would be restricted from access to support services. I have had a recurring cycle of wondering how I can work within these structures, and at the same time wondering how I can in good conscience leave the people I work with. It has left me with deep emotional pain, and a passion for trying to change the system. I have become convinced that for our preservation in the profession of child welfare and to transform practice, time needs to be created for critical reflection. This is the main focus of my study.
As much as I believe in working collaboratively with others to create positive change, I recognize there are times that I have not leaned on other colleagues to share thoughts and ideas on new ways of approaching our work. This inquiry provides me the opportunity to learn from and share knowledge with my colleagues. I am interested in how others in my position endure this roller coaster ride of ethical ups and downs. Will they be like me, or do they have a firm resolve in the decisions they make? I strive to stay open to stories and experiences of all individuals which may result in on-going dialogue on gender, race, ethnicity, privilege, and power (Hair & O’Donoghue, 2009).

Entering this inquiry, I am aware that my extensive experience in the field has reinforced my strong bias toward maintaining children and youth in their home or with the extended family or significant others. I approach my work from centering the needs and desires of the child, youth, and family in my decision making. I recognize that the influences that have shaped my beliefs may draw me closer or further apart in some circumstances than the participants in my study. As a woman with power working in a mandated service, I have had great difficulty exerting power. As a child and youth care worker, attempting to establish a therapeutic relationship is complicated in child welfare as there are barriers to developing those relationships, mainly the power inherent in my role. I do not necessarily have an assumption that my participants will share this struggle, but my research seeks to understand how they navigate the complexities of power within their ethical decision making.

**Theoretical Orientation**

I draw on the following theoretical orientations that will guide my research.
Relational inquiry. As a child and youth care worker, my practice foundation is rooted in a relational approach, and my focus of the study will be grounded in relationships, so it is a natural progression to approach my interviews from a relational inquiry. Through a relational ontological perspective, it is by existing relationally that “we are exposed to who we are as a relating person” and it is through these interactions that we are “understood by our life experiences” (Bellefeuille, Stiller, Neuman, Deol, Smith, Brown, Gautreau, & Diduch, 2017, p. 46).

Garfat (2009) reports that in a personal conversation, Francis Ricks indicated to him that research starts in practice, in the way we gather information to understand the social location of the young person, the family, or in this case, supervisors in child welfare practice. As in practice, my approach was to remain curious when interacting with my participants in the research process. Relational inquiry rejects the individualistic ideology that places the researchers as separate from the participant; instead, it views the relationship between we, or self and other as a priority in the research design (Bellefeuille & Ricks, 2010). Hoskins and Newbury (2010) suggest broadening the lens to capture the influence of relationships outside the realm of researcher and participants. When considering the context of child welfare supervisors, I will pay particular attention to how several contextual factors impinge upon decision making (mandates, public scrutiny, inexperience on the part of the practitioner, and so on).

Feminist perspective. For me, feminism in its purest yet all-encompassing definition comes from bell hooks (2015) "feminism is a movement to end sexism, sexist exploitation, and oppression" (p. 1). hooks (2015) speaks about earlier feminist movements comprised mainly of white women stars of activism seeking gender equality,
and equal pay, as well as sometimes coming off as anti-male. hooks (2015) indicates that feminism with a focus on an equality with men negated the “radical foundations of feminism” which called for equality such as equal pay and a change of structures in society to end sexist oppression (p.4). hooks (2015) stresses that ending sexist oppression starts with the understanding that it is rooted in "white supremacist capitalistic patriarchy" (p.5), which can be supported by any age or gender. In this inquiry, I am mindful that child welfare is a patriarchal system with a disproportionate number of children, youth and families of colour engaged. More children come into child welfare care from single mom households as a result of neglect which has a significant correlation to poverty (see, for example, Featherstone, 2006; Strega, Fleet, Brown, Callahan, & Walmsley, 2008). Pelton (2011) highlighted the dangers of holding mothers responsible for neglect where poverty was the underlying cause, rather than paying attention to the systemic factors that precipitated that involvement. Further, Pelton (2011) discovered what these single parents found most helpful are concrete supports.

Some argue that women are more likely to be held responsible for child maltreatment due to the process of normalizing motherhood conditioned by psychology and child development theorists (see, for example, Burman, 2017). Bowlby in his methodological views of attachment theory held mothers responsible for promoting optimal developmental outcomes of their child through attaining a secure attachment with them (Burman, 2017). Consequently, mothers were held responsible for any adverse outcomes for the child (Burman, 2017). Theories such as Bowlby’s have been criticized for ignoring the influence of relationships outside of the mother-child dyad, as well as life stressors, and cultural and political factors. Also, with attachment theory, social problems
have been blamed on the individual, mainly the mother (Tizard, 1991). In my organization, subtle messages of holding women accountable for example, would be instances where the child welfare worker was scheduling meetings during the day to meet with a stay at home mom, thus not requiring the father to attend due to his work schedule. More complex ethical dilemmas involving gender would be, for example, holding a woman accountable for the protection of her children from an abusive partner.

**Constructionism and critical appreciation.** A social constructionist perspective assumes that we construct meaning through our relationships, language, and the social context we reside in (Gergen, 2009). First, in looking at my relationships in a professional context over thirty-six years in my practice, I have become acutely aware of the dynamics of power relations in all domains rooted in the structure and policies of child welfare. This means that we are all affected: the supervisor, worker and service user. A constructionist perspective does not divide people into good or bad, but rather, would look at power as emerging from on-going interactions (Gergen & Gergen 2004). In this inquiry, I explore the dominant norms and values accepted in the organization and how this influences decision making. Also, these interviews were an opportunity to discuss whose voices are privileged, whose are suppressed and whose are marginalized.

A critical appreciative inquiry is a balanced perspective rooted in both a critical inquiry and social constructionism. Critical appreciative inquiry recognizes what the present conditions are before planning the desired future (Cockell & McArthur-Blair 2012). Further, there is a heavy focus on issues of social justice, and an awareness that conditions in the broader system in community or society may not change despite obtaining organizational changes (Cockell & McArthur-Blair, 2012). With child welfare,
for example, one might acknowledge that creating organizational change in the manner that we approach and work with our families will occur with an understanding that we cannot solve social ills that may precipitate involvement in our system. My plan is to share thoughts on the struggles in ethical decision making with my participants and explore ways they manage this struggle in practice. Through these conversations, I am interested in discussing creative ways of approaching decision making in our organization.

**Research Design: Basic Interpretive Qualitative Inquiry**

For this inquiry I was interested in understanding how my participants made meaning of their experiences in ethical decision making in practice. Qualitative research is focussed on how people “construct these meanings, rather than discover them”, hence, constructionism is a theoretical underpinning for basic interpretive qualitative research (Crotty, 1998, p. 44-45). In doing this research my goal was to “uncover and interpret how people make sense of their lives” (Merriam & Tisdell, 2016, p. 25).

Specifically, I drew on a relational constructionist perspective, where relational is centred as an ongoing process which is rooted in historical and cultural contexts (Hosking, 2011). This form of inquiry recognizes that the supervisors I engaged with come from a unique experience, rooted in the culture and context of the organization they work in as well as the community they serve. This approach parallels the work of child welfare, as it varies between jurisdictions, within provinces, and across Canada. My approach to research was collaborative, the focus was on making meaning, and being open to multiple narratives (McNamee & Hosking, 2012). Further, in relational constructionism, the meaning of language is derived by the way it is used in human
relationships, and within the context of the community, for example, the accepted language between a community of child welfare workers. Therefore, relational constructionism believes that we construct knowledge through language-based relational processes (McNamee & Hosking, 2012).

**Research Site.** I conducted my research at the agency I am employed at as a supervisor in Northwestern Ontario. This agency is a child and family services organization that provides mandated services for child protection work, oversees residential group care, and a semi-independent program for youth transitioning out of care. It has six branches in outlying communities. In addition, the organization offers mental health services in one of these communities.

In respect to the diversity of our client population, over the last few years, this organization has gone through a devolution process, transitioning services for Indigenous families to Indigenous agencies. At the same time, there is some supervision on behalf of Indigenous agencies, with one-third of the children in our care identifying as Indigenous. The majority identify as White.

The interview site was organized with the participants at a location convenient to them. I travelled to two different communities, with one interview conducted in a home, and the other in a branch office. The three other meetings were situated in the office that I am located in for my day to day work.

**Recruitment and participants.** I thought it was essential to limit the focus of my research to supervisors in child welfare so that I could have the opportunity to collect a rich, in-depth experience from a group that has not been well represented in research to date. Further, as I am in the position of supervisor in this organization, I decided to
exclude frontline child welfare workers to avoid a power over situation that may interfere with opening up conversations with my participants.

There was a total of nine supervisors that were eligible for the research, and I was hopeful five supervisors would be willing to engage in this process. Each of the participants resides in Northwestern Ontario, most have a master's level of education, and have varying experience as supervisors in frontline practice. Further, all of the supervisors have extensive frontline experience in child welfare practice.

As the research was situated within my work organization and involved my colleagues, I relied on a third party to invite the supervisors to participate in the research study. This third-party designation was an effort to prevent any feelings of coercion based on my relationship with the participants. The third party was the executive secretary of the agency. She sent out an email inviting the participants to take part in this qualitative study. The consent document was attached to the email, outlining the research purpose, confidentiality, limits to privacy, as well emphasizing that the participation was voluntary and engaged participants could withdraw at any point in the process. I was fortunate to have five supervisors willing to participate in this study. Once I established times for interviews, I reviewed the consent form and the purpose of the study with each participant on the day of their interview and had them sign the document.

Data Collection Method

The method of data collection was through individual interviews with the supervisors in my study. This approach was to encourage an interaction that works to explore assumptions and biases, as well as the influence of power within our systems (Denzin & Lincoln, 2018). I had used reflexivity throughout the inquiry process which
included engaging in critical reflection exercises prior to this inquiry to explore my hidden assumptions and journaling my thoughts and feelings following each interview. Reflexive practices from a relational constructionism perspective included an awareness of how the language I used in the study could open up or close down new meanings and ways of being, both within myself and between me and the participants (McNamee, & Hosking, 2012).

As mentioned earlier, my interest was to gather the stories of my participants through a dialogical approach. Kvale (2006) cautions the use of the word dialogue in the research interview as it is misleading. Instead, he sees the interview as a conversation with a purpose. I considered my approach to the interviews as semi-structured, in that I had a first question that reflected my interest in this inquiry and I intended to use my follow up questions with the participant to help me better understand the phenomenon I was studying (Denzin & Lincoln, 2018). I also decided that the follow up questions would be in response to what the participant was saying, rather than a pre-conceived script (Gehart, Tarragona, & Bava, 2007).

A semi structured interview was preferable for this inquiry as although I had specific issues I wanted to explore with the participants, I was open to new ideas or topics that might emerge from the interview (Merriam & Tisdell, 2016).

Each interview was one and a half hours long. I intended to hold a second session with each participant to review data and ensure that I accurately captured the perceptions of the person. Gehart, Tarragona, and Bava (2007) stress that each meeting with the participants is a new meaning or understanding of the phenomenon rather than a verification of the first meeting. My position changed with the new knowledge of my
participants through the interview process. As "having no time," was a repeated phrase echoed by the participants in my interviews, I thought I would give them a choice of sitting down with me for a second interview or send the transcript to them for review. One participant replied indicating she would like me to use the transcript as is. Subsequently, two other participants made the same request, and the other two asked to review the transcript. Both parties that reviewed the transcript reported that the data that was collected captured their perceptions accurately.

