Exploring Compassion in the Ontario Child Welfare System.

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Exploring Compassion in the Ontario Child Welfare System.

By

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Master of Social Work, Wilfrid Laurier University, 2020

THESIS

Submitted to the Faculty of Social Work in partial fulfilment of the requirements for

Master of Social Work

Wilfrid Laurier University

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ABSTRACT

Child welfare workers are faced with suffering on a daily basis. Workers report experiencing empathetic distress (also known as compassion fatigue) and many feel discouraged from showing self-compassion or compassion toward others. However, the literature on compassion suggests that self-compassion and compassion for others builds resiliency, improves job satisfaction and increases engagement. Workers who support themselves with self-compassion may be less likely to experience burnout and more willing to create inclusive and compassionate environments. This study was conducted in two phases. The goals of the Phase 1 mixed-method, cross sectional study were to (1) assess the level of self-compassion and compassion for others experienced by child welfare workers and (2) to identify barriers and facilitators to organizational compassion. A quantitative survey was administered to 100 employees in a child welfare agency in Ontario. Twenty employees (20%) completed the online survey. Two leaders were interviewed about compassion in their organization. Data collection was discontinued because of the COVID-19 pandemic. Phase 1 findings show a low-level of organizational trust reported by workers and lower levels of self-compassion and compassion for and from others compared to a sample of US Child Welfare workers. Qualitative findings revealed barriers to compassion including: a culture of toughness, role siloing, layoffs and lack of trust among workers, fear, and a crisis driven organizational environment subject to persistent system changes. Facilitators included: worker interpretation of the reason for the behaviour (trauma informed practice), curiosity, listening to the voices of clients, flexibility, risk-taking, mindfulness and supervisor support.
Phase 2 of this study involved a comparative content analysis of the 1990 Child and Family Services Act (CFSA) and the 2017 Child and Youth Family Services Act (CYFSA) alongside the 2016 Ontario Child Protection Standards. The goal of this Phase 2 portion was to investigate how compassion is framed discursively and institutionally within this organization. Overall, the results showed an absence of language pertaining to the concept of compassion across all texts. It also showed an increased emphasis on control and surveillance over the work of CASs in the CYFSA and accompanying Standards as compared to the CFSA. Additionally, the CYFSA showed an increased focus on the rights of children, as well as relationships with parents, which are promising indicators of compassion. Overall however, the language of the legislation complicates the possibilities for emphasizing compassion, thereby increasing the potential for more dehumanized forms of intervention. The study concludes with recommendations for increasing compassion inside child welfare systems.
ACKNOWLEDGEMENTS

First, I would like to thank my thesis Supervisor Nancy Freymond who has assisted me in every step of this journey. Nancy, I have really appreciated your guidance, assistance and wisdom in diving a little deeper into the child protection field. Also, thank you for always keeping me aware of my own biases.

Secondly, I would like to say thank you to my thesis committee for their feedback and support. I am grateful for your time. To my child protection worker friends, I see you. I see you every day trying to assist parents and families to have better lives. Moreover, to the families and youth who are involved in child protection, we know we can do better. We must all do our part to create systems that support empowerment, love and compassion for all.

To Andy Koster, thank you for helping me see that child protection could be more and could look different in people’s lives. Thank you for sharing your vision with me.

To my beautiful family, my husband David and my kids Milena and Enzo. Thank you so much for all your love and support in helping me accomplish this goal. Without your patience, love and support, I would not have been able to do this, while managing all the other things in our lives. I am truly blessed for all of you.

~”No Man is an Island…” John Donne.
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CHAPTER 1: INTRODUCTION AND LITERATURE REVIEW

“If you want others to be happy, practice compassion. If you want to be happy, practice compassion.”

~Dalai Lama, the Art of Happiness, 1998.

The increased division and marginalization experienced in today’s world and noted by Maclean’s magazine journalist Anne Kingston, led her to place an urgent call “for compassion as the last-gasp remedy for systems on the brink—politics, health care, civil society [and] the planet itself” (2019, p. 49). She cites the example provided in New Zealand by Prime Minister Jacinda Ardern whose compassionate response to the deadly Christchurch mosque attacks made headlines everywhere. Not only did Prime Minister Ardern demonstrate love for the victims, she mobilized financial assistance to help the families who were impacted and passed legislation to ban the use of semi-automatic weapons. While these actions were inspiring, what was most surprising was the public’s astonished reaction to the compassion exhibited by Prime Minister Ardern when meeting with the distressed families. Expressions of compassion are astounding primarily because they are rare in leaders and in organizations. In a speech made to the United Nations, Prime Minister Ardern called for “kindness over fear” (Kingston, 2019, p. 49) in a world where people feel more isolated, lonelier, and more tribalistic. Currently, society seems to be facing an epidemic of suffering and disconnection (Jinpa, 2019) which is contributing to the perceived lack of compassion occurring in today’s world. The suffering experienced by individuals in our society can be acutely observed in established organizations such as child welfare. Child welfare workers are exposed to suffering, in part, because of their involvement
with people who are among the most vulnerable and the most marginalized members of our society.

**Child Welfare**

Child welfare workers are suffering. They are repeatedly exposed to the suffering of families and children who receive services (Ellet et al., 2007). Amongst social workers in general, child welfare workers are at an increased risk for verbal, emotional and physical assaults by clients (Miller et al., 2018). Their work is also negatively viewed by the public. They experience high caseloads, lack of support, fear of litigation, and excessive administrative demands (Schelbe, Radey & Panisch, 2017). Child welfare workers have higher rates of burnout and emotional exhaustion compared to other social workers (Lizano, et al., 2014; Lizano & Barak, 2015). “[The] bureaucratization of the child [welfare] social worker is now widely recognized as having contributed to the emergence of practices that whilst not entirely inhumane, have lost part of their human and humane dimensions” (Ruch, 2014, p. 2146). It seems likely to me that the crisis driven and bureaucratized environment of child welfare work is contributing to the lack of compassion that workers have for themselves and for their clients that I witness in my day to day work as a Child Welfare Director. In fact, Forrester et al., (2008) confirmed that low levels of empathy were evident in child welfare workers. One possible reason is that child welfare workers reported that they felt powerless to assist parents and families in a way they desire due to a lack of resources and time (Ruch, 2014). “This aspect of the professional practice-the capacity to feel disempowered, when coupled with the unsettling feelings associated with the emotionally charged nature of the work, made practitioners feel vulnerable and exposed” (Ruch, 2014, p. 2153) which may contribute to their low levels of empathy. Workers may also be afraid to show vulnerability in an attempt to avoid being labelled as unprofessional.
(Ruch, 2014). Disempowering practice encounters for practitioners are likely to inhibit their capacity to adopt client centered, compassionate approaches. This “exacerbates the pre-existing power differentials with the concomitant implications for anti-oppressive practice” (Ruch, 2014, p. 2159).

How are organizations helping workers manage difficult and painful emotions that arise from child welfare work? Could compassion be the needed response to the current challenges faced by child welfare workers? (Miller et al., 2018). Currently, there is little knowledge about the possibilities for compassion and self-compassion in child welfare (Neff, 2019; Jinpa, 2019). There is also a paucity of knowledge about how organizations facilitate or hinder worker’s ability to be compassionate towards themselves and others. In part, this study is meant to address the gap in the literature. To my knowledge, there is no research on child welfare workers and compassion in the Canadian context.

**Literature Review**

**Compassion Defined.**

Compassion is defined as “sensitivity to the pain or suffering of another, coupled with the desire to alleviate that suffering” (Geotz, Keltner, & Simon-Thomas, 2010). The key components are an awareness of suffering in others (empathic awareness), a sympathetic concern related to being emotionally moved by suffering (affective), and a wish to relieve the suffering (intentional). Compassion also requires a responsiveness or readiness to help relieve the suffering (motivational) (Jinpa, 2019). Compassion focuses on three domains: how you treat others (compassion towards others); how you treat yourself (self-compassion) and how others treat you (organizational compassion) (Gilbert, 2013).
The Role of Mindfulness and Meditation.

Mindfulness plays a key role in compassion. Mindfulness assists in anchoring the person’s awareness in the present moment when emotionally overwhelmed, helping manage difficult emotions by finding them in the body and relating to them with awareness, and compassion (Germer, 2019). The opposite state of mindfulness is being on autopilot and being unaware of the present moment. Compassion cannot occur if individuals are not being mindful (Germer & Neff, 2019). Meditation is one approach to becoming more mindful. Mindful meditation practices are also the vehicle upon which individuals can practice compassion for self or others. Meditation enables us the space and time to be able to effectively practice compassion, especially when it does not come naturally (Germer & Neff, 2019). All of the compassion training cited in this review, was on average 8-10 weeks in length and included components of loving kindness towards oneself and others, dealing with shame and challenges, embracing difficult emotions, gratitude and incorporating compassion and mindfulness into daily life.

What Compassion is Not.

It is important to clarify that compassion is not altruism. Altruism is defined as the devotion to the welfare of others, regard for others, as a principle of action; it is opposed to egoism or selfishness (Oxford English Dictionary). Altruistic behaviour does not necessarily mean someone is acting out of compassion, as there can be other motivating factors for acting kindly such as a duty, a desire to decrease one’s own suffering, or an expectation of reciprocity. Altruistic behavior can be motivated by compassion.

