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Child Welfare Service Adaptations during the COVID-19 Pandemic: Balancing Worker Safety and Doing Essential Work

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Abstract: Using a socio-ecological framework, this qualitative study provides an understanding of the context of child welfare workers' worries and concerns resulting from the COVID-19 pandemic. This study is part of a larger mixed-methods research project that included qualitative interviews with child welfare workers to explore approaches to child welfare services and child safety interventions for newcomer families during the COVID-19 pandemic. The main question that frames this study is how Ontario workers and managers managed their worries and concerns about the pandemic. The participants we interviewed talked about their personal safety and navigating modified work during the pandemic. The fear of getting sick with COVID-19 when visiting multiple families resulted in stress and anxiety for some workers. For others, work modifications resulting from the pandemic created challenges in terms of childcare, increased isolation due to working remotely, case assignments/planning, and blurred family/work boundaries. Child welfare workers in Ontario felt excluded from the provincial designation "essential service workers" during the pandemic, making them feel that their work was unacknowledged by the government. Despite this lack of a designation, we centralize the issue of essential work in our analysis to underscore the challenges faced by child welfare workers and the potential supports that can be provided in and out of their work settings as the pandemic continues to unfold.

Keywords: *Child Welfare Workers, COVID-19, Pandemic, Essential Work, Personal Safety, Children's Aid Society*

Introduction

It is well-documented that COVID-19 has disproportionally affected people living in poverty, new immigrants, and those living in healthcare settings (hospitals, clinics, and nursing homes), shelters, detention centers, and prisons (Davis and Cheung 2022; Wilson, Solomon, and McLane-Davison 2020). And while it is known that individuals need and seek greater mental health support especially from social workers, less is known about the impact on workers in Canada and the United States who are providing consistent mental health care during the pandemic (Baker et al. 2021; Renov et al. 2022). Emerging research has shown that first-responder social workers in the United States experienced symptoms similar to disaster-induced trauma for service providers including "excessive rumination, hypervigilance, exhaustion, and excessive crying as a result of the adrenaline-driven fight-or-flight response" (Davis and Cheung 2022, 114). This study adds to the body of literature by providing details about the impact on

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child protection workers who balanced child safety while providing support in the context of the changing restrictions of the COVID-19 pandemic.

This qualitative research is a sub-study of a larger research project, with a focus on work changes as experienced by child protection workers and managers in the province of Ontario, Canada, during the COVID-19 pandemic. The larger study adopted a mixed-method research approach to understand how children's aid societies (CAS) across Ontario adapted child protection investigation safety interventions in the context of the COVID-19 pandemic for newcomer families (immigrant and refugee). We acknowledge that the experience of being a "newcomer" extends beyond the accepted five years post-migration applied by Statistics Canada (2010) and can lead to the person being deprived of access to equal opportunities and resources (Yan and Anucha 2017) long after five years, resulting in conditions of impoverishment and marginalization. We also recognize the diversity among newcomer families in terms of race, gender, age, class, education, language, and other differences. Informed by a socio-ecological model, we examine child welfare workers' and managers' understandings of their fears and worries, and their responses to the evolving pandemic. The socio-ecological model allows for the examination of the interaction between the individual, the community (e.g., work), and the environment (COVID-19 and its impact) (Kilanowski 2017).

When COVID-19 was declared a pandemic by the World Health Organization in March 2020 (WHO 2020), it became a new public health concern that continues to exacerbate systemic issues, impacting families in various areas: increased unstable and crowded housing (Wilson, Solomon, and McLane-Davison 2020); increased pre-existing risk of domestic violence due to isolation (Bogart 2020); heightened mental health issues (Jenkins et al. 2021); growing food insecurity (Dayal 2020); strains on health-care systems (Nasser 2020); school closures (Vogel and Eggertson 2020), and concerns that some children are invisible to the school authorities that otherwise provide a form of protection from abuse and neglect (Teo and Griffiths 2020).

Several CASs across Ontario noted that the number of calls reporting child abuse or maltreatment significantly decreased after the onset of physical distancing due to the COVID-19 pandemic. For example, I. Katz, S. Priolo-Filho et al. (2021) reported decreases of up to 40 percent in child maltreatment referrals in Ontario during the pandemic. It was suspected by some workers that this drop was not attributed to a reduction in incidents of abuse or maltreatment but that children were and, in some cases, continue to be in significantly less contact with community reporters such as teachers and doctors (Dodge 2020; Hamilton-McCharles 2020; Sharp 2020; White 2020). At the beginning of the pandemic, the reduction in calls in Ontario was especially unsettling to agencies who understood that families were experiencing increased levels of stress from factors such as isolation and inadequate finances. This stress was heightened for certain families, such as those who had elders in their homes and were vulnerable to the effects of the virus (Alphonso and Xu 2020) or those for whom physical distancing and the restrictions in the family court system (Hasham 2020) made issues of custody and access more difficult (McGinn and Freeze 2020) or halted completely (Jackson 2020).