I had two questions in mind and posed the first in each interview as follows: In reflecting on an ethical dilemma encountered in your supervisory practice, can you describe the process you used to work through that situation? I had a second question and found that this one naturally occurred through ensuing dialogue, which is, what were some of the barriers if any that you had to address when navigating through this dilemma?

I recorded each interview so that I could accurately capture the participants’ narratives, and used note taking throughout the meetings to highlight discussions I wanted to explore in more depth with the participant. Further, I took notes of my reflections immediately following the interviews, after I transcribed my interviews, and during the analysis process.

Data Analysis

My approach to analysis in this study was to use an inductive content analysis in which I took an open, and curious approach to my data with the potential to gain a new understanding or meaning from the research. Inductive content analysis is a good approach for a phenomenon that has not been heavily researched, and where one derives
the themes from the data (Elos & Kyngas, 2007). First, I utilized the “Transcribe” program, to transcribe the audio recordings of each interview (seventh string software, 2018). Second, I read the whole of the first transcript and took notes, documenting my first impression of what the text said (Erlingsson & Brysiewicz, 2017). I wrote down the purpose of the interview and research questions so that I kept myself focused on the intent of the study. I asked questions, such as what does this participant say, what feelings are evoked for me during the reading of this text, and what pieces of information stand out to me from the whole of the text (Erlingsson & Brysiewicz, 2017)? Further, a constructionist researcher would use reflexivity during the process “to ask questions concerning whose voices are silenced, what practices are being privileged, and what moral orders we are creating in our research” (McNamee, 2014, p.82). A reflective stance helps the researcher use their preunderstanding and intuitive position to delve deeper into the data, and at the same time balance this out by not allowing assumptions, bias and beliefs to drive the research (Erlingsson & Brysiewicz, 2017). I found myself asking: what are the participants telling me outside my presumptions and beliefs? I relied on this question to help me to ensure I was articulating their voices in the research.

The next step of the process, while keeping a reflexive, curious stance, is to use open coding to highlight pieces of data that seem relevant to my research questions from my transcriptions, notes, and memos (Merriam & Tisdell, 2016). In reading my data, I was jotting down headings to describe all my data going line by line. I broke down my data into meaning units. From there, I labeled these meaning units with codes that described the meaning unit (Erlingsson & Brysiewicz, 2017). I was interested in codes and categories that reflected how my participants "construct knowledge and make meaning"
(Merriam, & Tisdell, 2016, p. 207). I went through each interview and engaged in the same process of open coding. I went back and forth between the whole of my research and the units I had coded to look for and identify emerging themes (Erlingsson & Brysiewicz, 2017). In looking at the themes, I reminded myself that I was hoping to gain an understanding of multiple voices and not a singular truth. This process led me to increase knowledge and generate a deeper understanding of the manner in which the supervisors in my study reflect on and work through ethical dilemmas in supervisory practice.

**Ethical Considerations**

First, I sought and received the approval for research from my executive director as per the requirements in our Child and Family Services Organization in Ontario. Second, following the support of my research proposal, I applied to the Human Services Ethics Board at the University of Victoria and received approval to conduct my research. In respect to confidentiality, given my organization works within many smaller communities that could be easily identified, I initially intended to refrain from using all identifying characteristics of the participants such as gender, race, and age. As I was analyzing the data, there were implications regarding these identity characteristics. The women were agreeable to me mentioning their gender and for me this was safe as the majority of supervisors are women. I was not able to reveal other characteristics without revealing identities and as their confidentiality was my utmost concern I refrained from disclosure of further details. Also, I used the term, Northwestern Ontario rather than specifying a particular location (city or town). I refrained from the use of the detailed stories they shared in the interviews as my main focus was in identifying overarching
themes from the data. To further protect the confidentiality of my participants, I have not attached the names to any of the excerpts used in the discussion of the findings. This also includes the use of pseudonyms as I found this would further risk identifying the participants.

**Risk and Benefits**

The participants were made aware that this research was an opportunity for their voice to be heard as supervisors in the profession. They were also made aware of limitations of confidentiality in respect to the unique geographic location in which they reside.

I believe that transparency within my organization will be vital in preventing potential risks to the participants concerning the disclosure of work-related practices. I met with the executive director of our organization to lay out the purpose of the study and my ultimate plan to share my results with the agency. The director was very supportive, and I am confident that my organization will be very open to all feedback from this inquiry.
Chapter 4-Sharing Stories: Findings and Discussion

As a reminder, the guiding questions throughout this study were: How do child welfare supervisors’ approach ethical dilemmas and what processes do they use to influence their ethical decision making? How does critical reflection play a role for supervisors in responding to ethical dilemmas in child welfare?

Four overarching themes were organized from the interviews: Ethical Stance, Challenging our Stance, The Weight of Ethical Decision Making, and New Ways of Being. These themes are not separate and distinct but merge into one another. My overall goal for this research was to deepen my understanding and my organization’s understanding of the use of critical reflection in child welfare and the potential challenges of its application in such restricted environments. The inquiry served as a transformative experience for me as the participants and I were engaged in a process of critically reflecting about ethical decision making in our child welfare organizational context. As a result, these findings are both a reflection of how the participants approach reflection in action and a process of reflection of their ethical decision making on action.

I observed many similarities in the ways that critical reflection occurred between participants and will highlight these throughout this chapter. There were also distinct differences. From a relational constructionist perspective, when I am speaking about the similarities, I am not professing the best way of being, but instead, noticing possible cultural norms of the group. Also, in some cases, these similarities may open up opportunities for positive transformation in the work environment. At the same time, highlighting the differences illustrates the multiple truths that have emerged within this community (McNamee & Hosking, 2012). Within these multiple truths, unique visions
and ideas might arise from the participants in facilitating new ways of thinking in practice.

**Ethical Stance**

This section centres on the preparation, approach, and process of ethical decision making in practice. The participants in this study talked about the tensions in engaging in a reflective practice because they were balancing competing agendas between the mandate to protect and the focus on providing support to children, youth and families. Weinberg (2018) refers to the ultimate paradox in child welfare being the provision of support and care while managing risk and preventing harm. Within these complex tensions in practice, the participants held strong values and beliefs that influenced their ethical decision making in practice. Fook and Gardner (2007) indicate that an essential aspect of critical reflection is unsettling hidden assumptions that are present within the context of our practice. They add that these assumptions are what people describe as their values, beliefs, and biases. The sub themes in this section on ethical stance are as follows: Personal Framework, Relational Approach, and Ethics of Care. When I use the term ‘in care’ I refer to a young person being in the legal care of child and family services.

**Personal framework.** I had wide-ranging discussions of what these participants draw from when reflecting on their approach to navigating through ethical dilemmas in practice. Each participant kept in mind their objectives in practice such as to keep children in their home environment and to provide optimum care to youth in CAS care (Children’s Aid Society). They also wanted to foster strong connections for every child in care and those leaving care. Also, these women were transparent about values and biases favouring strong family connections that they carried with them in their approach to
ethical decision making, such as one participant who said, “my bias is that I think the children are better off with their natural family.” Other participants expressed values about treating people with respect, honesty, as well, being non-judgemental, and non-intrusive in their approach. The transparency and awareness about these values and biases seem significant to the process of understanding how assumptions, values, and biases influence decision making (Noble et al., 2016). In addition, this awareness is important in challenging “distorted thinking” as child welfare workers values will shape and inform their practice (Noble et al., 2016, p. 84).

The participants draw on their personal moral framework, an ethical stance continually influenced by and shaped through personal and professional relational experiences, codes of ethics, legislation, and knowledge. Banks (2012) stresses the importance of morality in the process of ethical decision making as it provides the courage to stand up to policies and processes that are unjust. This moral courage for these participants comes not just from experience, but rather from years of experience. Relational constructionism is a meta theory that emphasizes that we perform our identities (personal and professional) in relation to others and develop a kind of practice wisdom (McNamee & Hosking, 2012). Schon’s (1983) foundational work on practice wisdom emphasizes that it is the process of engaging on practice afterwards that helps practitioners to create change in new situations. This is important as the supervisors’ past experiences will influence decision making with their workers in practice. One participant expanded on this idea by explaining how front-line practice prepares one for ethical decision making as a supervisor:
It certainly creates a basis, having the experience. The longer you are involved with child protection, the more situations you see and evaluate. It starts almost to create or form what is a norm for you.

Another participant added that experience helps to transform practice as you learn from the impact your decision making has on the client base:

It is like policing, health care, like teachers, it is a very unique entity, and you need to have those experiences and see what the trajectory of these children and families are over the long-term basis over the basic decisions that you make today; what can happen.

Ferguson (2018) noticed in his study on reflection in action that experience, and supervision assist the practitioner to develop two perspectives, their own and that of the service user simultaneously when reflecting in action. Brookfield (2017) cautions that more experience is beneficial only if the person is open to critical reflection of their practice, such as these participants, rather than being stuck holding on to “self-fulfilling internal frameworks” without being open to “alternative interpretations” in practice (p.25).

This inquiry echoes previous studies that found that child welfare workers rely more heavily on their moral code rather than specific tools such as codes in practice (see for example, Asquith & Cheers, 2001; McAuliffe, 1999; White & Hoskins, 2011), as these tools act as a guide and cannot provide answers to complex dilemmas experienced in day to day practice (Lonne et al., 2016). One participant summed up her most significant influences in shaping her framework as, “my own front-line work, my own
history, and my own kids now.” Another participant talked about her childhood in constructing ethics of care:

Yes, my experiences. My parents were very giving people. So that is how I grew up. You give. All my family gave to everybody.

A few participants indicated that it was aversive experiences in their childhood that influenced their desire to ensure the client’s voice is heard and empathized with when engaged in reflection in the process of ethical decision making in practice. Fook and Gardner (2007) suggest that to understand “fundamental assumptions,” it helps to know where they come from (p.93). McNamee and Hosking (2012) add that relational constructionism is a perspective that focuses on how one comes to know through their relational processes.

Despite many workplace challenges in approaches to ethical decision making, it was evident that the participants grounded themselves in their personal framework when approaching ethical dilemmas. As stated before, this approach comes from their developing practice wisdom through reflection. One participant discussed making quick decisions under pressure in child welfare practice:

You do those quick things, bang, bang, bang, and you make those decisions, but if you come from an overall framework that helps guide you, that even in that minute, your overall framework helps if you have some sort of belief system around that stuff, right?

Banks (2012) stresses the importance of the social worker’s personal framework to help stay grounded within ethical tensions, competing ethics, policies and restrictive context.
**Relational approach.** All of the participants referred to their ethical stance as a relational approach. Relational ethics takes place through actions and interactions with others (Pollard, 2015). Further, it embodies engagement, respect, and responsibility of care (Pollard, 2015). For the women in this inquiry, this approach takes place through dialogue and includes, family, youth, child welfare workers, other service providers, and supervision. As these supervisors are removed from direct youth and family work, they rely on others’ perspectives to gather information to make those decisions. One participant discussed the importance of relationships in decision making.