Compassion is often also mistaken for empathy. Compassion and empathy are activated in different areas of the brain (Klimecki & Singer, 2012). Empathy implies the capacity to feel
the pain of another (Dalai Lama, 1999). However, unlike compassion, empathy requires no action (Goetz & Simon-Thomas, 2017). Klimecki et al., (2014) conducted an intervention study comparing training on empathy and compassion to see if they had distinct effects on the level of distress experienced by study participants when exposed to suffering. What they discovered was that empathy training activated areas of the brain that were associated with suffering. Compassion training, on the other hand, had a buffering effect on this part of the brain. Due to these findings, Klimecki et al., (2014) challenge the concept that compassion fatigue exists. They believe that, in fact, workers are experiencing empathetic distress when being exposed to suffering. “After studying both compassion and empathy, we believe that compassion fatigue should be relabelled empathic distress fatigue” (Klimecki & Singer, 2012 p. 369). To more clearly illustrate the differences among compassion, empathy and compassion fatigue, consider the following analogy. Suppose you see someone drowning on a lake and you row your boat toward them. You desperately want to help them. Empathy is akin to you jumping in the lake with the drowning person to help save them. Compassion, on the other hand, is akin to you staying in the boat and helping the drowning person get on board your boat. Although we may believe we are acting out of compassion (staying on the boat), when we experience what has been called “compassion fatigue”, what we are, in fact, doing is jumping in the lake (experiencing empathetic distress) and drowning ourselves as we try to help the other person.

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1 To train participants on compassion, they introduced three groups: the empathy vs compassion training group vs the memory group. The compassion training group involved using a contemplative technique (meditation) focusing on extending caring feelings usually experienced towards close loved persons to other human beings. The preceding empathy training closely matched the compassion training in form and structure, but focused solely on resonating with suffering. The memory group merely asked participants to memorize tasks.

2 It should be noted that we are using the definition of empathy in this paper, as the one utilized by Klimecki and her team. There are many definitions of empathy which could be considered the same as compassion. For the purposes of this paper, the definition is not as important, as the behaviour exhibited by the individuals and the impact that suffering with others has on the brain.
On the other hand, it is possible to have too many drowning people in the lake and not enough boats. It is possible that this is truly what compassion fatigue may be.

Empathy can be problematic for people who work in contexts where suffering is routinely encountered (Klimecki et al., 2014). People whose response to suffering is empathetic distress show lower rates of helping behaviour (Klimecki & Singer, 2012). This finding is key as the focus on compassion training is on strengthening worker’s ability to face suffering while not being negatively impacted by it.

A Conceptual Framework of Compassion.

Studies on compassion reveal a problematic paradox. In order for individuals to exhibit compassion for themselves and others, they cannot be in a state of fear. As Kingston (2019) states:

[Compassion] can be inhibited by the very fear, greed, and tribalism fuelling the call for compassion. To be compassionate people have to feel safe. The biological mechanisms that drive our nurturing and caregiving can only emerge if our more habitual “self-preservation” and “vigilance to threat” systems are not front and centre. (p. 52)

When people are afraid, they may not be capable of nurturing or loving others, as they are focused on fight or flight associated with survival. Interestingly, it is during a time of fear when individuals need compassion and love the most.

Dr. Paul Gilbert, a leading researcher on compassion work with clinical populations, theorizes that all behaviour is motivated by one of three affect regulating systems (see Figure 1; Gilbert, 2013). The first system is the incentive, resource focused drive which focuses on “doing”. People who are living from this system seek to constantly achieve success or complete goals. The second system is the threat focused system, which focuses on fight, flight and freeze. People, who are living from this system, are constantly seeking safety and live in a hyper vigilant
state. The third system is the affiliate or caregiving system, which is focused on soothing and kindness. It involves body feelings of calm, slowness, well-being, and contentment. Individuals living from this system are open, focused and reflexive. Their behaviour is peaceful, compassionate, gentle and prosocial (Gilbert, 2013). Individuals who experience trauma are seldom working from the affiliative or caregiving systems and tend to exhibit behaviour motivated by the first two systems.

Figure 1

The Three Circles of Emotional Regulation

Note: Adapted by NICABM from *The Compassionate Mind: A New Approach to Life’s Challenges*, by Paul Gilbert, 2009), Constable and Robinson.

In their article, “Barriers to Self-Compassion”, Boykin et al. (2018), discuss how the trauma of childhood maltreatment can disrupt the balance of the regulatory system and thus
result in an overactive threat system. Children who have experienced maltreatment are deprived of the opportunity to feel safe and reassured by parents and thus find it difficult to be soothed by others or to self-soothe (Toplu-Demirtas et al., 2018). Additionally, children who experience trauma may experience a fear of self-compassion, negative rumination and a sense of disconnection from larger society (Neff, 2003). Tanaka et al. (2011) are the only researchers in Canada who have studied self-compassion in a sample of child welfare youth. What they discovered was that the worse the childhood abuse or neglect, the lower the level of self-compassion experienced by child welfare involved youth (Tanaka et al., 2011, p. 894). Their regression analysis also demonstrated the link between a lack of self-compassion and negative outcomes for youth. Youth, who reported lower levels of self-compassion, were more likely to experience anxiety, problem drinking, and suicide attempts and demonstrated a trend for depressive symptoms (Tanaka et al., 2011). Maltreatment can lead children and youth to develop negative self-perceptions, which lead to over-experiencing negative emotions (worry, shame, and unworthiness), an over-engagement in self-punishing behaviours and lastly a lack of acceptance of nurturance and soothing behaviours (Neff & McGhee 2010; Vettese et al., 2011). Neglectful or abusive environments hinder the development of a soothing system, and thus result in an increase in self-criticism rather than self-compassion (Gilbert & Procter, 2006).

Furthermore, Moreina et al., (2014) found that both anxiety and avoidance behaviours were associated with the underdevelopment of self-compassion. “Addressing the fear of self-compassion as a therapeutic target might not only improve overall well being but also reduce the likelihood of victims maltreating their own offspring” (Boykin et al., 2018, p. 222).

Workers facing client suffering, working in high stress, crisis focused environments are also seldom in the soothing, caregiving system. They are constantly oscillating between the
incentive system (to keep up with Child Protection Standards) and the threat focused system (worried about themselves or their clients). One possible way to enable workers to stay in the affiliative zone is the practice of compassion.

**Key Components of Compassion**

Compassion for others and self-compassion are interconnected (see Figure 2). Individuals must be able to nourish compassion for themselves to effectively offer compassion to others without risk of burnout (Fulton, 2018).

Figure 2

*The Connection between Self-Compassion and Compassion for Others*

Compassion for others is needed to create a world which focuses on addressing the suffering of all human beings. Therefore, when I help others, I am helping myself in that I will benefit from a more inclusive world. On the other hand, when I assist myself via self-compassion, I have a greater ability to help others, as my focus will not be on my own fear and survival but rather common humanity. Therefore, from my perspective, you need both self-
compassion and compassion for others in order to create and sustain compassionate child welfare systems.

**How You Treat Others (compassion for others).**

Some people believe that compassion is a fixed trait, but current literature demonstrates that compassion can be fostered in individuals. Compassion training has been shown to lead to positive emotions (Klimecki et al., 2012), prosocial behaviour (Leiberg et al., 2011) as well as increased fairness (McCall et al., 2014), altruistic behaviour (Weng et al., 2017), perspective taking (Lamm et al., 2011), decreased avoidance (Weng et al., 2019), as well as increases in helping behaviour and a sense of connectedness in interpersonal relationships (Casell 2002). Leaders who scored higher on compassion scales were also rated better leaders (Melwani, Mueller & Overbook, 2012).

Mascaro et al. (2013) demonstrated in their randomized control study that compassion training enhanced their subject’s score on empathic accuracy\(^3\) compared to controls. Greater empathic accuracy may lead to greater awareness of suffering and increased compassion. This hypothesis was further supported by the work of McCall et al., (2014) who discovered that individuals who practiced compassion also demonstrated less anger, punishment, and more reward towards subjects in response to fairness violations during a game (McCall et al., 2014).

**How You Treat Yourself (Self-Compassion).**

I conducted an interview with Laura Naughton (June 28\(^{th}\), 2019 personal communication) who is currently implementing a compassion intervention with inmates in Angola. What Laura learned in her five years of doing compassion work in Angola was that the two aspects that

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\(^3\) Empathic accuracy is the ability to accurately predict what someone is feeling.
resonated the most with inmates were, first, having the space to speak about and practice compassion and second (which she stated seemed to be quite key to their healing) was the concept of self-compassion. Self-compassion enabled the prisoners to face the shame of their crime with non-judgement and understand their own motivations for doing harm.

Self-compassion has also been found to modify self-criticism and shame in psychiatric populations (Gilbert & Procter, 2006). This is a key finding as many individuals facing addictions and mental health issues experience shame, especially those involved with the child welfare system. Shame feels isolating and can place individuals in a downward spiral during drug use. According to Dr. Neff, when individuals are stuck in shame, they are stuck in a state of rumination and are self-focused. Whereas when individuals practice compassion and include themselves in that circle, they are more likely to feel closer to others and take steps to increase their connection to others (Neff, 2019). According to Dr. Gilbert, self-compassion provides individuals the tools of warmth and safety in order to expose themselves to their own trauma. As individuals become more familiar with what frightens them, their fear diminishes. The more the individual utilizes compassion, the more they are likely to face negative experiences without running away or wanting to avoid them.