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In its statement on March 23, 2020, the Ontario Association of Children's Aid Societies (OACAS) (2020) clarified that CASs and indigenous children, and family well-Being agencies across Ontario would continue to provide essential child protection services throughout the COVID-19 pandemic. Typically, child protection work requires that workers visit family homes to assess risks to and the safety of children. With the pandemic and significant reduction of services, including those of child protection, child welfare workers were unable to visit family homes (I. Katz, S. Priolo-Filho et al. 2021). In their article on child maltreatment during COVID-19 in eight countries, C. Katz et al. (2021) described how many social workers refused to work, while others were reluctant to work. For example, in the United Kingdom, social workers lacked adequate testing and access to personal protection equipment, which, along with changes in the definition of vulnerable children, caused initial confusion and hesitancy to work.

Our study asked the underexplored question of how Ontario child protection workers and managers responded to their concerns about the pandemic in the context of their child protection work. We completed in-depth virtual interviews with eleven child welfare workers and managers in Ontario. Although a sample of eleven may seem small given the population of Ontario and the number of child protection agencies, we gathered rich data, reached saturation in our analysis, and were able to provide a depth of understanding (a value of findings from qualitative studies). Further details will be discussed in the methodology section of the paper. The virtual interviews uncovered two key findings: (1) safety concerns for workers: these revealed workers and managers' anxiety and fears about the virus and (2) navigating modified work: these demonstrated work changes due to the pandemic and related challenges of case management/assignment, remote work, childcare, increased isolation, and blurred family/work parameters. The interviews provided varied perspectives on responses to child welfare work adaptations as the pandemic evolves. We draw on the conceptual framework of a socio-ecological model to inform our understanding of how Ontario child welfare workers and supervisors managed their worries about the COVID-19 virus while performing their child protection duties.

Theoretical Framework

The socio-ecological theoretical framework we use is rooted in Urie Bronfenbrenner's (1979) understanding of how individuals are impacted by various systems (see Figure 1).

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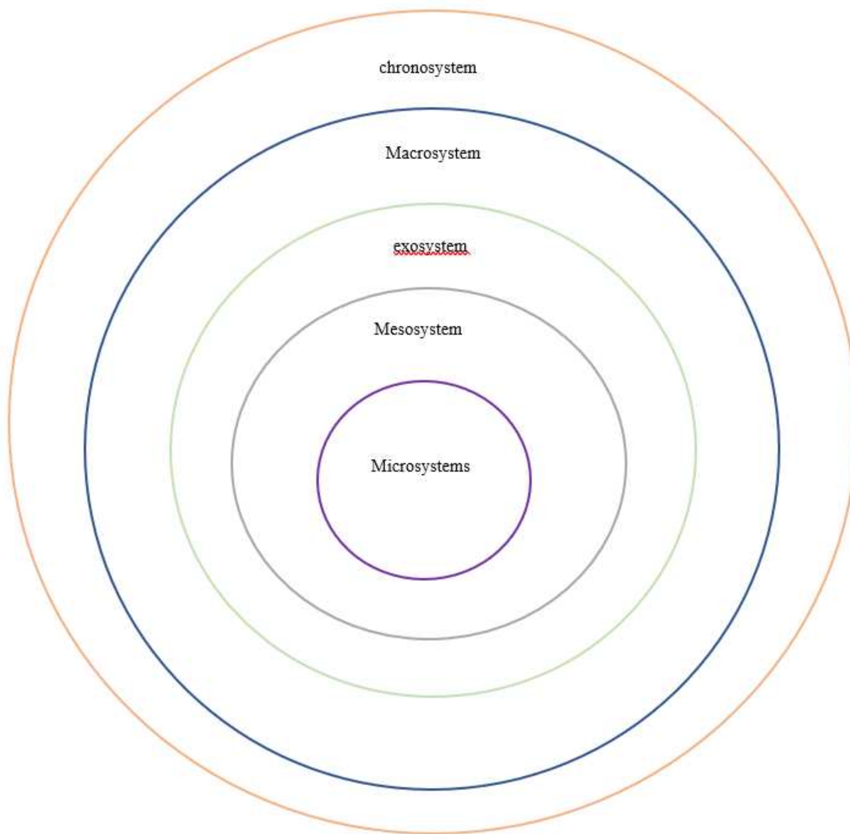