*Researcher: How important is the relationship in your work?*

*Participant: It is very important. I don’t know how, I mean; fortunately, I have not had a struggle with that with people. I think that would be detrimental to a family if you do not have that relationship. How do you assist in decision making if you aren’t getting information from a worker? It would be challenging. It would be time-consuming.*

Gardner (2014) adds that for some, engaging in the process of critical reflection starts within a trusting relationship one-on-one. A participant shared an interesting perspective on how the high turnover rate in child welfare can create difficulties in developing that trusting relationship:

*Researcher: You mentioned turnover; how does this impact you?*

*Participant: yes, it is an issue, as I have had quite a few new staff. It is challenging because you are constantly starting over and trying to begin to understand how they are perceiving things.*

*Researcher: How does that influence your decision making under this challenge?*
Participant: So, my decision making, is based on the information I have. So, it's important to me that I am asking a lot of questions to try to get that information. Some workers, tell me everything, and I find that the workers that I have established relationships with, we know each other's thought processes, right? So, it is easy in that regard. Those staff tell me what I need to know to make those decisions because I have established that relationship. You know the strengths and the challenges. You have formed the trust with them. So those workers, the new people, you are trying to get a feel from them, and they are trying to get a feel for the job as well.

A number of stressors and pressures affect the ability to engage in reflection in the workplace, but this also leads to a build-up of stress and being bogged down under highly intense, managerial work environments, which consequently lead to burn out and potentially high worker turnover (Noble et al., 2016). McLaughlin, Gray, and Wilson (2017) add that newer workers within child welfare including supervisors might become disillusioned with bureaucratic practices if not allowed to practice reflective stances to enact socially just approaches in practice. It seems imperative for some of these participants, that opportunities to build trusting relationships, support, and supervision is provided to allow for self-reflection on socially just approaches outside of managerialism. Another participant discussed the importance of engagement not just with families but with workers to build relationships to make effective decisions:

As a social worker, I do believe in the therapeutic alliance as the most important piece. If that is there, the engagement piece, that will be stronger than any approach you might use. That is the foundation of it. That is a really important piece and something I think organizations don’t focus on enough. If we expect our workers to take that
approach and focus on that with their clients, we damn well better be doing that with our workers.

Noble et al. (2016) suggest that striving to develop a therapeutic alliance involves self-reflection and reflexivity in respect to helping the worker to understand the web of connections involved in the service user’s life, not just their personal experience but their relational experience within broader contexts. This is what is meant by taking a relational approach to research and is what I have attempted to do in this study. In terms of practice, Davys and Beddoe (2010) stress the importance of engagement to create a safe space for the worker to enter into a process of critical reflection on “risk and uncertainty” (p. 232). This safe space allows for open and honest discussions, where challenging questions can occur to engage in ethical decision making in practice (Davys & Beddoe, 2010). Reynolds (2014) adds that part of creating a place of safety for the frontline workers is by sharing the supervisor’s vulnerabilities in practice, so they can feel safe to do the same. One participant spoke about the level of trust needed to make decisions in child welfare practice:

So, let’s do that, so you are not also making decisions based upon fears, whether they are rational or not because you are fearful of discipline or that type of thing. So, I think there has to be a level of honesty or reality because this is nitty-gritty dirty work. We deal with human pain, and you know we are going to make mistakes and yet; so, how do you? I really think you have to have the relationship with your senior management team, and they have to have faith in you, and they have to be accepting of when people make mistakes, but you have to have a basic level of trust.
Those within child welfare face constant scrutiny and with that often feel powerless despite the role that grants them so much power (Oliver, 2017). Those who feel powerless might be more resistant to critical feedback, and this can become an obstacle to building a strength-based practice (Oliver, 2017). Trust within the supervisory relationship seems vital in creating a safe space for acknowledging mistakes resulting in an opportunity to transform practice. One participant talks about the importance of having support from their supervisors in approaching ethical decision making in practice:

At the same time, I also recognize that I have a director with whom I consult with, right? So, if the director is in the loop, and agreeing, then you are backed. So, that support is significant; it really is because we have had some experiences in the past few years that have been horrendous situations in child welfare. Knowing that it shouldn't stop here on me, it is comforting.

My participants’ excerpt above emphasize the importance of relationships and how thinking relationally helps in creating safety and provides opportunity to consider context of the worker and client, resulting in an empathetic approach.

**Ethics of care.** The participants did not speak about reflecting on gender when engaged in ethical decision making, but the issue of gender became evident through their ethics of care, with some participants discussing how caregiving (being a parent) influences their ethical decision making, mostly through their empathy toward the parents and youth they work with in practice. Ethics of care draws from a position of interdependence, an ability to put one's self in another person's shoes, "emotional intelligence" (p.279) and an awareness of human suffering (Carey & Green, 2013). One
participant talked about how being a mom helped to create a deep sense of empathy in her approach toward the families in her practice:

*A lot of decisions that I made was a result of being a mom. It was like I can put myself in their shoes. I can’t imagine someone taking my kids. Understanding that I had resources, and these people with poverty, being a single mom and being overwhelmed. I didn’t have financial issues, except when we were young, so I did understand that. I draw on that, and I draw on some days I am well-functioning and have had a stable life and other days I am not, and it is frigging hard even with all the stuff.*

Although I would not want to exclude other persons coming from a position of an ethics of care, this community is gendered, as, with some exceptions, most of the supervisors and child welfare workers are women. hooks (2015) talks about developing a sister hood that can cross boundaries of class and race, as well, always seeks to end patriarchy and sexism. The sentiment from the excerpt above reinforces that sister hood is a show of compassion, not judgement, and an understanding of the systems that might contribute to the struggle of single parent mom’s, such as a lack of resources and poverty. For the participants, coming from an ethics of care and having a deep sense of empathy, assisted them in approaching decision making through considering the experiences of families once they enter the system of child welfare. Oliver (2017) noticed in her study with child welfare workers that keeping focused on the whole context of the life of a family and the strengths and challenges even when working with a family that was refusing to engage, would balance out a problem-saturated narrative. Further, she indicates one example of this would be for the supervisor to frame an understanding of
the context that the behaviour occurs for the client. For example, one participant shared her perceptions of angry parents, stating:

*Yes, people will see a parent who is angry as a threat. How is that a threat? We have walked into their life and said you are not good enough to parent your child and take that child away. Of course, they will have feelings around it, and people will label these parents as aggressive, or resistant, or scary. Try to take my kid away, and I will show you scary. You haven’t seen anything, (laughs). People get surprised by that, why is that surprising?*

*de Finney, Dean, Loiselle, and Saraceno (2011) noted that resistant behaviour in systems such as residential care is often labeled as maladaptive or disordered. A respectful approach towards families that strives to understand the context of their actions not only demonstrates empathy, but it also accepts resistance as a normally occurring response within this context.*

**Challenging our Stance**

This section centres on how the participants used reflection when approaching ethical dilemmas in practice. Although some participants discussed engaging in critically reflective practice, this occurred with ongoing challenges due to workplace barriers which will be thoroughly discussed throughout this chapter. The sub-themes that emerged for me from this section on Challenging our Stance are: Training in Critical Reflection; Feelings, Assumptions and Biases; Context; and Power.

**Training in critical reflection.** Most of the participants expressed an ongoing commitment to professional development through workshops and through researching and reading current literature in the field that promotes professional development. The
participants shared that the organization did not provide training on critical reflection and ethical decision making in practice. This lack of training was summed up by one participant:

*It is very much like every job in child welfare, fly by the seat of your pants. You go by what you received from your supervisors, and then they had that Shulman training, and maybe some management training. It really doesn’t prepare you. It’s like coming out of university and going into child welfare. Good luck out there, (laughs).*

Gardner (2014) emphasizes that critical reflection is learned and therefore a practitioner requires the opportunity to develop these skills over time. Also, she prefaces that if critical reflection is to be prioritized in the workplace that the management considers workers willingness to participate, their learning styles, personality, and the context of the organization. Delany and Watkin (2009) found in their study with students, that critical reflection works best in environments that privilege this kind of approach, particularly when there is congruence in its application throughout the organization.

**Feelings, assumptions, and biases.** In discussing a reflective stance, the participants shared that they were self-reflective. One participant stated that she was continually processing information:

*Oh definitely, I am very much in my head all the time, yes, I am an internal thinker. There is not a minute that I am not processing something. Like always. My brain doesn’t shut off.*

Another participant described self-reflection in her practice:

*I do a lot of self-reflection, too. I tend to; if something is bothering me, I try to figure out what is bothering me. Something is not sitting right.*
Gardner (2014) refers to this discomfort as a feeling that will help to ground one in the experience of critical reflection. This participant further explained how she would reach out for support from her supervisor when feeling that discomfort. Conversely, some participants talked about detaching from feelings to make critical decisions when working under the mandate to ensure the safety of a young person.

One participant spoke about this:

*I think it is easier to make a decision when you take out the feeling. The decision comes more quickly. There is no feeling, so there is nothing to cloud your judgment.*

*Researcher: so, when you are making these decisions you are not thinking "what am I feeling"?*

*Participant: god no (laughs)*

*Researcher: so, it sounds like when you are making these critical decisions you have to shut off the feelings to depersonalize*

*Participant: that is exactly what it is.*

Ferguson (2017) indicated that detaching from emotions in child welfare in some cases is a result of being overwhelmed, experiencing a range of intense feelings, and being weighed down by organizational pressures. This detachment from emotions is understandable in environments where child welfare workers are processing issues of violence inflicted on children, youth and families, as well as dealing with issues such as poverty, racism, and oppression, some of which might be exasperated by the child welfare system itself (Carey & Green, 2013). Also, another burden is that the social worker does not have clear-cut solutions to alleviate the suffering of these families (Carey & Green, 2013). Detachment can alleviate some of the angst the worker might
feel in light of all of these kinds of issues. Brookfield (1994) indicates that feelings such as anxiety could occur from reflecting on an event resulting in a defensive response rather than acknowledging our actions or emotions around an event, thereby inhibiting learning. Emotions, according to Brookfield (1994) can initiate reflection resulting in opportunities for learning. For my participants, the cost of detachment at work resulted in detaching or supressing feelings around events, resulting in anxiety, sadness, and ruminating about work place decisions.

Although these participants talked about being very self-reflective, they indicated that a lot of their reflection in respect to ethical decision making at work occurs within the supervisory relationship. For example, the discussions around unearthing assumptions and biases came between the participant and the child welfare worker during supervision. Noble et al. (2016) believe that supervision is a place where critical pedagogy can be utilized to develop critical thinking in the workers. One participant spoke about her interactions with her team:

*We talk a lot about this in supervision. When someone is doing a safety assessment, and they are feeling at a loss, we talk. Their own bias and judgment come in and my bias and judgment come in, and we talk about it. We are open about our bias and judgment.*

Another participant talked about helping workers to reframe the experience of a family to consider alternative possibilities:

*If I only hear the bad things in the family, I try to reframe so that people can see things differently, without ignoring the issues. For example, maybe it isn’t so much that*
the mother in law is being interfering. There is a grandma who really loves her grandchild and let’s tap into that you know.

Noble et al. (2016) stresses that critical supervision, gradually challenges dominant ways of thinking, generating new perspectives. Challenging dominant ways of thinking often occurs through a series of questions (see, for example, Fook & Gardner, 2007; Gardner, 2014; Noble et al., 2016). One participant shares how she challenges assumptions and beliefs of the workers through questions:

Sometimes a worker will have their own beliefs, right? They may ignore other pieces of the puzzle that is going around them and start to become a little narrower minded and going down their path. So, you know, talking to them, to explore, well, have you looked at this, have you looked at that, and how is this impacting on that?