Neff, Knox and Davidson (Neff, 2019), report that self-compassion is positively correlated with happiness, life satisfaction, optimism, a decrease in anxiety, depression, negative affect, and personal distress. Self-compassion was also found to be positively associated with a decrease in worry and emotional suppression (Jazaieri et al., 2014) as well as emotional well-being and resiliency (MacBeth & Gumley, 2012). Resiliency is the process of adapting well in the face of adversity and trauma or a “bouncing back” according to the American Psychological Association (Jinpa, 2019). In youth and among those from the LGBTQ2+ community, those
who scored higher on self-compassion tended to have fewer symptoms of depression (Neff, 2019; Toplu-Demirtas et al., 2018). They also felt less alone and experienced an increased connection to others (Neff, 2019).

Self-compassion has also been found to protect against low self-esteem and decreases the impact of trauma (Marshall et al., 2015). In 2018, Erikson et al., conducted a randomized control study on 101 psychologists (n=97 women and 4 men) and assessed the effectiveness of a six week, self-compassion intervention on their level of burnout. Results suggest that the intervention group experienced less stress and burnout and demonstrated a decrease in physical symptoms compared to the wait list control.

Despite the reported benefits of self-compassion, research has illustrated that many individuals are afraid of their own self-compassion, or find it narcissistic or egocentric (Germer & Neff, 2019). Others feel that compassion is self-indulgent, leads to solely focusing on the self or allows someone to let themselves off the hook. The research confirms that in fact, the opposite is true (Germer & Neff, 2019). In their work, Drs. Neff and Germer speak about the yin and yang of self-compassion (Germer & Neff, 2019). The yin is comforting, soothing and validating. The yang however, is protective, providing and motivating. Fear of self-compassion has led to a decrease in life satisfaction and well-being, poorer overall health, and an increase in psychopathology (Kashdan & Rottenberg, 2010). Miron et al. (2015) have reported a link between the fear of self-compassion, and a) child maltreatment, b) PTSD, c) inflexibility, and d) trauma. Fear of self-compassion has also been associated with an increase in anxiety, self-criticism and self-injurious behaviour, depression, increased rumination, thought suppression, perfectionism, and shame (Neff & Lamb 2009; Gilbert et al., 2011; Miron et al., 2015, 2016; Barnard & Curry, 2011).
How Others Treat Us (Organizational Compassion).

“Social institutions construct the shape compassion will take [in their organizations]” (Worline & Dutton, 2017, p. 212). Policies and procedures reinforced in organizations can either create a culture of compassion and support or develop a culture of fear and mistrust. “Unless we change the structures and institutions in our society, we cannot expect our society to change in any fundamental or enduring way” (Jinpa, 2015, p. 230).

Leaders such as the Dalai Lama and Linked In leader Jeff Weiner have popularized compassion in organizations. “Organizations” Weiner states, “must act as if all relationships matter and place people instead of the organization first” (Weiner 2012). Organizational compassion research has primarily focused on virtuousness, which focuses on how organizations help people flourish as human beings (Tjeltveit, 2003). Virtuous organizations have, at their core, compassion, trust, forgiveness and non-judgment. If workers do not feel a sense of trust or are fearful of making mistakes, they will continually live with their incentive and threat systems activated. Compassion however, is associated with increased social capital, and improved relationships among individuals (Cameron, 2017). Financial organizations that improved virtuous practice such as compassion were positively associated with increased revenue, improved work climate, decreased turn over and greater customer retention (Cameron et al., 2011). Organizational attention to suffering is dependent on attention load, time constraints, and performance demands (Worline & Dutton, 2017). In organizations where independence and self-reliance are prioritized, instead of mutual regard and interdependence, staff tend to treat suffering from job stress or burnout with judgement instead of compassion (Worline & Dutton, 2017). On the other hand, organizations with high levels of compassion and forgiveness are less likely to
experience negative outcome of downsizing (Bright, Cameron & Caza, 2006). Monica Worline, who is currently the leading researcher on compassion in organizations, claims that people tend to hide their suffering at work due to professional norms or performance plans. She shares five reasons why compassion is good as a strategic concern:

1. Increased psychological safety, adaptability, teamwork and innovation
2. Increased ability to respond to human pain and distress resulting in greater service quality
3. Increased trust and high-quality connections and cooperation
4. Increased engagement and discretionary effort and decreased absenteeism and burn out
5. Increased attachment and commitment to client and employee retention (Worline, 2019).

The reason why compassion is so important within organizations is that it is difficult to become a compassionate individual and remain compassionate while operating in a non-compassionate agency (Shea & Lionis, 2017). It is for this reason that I am interested in learning about personal and organizational compassion within the child protection system. Is the child protection system designed to foster compassion for workers and their clients?

**Child Welfare and Compassion**

To my knowledge, no work has been completed on child protection workers and their level of self-compassion or compassion for others in Canada. Miller et al. (2018) conducted a study on 223 child protection workers in a South Eastern US state. Their results indicated that workers had a moderate level of self-compassion. What they discovered was that higher education, and a positive supervisory relationship positively affected workers level of self-compassion. They suggest training workers on self-compassion in organizations as well as in educational institutions such as schools of social work in order to ensure greater compassion for
others (including clients). “Self-compassion is a particularly desirable attribute for child welfare workers to develop” (Miller et al., 2018, p. 210).

Could self-compassion and compassion for others be a promising intervention for child welfare workers to address issues of burn out and to assist workers in engaging better with families? In order to see if this is a possibility, I must first begin by understanding the current levels of self-compassion and compassion for others among child protection workers as well as examining the perceived barriers and facilitators to organizational compassion.
CHAPTER 2: METHODOLOGY

"Information is just bits of data. Knowledge is putting them together, and wisdom is transcending them."

~ Ram Dass

Original Purpose and Research Questions

This study had two aims. The first aim was to explore the level self-compassion and compassion for others in a sample of child welfare staff\(^4\). The second aim was to examine the organizational barriers and facilitators of worker’s compassion for self and compassion for others.

The study questions were as follows:

Q1: What is the level of self-compassion and compassion for others found in child welfare staff in a child welfare organization located in Ontario, Canada?

Q2: What are the barriers and facilitators to organizational compassion?

Social Work Foundational Theories

Critical Theory.

Critical theory evaluates the social construction of power relations with the hopes of achieving liberation (Fay, 1987). Child welfare and other not-for-profit organizations were designed to keep those in power in control of the lower classes and to co-opt social change (Kivel, 2000). The survival of systems created to assist the most marginalized is based on

\(^4\) Staff and workers in this document are going to be used interchangeably. Staff refers to front line staff, administrative staff, legal staff etc.
creating ongoing “need” in clients, without ever really empowering the lower class to go beyond their need (Kivel, 2000). Social workers, who historically have played a role in maintaining this status quo, are now being called upon to create conditions for social justice and social change (Kivel, 2000). Cindy Blackstock, in her article, “The occasional evil of angels” mentions that she has seen “many bright and compassionate non-Aboriginal Social Workers raise the walls of rationalization and distance to insulate themselves from their own shame. “As the doers of good, we have not been trained to stand in the ‘shadow’ of our harmful actions so we ignore and minimize them” (Blackstock, 2009, p.35). Rarely do [workers] have the opportunity to turn inward, look into their life and critique how they have been socialized and what they have internalized from these experiences.

Critical theory, is concerned with deconstructing the authority of social institutions. In child protection, Lietz (2009) suggests four elements of critical theory are useful when responding to complex child protection cases. These four elements are: deconstruction and integration; critical thinking; reflection and critical consciousness. Deconstruction relates to breaking down the processes or conditions and looking for contradictions and invisible meaning (Lietz, 2009). Critical theory supports the collection or integration of both quantitative and qualitative data to inform decision making (Lietz, 2009).

Critical thinking is defined as the careful evaluation of beliefs and actions including an examination of reasoning (Lietz, 2009). This process involves the suspension (where possible) of judgement, to consider all aspects of a case or event. Examination of strengths and weaknesses is instrumental to this approach. Critical thinking requires the examination of contextual factors relevant to each event (Lietz, 2009).
In reflection, critical questions are asked in order to uncover possible hidden individual biases as well as the role of social structures in perpetuating the current state of affairs in child protection. Lastly, critical consciousness involves examining how our own world views, power dynamics, social role and power play a role in our ability to examine power imbalances. For my thesis, I embedded this approach into the way I structured my study methodology to incorporate reflexive components.

Anti-Oppressive Practice.

Dumbrill and Yee (2019) in their book *Anti-Oppressive Social Work: Ways of knowing, talking and doing*, describe the basis of oppression as perceiving each other’s differences rather than similarities. Tribalism is a fear response that occurs when there is an activation of the threat system. When individuals are in fear, they tend to isolate and separate themselves from others. Tribalism leads to racism and othering (Gilbert, 2013). According to Hein et al., (2010) who conducted neural studies on male soccer fans, when an “out group” (i.e. individuals who are considered “others” or marginalized) experienced pain, there was a reduction in empathic brain responses. Lavelle (2017) posits that it is more difficult to feel compassion towards strangers or members of an “out group”. Compassion is challenging when it is perceived to be too resource intensive or time consuming to provide to individuals seen as “others”. Dumbrill and Yee (2019) forward the notion that all social work, not just anti-oppression work, must begin with and maintain a focus on caring. “Unless that [social work] action begins with caring and love for the person and communities we serve, much of what we do will be useless” (Dumbrill & Yee, 2019, p. 286). The reason why compassion work is congruent with the Anti-Oppression model is that compassion is not the relationship between the healer and the one who needs assistance but rather a relationship between equals (Chodron, 2001). Remembering that we all suffer at some
point reminds us of our common human experience. Since feelings of compassion are challenged when someone perceives another person as separate from them, it could be argued that the child protection system, may not be structured in a way that foster compassion between workers and clients due to power differentials. Compassion assists individuals in understanding that suffering is a universal phenomenon and that everyone suffers at some point however, this understanding may challenged in systems or organizational structures that do not support this approach.