Figure 1: Bronfenbrenner's Socio-Ecological Framework
Source: Bronfenbrenner 1979

This pictorial representation of Bronfenbrenner's socio-ecological framework has been described as nested with interconnected circles (Bronfenbrenner 1979; Kilanowski 2017). Beginning with the innermost circle, the microsystem comprises an individual's immediate social relationships. The mesosystem represents institutions such as work, school, faith-based organizations, and so on. Next to the mesosystem is the exosystem, representing individuals' local community networks. The macrosystem is made up of dominant beliefs and ideologies (Kilanowski 2017). The chronosystem, which is the outer circle, was added to the framework later by Bronfenbrenner in his evolving theoretical work, and represents life transitions over time, for example, birth, marriage, death (Elliott and Davis 2018).

A similar pictorial representation of Bronfenbrenner's approach has been adapted by ecosystems theorists, using an ecomap of concentric rings, to help social workers assess the impact of systems on individuals (Healy 2014). The overarching goal of Bronfenbrenner's socio-ecological framework is to understand the person-in-environment bi-directional interaction.

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Relevant to this research, influencing factors in the environment have recently been studied by C. Katz et al. (2021) using an ecological framework to understand the risks and protective factors for children in need of protection because of the pandemic and the potential responses by policy makers and practitioners. The socio-ecological model also has been used by Sistovaris et al. (2020) to understand how COVID-19 and government measures to control the spread of the disease drastically altered children's environments, increasing their susceptibility to abuse, neglect, violence, exploitation, psychological distress, and impaired development. Conducting social context analysis, Banks et al. (2020) studied the ethical practices of social workers as a result of the health restrictions including strict stay-at-home orders, quarantining, isolation, and partial lockdowns.

Criticism of ecological models has been voiced because of their failure to account for how the environment/systems affect individuals differently, leading to urgent calls to re-examine the sociocultural, political, and economic contexts and how they influence different bodies (Christensen 2010; Partelow 2018). For example, it can be asked whether the model can provide understanding of how the pandemic has affected Ontario child welfare workers. In this article, individual workers' experiences of the pandemic are examined to provide a needed varied understanding rather than seek a unified understanding that can lead to generalizability. In doing so, we uncover workers' different responses and feelings about the pandemic in the context of their child welfare work. This work contributes to the nascent research and scholarship in the area of child welfare during the COVID-19 pandemic.

Methodology

In this article, we report on qualitative data collected through in-depth virtual interviews with child welfare workers and managers (*n* = 11) in Ontario, to gather information on the following two research questions: How did child welfare workers and managers deal with COVID-19? What was needed to increase the capacity of their agency and child welfare agencies across Ontario, to ensure child safety during COVID-19? The study received ethical approval from the York University Ethics Review Board. The requirements for assessing qualitative studies, noted by Kuper, Lingard, and Levinson (2008), were considered while conducting research and reporting the findings to ensure rigor and applicability. Kuper, Lingard, and Levinson (2008, 687–689) noted the following criteria for assessing qualitative studies:

> Was the sample used in the study appropriate to its research question? Were the data collected appropriately? Were the data analyzed appropriately? Can I transfer the results of this study to my own setting? Does the study adequately address potential ethical issues, including reflexivity? Overall: is what the researchers did clear?

Below, we address these questions to ensure rigor, relevance, and transferability.

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Sampling and Recruitment

We used criterion sampling, which involves defining inclusion criteria to determine eligibility to participate in a study (Palinkas et al. 2015). The inclusion criteria for virtual interviews were that the participants in the study had to (1) be 18 years and older; (2) have frontline child protection or supervisory/management experience at either intake/investigation or ongoing service levels; and (3) be currently working in an Ontario CAS.

Data Gathering

The team consulted with their contacts in the Child Welfare League of Canada (CWLC) and the Ontario Association of Children's Aid Societies (OACAS), who assisted with the promotion of the research. With the endorsement of the OACAS Research and Evaluation Program Steering Committee, the agency electronically shared the research information with its fifty child welfare member agencies in its monthly newsletter. Additionally, the CWLC assisted with the promotion of the research to the key contacts of their child welfare member agencies in Ontario. Data were collected through in-depth virtual individual interviews with eleven child welfare staff, some of whom responded to the call by OACAS and CWCL regarding this study. We also applied a snowball sampling technique as a second strategy, which involved asking participants to refer others they knew to take part in the study (Palinkas et al. 2015). While only eleven child welfare staff participated in this study, data saturation was achieved as there were no new insights even when they were prompted to share any other thoughts on the pandemic threats to their safety and day-to-day work experience. Regarding qualitative studies, Guest, Bunce, and Johnson (2006) found that the basic elements or themes were present as early as the first six interviews of a study.