Davys and Beddoe (2010) add that effective supervision involves assisting the child welfare worker in addressing complex issues, managing uncertainty, and change, as well as, addressing power differentials between the worker and their client.

I noticed the participants had expressed ethical tensions when reflecting on practice that challenged their assumptions and biases. One participant spoke about her bias, “I don’t like to be intrusive with families.” In dialogue with another participant, she summed up our mutual discomfort with apprehending young people from families by saying, “because, for us, it drains us, because it contradicts everything we believe.” One person talked about her awareness of families feeling threatened by her due to her role, “it is not a good feeling to have people view you in that sense. I don’t want people to be scared or intimidated or threatened.” Gardner (2014) suggests creating space for critical reflection would allow one to connect with feelings when conflicted in dilemmas to see
what assumptions are in play. For example, for these participants, tapping into their prescriptive assumptions in practice (Brookfield, 1995) such as, workers should be non-judgemental, and non-intrusive, would help them see how these values are interacting with their professional practice in the moment when making decisions ‘for’ instead of ‘with' clients. This awareness of assumptions may result in them challenging the dominant discourse, or they might choose to revise their assumption when approaching the particular dilemma. For example, Turnell (2012) suggests that in child welfare, one could revise assumptions around being non-judgemental in approach to being accepting of judgment and conversely taking a non-blaming approach in practice. One participant illustrated an example of this approach:

*There is a difference between making judgments and recognizing struggles people are having. I am not saying that a person’s struggle with addiction should be ignored or the impact of addiction on their kids. We are not going to allow that to happen, but we are not going to judge them as less than because of these struggles. We want to be more open to understanding that people aren’t their addictions.*

*Context.* There was a significant emphasis in the interview with the participants on the context of the service user and of the participant in this inquiry and how context influenced reflection in ethical dilemmas.

*The context of the service user.* The participants mentioned a holistic approach to their ethical decision making, which included considering context and understanding the perspective of the family in the decision-making process. This approach is similar to the findings of McLaughlin, Gray, and Wilson (2017) who noted that experienced workers in child welfare who have a commitment to social justice like the participants in
this inquiry, tend to be focused on the client beyond individual struggles. They would do this through a collaborative approach, being curious about the client’s culture, and to learn about their “unique experiences, competencies, and needs” (Feinsilver, Murphy, & Anderson, 2007, p. 269). For most participants, it was an ecological approach. Ecological approaches view the relationships between the environment and the person within their cultural and historical contexts and how this continually influences one another (Kilpatrick & Holland, 2009). Some participants centred the context on the nuclear and extended family as well as community relationships. Others went further by considering the structural influences in the lives of families. One participant shared the importance for consideration of context within the family:

Yes, when you break it down, when you don’t know who these people are, there is no context. But you add in the history of the situation, you add in how people are experiencing that situation. What does it mean to them, right? Is it helpful to this person, is it harmful to that person and does anything need to change for this family unit?

Another participant mentioned broader contexts in a conversation with me:

Participant: systemic, structural issues, everything from colonization, through residential schools for our first nation folks, poverty.

Researcher: so historical trauma that results in other things?

Participant: yes, personal trauma, in the sense of young women’s struggles with being abused sexually or physically abused or treated the way our society has allowed men to treat women.

Another participant shared her perspective and how she centres context in her approach:
The fact that you can’t just deal with the psychological perspective which deals with the individual, right? So, I am not that way; because there is a system, there is family, the whole context. So, there is the individual, the family around it, the community, and I guess the larger system, the country, and the overall context of the current world situation that we are in. It is so much bigger than just one thing. In the area that we work with, we are so impacted by First Nation issues, residential schools and the choices that occurred long before we were born that we deal with still on a daily basis, and so you have all those things, so I don’t think one theory can encapsulate everything.

Although an ecological approach helps to understand the various systems interacting and impacting on a family’s life, Noble et al. (2016) argue for a critical-structural perspective. They add that this perspective would include the focus on structures that create power inequities for the client base and situate efforts on social justice to reduce those inequities. Gergen and Gergen (2004) would recommend this is done as an organization with all participants sharing their vision for change.

**Reflecting on the work place context.** The participants talked about working in an environment that supported creative approaches to ethical decision making in practice. At the same time, these participants were more disturbed when reflecting on the strain experienced when dealing with ethical dilemmas in restricted environments plagued with a lack of funding and resources. Weinberg (2010) stressed that it is essential for social workers to reflect on the structures that influence and sometimes act as a barrier in their ethical decision making. Some participants shared concerns about inadequate funding toward family preservation and other participants focussed on a lack of resources resulting in less than optimal circumstances for children and youth in care. These ethical
tensions resulted in most of the ethical dilemmas discussed within this inquiry. One participant shared her frustration of the lack of funding toward preservation of youth at home:

*That actually impacts me a lot on my decision making, because can we offer something better than what they have? If I am bringing the kid in and staffing him at a resource, but he is doing the same thing in care that he was at home, wouldn’t it be cheaper for us to provide the support for the family at that point?*

In child protection, there is increasing pressure to provide support to families with no allocation of resources to confront the impact of social inequities on these families (Lee, 2016). In every conversation, lack of resources was discussed as a significant influence in ethical decision making. A participant indicated that she would still bring a young person into care if there were no other options, but resources pose a problem:

*Um, well I mean I wouldn’t say they get in the way, but factors such as do we have an available placement. (Both of us laugh) You know, so yes, there is always going to be what resources are available. What options do you have and then you make the best decision based on what you have too right?*

Another participant echoed this concern about the impact on decision making in whether or not to bring a child into care:

*Researcher: What about resources, finances, how much does that come into play?*

*Participant: that is a huge factor, bringing a kid into care, moving a kid, always in the back of your mind there is nowhere for them to go. You know, right, there is nobody, we don’t have staff, or there are no services, on so many levels, there is nothing. I think*
resources are a big factor in the decision-making process for sure, you know more so, around placements. Where are the kids coming to and you know there is nothing for them? They are staffed for a while and then what. That is a huge pressure right now.

Many participants talked about considering structural issues as part of their reflection on ethical dilemmas, such as “am I going to make this better or worse for this child by bringing them into care”?

Noble et al. (2016) stress the importance of models of critical reflection to move from the child, youth, and family as the centre of reflection, to starting with the contextual factors influencing the world of the service user. They add that those big-picture thinkers place contextual factors such as lack of resources at the centre of their decision making, to make it transparent, and open the potential for dialogue to address these issues. Fook (2015) suggests that this process allows practitioners to perhaps instill hope through examining possible options outside of framing problems as impossible to solve, that leave all those involved feeling helpless.

For one participant her number one stress in making ethical decisions is the lack of outside resources for families, in particular, mental health. In these circumstances, she thinks that not having community resources to access, results in more work for the child welfare workers, when in essence the system is structured for them to be in a case manager role, linking families to these services. This lack of resources leaves her feeling frustrated and powerless. Bates (2013) found that child welfare workers became exhausted with a lack of internal and external resources as they felt unable to be useful in their work, which increased risks for leaving the profession. Also, a lack of resources for families in the community can increase the chances of repeated investigations and
involvement with child welfare (Cummins, Scott, & Scales, 2012). Reynolds (2012) advocates for collective action amongst service providers to engage in holding one another up in efforts to provide socially just action for the client base. This action would mean engaging with service providers to reflect and address dilemmas together regarding needed resources in the best interest of the service user.

**Power.** When discussing power, the participants covered wide-ranging topics from the power of the dominant discourse and how we have the power to construct what risk is in families, to surveillance measures by way of scrutiny which includes compliance and accountability measures. Further, the issue of balancing takes a look at how the dominant discourse takes precedence over the participants professed values in practice. They also talked about power dynamics within their organization.

**Constructing Risks.** I was curious as to how the participants considered the use of power in reflecting when making ethical decisions in practice. As I was writing the codes down, I noticed the language we were using to engage in discussions of ethical decision making, such as evaluating, assessing, allowing, expecting, and making decisions. The interest in my inquiry is centred on the power provided to each of us to make critical decisions in practice. These words reflect the power of our role. Although we were mostly silent about that language, it permeated throughout our discussions. Banks (2012) indicates that it is essential to be aware not just of our professional power but also mindful of the source of the power we have which is rooted in the construction of the child welfare system. All of the participants shared that although there is a preference for child centred and family-based focus in their work, the organization
privileges the language of compliance measures as dictated by the ministry standards which is how we are funded to practice our profession. One participant talked about this:

Absolutely, there are so many things that dictate our system. It is all about accountability and stats and CPIN, and so the real work is no longer important, but it looks good on paper.

Oliver (2017) found that workers in child welfare were under such pressure from compliance measures, courts, mandates, and the public that they spent more time accounting for their excellent work on paper than actually in practice with their clients. One participant reflected on this accountability:

Dilemma wise, I don’t know how you do this at this stage in child welfare. The accountability measures are so extreme, we almost have to review every single thing that comes in, and we have to report all this stuff to the ministry. I don’t know, it’s like having your finger in the damn, and you take your finger out, and all the water comes out. I don’t know how long all of this is sustainable.

All of the participants reflected with me on the challenges of becoming more directive either through approach or ultimately through court as a result of safety concerns identified and not mitigated when working with the family. A child welfare agency is structured to determine eligibility for service or termination of service based on the risk posed to the children in the home (Oliver, 2017). One participant discussed her role as a risk manager:

Child welfare is systemically a judgemental system to some degree because you go in and you assess risk, and you have to code it, and so we still have to make sure that
we are always managing risk too. You can manage risks in foster homes, kin homes, everywhere, so you are managing the risks.

The use of the term "risk" was used frequently by the participants which is in reference to the assessment framework of the Ontario protection standards where we are involved in the eligibility spectrum assessment, safety assessment, and risk assessment. Lonne et al. (2016) cautioned that although these assessment frameworks had some benefits in practice, they are built on social constructions of family within political contexts and are administered with a focus on deficiencies in the individual. Weinberg (2010) reminds social workers that critical reflection involves examining “taken for granted discourses” and how these discourses, which are rooted in policies and procedures, are interpreted in practice (p.40). One participant who worked with situations of assessing immediate risks of safety for children and youth, challenged the language in the eligibility spectrum as “it is black and white, and we don’t work in black and white.” Another participant spoke about when approaching dilemmas centred on youth in care, for the most part, the codes were in the back of her mind but not the primary focus while reflecting on her decision making. Other participants talked about using the eligibility spectrum as a guide, but they would still reflect on the context of the family as one participant shared her thoughts:

Yeah, so I mean it is the basic pieces of it. Non-identifying facts of what is happening. Ok, so then, you look at the eligibility spectrum to see if the child is being harmed by omission, or commission, domestic violence, etc. Putting it into that tool and finding where it falls. You know that’s a starting point, right? It is where you start. Also,
This participant referred to how the notion of abuse is constructed within our government and mandate:

*This is where society thinks it falls. The standards, and then from there you get more information as to how is this situation working within this family and is this acceptable in this family and does something need to change?*