All of the compassion research found by this researcher included elements of common humanity. Common humanity refers to the fact that we are all flawed and doing the best we can with what we have. When we suffer, we feel isolated and feel as though we are the only ones. The concept of common humanity reminds us that suffering can be part of life and that we are never alone (Neff & Germer, 2017). Common humanity is often discussed in Indigenous cultures as illustrated in the quote below:

'All my relations’ is a first reminder of who we are and of our relationship with both our family and our relatives. It also reminds us of the extended relationship we share with all human beings. But the relationships that Native people see go further, the web of kinship extending to the animals, to the birds, to the fish, to the plants, to all the animate and inanimate forms that can be seen or imagined. More than that, “all my relations” is an encouragement for us to accept the responsibilities we have within this universal family by living our lives in a harmonious and moral manner (King, 1990, ix).

The concept of common humanity assists in helping us feel connected to other human beings. Fellowship with all people on earth is the goal of compassion. Compassion work helps individuals recognize the humanity of others and helps them strive to create a better world for all. The results of not remembering our common humanity are racism, sexism, homophobia and other dehumanizing approaches. The aim of compassion work is to get those who have privilege and have power to want to create systems for everyone, including the most
marginalized, not through coercion but because they understand the interdependence and interconnectivity of everything.

**Phase One**

The phase one study used a cross sectional, mixed methods research design to study compassion in a child welfare organization. Creswell (2014) indicates that mixed methods approaches are effective in capturing phenomena where there is paucity of information and for increasing the validity of existing information. The goal of the quantitative component was to establish the relationship between independent variables (education, organizational culture, age, etc.) and outcome variables (self-compassion, compassion to and from others, and organizational compassion) and to compare compassion levels to other similar populations. Although these methods may be ideal for ensuring the generalizability of results, these methods cannot access some phenomena such as the lived experience or meaning ascribed to something (Patton, 2002), in this case, compassion. Qualitative methods, on the other hand, enable researchers to examine an individual’s lived experience because the methods are more holistic and subjective. Qualitative approaches can add richness and depth to the quantitative component of the study. Qualitative methods enable the researcher to acquire more in-depth information than standardized questionnaires and may reveal unexplored areas of research (Cook & Campbell, 1979). The qualitative focus group with agency staff informed my study about workers’ experiences with compassion in their organization and generated ideas on how to improve organizational compassion, which is an area of research not well understood.

In this study, employees of a Children’s Aid Society in Ontario, Canada, were asked to participate in an online survey about their self-compassion, as well as their perceptions of the organization’s level of compassion. The plan was to conduct focus groups or interviews with
those who expressed interest in their survey answers. A separate focus group was planned with members of the leadership team.

**Quantitative Component of the Evaluation (Tools and Methods).**

The quantitative component consisted of a survey (see Appendix A) which included questions about demographics (age, gender, ethnicity, role in the organization), participant’s level of self-compassion, as well as participants’ views on compassion and organizational compassion. The demographic and role questions were added in order to ascertain if any of these variables had an influence on the outcome variables as found in the Miller et al. (2018) study. The survey took approximately 20 minutes to complete.

*The Self-compassion Scale (Neff, 2003).* The scale is made up of 26 questions asking individuals about their level of self-compassion. The scale was developed to assess the thoughts, emotions, and behaviors associated with the self-compassion. It includes items that measure how often people respond to feelings of inadequacy or suffering with self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Responses are given on a five-point scale ranging from ‘almost never’ to ‘almost always’. Items representing uncompassionate responses to suffering are reverse-coded so that higher scores represent a lower frequency of these responses. Then, means are calculated for each subscale, and a grand mean is calculated that represents an overall measure of self-compassion. The Self-compassion scale has good test retest reliability (Cronbach’s Alpha =0.93) and validity (NNFI=0.92 and CFI=0.93) with other measures.

*Questions on mindfulness, meditation and self-care.* Three questions were added in order to examine workers’ current practice on self-care. The purpose of these questions was to
add them in the statistical model to determine the relationship between self-care and compassion. Additionally, the literature has found that compassion is correlated to mindfulness and meditation and so these variables were added as possible covariates.

**Fears of Compassion (Gilbert et al., 2012, 2014).** This scale has three major subscales: expressing fears of compassion for others (10 questions), and responding to compassion from others (13 questions). To decrease worker burden and since I was already using the Self-Compassion Scale by Neff & Germer, I excluded the last scale focusing on self-compassion. To score the items were totaled for each of the scales. The items were rated on a five-point Likert scale (1 = don’t agree at all, 5 = completely agree). The higher the sums, the greater fear of compassion is expressed. The Cronbach’s alphas for this scale are 0.85 for fear of compassion for self; 0.87 for fear of compassion from others and 0.78 for fear of compassion for others.

**Organizational Virtuousness (Adapted from Cameron, Bright, & Caza, 2004).** I selected relevant subscales with the highest Cronbach alphas including the organizational compassion scale (0.77), the organizational trust scale (0.70), the organizational optimism scale (0.83). Responses are given on a continuous six-point scale from false to true. This scale was used, as I was unable to find any other questionnaires on compassionate organizations. A higher score means

**Assessment of Contextual Factors Connected to Burnout (Adapted by Curry-Stevens, 2017 from Lasalvia et al., 2009 & Maslach 2001).** This scale measures the contextual factors that are experienced by groups who experience burnout. This tool also assists in the identification of effective solutions to burn out. While there are a number of tools related to worker burnout, there are no other tools focusing on the more mezzo and macro aspects of
burnout. Burnout is relevant to compassion in that the higher the reported burnout, the lower the expected score on compassion.

Participants. According to the power analysis, at a confidence level of 80% and margin of error rate of 5%, then I will need to sample 80 staff to have enough power to find statistically significant results in the survey, should there be any, and to account for non-participation. Participants were recruited via an email (see Appendix F) sent to all staff which contained a link to the survey, consent form and study information sheet (Appendix C and E). Staff reminders were sent out every week to ensure an increase in survey completion. Flyers were placed throughout the agency to promote the study (see Appendix E).

Data Analysis. SPSS was used to conduct descriptive and bivariate analyses of quantitative data. Although the plan had been to conduct multilevel modeling, however due to the low response rate only cross sectional analysis and frequencies could be conducted.

Qualitative Component.

The qualitative component of the proposed study used a general exploratory approach to examine the phenomenon of compassion because it is a concept not well understood in social services (see Appendix B for interview script) (Creswell, 2014). The goal of this part of the project was to understand workers’ lived experience with self-compassion and organizational compassion within the larger child welfare context. For this reason, I will be utilizing Hermeutic Phenomenology to understand the context within a person’s experience (Laverty, 2003). In this qualitative approach, researchers cannot bracket themselves and their beliefs out of the research, rather they acknowledge their own role within it.

Participants. There are no definite rules for sample size in qualitative studies (Patton, 2002). It largely depends on the phenomena studied. An acceptable sample size is around 8-10
participants (Creswell, 1998). Thus, 8-10 individuals were to be recruited for the first focus group. Five to ten leaders would have been recruited for the second focus group and eight participants were supposed to be involved in the first focus group. The sampling method used a non-probability convenience sample (Creswell, 2014). Only two leaders were interviewed and, in the end, no staff could be involved because of COVID-19 restrictions.

**Procedures - (Appendix B).** A semi-structured interview guide was used to gain insights on organizational compassion. The questions were adapted from the Dalai Lama’s Ethics for a New Millennium as the Lama provides guidelines on how to create more compassionate systems (Dalai Lama, 2004). The interviews were audio-recorded (with participants consent, see Appendix C). Participants were asked about their views on the barriers and facilitators of compassion, as well as questions about when leaders find it difficult or challenging to practice compassion.

The interviews integrate Seidman’s (2013) a three-stage interview outline. The beginning of the interview focused on building an initial relationship through introductions. The second stage involved building rapport. This includes working together and questions from both the interviewer and interviewees were welcomed. Participants were reminded that they had the option to pass on answering questions or withdrawing their consent at any time. The last step in the interview was the closing. At the end of the interview, participants were asked if there was any information they wished to add, or if they had any questions. Participants were informed about the dissemination of results and informed about where confidential information would be stored.

**Data Analysis.** Analysis in this qualitative study was an ongoing process. According to the phenomenological approach, analysis begins before the interviews take place, when writing
and reflexivity occurs by the researcher (Van Manen, 1997). The data was read continuously and important statements were highlighted and separated to enable thematic analysis (Van Manen, 1997). Data were coded using open coding and line-by-line coding to determine emerging themes and to refine themes. A theme could only be a theme if it appeared in both interviews. Due to COVID19, I was unable to co-construct the process of data analysis with the interviewees. I was also unable to perform member checking.

I immersed myself in the data first by manually transcribing all the data. I found it challenging to conduct the analysis due to the lack of data saturation. By saturation, I am referring to the idea that enough data has been collected that no new insights are emerging. Due to my inability to gather more data, I was left with some disjointed data from two different perspectives which made analysis challenging. I was, however, after reading the transcripts multiple times, able to identify some themes and some consistency in the comments between the two participants.

**Rigour and Reflexivity.** Determining the reliability and validity is one strategy for evaluating the quality of a quantitative study however, these methods are inappropriate for qualitative studies (Lincoln & Guba, 1985). According to Lincoln & Guba (1985), in qualitative studies, the concept of credibility, transferability, dependability and confirmability are good parallels to the concepts of reliability and validity in quantitative studies.