Participants were asked how they responded to their worries and concerns about the pandemic. We also asked participants how they managed their worries about the COVID-19 virus. The interviews lasted one to one-and-a-half hours. All the interviews were recorded and transcribed. Participants received an honorarium of $50 in recognition of their participation and contribution to the study. Prior to beginning the virtual interviews, all participants completed an online consent form, as well as a form collecting demographic information.

Participant Characteristics

All the participants were child welfare staff; eight were employed as intake workers, two were supervisors, and one was a director. Nine of the participants had six to twenty years of work experience. Only two of the participants had less than five years of work experience. Eight participants were racialized and three were White. Six of the participants were female and five were male. Six of the participants had a Master of Social Work degree, and one had a Master of Arts degree. Three had a Bachelor of Arts degree, and one had a Bachelor of Social Work degree. Just more than half of the participants (n = 6) spoke two languages. English, French, Spanish, Hungarian, Akan, Arabic, Polish, Twi, Ga, Fante, Urdu, and Punjabi were

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the languages represented. The sample included both frontline workers and management, to gather diverse perspectives on how they were managing and responding to their concerns about the pandemic.

Data Analysis

The data analysis was guided by the research questions, the socio-ecological framework, and the literature. In our analysis, we familiarized ourselves with the data by rereading the interview transcripts multiple times, developing a coding framework, engaging in focused coding of the data, revising the codes and regrouping them into categories, and completing a pattern-level analysis to identify themes (Saldaña 2012). Data were also inputted into NVivo, and a thematic analysis was conducted to organize the data, establish patterns, and identify shared and divergent themes. This led to the two study findings: *safety concerns for workers* and *navigating work modifications*. Further, there was ongoing research team debriefings on Zoom to ensure what Lincoln and Guba (1985) describe as processes of research rigor. The Zoom meetings provided regular opportunities to discuss data collection and the emerging analysis. These approaches ensured saturation as there was no new information emerging from the data (Saldaña 2012).

Member checking with all interview participants was applied to establish trustworthiness and help verify data (Shenton 2004). We use detailed quotations throughout this article to reflect the perspectives of the interview participants on their issues and concerns about COVID-19 when providing child welfare services. However, confidential and identifying data from interviews is not shared. The interview participants each chose a pseudonym. The pseudonyms are intended to ensure the participants' confidentiality and anonymity while giving them a voice.

Study Limitations

As a qualitative study of eleven participants, this study is not a representation of the experiences of child welfare workers and managers in Ontario and the findings cannot be generalized, but it documents the participants' understandings, worries, and responses to the pandemic. As such, the findings have much to offer in terms of insights into workers' feelings about the pandemic and have relevance for agencies on how child welfare work was adapted and re-adapted during this pandemic.

Findings

The study findings identified two key themes reflective of new work challenges and adaptations for social workers: (1) safety concerns for workers and (2) navigating modified work. The theme of safety concerns for workers focuses on the risks faced by child welfare workers in the public work sphere while the theme of modified work presents some of the ongoing shifts in case management, case assignment, isolation, and working in private homes.

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Safety Concerns for Workers

Participant stories reveal that the pandemic presented varying levels of risk and safety for child welfare workers, including physical and mental health risks. Personal feelings of anxiety related to concerns about contracting COVID-19 and uncertainty surrounding this novel period were common for many of the participants. Anna, a frontline worker stated:

> My work accommodated me at the very beginning of COVID with working from home. I don't know what other changes to implement. I always worried about my own safety, if I get sick I will get our clients sick and I will get my daughter sick and my daughter's school sick so I always worried. […] Sometimes I do two or three visits a day, and that would probably increase the risk from one family to the other for me to have frequent contact with families.

George, also a frontline worker, stated that doing multiple home visits led to the question of "how [to] identify or trace [where] I got it [COVID]." Like George, Mohammad also worried about "the unknown of what it [the virus] is, what's going on and how is it contract[ed] and how is this going to impact me and my children and my family." As a response to contracting and spreading the virus, Anna wished

> for a decreased workload so that we [she] can space out [home] visits, so we don't have two visits in the same day. So I can actually come home and take a shower and not worry about wearing the same clothes to go to my other family or not. […] I have been asked by families if they are the only ones that I had saw [seen] today, and I would then have to be honest and say, "No."