Although political and government agents define the terms of maltreatment, managers and child welfare workers decide on norms of “ethical and effective child protection practice” (Lonne et al., 2016, p. 71). There were limited comments by the participants on how they interpreted the constructs of maltreatment, but there were reflections about separating neglect from socioeconomic status. For example, one participant talked about considering economic status in making ethical decisions: “*we do a lot of admission prevention dollars, paying for broken windows, rent, hydro, (laughs).*” The agency has also paid for daycare at times for families, as well, has provided temporary housing for some families. This support does not solve issues related to poverty, but the supervisor in these cases refrain from bringing a young person into care as a result of financial or housing problems. Keddell (2014) stresses that critical reflection of how structural conditions such as poverty interact with family functioning is essential as the worker can view culpability beyond the individual in these cases. Rogowski (2015) adds that this reflection can lead to a supportive approach of families and reduce the stressors in their lives related to poverty which is linked to maltreatment (Pelton, 2015) rather than an authoritarian intervention of shape up or the child is removed.
**Scrutiny.** As with much of the literature to date on supervision in social work practice, these participants described the impact of neoliberal policies and practices that have resulted in a lack of funding and increased compliance and accountability measures in their child welfare organization (see for example, Baines, 2013; Lonne et al., 2016; Noble, et al., 2016). The consequence of these restrictions, as well as recommendations from inquests into child deaths, results in a system focusing on outcomes through surveillance of both the families and the social workers in the system. Lee (2016) argues that this surveillance in the structure of child welfare increases inequities of marginalized populations, through punishment and monitoring rather than the provision of supportive interventions. Reynolds (2012) indicates that engaging in an analysis of power involves places where we have the privilege of power and also where we are the “subject to the power of others” (p. 23). For the participants, surveillance occurred in the agency, the Ministry of Children and Youth Services, with other service providers, and from the public. One participant talked about when weighing out decisions it is always in her mind who is going to be mad at her or who she will be in trouble with the next day:

*That is one of the things I think of. Ok, I have got all this other stuff I have to think about, but in my mind, I am thinking what is going to happen if I make this decision? I want to avoid getting into trouble. The more we talked about it, the more she realized how heavy this weighed on her mind.*

The participants in this inquiry were emphatic and unified in their frustrations about scrutiny through compliance measures such as QIP (Quality Improvement Plan) and CPIN (Child Protection Information Network). Although there was an understanding of the need for accountability in practice and also, the need for a system with a single
point of access to information, the participants thought that measures from the ministry
used to improve outcomes of client service often reduced their capacity to provide a
quality ethic of care to their child welfare workers and client base. Baine (2013)
discussed how the introduction of neoliberalist models of management focused on
meeting targets, outcomes, and reducing costs, have limited the most well-intended social
workers of enacting socially just approaches with their clients. One participant shared her
thoughts:

There was a time where I struggled working in child welfare. The direction of the
ministry, the expectations for families. You know, the attorney general report, uh, CPIN
coming in and I felt I really struggled because I can’t work for an agency and do what I
do because this work is extremely hard, it is gut-wrenching and emotionally draining. It
drains your soul. I can’t do this work if I don’t believe in the philosophy; if I don’t have
that support from senior managers. I love our director’s philosophy. I don’t like what the
ministry makes us do because I don’t think it mirrors our service philosophy.

Researcher: where is the conflict there?

Participant: the problem is the ministry needs black and white, check boxes. Do this and
this. I get child safety should always be first. Children should be seen, right? So, I
understand what they want, and that should be the focus. Are they seen? Not did you do
this plan, or did you do your supervision? Holy moly, I think about our QIP results, and
it is you missed this.

Lonne et al. (2016) argued that there has been an increase in compliance measures
to improve outcomes in child welfare due to what was seen as a result of mistakes in
judgment, in effect replacing “professional judgment at the very time that we are
imploring workers to increase their professional discretion, discernment, and reflexivity” (p.153). These measures are viewed as the most effective means of improving outcomes as per the ministry. Brookfield (2016) indicates that what makes reflection critical is examining the power structures that have dictated what practices are most effective and challenging our assumptions we may have embraced as the best practice, when in fact the opposite might be true.

Other participants were troubled by public scrutiny from media and ministry following a death or other critical incidents. Jones (2014) expressed concern that political discourse seems to divert attention away from those that hold power such as the Ministry to encouraging blame of those working frontline with the clients. One participant shared that she is frustrated with responsibility and increased standards being placed on child welfare workers for severe incidents as a result of high-risk lifestyles or mental health-related issues, rather than dialogue to heal, or structural shifts toward meaningful change:

Researcher: the policies, the things that come out of that are more standards?
Participant: more standards. Every time there is another...., ethically, here is one of my hugest ethical challenges that I think of every day, and I see in my sister agencies in this area that struggle, is with youth suicide and high-risk lifestyles and deaths. Ethically, does it drive me insane that every time we lose a child-so, we lose a child to a suicide, to a risky lifestyle issue, or sometimes even by death by a parent or caregiver; whatever way we lose a child in death, all of a sudden, the media, the ministry, the coroner, they are all coming down on the agency and the particular staff involved. Ethically it drives me crazy. I think it is so wrong. It drives me crazy that they attack these agencies, and the staff
essentially. So, how anyone survives child welfare, I don’t know. Do we have cognitive dissonance? I don’t know what we do to survive it.

Oliver (2017) speaks about child death in child protection and how there is a tendency to treat it as an individual failure rather than looking toward analyzing system deficiencies contributing to death. Ultimately, we work with a client group that might be struggling with addiction or mental health in their life, or, live with a parent who struggles with these issues and with that there is a real risk in some cases of injury, or ultimately death. To complicate matters, the combination of public scrutiny and increased pressures as a result of compliance measures intended to manage risks can lead to toxic environments, with an increase in risk-based anxiety (Stalker, 2010). Stanford (2010) adds that managing risks gives life to holding social workers and clients accountable when something goes wrong. One participant shared the pressure felt at times when considering closing family files, especially with younger children:

In terms of severe injury or death, yes, if the family has been involved in the past 12 months with child welfare, we are culpable. Doesn't have to be open (The family file). They would be coming to us and saying we see this referral is here. Uh, why did you close it? Now if something were to happen and we were open, at least we can say we had concerns and we have a service in place or have tried to connect to other services. If we close the file and walk away, in that case, have we done our job?

Another participant shared her worry given the client base we work with:

Every day I pray that none of our youth, you know when you are responsible for the safety of children, I pray that nothing happens to a child that I am ultimately responsible for.
Another participant disclosed her fear of child death:

*I am not all that confident, (laughs), because you want the worker to be confident in your decisions, so you take that on sometimes, but you always worry. The last thing I want is a child death. I participated in a couple of death reviews, and it is heartbreaking.*

As these women are rooted in the ethics of care, there appeared to be great compassion and worry for the well-being of their clients. I noticed even when these women were making decisions in line with their ethics like a decision to keep a child within the family; there were worries about those decisions. Phrases that came up were:

“I second guess myself all the time”; “We are always constantly worried”; “I will start to ruminate about it and feel like I made the wrong decision”; as well, “the fears are that the parent hasn’t made those changes. You can see them doing it, but change is difficult”.

Although these supervisors want to support the families and meet their needs, the pressure to appease the public, whether that be the government, the community, the media, or political climate, can lead to a defensive approach with clients and a lack of confidence in decision making (Leigh, 2017). Gardner (2014) suggests that critical reflection may help to understand the influence of the context on the practitioner. She adds that this reflection might help reduce anxiety in respect to “not taking responsibility for what is beyond their capacity to change” (p.2). Again, Brookfield (1995) would also ask us to challenge dominant discourses that reinforce the workers and supervisors as the problem, rather than issues rooted in structural deficiencies.

**Balancing.** The participants expressed frustration with scrutiny resulting in balancing compliance and accountability measures as well, meeting staff needs and
service user needs. The challenge of balancing goes back to what Weinberg (2009) said of working in places of support vs. managing risk and accountability. This struggle to balance caused great stress. One participant shared her state of mind being impacted by her inability to assist her overwhelmed staff members:

*Researcher: where do you think the biggest pressure is for you at work making decisions?*

*Participant: Um, geez, when you know that the standard. Don't forget the whole CPIN thing. You have a new system, and everything needs to get in there to meet the standards so that Qip results are good, and that you know that your staff are overwhelmed and maxed out and I'm trying to support them. I don't know, that is hard.*

*Researcher: would you say the accountability and compliance measures versus effective service would be the challenge?*

*Participant: yes, (laughing), that is a great way to put it. That is exactly what I am trying to say.*

*Researcher: and supporting your staff*

*Participant: to the government, it looks like we may not be doing it, but we know the work that is done. So, it's that pressure, right? At times things become overwhelming where there is too much. People can't be everywhere at once. Just trying to manage the staff so that things are getting done. But for the most part, it's the system.*

Weinberg (2018) stresses the need to reduce ethical trespass by making these paradoxes in practice transparent. Another participant discussed the challenge in decision making between the balance of engagement with the family's versus protection of the child:
I think it is that focus on protecting the child and at the same time working to engage the family, that connection piece. Every referral you get, how do we protect the kid while allowing the family to care for the child.

Tensions between justice and care, challenge child protection workers where one juggles between the individual needs of the client and the collective needs of the family (Lonne et al., 2016). Having conversations about power within organizations would examine binaries such as "care versus control" and challenge us to look at alternative options outside of these either-or options (Fook & Gardner, 2007, p. 34). For example, how can I enhance care within mandated environments, or how do I see my practice outside of the binary I prescribe to my work?

Time was another factor that impacted on decision making. This challenge was noted in particular, creating time to have clinical supervision and to engage in critical reflection, components the participants felt were necessary for ethical decision making. A participant discussed her thoughts:

Researcher: not trained enough in the engagement and relational approach?
Participant: yes, and we don’t have time to do this.
Researcher: how does time play a factor?
Participant: well we have CPIN, and I spend most of my time on that thing now. I have to document supervision, where I could just write it in my book, but now it has to be in the system. Stop talking I am still clicking. There is nothing smooth about it.

Other participants expressed that day to day crisis shifted priorities away from scheduled meetings or time to do clinical supervision. Noble et al. (2016) suggest that critical conversations in the workplace should occur about time pressures and what
factors influence decisions to limit the time for clinical supervision. Gardner (2014) adds
that critical reflection can be built in one’s day to day work in creative ways, whether that
is in the car, incorporating it into supervisory discussions, peer supervision, management
group meetings, or scheduling a coffee time to reflect on decisions critically. Fook (2012)
suggests that creativity can occur in the manner one implements critical reflection
depending on organizational complexities such as practicing in group meetings.
Approaching this from a critical lens, Brookfield (2016) would suggest that unearthing
assumptions of accepted practice in the workplace would be imperative for these
participants. A case in point was the participant who told me they were having difficulty
balancing work and home, feeling like they were working 24/7. Hegemonic assumptions
are of particular concern in careers like social work which are gendered and result in the
individual’s potential self-destruction of health and wellness to keep agencies that are
deprived of resources afloat (Brookfield, 2016). He adds that the system is strengthened
by these workers’ willingness to take on more stress and responsibility and they are in
turn reinforced for these selfless acts toward their workers and clients.