In order to ensure the credibility of the qualitative component of my study and the validity and reliability of the quantitative component of my study, the following steps took place:

1-Researcher Reflexivity: I am an immigrant, female, 40+ year old mother of two. I have considerable privilege in my education and income levels. I have worked in a children’s aid society for more than nine years, first as Quality Assurance Manager and then as a Director. I
have observed how disempowering child welfare systems can be for workers and for those with whom we work with. Conversely, I have seen the transformative power of compassion and self-compassion in decreasing suffering and increasing the connection between individuals. I am interested in examining how to create empowering and compassionate systems for all.

My experiences will be both a benefit and a hindrance in this work. Although my experiences in the child welfare system are a benefit in that I understand the processes and complexities of child protection work, my knowledge does bias me. Although I have spoken to parents, youth and workers about their thoughts on services, I have never experienced the work directly as a parent, youth or worker. I kept a reflexive journal throughout my thesis project to explore my biases and understand those in relationship to this work.

2-I aimed to do member checking which meant that the themes were to be shared with participants so they could assess the accuracy of the information however, I was prevented from doing so as the leaders have been primarily focusing on COVID and service provision.

3- I aimed to do data triangulation by gathering data from multiple recipients and using interviews and focus groups. However, due to the COVID-19 virus breaking out at the organization, I was unable to finish my data collection.

4-I was unable to search for disconfirming evidence through continued sampling for the reasons cited above.

Guidelines. All physical copies of consent forms were stored in a locked filing cabinet at my home. All electronic data (audio recordings and transcriptions) were stored in my password protected personal computer with all identifying information removed. Participant data were given anonymous codes and all names and identifying information were removed from the transcribed interviews. The only researchers with access to this information were directly
involved in this study namely Giselle Taraba (primary investigator) and Nancy Freymond (thesis supervisor). For this thesis, I also anonymized the location of the agency involved as well as the identity of the individuals interviewed. Child welfare in Ontario is a small field and I would not want my respondents to be identified or negatively impacted by their involvement in the study.

Neither leader reported experiencing psychological or emotional distress during the interviews although I did offer both leaders to follow up with me if they wished. Both participants were given the option of withdrawing their participation and their data at any time.
CHAPTER 3: FINDINGS

“Compassion is keen awareness of the interdependence of all things”

~Thomas Merton

Methodological Limitations

I think it is important to note before sharing my findings that there were a number of methodological limitations to this work beyond the limitations posed by the COVID-19 pandemic. Individuals who participated in the survey may be those individuals who already have either higher or lower levels of self-compassion or compassion for others. They may also be individuals experiencing either, the least or the most stress. Workers might also be fearful of speaking about the level of organizational compassion. The strain of layoffs experienced by this group, may have been influencing the experience of compassion so caution regarding the results is required.

Different cultures and ethnicities may not value or may not demonstrate compassion in the same way. Our sample was primarily white and thus, the results may not be generalizable to child welfare agencies that have a more diverse workforce. Furthermore, the small sample size in the quantitative component affected external validity. Since we only heard from 20% of the employees, I currently have no idea what the other staff believe about compassion within their organization. Lastly, due to the cross-sectional study design, only correlational rather than causal inferences can be made.

The data from my focus group was only from the leaders at the organization whose views about the barriers and facilitators of compassion may not be aligned with the views of front-line workers. It was not surprising that the leaders would have commented on the impact of the Ministry of Community and Social Services expectations, aka the “Ministry”. Ministry
regulations tend to have a direct impact on agency leaders, as they are usually the go between Ministry supervisors and the agency’s staff. Given the limitations, the findings of the phase one portion of the study should be accepted only with a great deal of caution.

**Results from Compassion Survey**

**Demographic Information.**

The survey was distributed to all staff and the response rate was 20%. This low response rate is likely due to the COVID-19 virus pandemic which necessitated suspension of data collection for this project prematurely.

The modal age of respondents was 40-44 years of age (see Table 1 for age distribution) and 95% of respondents identified as White. The remaining 5% were Other.

Table 1

*Age Categories*

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<th>30-34 years</th>
<th>35-39 years</th>
<th>40-44 years</th>
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5 The specificity of the classification is being withheld with a view to protecting the identity of the individual
The participants were predominantly female (85%), which is not surprising for child welfare as it is a female dominated profession. Four of the staff who responded to the survey had a college diploma, two had a BSW degree, eight had an MSW degree, and six had other non-social work related degrees.

Figure 3

*Number of Years at the Child Protection Agency*

As illustrated in Figure 3, 45% of the staff had been there 10-14 years, followed by 25% of the staff who had been at the CAS between 5-9 years.

Forty-five percent of the staff who responded to the survey were frontline workers, 15% were from management and 15% were from administration. Five percent were from legal and the remaining were from other departments or preferred not to say (20%). Out of the social work frontline staff, 42% were from intake/ongoing services, 17% were from children’s service, eight percent were from kinship services, and the remaining were from other departments or preferred not to disclose.
Results from Self-care Section.

From the 20 respondents who completed the survey, 45% had previous practice with mindfulness and 55% had not. A number of staff had practiced mindfulness for a very short time and a few had practiced for over 10 years (5%). Half (50%) had practiced meditation previously while half had not.

Staff reported other ways of practicing self-care including:

- Taking bubble baths
- Yoga
- Connecting with friends
- Painting
- Going to the gym
- Volunteering
- Reading
- Listening to music
- Going to the spa
- Going on vacation
- Journaling
- Counselling

Results on Individual Self-Compassion.

To calculate a self-compassion score, subscale scores were computed by calculating the mean of subscale item responses. To compute a total self-compassion score, I reverse scored the negative subscale items before calculating subscale means - self-judgment, isolation, and over-identification (i.e., 1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1) then computed a grand mean of all six subscale means. The subscales were made up as follows: Self-Kindness Items (5 items), Self-Judgment Items (5 items), Common Humanity Items (4 items), Isolation Items (4 items), Mindfulness Items (4 items), Over-identified Items (4 items)(Neff, 2003).

Results of the self-compassion survey indicate that the staff had a total mean self-compassion of 3.07. According to the subscale scores, staff had a score of “common humanity”
of 3.45 meaning that they were more likely than not to understand that their suffering and the suffering of their clients is part of the common human experience. The staff also scored higher on the isolation score and the “over-identified items” whereas they were slightly lower (mean=3.09) on the judgement score. Over-identification refers to obsessing and feeling bad about oneself when things do not go well whereas the isolation score refers to feeling lonely or unsupported when bad things happen. When I examined answers from the individual questions, I noticed that 45% of staff stated that when things did not go well, they tended to be hard on themselves. Furthermore, 60% of those who answered stated that they had a hard time having a “balanced view” when something painful happened and 40% had a challenging time giving themselves the compassion they needed when experiencing difficulty. For all the self-compassion scores, see figure 4 below.
Mean Self-Compassion Scores

Results of Fears of Compassion for and from Others Scores.

In order to calculate the total score, the scales scores are summed up together to create a total and then the mean is taken from the overall scores (Gilbert et al., 2011; Kirby et al. 2019). Any positively coded items were first reverse coded to ensure all items were negatively scaled. The higher the amount, the more likely that the individual is expressing a fear of offering or receiving compassion from others. The compassion for others scale score is made up of ten items, and the compassion from others, is made up of 13 items.

When examining the scale scores for compassion for others, the best possible answer is ten and the worst is 50. Staff who received a score of ten indicate that they feel little to no fear of offering compassion towards others. At this agency, the mean rating was about 21. This seems to indicate there are some barriers to experiencing compassion towards and from others. When I
examine the answers to the questions, which make up this scale, it indicated that 42% of staff worried that others would take advantage of them if they were too compassionate. Seventy one percent (71%) of staff thought that being too compassionate makes them an “easy target” for being taken advantage of by others. Forty-seven percent (47%) of staff worried that their emotional resources would be drained because people would be too drawn towards them if they were too compassionate. Out of all the responses, over half (57%) worried that compassion makes people soft and easy to be taken advantage of. Lastly, 52% of staff thought people should help themselves rather than wanting others to help them.

Figure 5

*Mean Score of Fear of Compassion For and From Others*

<table>
<thead>
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<th>Mean Score</th>
<th>Std. Deviation</th>
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<td>Compassion for others</td>
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<tr>
<td>Compassion from others</td>
<td>23.6842</td>
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</table>

Regarding the fears of compassion from others scale, a mean score of 13 is the best possible score and 65 is the worst possible score. The mean fear of compassion from others score for this sample was 23.68 out of 65. According to answers from the individual questions, 52% of staff reported that they were afraid that when they needed someone to be understanding
and compassionate, they would not be. Forty seven percent of staff wondered if displays of warmth and kindness were genuine. Lastly, 26% of staff worried that if people were kind to them, that they would find out something about them and change their mind about their deservability for compassion.