Anna added:

> It is [scary when we do] visits where we ask people, "Are you feeling sick?" and they say, "No" and then they [are coughing during] the interview […] they always say like, "Don't worry, that's just my cough" or "I always cough like this." and we don't know whether that's the case or not. So, for us it's the ongoing struggle of how to identify, or how to take care of our own stress, I guess. My anxiety is heightened especially with clients that report not to be sick and then experience coughing or any other symptoms.

The fear of contracting the virus was intensified because of the mistrust of clients. Anna stated:

> On [a] daily basis you go into people's homes and on a daily basis you interact with people that you don't know and you don't know whether what they're telling you is true or are they lying. A lot of people in my profession are known to not tell the truth, so it's hard for me to go to work and be exposed to COVID.

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Anna's mistrust of clients was also expressed by George, who noted: "though you go through screening [protocol for COVID] before going to the [client] house, but we only can trust that they are telling the truth, right?" Anna further questioned how workers can do screening tests with clients for unannounced home visits. George also noted:

> I get concerned about my own safety. I'm worried because I take the personal precautions, by wearing my Personal Protection Equipment. But the client is not wearing the PPE. Okay. And you can't mandate a client in her home to put on mask before we talk to them and stuff like that.

George also stated, "Yes, you accept the professional [work] responsibility but at a personal level you're human. You are also scared for your safety as well." George understood his work obligations but also expressed his fear of the virus. Mike, also a frontline worker, confirmed that "I'm still wearing my PPE […] I'm not going to accept a glass of water [from any family]. I'm sitting at a certain place distancing." Likewise, Nancy, a service manager stated: "We would have a lot of rituals to go through. […] You're going to wear your gloves. You're going to wear your safety, blah, blah, blah. So, it was every single time there was going to be a face-to-face [home visit]."

There were some unanticipated health safety events that Olivia, a frontline worker, shared.

> When you [are at a home visit and] have young children who are coming over and sitting on your lap and touching your face and touching your mask, wanting to pull things off of you, that's challenging, right? I don't think that there was much anticipation of those kinds of challenges, and I think every worker just kind of makes that work for themselves with the best way that they can. Some workers are more risk focused than others. Like risk of self or to their families.

Some workers expressed concern about contracting the virus and then transmitting it to others in their homes and the impact of having to take time off from work. For example, Olivia said:

> I have parents who are in their 60s. I was certainly aware of bringing home the virus to them, especially when they were caring for my daughter so I can go out and do my job, right? Because I didn't have the option of taking unpaid time off during the pandemic and the thing is that sometimes there was this lack of sensitivity to workers' real-life situations whereby, they had to work. Single parent households do not have the option of taking unpaid time to be at home with their children while their partners' work. Right?

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Nancy also shared that "some of my co-workers had to go on […work] accommodation […] because of personal health issues. They can't potentially be around someone [who poses a health risk] and be in homes [where they can get the virus]."

Regarding contracting the virus, Jamal, a manager stated that "our workers may not be very comfortable [meeting with families] that have been traveling outside of the country or even placing children in foster homes [as they have to travel with them in their vehicles]." Jamal also stated that "a lot of foster parents are worried about people who may have just been traveling [and now] coming into their home[s]." Jamal also alluded to the complexity of assigning files to workers:

> I find it a struggle right now assigning cases to workers in a consistent manner because a child in the home of that worker could have gone to school, and somebody in the classroom tested positive. And now that worker that I'm trying to assign the case to, I can't assign them a case and put them into contact with a client.

These participant stories reveal that the pandemic presented varying levels of risk for child welfare workers, whether physical or mental health risks. Several participants' views are included here to help understand how child welfare agencies responded to workers' personal safety concerns. Anna stated that "my work [has] meetings very frequently to kind of keep us in the loop of what's going on and what practices we need to do or what has changed from week to week." Victoria, a frontline worker, noted that "my supervisor is amazing, and she's always […] trying to keep us connected and communicated to each other, not just around work but around our own wellbeing and mental health." Olivia mentioned that "things got better as time went by and I guess management became more experienced maybe or had more information from other agencies that they felt comfortable sort of changing or adapting some of their rules. It got better." However, Olivia also noted:

> A lot of frontline staff don't feel comfortable even talking to their supervisors about their concerns. […] It just became sort of like decisions were made, not necessarily with fully thought-out pieces and certainly not much consultation with actual frontline staff.

Like Olivia, Mike added:

> I think the self care for the workers that are going out there doing the assessments, there hasn't been a lot of focus on that. I'll give you an example of my agency, has been historically very poor at doing something like this.