Reflection on power. When I asked a direct question about power in
consideration of their decision making, some participants acknowledged power as
something that is influential in their approach with the clients and the child welfare
workers although not spoken about a great deal in the organization. It has been argued
that exploring power is vital in organizations and various relationships within those
structures, to make transparent how power is used and where it might be abused (see, for
example, Fook & Gardner, 2007; Gardner, 2014; Noble, et al., 2016). Although it is
fraught with difficulties, this exploration of power also creates opportunities to be
intentional and creative in new ways (Gardner, 2014). One participant shared that it is more about demonstrating her equalization of power rather than a discussion of power:

*That inherent power that we have to be aware of all the time. I am not thinking I talk about it a lot, but I basically try to keep a perspective that, and not just keep a perspective but demonstrate a perspective, that this is teamwork.*

As with other components of critical reflection, I noticed although the participants acknowledged the power inherent in their role, they appeared to focus on reflections of power within supervision, mainly within the relationship of the child welfare worker and the service user. One participant shared about talking with her staff about how the workers approach their clients can enhance power differentials or work to minimize power differentials. Noble et al. (2016) also reinforce the importance of reflection by supervisors on their power and how unequal power in the supervisor and supervisee relationship might serve to create power differentials in their conversations. Stanford and Taylor (2013) stress the importance of looking at privilege, both inherent white privilege and in positions of power in neoliberalist environments. For those persons, reflections would involve how their worldview as a result of that privilege influences decision making and how that might serve to create power differentials working with diverse populations, both with workers and service users.

As per the participant's relational ethics stance, there was a preference for collective ethics or a collaborative approach to mitigate power differentials in their relationships. One participant spoke about this:

*I tell my team we are not a unit into ourselves, we are a team, and we are a team with the bigger agency, and we are a team for families, period. So, I think too that I want*
to bring other people to the team, all the time if possible because there is a lot more than child welfare that can help a child.

Another participant added that it is essential in gathering different perspectives in decision making:

*I also like to pull together team meetings as I find them very helpful as it opens the possibility of what other people are perceiving as well.*

Professionals who work collaboratively are more successful if they are reflective, work from a place of mutual respect, embrace diverse opinions and ideas, and have a workplace culture that accepts a collaborative process (Maclean & Fisk, 2015). Fook and Gardner (2007) caution that part of reflective practice is strengthening our work through critically examining how we hold power in a particular position, such as ‘relational,’ ‘collaborative,’ or ‘holistic.’ For example, if we profess to be collaborators, and are steadfast in that position, we might miss the opportunity to see moments where we do not act collaboratively. Reynolds (2012) adds that this skeptical examination of our position is a critical approach to enacting our ethics in a day to day practice.

Different participants shared the importance of hearing the clients voice and supporting them in expressing their perspectives. There was one participant that identified a group process in making decisions with families. Taylor (2012) stresses the importance of a collaborative practice as being most effective when the service users’ needs drive the process.

At the same time, there was great discomfort in discussing power “over” when working with clients. One participant describes this discomfort:
In the larger picture, when you look at child welfare and decisions we make, I fully acknowledge the level of control and that is a very difficult place to be; because, when you are making decisions over people's lives that you fully know will impact them possibly for the rest of their life, because of some of those decisions that you make, do I sit well with that? No, I know I have to make decisions.

The participants talked mainly of the potential negative impact of power, but Fook and Gardner (2007) remind us that power can be discussed in both positive and negative ways. The participants revealed efforts to use power in positive ways through speaking of their advocacy, support, enacting one's ethics, and resisting what they view as unethical actions. One participant talked about always looking for family first if a decision was made to remove a child, but she found most of the time she could keep children in the home with alternative approaches such as Alternative Dispute Resolution (ADR) conferencing:

You know we are doing something right in my area, where we have high ADR numbers, where we can lay out the bottom line; putting it back to the family about what they are going to do.

These higher ADR approaches have resulted in a lower number of apprehensions in this person’s district. I noticed other participants using resistance which Weinberg (2018) noted is an attempt by social workers to resist ethical trespass or the unintentional harm that may occur to clients as a result of our day to day practice in child welfare. One participant shared an experience where she was resistant to pressure from other outside service providers to apprehend some youth, “yes, and we pushed back, and both those
kids are still in the home.” One person shared the willingness to compromise and bend policy in a decision to ensure young people get the best possible care:

To maintain this for these children, for the length of time so hopefully, they can go home, so they can remain in the same community as the family is, we had to do it.

Another person speaks of advocating for a family to ensure they used the least intrusive action. One participant stressed the importance of questions even when apprehending the young person. She noted at times in the direst circumstances where a parent might be intoxicated and arrested, that you still ask the question of whom they might want us to approach as an alternative caregiver for the child. When Reynolds (2010) speaks about "addressing power," she not only refers to analyzing power that might oppress others, but she also attends to efforts of resistance and acts of social justice (p.249). Fook and Gardner (2007) stress that power is personally held and interacts with power in organizational structures. Exploration would include supervisors reflecting not only on our resistance to power but also in our reinforcing power differentials. For example, critical reflection could occur through examining the reasons we refrain from acting on a decision we think is in the best interest of the service user, such as, "maintaining the status quo" of the organization (Fook, 2007, p.5).

A few participants expressed a feeling of a lack of power. In discussion with one participant about the power of a supervisor’s role, she shared:

Researcher: this brings up power for me. How much do you think about it?

Participant: I try not to, as I don’t see myself as a person with a lot of power.

Researcher: that is interesting, why is that? I have heard this before.
Participant: I just don’t feel like I have it. I know if I met with a family, they would be intimidated and see me as a threat, and I don’t feel like that inside. I don’t feel like I have a lot of power. I don’t. At the end of the day, there is always someone that has more power than me.

Gardner (2014) discusses the complexity of power and how one person can hold more power due to their position, or wealth, but another person perceived to have less power can be more powerful for example, through their strong voice and convictions. Also, social workers in practice have reported an understanding that although they have a powerful position, their ability to participate in change rests on the client’s willingness to work with them (Gardner, 2014).

The Weight of Ethical Decision Making

This section centres on how the participants manage a reflective stance under the weight of intense pressures and ethical tensions in practice. The subthemes in this section on the weight of ethical decision making are: Stepping away from Reflection, Distress and Complicity, and the Impact of Ongoing Ethical Tensions.

Stepping away from reflection. In listening to the participants speak about moments of immediate risk situations, there appeared to be almost a shutting off a reflective stance, and a more automatic decisive approach occurred with decision making. A few participants said when looking back at immediate risk situations, they cannot tell what they think about in the moment. One person talked about what they are considering when determining whether or not to bring a child into care:

So, I look at the imminent risk, is the support network good enough, and are they willing and able to provide assistance to that family to decrease the risk to the child?
What is the emotional connection to the child? Between the parent and the child. What does that attachment look like? Right? How many issues are there? Is it an addiction, mental health, compounded risk? Family is looked at first if we have to bring a child into care.

Ferguson (2018) found in his study with reflection in action with child welfare workers, that participants turned reflection on and off depending on the situation. Smith (2010) talks about a moving away from reflection in some cases as self-preservation and a means of getting through a number of highly intense situations. Lonne et al. (2016) suggest that child welfare is a profession where the practitioners experience frequent ethical tensions from "fraught contexts," where the "stakes for all concerned can be extremely high" (p. 16). Smith (2010) adds that reflective supervision for workers (and supervisors) is critical to be able to reflect on action after these moments.

In enduring ongoing intense decision-making processes with so many barriers, the participants described the physical and emotional toll they experience. Ferguson (2017) has argued that there has been a lack of attention focused on the “emotional and visceral experiences” of child welfare workers and its impact on their ability to provide effective service to children youth and families (p.1020). A few participants talked about shutting off parts of themselves at times in order to cope and make decisions. One participant joked when things feel too personal for her in decision making, "I have to disassociate." While another shared about putting up an emotional wall to protect her from the emotional toll of the work:

Researcher: that is interesting, you have said that a few times. You mentioned how people have to shut it off. What does that mean to you?
Participant: I don't think it is a conscious thing, but the wall goes up, the emotional rock of a wall, right? (laughs) And then people walk away. At night I feel bad about it, but I just shut it off. It is funny but not funny because I do often reference that I feel dead inside, (laughs), but that is part of the danger of our work, is that your emotions are very much shut off. If you don’t shut it off you wouldn’t last, you wouldn’t survive. Because the things that are happening to very vulnerable children are awful and if I start to think about it, I feel very emotional (crying) about it. So, you just don’t think about it. You have got to distance.

Ferguson (2018) reported that for child welfare workers there is a risk of an ongoing shutting down of self rather than a temporary stepping away from reflection. He adds that this seems to come from a need to split off the feeling part of self and not dwell on emotions to survive in their professional context. Cooper and Lousada (2005) suggest that this shutting off of feelings can be reinforced in risk-based organizations where outcome measures dominate over reflecting on the emotional impact of the work experienced by practitioners and therefore do not promote psychological health of the workers. Smith, Cree, MacRae, Sharp, Wallace, and O’Halloran (2017) add that critical reflection validates emotion and can bring one in line with their ethics in organizations that might resist critical reflection due to competing agendas and risk-based anxiety.

**Distress and complicity.** As the participants have described at times detaching from emotions and stepping away from reflection to make decisions in highly charged complex work environments, they also revealed the impact of packing away these emotions. Weinberg (2009) thought there was a lack of conversation of moral distress which occurs as a result of a lack of support or lack of resources to enact one's ethics.
Also, Weinberg (2009) suspects that part of the reason that this is not a common topic in social work is related to the construction of ethics in social work that focuses on the autonomy of the individual in decision making in practice, rather than viewing a collective responsibility where broader structures have a strong connection to the child welfare worker and family. The participants discussed many factors that would exasperate this distress. One participant talked about rule-following and a healthy fear of losing one's job. A few other participants disclosed that they had a lack of confidence. One participant shared feeling exhausted and powerless. All of the participants exhibited or shared deep feelings of sadness, crying, and shutting off feelings. Some thought they had experienced symptoms of post-traumatic stress disorder or compassion fatigue. Weinberg (2014) reports that the risk of burn out and fatigue is high in a profession like social work which is gendered and centred on an ethics of care. Also, she pointed to the national social work ethics in reinforcing that the needs of the client are primary over the needs of the helping professional. This pain appeared mainly a result of the participant's perceived failings to do the best for the youth and families, the exposure to atrocities suffered by youth and families, as well, the inability to support exhausted child welfare staff in practice. Reynolds (2011) describes the pain a worker suffers when the “unjust conditions” of our clients do not change, and we end up what feels like “shovelling water” (p. 31). One participant shared the pain of working with youth in care:

*And I lay awake at night and think, do I want to continue to be in this area that has such an impact on these children's lives. Do I want to continue to be there in that work, because it is for me personally so painful? It is painful every time I move a child. It is painful when I couldn’t help to get stability for a child. It is extremely painful to know*
that some of these kids end up in group home care and out on the streets and some survive, and some barely survive, some of them don't make it, and some of them have historical, generational families that we continue to be involved with and the same outcomes and it is heartbreaking. So, some days it is absolutely that way. It is a battle in your brain that comes in. Do I want to continue to do child welfare anymore because it is so difficult being part of the system?

As suggested in the literature to date, moral distress, spiritual pain, compassion fatigue, and scrutiny may all play a part in this pain (see, for example, Lonne et al., 2016; Mathieu, 2013; Reynolds, 2010; Weinberg, 2014). A few participants talked about complicity as either they don't take the onus for their part; they begin to rationalize decisions as ok despite being against their ethical stance; as well, they bear witness to decisions made as a result of compliance measures, or because of a lack of resources rather than in their client's best interest. Also, the participants feel the weight of the power of their role. Comments such as “Life altering decisions for people”; “I know! You could change the path of someone's life”;” Life-changing decisions”; “One decision could change the whole course of a person's life”; as well, “I mean I realize every decision is crucial for a family”, came up during the course of the conversation with each participant. I heard an understanding of the power inequity regarding the clients, such as, “We are brokering families, and it is dangerous and scary”; “Kids are treated as pawns in the system”; as well, “Children are pawns in a chess game.” One participant talked about feelings of powerlessness in the organization and rationalizing ethical decision making:
Researcher: when you reflect on those things that are not good, do you find yourself trying to challenge that?