**Results for Organizational Virtuousness, Compassion and Burn Out.**

In order to compute the three scale scores for organizational virtuousness and compassion, Organizational Optimism (3 items), Organizational Trust (5 items) and Organization Compassion (7 items), items were summed together to create a total score and then the mean was taken to compute a score. For Organizational Virtuousness and Compassion, the higher the score, the higher the level of organizational compassion. For organizational optimism, a score of 18 is the maximum and most positive score you can acquire. Results from the organizational optimism scale indicated that the staff had an overall higher level of organizational optimism (a score of 13.3/18) compared to the mean score. Approximately 80% of the staff feel that the organization was doing good as well as doing well. What this means is that they felt they were not only doing their tasks well but also that they work they were doing was meaningful and helped people. Sixty percent (60%) felt optimistic that the staff would succeed even when faced with major challenges. Despite these findings, staff reported a lower level of organizational trust (16.1/30) and a moderate amount of organizational compassion (mean= 24.8/42). In fact, 65% of respondents stated that they did not trust each other. Forty percent did not feel included or treated fairly, and 35% did not trust the leaders within the organization. Approximately 45% of the staff did not feel there were spaces and places to practice mindfulness or compassion. See figure 6 below for information on the mean scores on organizational virtuousness and compassion.
To calculate the level of contextual factors connected to burnout, three different scales were created: Organizational Context (made up for 6 items), Organizational Culture (made up of 6 items), and Societal Conditions (made up of 3 items). All items were summed together to create a total score and then the mean was calculated.

Results from the Organizational Burn Out scale indicate a high level of organizational context (see Figure 7 below). The staff reported a mean of 23 out of a possible maximum positive score of 30. Seventy-five (75%) percent of staff felt that their values are positively reinforced on the job and 80% believed they are able to serve clients in the way that they believe is best. Eighty-five percent (85%) felt they are paid reasonably for the job they are hired to do and 90% felt they could do the job without being put down or disrespected by colleagues. Fifty-
five (55%) of the staff reported having a reasonable workload and 60% reported being able to accomplish the tasks they were expected to do.

Figure 7

*Mean Score of Organizational Burn Out Factors*

The organizational culture results indicate a mean score of 20.85 out of a possible of 30. When asked about being valued, 45% of staff reported being valued by the organization rarely or occasionally. Forty-five percent of staff (45%) also felt that they were not part of a team that works together effectively nor did they feel that their organization rewarded them for doing a good job. Only about 55% of staff felt that the organization had inclusive and respectful practices towards marginalized colleagues.

Lastly, when asked about the impact of societal conditions on workers at the organization, staff reported a mean score of 8.9 out of a possible score of 15. Only 45% of staff reported they felt there were sufficient resources available in the community to serve clients effectively. Seventy percent (70%), of staff felt that clients and the community they serve were
not treated with respect in their lives and 35% of staff felt that they that the organization required more money to hire sufficient staff and resource them adequately.

**Bivariate Analysis.**

Due to the low completion rate of the survey, I could not complete the multi-level modeling or any analysis beyond bivariate analysis.

None of the demographic questions was significantly associated with any of the compassion or organizational variables. This however, is likely due to the low response rate and the lack of diversity in the sample.

As the relationship between self-compassion and compassion for others was established in the literature, I decided to correlate the self-compassion scores with the compassion for others scores. I also examined the relationship within variables to further understand the relationship between compassion and possible barriers or facilitators. The mindfulness score was positively associated with self-kindness score ($R^2=0.622, p<.005$). This means that individuals who have higher self-compassion were less likely to judge themselves or vice versa. Individuals who experienced more self-kindness are also more likely to be mindful in their interactions.

Fears of Compassion to Others was positively correlated with Fear of Compassion from others ($R^2=.696, p<.005$). This means that those who reported experiencing a high rate of fear receiving compassion from others were also more likely to report that they felt fear of giving compassion to others. Fears of Compassion for others was also highly associated with the mean “over-identified” score ($R^2=0.535, p<.05$). Results indicate that the more individuals over-identified with their suffering, the more fears they had about being compassionate towards others.
Organizational compassion was positively related to organizational optimism ($R^2=0.568$, $p<.005$), organizational trust ($R^2=0.835$, $p<.005$), organizational context ($R^2=0.558$, $p<.005$), organizational culture ($R^2=0.761$, $p<.005$), and societal conditions ($R^2=0.700$, $p<.005$). What this means is that higher organizational compassion was positively correlated with higher trust within the organization, a positive organizational context and culture, and conditions within the organization of proper access to resources and respect for clients.

**Results of One-to-One Interviews**

Due to COVID-19, not only was I prevented from gathering more quantitative data, I was unable to complete the focus group component of my research. However, I was able to complete interviews with two participants ($n=2$) whose interviews revealed some of the challenges in practicing compassion within the organization from a leader’s perspective. Results from these interviews also supported some information gathered from the quantitative study. Information from open ended text in the quantitative study was incorporated into the feedback from the two interviews.

Feedback from the interviews and open ended text was thematically analyzed. The themes from these interviews were organized into three categories: “Defining compassion”, “Barriers to Compassion”, and “Facilitators to Compassion”.

**Theme 1: Defining Compassion.**

The first finding that arose from the interviews was how similar the definitions of compassion were to one another. According to Participant 1, “for me compassion really is rooted in kindness, empathy and taking time to really critically reflect on our actions and our
thoughts and our biases.” This definition was further expanded on by the second participant below:

Compassion means that you are looking at another person, or another person’s situation, hmm, through a lens of empathy, and you can relate to the person and you can look a little bit below the surface instead of judging behaviour. Hm and looking at people’s lived experiences in forming their current actions, and recognizing that it’s not just a coming from nowhere. That there is a reason why people become who they are. (Participant 2).

And,

[A] compassionate environment is accepting of mistakes and challenges… it’s not about assigning what I think [should be], it’s about negotiating that, because what is effective for one person is not going to be effective for another, and so it really looks at making sure that we are nurturing each other and that we are helping each other and not in a way that we become the center (Participant 2).

Both participants included components of trauma informed practice (looking at the reason behind the behaviour), nurturance, and critical reflection as key aspects of compassion. Despite the positive responses from interviewees, when these leaders were asked about their practice of self-compassion, they stated that they had a hard time practicing compassion towards themselves, were at times, too hard on themselves and were not always able to prioritize the practice of self-compassion.

When discussing compassion within the organization, the participants were also able to offer examples of compassionate action within the agency,

[I’m] starting to see some compassionate statements there whether it’s knowing someone was struggling in their life. There is a comment there thanking someone for doing the hard lifting. For me that actually tells a story, a more compassionate story than a thank you for helping me with my paper work, because whatever happened between that individual and someone else is maybe personal so it’s not up there but really meaningful, and I like the fact that they’ve described it in a very vague way, because it tells me that there is something that happened there (Participant 1).
The participants shared stories about a “recognition” tree which was created and displayed within the agency where staff could publicly share stories of kindness, and compassion. In this example, Participant 1 commented on how they were seeing a greater depth in the recognition comments among staff.

Additionally, the leaders implemented a peer support strategy within agency. People expressed an interest in being involved but, according to the leaders, they were hesitant to become involved due to the trust issues. This is illustrated by Participant 2 in the quote below,

[W]e wanted a peer support program and it took forever to get off the ground, and so now that it’s here, there is a greater possibility in people having each others’ back, and [that they will] validate or acknowledge some of the occupational hazards of the work in a way that you don’t have to do the stiff upper lip and that you don’t have to be perfect but it’s a work in progress (Participant 2).

The peer support program offers an opportunity for check-in on staff who may be suffering or may have recently undergone a traumatic experience. Referrals may be voluntary or non-voluntary. Referrals are usually made by someone who believes a colleague may be suffering. Although the referred person is not obligated to participate in the program, resources for self-care strategies, counselling and other connections are offered in case the person is willing to access services. This program may be especially important for debriefs after child deaths because they have a huge impact on workers.

**Theme 2: Barriers to Compassion.**

**Culture of Toughness.** One of the barriers to compassion pertains to an organizational norm that suggests that direct service workers must cope with challenging times by being stalwart:
Participant 2 felt that some of the staff struggled to be compassionate towards themselves and expected themselves to “toughen up”. The quote above illustrates how workers were perceived to have a challenging time accepting support. This is consistent with the quantitative findings that compassion was seen as “weak”. However, staff seemed interested in compassion in child protection and defined it as a good quality for the organization to have.

**Role Siloing.** Participant 1 reported feeling a lack of compassion from staff towards her. “In my role, I don’t always experience a lot of compassion from other people.” (Participant 1). The lack of compassion between individuals in different roles was also supported by the other agency leader,

People get into their roles and then they have a lack of understanding, then hence a lack of compassion for other’s roles and I think we should shift roles or have the ability to sit with others who do different roles and understand sort of what is going on for them in their role or them in their life (Participant 2).

In the quote above, participant 2 was pointing out that a key aspect of having compassion for another person is understanding their perspective. Their suggestion about switching roles was their solution to avoid role siloing. This may increase the compassion experienced among colleagues. When workers become entrenched in their roles, they become unable to understand others’ roles and this can lead to relationship challenges when roles conflict.

**Layoffs and Lack of Trust.** In the year preceding the collection of this data, the employees had undergone two rounds of layoffs as a result of broad funding cuts across Ontario’s child welfare service sector. The layoffs may also be attributed to a new Ministry
requirement that child welfare agencies maintain a balanced budget (without a deficit). The following quote illustrates the impact of the layoffs on this particular agency, “as layoffs are becoming a reality [for the field]…workload is starting to increase and there is no money, hmm that’s a problem and I think people [staff] are saying, why can’t you fix it. It’s the watering hole situation…” (Participant 1). In this case, Participant 1 was feeling concerned about the continued risk posed to the agency by funding expectations. Not having a balanced budget could mean that this agency may have to undergo further staff reductions. Their comment about the watering hole was a way to illustrate that when the water dries up (or resources are scare), the animals start looking at each other not as allies but as competitors for the remaining water. Scarcity in resources may necessarily result in an increase in compassion among staff.