Mike also noted how workers organized themselves to ensure self-care through playing online games, including puzzles and arranging concerts over Facebook. As a manager, participant #10 confirmed that "more mental wellness is needed for frontline workers as they have to manage their own families, as well as work, and the ever-changing landscape of

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COVID." Like Olivia and Mike, Suzzette, a frontline worker, shared, "I think to have received a little bit more compassion from upper levels [agency management] would have been more supportive." The support of frontline workers by management varied, which in some cases led to frustration for those that felt their work and concerns were unattended to. Others were impressed by the regular communication and accessibility of their senior management teams through weekly Zoom townhalls. As a manager, Mary clarified that child welfare agencies are just starting "trainings on how to manage a virtual team successfully. So, we are sort of building capacity for ourselves as we build capacity for our teams, and I think that every agency should be doing that."

Safety concerns for frontline workers included anxiety about contracting COVID-19, the repercussions of contracting the virus and needing to take unpaid time off, the impact on caregivers of their own children, the lack of communication with management, and a general sense of not always having clear guidelines. However, one worker was grateful for their supervisor's support of their mental health and well-being. For managers, concerns were workers' hesitancy to complete home visits due to fears of the virus as well as complexities of assigning case files, and how to build capacity to support their teams.

Navigating Work Modifications

When discussing safety issues and concerns, participants also expressed how the pandemic had resulted in the reconfiguration of their work and how they were managing both their work and personal lives. George stated:

> We are allowed to go out every two weeks. [...] That's a new [agency] protocol for us. Okay. So, within the two weeks, you have to do all your [home] visits. If you have 18 cases on you [...you had] 14 days [to see the families]. Right [...] to work at home, not go anywhere, for the next 14 days.

George's comments identify that he is on for two weeks to make visits and then he is off for two weeks when he doesn't make visits. George did not take into account that he only had ten days of visiting families and not two full weeks, as many child welfare workers do not work weekends except in emergency situations.

Nancy noted that their agency created a face-to-face team and an on-call unit:

> I think it was about six weeks that the face-to-face team was the only ones having direct client contact. So, for on call [unit], they would do more administrative duties. We had to have a supervisor and a senior supervisor consult before each time we had a face-to-face.

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Jamal, who holds a managerial position, stated:

> You feel like you're doing a lot more shuffling of case assignment, more so than you've ever done before the COVID period, for sure. And then now I have to do something called a departure from a standard. So yeah, if somebody can't meet the standard, they have to come to me, as a manager, and document that. "I cannot meet the standard, because the client disclosed that they're experiencing COVID-related symptoms." And then I have to [do a] depart[ure] and say that the documentation will be completed in more than a week because of COVID. So now even our documentation system has a departure specifically for COVID added to the system.

Jamal's experience shows significant work shifts in the child welfare system that emphasizes meeting compliances and being accountable in reporting, recording, and documentation. Work teams also had to be reconfigured:

> We try to have at least two people [managers] and the third one off, in case of [illnesses]. And even my team, my workers, I try to have at least a maximum of two people in the office at any given time. So, if two people come into contact with each other, and one of them sees a client with COVID, and both of them are off the radar, then I have at least four other workers that I can assign cases. […] We have to be creative about our presence in the office. (Jamal)

Nancy noted:

> I like doing the work we do without having to go into the office and all the other office politics and all the other nonsense that we need to navigate in our day-to-day professional jobs and careers. […] I like that that crap is off the table. It is really work with them [the clients].

Olivia felt differently:

> [When at] the office, [we]'re used to being able to go up to a worker and have sort of an off the offside conversation about [a client]. We do a lot of that kind of informal case [planning] type [of] situation […with] a virtual platform, it becomes harder to track people down. Our discussions with colleagues, venting and sort of dark humor, we cope with some of the really tragic situations.

Olivia's quotations indicate that collegial support can help to address the day-to-day challenges of child welfare work. Olivia also shared the challenges of balancing work and family responsibilities during the work reconfigurations:

> Prior to the pandemic, [I would] separate my work life and my private life. I always really tried my best to not bring work home with me. In rare instances where I did

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> work from home pre-pandemic, it was very planned out and I knew what the parameter was. […] I would be done with my paperwork day, and I would put away equipment into my bag and I would go back to the office the next day. Yeah. With COVID all of those boundaries really started to kind of break away. […] I struggled with that because I started to feel like, how am I going to ever re-insert those boundaries again, down the road for my own mental health.