Participant: I do challenge certain situations, but as a whole, probably not, because I feel like I don’t have a voice sometimes. At times I get frustrated and very angry, but I also feel like when decisions are made, then it is too bad. So, it’s almost a sense of powerlessness to change the situation because it is bigger than me and um there is different power structures. Someone that rationalizes decision making in a different way than I do. I guess I go with it, but that is not helpful either. I feel like when you challenge the system that we work in, it is very easy for people to rationalize their decisions and sometimes the rationalization doesn’t even make sense. There is contradiction after contradiction.

Another participant spoke about the challenge of reflecting on one’s responsibility in ethics:

Participant: Yes, when those come up, I don’t necessarily take onus for all of it, do you know what I mean? Well we did what we could, everybody plays their own role, and we did our best, you know, and there is also the family element. What is the family doing? So, I think I don’t necessarily take on that. Not to say I don’t struggle with it because I do, but I don’t necessarily take it on personally what my role is in all of that.

Participant: Is that a protection thing?

Participant: yes probably. If I took on everything, how would you cope?

Reynolds (2011) argues the importance of opening up dialogue to reflect on our transgressions not to smooth over our pain but to work to heal that pain and promote growth. Weinberg (2009) emphasized that it is vital for child welfare workers to be
transparent regarding the context of the organization and their failings in enacting socially just approaches, but just as important is self-compassion, self-tolerance, and patience. The latter appeared to be lacking amongst these women. For example, in looking at critical reflection, some participants talked about their reflection more like a rumination where they were filled with self-doubt and getting stuck in a cycle of critical thoughts. A participant talked about this cycle:

Yes, it is everywhere. It shows up in my work, everywhere. So, if someone is critical of me, it just reinforces or perpetuates the feelings that I have.

Researcher: Yes, when you are talking about reflecting, it seems it is more like ruminating and a reflection that is critical of you (we laugh)

Participant: It is a critique of everything I did wrong, and what the f…. is wrong with me (laughs). Yes definitely, nobody has to tell me that I have done something wrong because I will take care of it for myself. I am hard on myself, very hard on myself; so yes.

Does this speak to hegemonic assumptions (Brookfield, 2005) of the organization where preference is weighted to individual accountability rather than to structural deficiencies? Further, a message of personal responsibility for self-care might conflict with the altruistic nature of mainly female workers, where they see it as their duty to place the needs of others before their own in practice (Weinberg, 2014). Although many participants felt supported by their supervisors, they thought that the organization does not privilege discussions to critically reflect on the emotional toll of their day to day work practice. Fook (2012) suggests that critical reflections in organizational contexts as done with these participants in this inquiry can unearth the assumptions in working within the
organization and with that develop new knowledge in practice. She adds that there is potential to take this knowledge and transform practice within the organizational context.

**The impact of ongoing ethical tensions.** All of the participants have suffered from ongoing emotional and physical consequences from the work they do. Throughout our conversations, I wondered about this fatigue and weight of emotions, and how this would influence reflecting in ethical decision making. A few participants shared that it does impact their ability to be present and focus at times. Mullen, Morris and Lord (2016) found in their study on ethical dilemmas in counselling that a higher level of ethical dilemmas encountered in practice increased the risk of stress and burnout. Further, they stress the importance of being aware of the emotional cost in ethical decision-making, so workers can address and mitigate risks of reduced capacity to provide care to their clients due to the strain on the worker.

A participant described the emotional toll of her work:

*Oh yes, I don’t sleep at night. Sometimes I avoid making decisions, even avoid reading emails because I can’t deal with that or issues in my personal life, you know, watching a show and bawling through the whole show or a commercial. Sometimes a random situation will come up at work, and then I feel like I am going to start bawling, and it might be just a stupid thing, but it triggers me, you know. It does come out for sure. You can only stuff that stuff inside for so long.*

Krishnakumar and Rymph (2012) found that people will seek to avoid feelings that will result in discomfort such as anger and sadness. They add that for some they will avoid making decisions or will not carefully process emotions to avoid feelings of discomfort. Taylor, Smith, and Taylor (2016) add that those in the healthcare profession
working with families will at times suppress emotions in working with service users and with others in the workplace to remain professional and respectful in these relationships. Further, they found in their study that the work suffers when the organization does not recognize the emotional work involved in the practitioner's role, and appropriate supports and reflection is not provided. As a result, people suffer in silence, and it manifests in feelings of depression, sleeplessness, anxiety, and worry. One participant shared the consequences of her caring while working in an environment with many paradoxes in practice:

_There have been times my mental health has been affected. Have I been through periods where I have been seriously depressed by the work that we do, yes? Are there days where I have gone to bed crying or lying awake, or periods of insomnia, like long periods, thinking about what we can do to help these kids and these families, yeah. Does it haunt me, yes?_

Four of the participants talked about struggling with sleep from regular bouts of insomnia to difficulties experiencing restful sleep. One person described:

_This is where the anxiety comes in, your processing, and second guessing everything. I am at the point of not waking up, but the quality of sleep is so bad. The quality is bad. I don't get enough rem or deep sleep. It is all light sleep._

Savaya, Gardner and Stange (2011) suggest that organizations utilize critical reflection either individually or through peer groups to reflect on action following stressful events in child welfare to help workers process feelings both in a manner to protect them from the intensive stressors in the workplace and also to help serve their workers in meeting the client's needs.
New Ways of Being

As we examine the world, we change it (McNamee & Hosking, 2012, p. 99)

Despite the challenges faced by these participants in practice all of them described the bright moments in their work with families that keep them going as well as their desire to help mentor and support workers within the system. Despite the emotional pain of working under duress in child protection, the work can involve establishing strong connections and provides the opportunity to be part of a caring and healing process with families (Lonne et al., 2016). Some of the participants enjoy the challenge of the work, and others have found peace while working within a system with conflicting ongoing tensions in practice. One participant described this peace:

So, I have some ethical standpoint, I have come to a peace around that piece. For many years I didn’t because I always wanted to change the system, because you know there is a flawed system. They don’t have enough funding, and all these things come in to play. Well you know, you do get to a point, ok you can spend a lot of energy on that and spin your wheels on that and nothing makes a change in the way you think it needs to. But is that going to help that child as much as the supervisors focus on making sure that child can have the best chance at outcomes?

The participants also had ideas about how we could move forward to improve practice. A relational constructionist perspective in research seeks to be generative. McNamee (2015) indicated that quantitative research seeks the truth, qualitative seeks to describe or interpret and relational constructionism seeks change. The categories identified by me from the codes in this section are: Changing the Narrative, Developing and Using Skills, and Improving Supports.
Changing the narrative. Almost every participant talked about changing narratives, some about youth in care, and others privileging language on approach and support. Noble, et al. (2016) suggest that critical reflection involves examining the language we use to describe our work and our service users. This reflection can help us take notice of how we perceive the service user and how that influences our decision making and treatment of those we are entrusted to work for in the system. McNamee and Hosking (2012) suggest that the language we use has value attached to it and so reflecting on that can help us decide what we hold to be true, what we value, and what language we may want to privilege that is more aligned to our professed values. One participant talked with great pain about her feelings toward our treatment of some youth when they are in care:

*We need to change the narrative about foster kids and their disposability.*

*Researcher*: so sometimes our language, the power of language and switching the narrative?

*Participant*: yes, because it becomes very easy for us to move kids around.

Coates and Wade (2007) discussed the discourse on violence and resistance and highlight four discursive operations, one being language that pathologizes and blames our service users. With youth in care, for example, we could challenge language and acts such as blaming youth for behaviours or more so acts of resistance that make it easy for us to justify moving them to various placements within the system. Another participant agrees with the idea of changing the narratives, and for her, the language has to be changed in respect to privileging discussions on compassion fatigue, and strength-based practice:
You know even, I had a discussion, like simple things like critical analysis and compassion fatigue and support to keep our workers here…. if we are going to be a strength-based agency, it has to start from the top down, and it is about language.

Khan, Teoh, Islam, and Hassard (2018) recommend that discussions and efforts occur to examine not just individual issues affecting those in the workplace but engaging in organizational discourse that privileges new approaches to improving workplace conditions that may lead to worker retention.

**Developing and using skills.** Most of the participants talked about a need for more training on critical reflection and opportunities to utilize critical reflection in practice. During some of my conversations about critical reflection with the participants, some suggested that we needed to speak more together as a group about the topics that we were discussing in this inquiry.

One participant shared her thoughts that the organization needs to privilege time to develop these skills:

*Participant: We have to do more of that. Do more talking, sharing more ideas, discussing biases, etc.*

*Researcher: It is there, but we don't talk about it?*

*Participant: you have to start thinking about it and verbalizing, because on the surface of things when you are asked that kind of question, you don’t even know where it comes from, but it is important to think about it.*

*Researcher: I sometimes wonder if people just come from a place of knowing*
Participant: I think you can get in a pattern of just knowing. So, you might have two cases, but even if they are similar, no two cases are the same. There is a danger of just jumping in there and dealing with a case because you dealt with someone else like this.

Researcher: I wonder if it is that we also deal with it so much that you just know and quickly assess, and stop being in a curious place?

Participant: Yes, you have to bring it back to that place. It is not pros and cons but looking at cases. You can look at what is similar but what is different as well, as that will shape how things play out.

Gardner (2014) suggests that some organizations have adopted a culture of critical reflection, including the training of management and frontline workers with success. At the same time, she noted that there had been some success with bottom-up approaches, whereby the worker engages the supervisor into critically reflective supervision. Gardner (2014) stresses regardless of the approach that it is crucial for the practitioners to understand the degree workplace context impacts on their ability to reflect in practice. A number of the participants talked about a desire to be trained in practices that are centred on a collaborative approach like the structure of ADR. A couple of participants spoke about training on and adopting the wraparound approach to support families, and others wanted to focus on multisystemic approaches. A wraparound approach is a strength-based collaborative process where the family or youth's perspectives drive the planning (Sather & Bruns, 2016). Also, wraparound intends to work as a team toward goals identified by the family and to build natural supports in the young person or family's life. One participant spoke about wraparound systems and collaborative supports:
You know sometimes I think about how others use team up models to work with others; maybe teaming up with other service providers. Alberta told me they do wraparound or integrated services. But I mean we would have to evaluate other systems. Vancouver does police and social worker.

Another participant agrees to this approach:

Um, it's also, led me to believe like other provinces, in my personal opinion, do better when they combine some ministries so that they can work better together. Here in Ontario, child welfare is separate from housing, from health, from education, and mental health, and all those things. So, if we work better together, with all those other systems; for me, that is an overall, dream, (laughs), or fantasy, you know that if things were working under one umbrella, could we provide better services overall?

Brookfield (2016) adds that critical reflection is a collaborative process where we rely on a number of people including service users to ask questions, challenge assumptions, and help us look at a problem in a new way.