As illustrated in the following quote, the impact of the layoffs was an increase in distrust among staff. “[Layoffs] create an element of distrust. We ended up in a situation where we had to do it again…[due to budgetary constraints]”(Participant 1). The vulnerability experienced by the staff due to the two rounds of layoffs had resulted in them feeling a deep sense of distrust with leaders in the organization. “[I do] check-ins with people and they are like ‘what do you care’ and for me I struggle with that.” (Participant 1). According to Participant 1, even though they were checking on staff wellness, the staff did not believe that the intended purpose was to ascertain their well being, rather they believed that they were checking in to ensure their work was being done. This lack of trust may have been due to the layoffs, or could have been additionally compounded by the way child welfare is structured, as illustrated in the quote below,

[staff] walk into situations not trusting or expecting to be lied to and when something seems too good to be true, we go on the assumption that it must be. I think this what this individual was saying: ‘yeah you are doing all these things but we still don’t trust you, we think there is a hidden agenda” (Participant 1).
This participant was reflecting on the staff’s reaction to their support during this challenging time at the agency. Additionally, this respondent was pondering the larger impact that the child protection structure may have on staff’s overall level of trust, and in turn, possibly their level of compassion for clients and colleagues.

Compounding the issues with trust, in the staff survey, when asked for additional comments on their experiences of compassion, a participant linked unfair treatment to an absence of compassion. “It seems that people are treated unfairly depending on which manager they have or their relationship with their manager.” (Survey Participant). As illustrated above, the perceived lack of fair treatment could have resulted in staff experiencing lower levels of compassion. Inconsistent applications of compassion can leave certain individuals feeling fear and distrust and this may have been a contributing factor to the lower levels of compassion reported in the agency. Regardless of the layoffs, a culture of fear and distrust was suggested as more perennial barrier to the practice of compassion within this child protection agency.

**Factors Outside of the Organization.** The agency’s leaders perceived that challenges faced by the organization’s staff were caused by factors outside of the organization:

I find that this is one of the hardest times in child welfare…no ORAM\(^6\) was the hardest,…right now it’s a hard time because of the uncertainty of what is going on hmmm and some of the cuts and the double talk that we receive from our funder which creates a lot of fear for people (Participant 2).

This idea was further expanded by participant 1, “how do you do [compassion] in a world where everyone is being threatened with their financial stability or there is this looming threat of

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\(^6\) ORAM refers to the Ontario Risk Assessment Model introduced in 2000 in order to increase consistency in child protection. It was highly structured and required workers to use many tools and checklists to make child protection decisions.
mergers and acquisitions and amalgamations and nobody wants to lose their autonomy as an organization?” (Participant 1). In previous quote, it was clear that participant 1 felt that compassion in the organization could not exist during challenging times. Additionally, the quote below from Participant 2 illustrates how they felt that externally set expectations by the Ministry negatively impacted what leaders prioritized,

I think some of the barriers are expectations that are set externally and then all of a sudden we are measuring things that are meaningless, and are really not about the value of the work but it’s more about protecting government, or that sort of thing, so I think of when we talk about quality indicators, it’s compliance to a T. And so, I think that that becomes really challenging because it becomes a parallel process throughout the sector, and then within the leaders…what is measured is important and that’s not really, some of the standards just aren’t important when we look at the actual work we are doing and the seriousness of this work (Participant 2).

In the quote above, participant 2 is stating that the priorities dictated by the government were not always the priorities that were deemed as important by the organization. Rather, this quote seems to imply that some of the priorities established focused more on protecting the Ministry and that the result is a “parallel” process whereby everyone in the agency focuses on what is important to the Ministry rather than on the needs of families and children. Thus, Participant 2 was suggesting that external expectations may be setting the tone for whether compassion exists or does not exist within organizations. This brings to question whether child protection staff can attend to compliance protocols with compassion or whether the system is set up to hinder compassion while doing child welfare work.

The overall uncertainty in the field as well as the impact of the past child welfare reforms, are undoubtedly having a negative impact on the staff. When staff are in a state of stress and fear, it can be challenging for them to practice compassion. “Right now, we have more leaves than we ever really had.” (Participant 1). As illustrated in the quote, Participant 1
was sharing her belief that the stress experienced by the agency resulted in an increase in sick leaves. Staff leaves are an indicator of the overall staff wellness.

**Fear.** In my interviews with agency leaders, the impact of Ministry oversight on organizations was raised a number of times. This is most likely because the leaders usually have direct contact or very close contact with Ministry supervisors. In the quote below, Participant 2 shares her perspectives on how expectations from the Ministry for a balanced budget and to focus on the Standards may shift priorities and lead to conflicts between the agency and the clients,

> [W]hat does liability mean?...and as soon as we are about protecting ourselves and the organization, as the victim or the potential victim, we have lost sight of what we are doing and really what we exist for... and it’s not the authority that [workers] have, it’s assigned authority (Participant 2).

What Participant 2 was trying to elucidate in this quote, is that Ministry expectations affected the leaders in that it made them fearful of being liable, either financially or criminally. Under these circumstances, leaders and staff may see themselves as “victims” rather than individuals with power. Additionally, this participant was commenting on the fact that workers, although they have systemic power (power assigned to them by the Ministry), they are not “empowered”.

> I think that recognizing that we have very limited power over the outcome. The only thing that we can control are our actions... and so I think that for me, but even as I say this... also accepting that we need help, and that we are all vulnerable...that this is hard work, and that we have each others’ back. I think all of these things contribute to reducing fear (Participant 2).

The reason why this quote is so important is that it alludes to the idea that child protection workers may feel vulnerable in their positions despite expectations, or perhaps because of it, to exercise their assigned authority to protect children. Workers may feel
challenged to engage parents in a more collaborative and compassionate way when feeling vulnerable. The following quote from a survey participant adds to this reflection in that they are trying to overcome the perceived conflict in their role,

[How can we have compassionate, reflective conversations internally when we make clinical mistakes or with one another so we can learn and grow as better workers? How can we implement self-compassion as a self-care tool? Where are the spaces for compassion as a tool in child welfare without managers becoming worried that we aren’t using enough authority? (Survey Participant, open ended answer).]

This reflection from a survey participant raises some important questions about the nature of child protection work and whether compassionate authority is possible in an environment where liability, fear and risk are prevalent. In this case, the participant is reflecting on how to use compassion as a self-care tool as well as to enable reflective conversations. This survey participant felt challenged to find a common ground between the expectation from leaders to use their authority to get parents to do what they need them to do versus using compassion for relationship building with parents. When a child dies or is injured while in the care of child protection, workers and organizations may be found personally and criminally responsible, even if the death occurred in the hands of the child’s family. It may be really challenging for workers to assist vulnerable children and families in a way that is compassionate, during a time when they themselves feel vulnerable due to the enormity of the risk involved in child protection work. The use, or rather misuse of authority, has often been cited as a key aspect of child protection that requires amendment. Historically, child protection workers have participated in oppressive approaches such as the residential school and now the over-representation of marginalized populations in the system (OHRC, 2018).

Crisis Driven, Constantly Changing Environment. Child welfare is known for its crisis driven, fear focused workplace culture. The pressures associated with funding issues and
uncertainty in sustainability of the child welfare field, may have an impact on the ability of staff to practice compassion. “Not a lot of opportunity for self-compassion because I’m just trying to survive… I’m watching the stress of what is happening in the sector slowly eat away at the good in people. And that’s scary” (Participant 1). According to participant 1, their approach to dealing with all the job demands was to focus on surviving and this has negatively impacted their ability to have compassion for themselves. Additionally, the stress from the uncertainty was also negatively impacting staff well-being and increasing the amount of fear experienced by them. The crisis driven nature of the work coupled with stress about the agency’s uncertain financial position impacted staff’s ability to practice reflexivity, mindfulness and possible in turn compassion. “[We would like] opportunities for reflection and to not be in this heightened state [of stress] all the time and be in way that shares power from top down and workers to families” (Participant 2). Participant 2 seemed to imply that the stress experienced by staff and the crisis driven nature of the work also influenced their ability to be able to experience compassion. However, the fact that child protection undergoing yet another phase of transition may be negatively impacting staff.

Child welfare feels as though it is constantly in a state of flux as acknowledged by the Ministry of Children, Community and Social Services’ own website, “child welfare is a dynamic and continually evolving field of practice that has in recent years been the focus of extensive research and evaluation across the world.” (MCCS, 2020). Significant child welfare reform in Ontario took place in the 2000s, when the Ontario Risk Assessment Model (ORAM) was introduced. The ORAM model was an attempt to increase consistency and decrease the number of child deaths through the administration of standard clinical tools. In the following quote, Participant 2 shares her perception on the impact of the implementation of this approach,
I would say [The ORAM model] was around the late 90’s early 2000s. And so it was just starting to gear [up]. We had a couple of sensationalized children’s’ deaths. They are all sensationalized and they should be because never should we be ok with that. However, the focus quickly become on what the Children’s Aid wasn’t doing and then all of a sudden, child welfare workers became police officers without guns (Participant 2).

As illustrated by the quote above, The ORAM model due to its focus on ensuring the decrease or eradication of child mortality, lead to a focus on worker blame and ultimately changed how child protection was conducted by workers. It appears that under the ORAM model, workers became very focused on preventing child-related crimes instead of working collaboratively and possibly compassionately, with families. During my interview, Participant 2, shared how they had seen a constriction in the child protection world, an increase in fear, and a decrease in the likelihood that workers were going to be working collaboratively and taking risks with clients. This is illustrated by the quote below,

The investigator role become more authoritarian, or scary, at least for me in my experience, when we had some really horrible things happen within the sector and then all of a sudden we became, as a whole sector “risk adverse”. And then kids came into care, it was ‘apprehend and then ask questions later’, that sort of thing. And that was [a] terrifying time in child welfare because of the damage done (Participant 2).