Olivia also said:

> Don't forget, [in] child welfare […] the majority of staff are women and so […] there is already some level of discrimination there in terms of [gender] or some level of inequity there in terms of women led households and single parent households and then on top of that, you have this kind of messaging of like, "Well, if you can't do it, if you can't do your job, if you're not willing to take the risk, then you need to take time off."

Workers were encouraged to take vacations, but as Olivia said,

> there was a huge push for that, early on, for us all to take our vacation during the pandemic and most people were pushing back on that because they said, we want to save our vacations for when we resume life again, we want to actually take a break from this job and I can't blame them because taking a vacation day during a pandemic was nothing.

She added:

> [when on vacation…] you're still working. […] I ended up being called into several planning meetings, legal meetings during my vacation, right? Yeah, it was not a vacation. […] The separation between work and personal was just gone at that point.

Olivia concluded that "sometimes there was this lack of sensitivity to workers' real-life situations whereby they had to work. Single parent households do not have the option of taking unpaid time." Participant #10 described this lack of sensitivity at the provincial level: "there [are] many ad campaigns and a lot of things being done to recognize essential workers and child welfare workers are never really tapped into or [have never been] identified as essential workers."

The thematic finding of navigating modified work demonstrates work changes due to the pandemic challenges of case management/assignment, remote work, childcare, increased isolation, and blurred family/work parameters.

Discussion

What unfolded in this study are two key findings: (1) safety concerns of workers related to anxiety about contracting COVID-19 and transmitting the virus to loved ones and others,

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unpaid time off, lack of communication with management, and a general sense of not always having clear guidelines, and (2) navigating modified child welfare work during the pandemic related to challenges of case management/assignment, remote work, childcare, increased isolation, and blurred family/work parameters.

Drawing on the socio-ecological perspective, the study examined COVID-19 as an external environmental factor affecting child welfare workers as they worked during the pandemic. This study not only provided insights into the participants' safety concerns about the pandemic and work modifications but also demonstrated lack of acknowledgement of their work by the provincial Ontario government as essential service workers. On April 7, 2021, Lior Samfiru, a Toronto employment lawyer, was interviewed on Global News Radio's 640 Toronto and he stated that the Ontario government did not have a definition of essential worker and that the province only provided guidelines about the type of businesses that could remain open as normal during the pandemic (Samfiru 2021). The determination of what was deemed essential work became more complex because the Ontario College of Social Workers and Social Service Workers (OCSWSSW) (2020, para. 1) issued a statement asking its members to "suspend all non-essential services." There have been calls for social workers to be considered essential workers (Caldwell et al. 2020), but instead members have been advised to use their professional judgment to determine which of their services were essential, based on their employment setting (Gateri, Richards, and Edwards 2020). According to Gateri, Richards, and Edwards (2020), social workers were faced with the challenge of simultaneously complying with crisis-level provincial and federal safety guidelines and mandates, directives from their regulatory bodies, and protocols from their employers. While it is beyond the scope of this article to examine how different levels of governments in Canada determined the designation "essential service worker" during the pandemic, the participants expressed concerns that they were excluded from this category of workers. Olivia stated:

> Absolutely, healthcare professionals were heroes for exposing themselves to such high level of risk. But child welfare workers were just as much out there in the community for serious safety planning that couldn't happen, virtually [without] workers going out face to face. And for high-risk families, we were still seeing them face-to-face.

It is worth noting that these were stressful times also for those in power and for decision-makers as they tried to balance public health/safety and multiple other needs. However, the issue of exclusion expressed by the study participants is in line with Kemp's (2001) suggestion that ecological models should elaborate on the particularity and complexity for individuals in everyday environments because these settings are not static. The participants in our study experienced variations of work as a result of the pandemic. The pandemic work experiences expressed in this study are different from what other studies have revealed regarding social workers' perspectives on their work and the pandemic. For example, Gateri, Richards, and Edwards (2020) noted that social workers in long-term care facilities in Ontario faced the

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added burden of grief due to the high death toll among long-term care residents. Other social workers faced the challenge of regularly maintaining social distancing in congregate settings such as shelters and group homes (Gateri, Richards, and Edwards 2020). As result, there is a need to question how COVID-19 as an external factor in the environment impacted social workers in the same sector and also different sectors (health, mental health, education, child welfare, and so on), as well as their responses.

What was evident in this study was that participants had to walk a fine line between adequate service provision and an ever-changing landscape in child welfare. This exacted a toll not only on the participants but also their families and other immediate informal networks. There were mental health concerns and general mental turmoil endured by study participants as a result of the pandemic. The same sentiments were expressed by social workers in Banks et al.'s (2020) study, "Practising Ethically During COVID-19: Social Work Challenges and Responses." Banks et al. noted that some social workers felt "anxious and very uneasy" while doing their jobs (2020, 576–577).