**Improving supports.** The topic of the impact on the body, mind, and soul came up with all of the participants. They feel priority needs to be on discussing and supporting workers and supervisors to manage the emotional drain of practice and its potential impact on the ability to be present and critically reflect on practice. One participant discussed the need to prioritize discussions of PTSD, fatigue, and support for staff:

Yes, you know, for example, I can think of a few types. So, you are busy and stressed out, and you go to your supervisor with something, and they have 20 calls in the queue to deal with, and you feel like your supervisor is thinking, suck it up, you know. Just an example, so then you keep it all inside because you have personal feelings over
the experience. Maybe you had a difficult meeting, and the family was abusive, and that triggered something in you, and your supervisor has a queue of things to do and do we talk about that? That transparency to make time to talk and process this. Do we value that? Do we value as an agency and in management? Do we value our role, versus just suck it up, because we all got shit to do, you know (laughs)? So, I haven't experienced that overall yet as an agency that we are good at that.

Profitt (2008) cautions against the individualizing of responsibility for self-care and personal problems brought on by the work environment. Instead, she stresses the importance of looking at the social context of what the worker and supervisor are exposed to such as ongoing violence toward children, youth and families and the impact of health inequities that result in the precipitation of child welfare involvement. Davys and Beddoe (2010) add that collaborative teamwork would be a means to address this fatigue, in respect to how we create safety for one another in the system, and how we can speak to one another about the impact of our work. Also, how we talk about the spiritual pain we feel as a result of the injustices suffered by our service users (Reynolds).
Chapter 5: Conclusion and Implications

The Insider

I think it is through my position as a member of this small community that I can truly appreciate the courage of these participants in sharing their experiences of ethical decision making in practice. Child welfare practice is a highly contested profession, and I recognized during this inquiry process, that I tended to want to protect, and perhaps explain some of the interactions, during those discussions. Jaworski spoke about traps or patterns of old ways of being, and I relate to his trap of responsibility, where one believes they are responsible for everything and everyone (Jaworski & Flowers, 1998). But mainly, I resisted my need to protect and smooth over, and instead, I appreciated the multiple realities constructed within our interactions. McNamee and Hosking (2012) suggest that once we refrain from writing in a style that reflects a good or bad way of being, and instead, share the multiple truths within a community, we open up opportunities for the reader to engage in the conversation.

My insider position allowed for the participants to avoid having to explain policies, processes, and mandates in our interactions, and instead we were able to concentrate our discussion on how our decision making was influenced within these structures. I thought about using a method described by Chavez (2009), by asking participants to pretend that I know nothing about child welfare, to allow them to open up conversations about topics they would assume I know. Instead, I embraced my position as a community member with curiosity. A relational constructionist perspective uses reflexivity to critically challenge an approach that may open up or close dialogue, and perhaps challenge my way of thinking as I hear multiple views from the participants.
(McNamee & Hosking, 2012). For example, I noticed in one case, my use of the question, "Why is that?" occurred in response to an answer I was surprised about concerning power. I do approach my practice with a critical perspective on power as I am always thinking about it and this participant indicated they try not to think about their power. Hearing the response to this question opened up my mind about the powerlessness people in our profession feel to affect change despite the power of our position.

**Implications**

This inquiry highlights the importance of adding supervisors' voices to research in child welfare, as their role is multifaceted and critical to ensuring their workers are supported in making complex and potentially life-altering decisions for children, youth and family. Further, as seen in this study, supervisors are often forgotten victims of compassion fatigue and secondary trauma (Collins-Camargo, 2012). As I was listening to my participant's stories, it became more concerning to me, and I include myself in this query, as to how our emotional state influences the ability to critically reflect on our ethical decision making. Further research is recommended, on how the emotional strain of practice influences ethical decision making with supervisors in child welfare.

Although there is excellent progress in Ontario in respect to front-line worker training, as well as anti-oppressive practice frameworks, there is little emphasis placed on training for supervisors regarding critical reflection and ethical decision making in practice. Based on these participants’ feedback, I recommend that this training would be made a priority rather than optional online learning.

This inquiry echoes the voices of other supervisors in social work that more emphasis needs to be placed on creating time in practice for clinical supervision and
critical reflection (Bogo & Dill, 2008; Fook & Gardner, 2007; Hair, 2015). Ferguson (2018) cautions that there should be consideration of the complexity of critical reflection in child welfare. Also, he suggests recognizing the limitations of reflection in action at times when workers must contain feelings and protect themselves from the intensity of the work in the moment. For this reason, this inquiry would support Ferguson’s (2018) recommendation for a strong emphasis to be placed on reflection on action in organizations.

As lack of resources and lack of finances were heavily discussed as barriers in ethical decision making with the participants, this inquiry makes a case for further research on how restrictive environments influence ethical decision making in child welfare practice.

I wondered about discussions within the work organization about creative ways to engage in ethical decision making in practice, such as workgroups, or group supervision. These discussions could also include centring our ethics in ethical decision making and exploring how our actions are congruent with our ethics. Also, a lingering question is: how can we work to enhance our collaborative spirit through stronger engagement of our client base in ethical decision making in practice?

Finally, this inquiry illustrates the importance of academic conversations with students in the human services about critical analysis and moral awareness in ethical decision making in intense, complex work environments.

**Limitations**

This inquiry was specific to child welfare supervisors in practice, and so there were voices that went unheard including the service users, front-line child welfare
workers, as well, diverse populations in respect to gender for example, and upper management in the organization. These voices would add a rich layer to the discourse of ethical decision making. Further, this was a study with five participants in a small geographic location in Ontario and was therefore limited to an understanding of how this community made sense of their way of being in practice. I also recognize that new understandings might have occurred with the remaining supervisors that were not part of the study from my organization. Given the limited studies involving ethical decision making in supervisory practice in child welfare, further research is required in different geographic locations in Canada to gain an understanding of different needs and perspectives in those areas.

**Recommendations**

As conversations between my participants and I created new learning and understanding, the recommendations moving forward would be made relationally. I reflect on Andersons (2007) interpretation of change: the concept of transformational learning, a process of always being in motion, and that change is most frequently subtle, but still done relationally. This definition strays away from more linear explanations where one person or an institution can create change in another person.

In working with my participants, I believe that it is critical for the organization to gain an awareness and understanding of the level of fatigue experienced by these supervisors. This awareness would include an examination of how systemic deficiencies might contribute to feelings of complicity and exhaustion of these supervisors. There is an excellent determination to do best by their workers and the client base, and most of these participants looked outward at how they can alleviate the pain and suffering of
others, rather than for themselves. Although some might view supervisors in child welfare as removed from front-line practice, the reality is, they share in the work done with service users who have been violated, and they are responsible for ethical decisions that they know will in some cases alter their client's lives. Collins-Carmargo (2012) stresses that “ignoring supervisor’s response to the stressful and often painful work they do puts the entire system at risk” (p.8).

I recommend that as a management group we examine ways to create safety in developing critically reflective practice. This collaborative examination could begin within management meetings where we explore policies, mandates, and our own beliefs about our privilege and power embedded in our day to day work that influences our decision making. This practice could help to prevent accepting or rationalizing practices that are harmful to our client base. These reflections could then transfer to asking more questions in the supervisory relationship about underlying beliefs and "accepted truths and assumptions" on such topics as gender, race, ethnicity, socioeconomic status, and age (O'Donoghue & Hair, 2009, p.79). Lonne, et al. (2016), stresses the importance of organizations prioritizing time for clinical supervision, support, and creating environments encouraging a critical stance toward practices as a result of policies, mandates, and directives that would be a detriment to the well-being of the service user. It is evident from this study that these supervisors must be included in this provision of support and supervision as they seek to reflect on their work through dialogue with others.

Finally, most of the participants favoured enhancing their skills in collaborative approaches, as well as moving toward multisystemic partnerships in efforts to improve
outcomes with the service user. This process would move toward reflecting on dilemmas through a group process. There is potential in drawing from appreciative inquiry when it comes to organizational change. This work could include highlighting our support for clients, relationships, partnering, and building on what we would like to do such as collaborating on studies of wraparound or other multisystemic approaches. Appreciative inquiry involves appreciating the wisdom and strengths of those in the organization and speaks to what gives life to organizations when it is operating at its best (Cooperrider & Whitney, 2005). New ways of being come from what would be described as the "positive core" of the organization (Cooperrider & Whitney, 2005, p.8).

Conclusion

Much of the findings in this inquiry fit with current literature on supervisors relying on their moral code to approach ethical decision making. This approach means they have strong biases and assumptions that guide their practice, which for the most part is in line with their organization's ethics. Although there might be some benefits of introducing a formal model of ethical decision making such as the Lonne et al. (2016) DECIDE model, a focus on enacting ethics through regularly challenging the ethical dimensions in day to day practice as with Banks (2016) and Reynolds (2012), seems more realistic in this complex, time-deprived work environment. Although these women come from a position of ethics of care, articulated by some feminists such as hooks (2015), and Weinberg (2009), I observed a number of other ethics in play including deontological ethics related to duties under their mandate. The tensions between these ethics did not appear to be as stressful as barriers in the system that restricted the participant's ability to support and care for their client base effectively.
I noticed that the participant's energy was focused outward on their workers and the service users when using critical reflection. There was particular attention paid on assisting and mentoring the workers in unearthing assumptions and issues of power dynamics in work with the service user. Perhaps due to this group's strong focus on responsibility for others, there was less time spent for some, on a reflexive position on their feelings, challenging their biases, and how the impact of the work context on them would shape relationships with the worker and service user. Also, the inquiry would fit with Ferguson's (2018) recent study on reflection in action where there is a noticeable stepping away from reflection in certain circumstances. It would seem to me that for the most part there were limited amounts of reflection in action and much more emphasis placed on reflection on action. Ferguson (2018) suggests that not reflecting in action can at times be healthy as the worker develops a balance between being "aware of emotions and sensory experiences in the moment" versus not overthinking about them which would result in detachment or paralysis to make decisions (p.424). Ingram (2013) emphasizes that as emotions are connected to ethical decision making, reflection on action becomes more imperative in child welfare settings.

The participants in this inquiry are enlightened to the fact that they face constant ethical tensions as a result of working with complex cases in structures that can serve to marginalize their client base. Further, that the years of their experience has provided the knowledge and an understanding of the impact their decisions have had on the service users over time. These women are driven to survive in this work environment as they feel a responsibility for the workers and service users. They have also seen bright spots and have been blessed by the positive encounters they have experienced with their service
users. As most of my participants mentioned, they remain in practice to be of service, and to mentor their child welfare workers to work to improve outcomes for the service users.

Mullaly (2007) challenges the myth that social workers within the system cannot affect structural change. The changes can occur through small efforts such as asking questions to challenge assumptions, resisting unethical actions, and advocating for service users. For me, these small efforts include disseminating the information and recommendations from this inquiry with my management group. This information seems timely as our agency is starting the process of reflecting on best practices, challenging the use of language and talking about the need to create opportunities for critical reflection in practice. This process has highlighted the need for me to spend more time asking questions in supervision that can assist my workers and me in challenging biases, assumptions, and unhealthy practices. I also want to continue to use dialogue with others to challenge for alternative approaches within binaries we may have adopted, such as either control or care. I want to advocate with my colleagues for a stronger emphasis on the strain of practice on supervisors and how this might impact day to day functioning and ethical decision making in practice.

The participants in this study highlighted valuable practice wisdom gained through their experience in the child welfare system. Their collective experience could be used to help transform unhelpful child welfare structures using their strength of conviction in the manner that they practice.
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