In our study, there were also workers who struggled with childcare, particularly those with no childcare or those who were single parents. For example, Olivia stated that "[m]y parents early on agreed to watch my daughter so that I can actually get a certain number of hours in without interruption." Olivia's comments make one consider the following: What about workers who do not have extended family support to ensure that they can conduct their work and handle their personal responsibilities? How were mental health issues addressed or not for these workers?

Issues of inequity related to gender were also important. Consistent with the literature, social work is a female-dominated profession (Lwin et al. 2015). One of the implications of this is the inequity in terms of women-led households and single-parent households on the one hand and male-dominated management with a great deal of power, on the other. There is also a disconnect between female frontline staff and male management. As a result, there is a lack of sensitivity by agencies in terms of how COVID-19 impacts the work and lived experience of female child protection workers. One participant described how hectic work during the pandemic was, where work and home life became blurred. However, implying that the demands of caregiving were uniquely faced by female frontline workers contributes to the erasure of caregivers who are multiply marginalized by, for instance, racism, classism, and ableism (Crenshaw 1989), as well as those who identify as nonbinary caregivers. These insights suggest a need to further analyze similar qualitative works through a gender lens.

Working from home has been a significant work configuration resulting from COVID-19 in many sectors including child welfare. Consistent with recent literature, health restrictions have led to child welfare workers increasingly working from home and using technology to connect with families (C. Katz et al. 2021). What was notable in our study was the increased isolation for some workers. While technological communication may be the future of child welfare work, the participants in our study raised concerns not only about isolation and loss of collegial support but also the inability to disengage from work, a key

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concern that Breyette and Hill (2015) have previously documented as a loss of work/personal boundaries because of the falsified assumption that individuals need to be available and accessible if needed. Monte McNaughton, the Ontario Minister of Labor, Training, and Skills Development, has introduced the Working for Workers Act, 2021, also referred to as the "Right-to-disconnect policy," legislation intended to help Ontario workers turn on their out-of-office email signatures after the scheduled workday (Canadian Broadcasting Corporation [CBC] 2021). The intention of the legislation is to maintain the line between family and work, which became more blurred during the pandemic. What remains unknown is how the implementation of this legislation will protect workers, including child welfare staff.

Conclusion

This study employed socio-ecological theory, a framework for understanding human behavior within the environment, particularly the interactions between individuals and environmental occurrences such as the COVID-19 pandemic. In this article, participants provided insights into their fear of getting the virus and concern about making others around them sick, considering that their work required that they attend family homes to assess the safety of children during the pandemic. Stress, anxiety, and the related mental turmoil are all issues that emerged in this study and were aptly captured by Anna, one of the participants: "I don't think there was enough time for us to take care of our mental health, so that we can adequately serve our families and our own households and be okay with all of that." The literature on COVID-19 and social workers suggests that child welfare workers need to acquire coping strategies to address the consequences of the pandemic, including mental health (McFadden et al. 2021).

Like our study, Davis and Cheung (2022) also studied first-responder social workers' handling of stress while working on the frontline during COVID-19 and how they protected their health and mental health. Their study identified many of the concerns raised by participants in our study, including concerns of resource constraint, employment insecurity, disenfranchised guilt (guilt regarding one's personal struggles), physical distancing and caution fatigue, and managing self-care. They recommend that we value human resources, use policy power, apply trauma-informed principles, build community relationships and maintain wellness, and build strength. While these are important recommendations, we also need to step back and ensure that we are not continuing to burden first-responder social workers to take on more responsibility and give more when they are overwhelmed.

Two key recommendations can be made from the findings of the study: (1) Given the impact of the pandemic on their work and personal lives, we recommend that child welfare workers are acknowledged as essential service workers and that this determination be put in place ahead of other crises. (2) Participants highlighted that support beyond external recognition is needed for them to cope with remote work and related worker isolation, childcare challenges, and the loss of family/work boundaries, an aspect of child welfare work during the pandemic that runs the danger of being overlooked because it is hidden in the homes

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of workers. Given this finding, concerted efforts need to be made to develop concrete approaches to support frontline child welfare workers. These points, along with sustained efforts to develop worker skills and strengths as noted by Davis and Cheung (2022), are needed.

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Informed Consent

The author has obtained informed consent from all participants.

Conflict of Interest

The author declares that there is no conflict of interest.

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