In the quote above, participant 2 was sharing their experiences after ORAM. What resulted from the implementation of ORAM in child welfare was an increase in children who were apprehended and an increase in the level of control exerted over parents by workers. The ORAM days may have resulted in a decrease in the amount of compassion experienced not only by workers for themselves but also for others especially clients. If clients are not to be trusted because of their possible risk to their own children, workers may be less compassionate and understanding when mistakes happen.
After a review of the ORAM model, the system was amended to introduce a Differential Model of Care, which is the model currently in place. Participant 2 shares the impact of the introduction of the differential response and eligibility spectrum,

Well, one of thing I will always remember when we were coming out of child ORAM days and going more into differential response, OACAS had some very impactful talkers or speakers at one of their conferences … talking about ‘we can’t stop things from happening, things are going to happen’. And the majority of children’s deaths were with families that we were not involved with. But there is this thing that well ‘you received this referral and you didn’t investigate it’. … All of a sudden then, the eligibility spectrum came out… never make that same mistake again but not recognizing that things are going to happen (Participant 2).

In the quote above Participant 2 was expecting that a change from ORAM to the current differential response system would have resulted in an acknowledgement of the inability of workers and agencies to prevent all child deaths. Because agency leaders had heard the messaging that child welfare workers are not expected to prevent all things from happening, they had hoped that the new approach would be more compassionate and would provide greater freedom for staff to work collaboratively with families. However, the new structure implemented after ORAM focused more on providing even greater structure and control around decision making and eliminating the possibility of worker error. The following quote illustrates what occurs when workers experience greater structure and less control over their work. “[N]o matter how much you say that when someone’s core belief was that their work was accurate, or comprehensive … they lose trust and then it’s hard to be compassionate to self and be compassionate to others” (Participant 2). According to Participant 2, workers begun to lose trust

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7 The Eligibility Spectrum is a tool designed to assist Children’s Aid Society child protection staff in making consistent and accurate decisions about a child or family’s eligibility for service at the time a society becomes involved. It involves information on how to categorize the different types of abuse and how to “code” them according to severity. (OACAS website, https://www.oacas.org/publications-and-newsroom/professional-resources/eligibility-spectrum/)
in their ability to do the work and became potentially more afraid, less confident and less compassionate with clients.

…[H]ow not to be instead of how to be…well there’s always going to be something else…I can’t do that, ohhh I can’t do that either. …or I will do that to avoid doing that…and then it becomes always a trap because we believe. It’s a false sense of confidence or security and so (Participant 2).

The Standards, it is believed, provide a false sense of security since the expectation is that if workers adhere strictly to it, worker error will be eliminated or at least greatly minimized. The trap that Participant 2 is referring to, is one of the belief that all or most worker error can be prevented to begin with.

When asked what the Ministry could do to ensure child protection was more compassionate, one of the participants stated, “I think we need a funding formula review. Sounds like a really political answer. There are easy ways to do things. The minute you look at funding based on outcomes instead of outputs you establish the framework for compassion” (Participant 1). According to Participant 1, they attributed part of the challenges in the organization around being more compassionate to the issues around funding. During our interview, Participant 1 expressed how they felt that the funding formula was inadvertently placing the focus of agency staff and leaders on outputs rather than focusing on good outcomes for families and workers.

Despite the numerous barriers cited, my interviews did reveal staff’s interest in compassion for themselves and others, and their inquiries as to how it could be implemented within the system. Additionally, Participant 2 shared experiences of a time when child protection workers were able to practice more compassionately with clients. The case study below is a beautiful example from this interview of a case they had as a worker, whereby they
were able to attune to what the client needed and able to support both her, her husband and their children to stop the cycle of domestic violence in their lives.

**Theme 3: Facilitators of Compassion.**

Facilitators of compassion were worker interpretation of the reason for the behaviour (trauma informed practice), curiosity, listening to the voices of clients, flexibility, risk-taking, mindfulness and supervisor support.

One of the leaders shared experiences from before the ORAM days, when they were a child protection worker and felt they were able to practice in a compassionate way with clients. They shared how this was all due to the support of their supervisor and the agency leaders who supported workers taking risks with clients and emphasized the importance of worker-family relationships. Below is a case example of their work with a woman named Linda, who was experiencing domestic violence, illness and alcoholism.

**Linda**

Linda, who had four children, had been referred to the agency due to her children’s dental neglect and due to her “being drunk”. She had a diabetes diagnosis and was pretty sick. Her children needed dental care but she didn’t have transportation and she lived in poverty. She was also alcoholic and experiencing domestic violence. The alcohol helped her deal with issues in her life including her disability.

When I first met her, I was not allowed in the home …”unless you have a warrant” Linda stated. I respected that and asked, “Is it ok if I talk to you on the porch?” Mom agreed. “I put her in a shitty position by me being there but I told her my concerns”. She was very guarded. “I know kids are at school and your partner (who was not supposed to be there due to non contact order) is here”. I asked her “How can we work this out?” Mom looked at me confused…and I said, “I don’t want to put you at risk”, Mom said, “You can’t help me. You don’t know my life” I said: “You are right, I don’t know your life but I’m afraid for you if I leave, he’s going to hurt you”. In the end, after speaking to my Manager, I decided not to call probation officer. “This will destroy the relationship” my Manager said. I stated additionally “A piece of paper never ever protected anyone”. I showed up to Linda’s house every day that week. “I didn’t act like I knew better how to keep her safe…She’d been in that relationship all of her life. I just said I am worried”. I kept showing up and showing up and eventually she let me in her house. Once she was in the house, I could slowly start to address the concerns. I asked mom if I could drive her to the dental appointment for the
children. Reluctantly Linda said yes. Dad was very violent but was not coming on days that I was there. On that day, I picked Linda up for the dentist appointment she looked out of sorts. Linda admitted her husband had hurt her pretty bad the night before. She confronted me, “but you didn’t call the police so…” I responded thinking I knew I had to put a lot of effort into engaging her…”I told her that I didn’t call probation because I didn’t want to drive you underground, I didn’t want to scare you”…”if you are not safe your kids aren’t safe”. After this conversation, she trusted me and together we decided to call the police. I also chose to work with the husband because he was someone who was not going to go anywhere. My manager was pretty cool about working on the relationship, instead of going to court…If I had been heavy handed, Linda would not have trusted me. Right now we are so concerned with covering our asses and we are so afraid of the dads who use abuse within relationships and we don’t look below the surface (Participant 2).

When I asked them why they were not afraid of working with dad [who was a very violent person], they told me that he too had a story. “He used to terrorize her about leaving but underneath was a real need ‘I can’t be abandoned’ because he was abandoned during his childhood…If I can separate the actions from the individual, I can enjoy talking to them” (Participant 2). When I asked about why workers don’t take more risks with families and work in the way they had, Participant 2 responded,

That would never happen now. We don’t have those conversations with our dads. I think we have been trained to be afraid of our dads. The whole idea of accountability, for our actions, has morphed into shame and blame, and sometimes people aren’t comfortable getting to know the person underneath the behaviour … What makes people hold these beliefs or behave in this way? (Participant 2).

In the end, Linda and her children left the relationship, and the dad was able to get support. In this case study, what helped Participant 2 be successful with these clients was that they were “curious” instead of judgemental, they listened to the voices of her clients, they didn’t pretend they knew better how to create safety instead they trusted the direction of the clients, they took risks (although the case could have gone sideways at any point), and they took time to establish the relationship with both parents. Supportive supervision allowed them to be able to work this way with clients.
In my 8+ years in child protection, I have known many workers who have also acted compassionately towards clients and colleagues, who have taken risks with clients and sat with them during their most challenging moments, however this is despite the system, not because of it. A number of workers I know joke about doing “stealth social work”. Stealth social work means working outside the boundaries of the system to do more preventative work, counselling work or spend more time than time allotted by the Standards. When I asked the Participant 2 how child protection could change to become more compassionate, they said the following:

[W]e would have to get over the fear that we have slowly started to sink into and it’s so reinforced. And … some staff, … who came into child welfare during the Ontario risk model (ORAM). And wow, they are so risk adverse. There were times, when I was doing direct service, that I just thought, “man if you ever showed up at my house, you’d need a court order to come in” because you cannot see any positives whatsoever. My shift, I’ve had a shift in that of course, in terms of recognizing people become who they are based on their experiences, and so we really tried to focus a more strength based focused but some of that stuff is hard wired. So I almost, think that it would need to be from the ministerial level in terms of what are we doing here (Participant 2).

The quote above as well as the case study illustrated a number of key findings. Firstly, participant 2 comments on the fact that changes that occurred since the ORAM days have led to a child protection system that is now more fear based and less focused on taking risks with families. Workers changed how they engaged with clients due to fear of being sued or experiencing a child death on their caseload. Secondly, they believe that in order for true change to occur, the direction would need to come directly from the Ministry.

My findings also revealed that leaders are interested in being more compassionate with workers and clients and would like to focus more on how to create more compassionate approaches within this system.

When I started in child welfare I had some great managers…who said ‘you have to understand the function in dysfunction’…until it’s not functioning for them…it won’t
change…and it was like those lessons were so important…in terms of hearing, seeing the person…and understanding the person otherwise nothing is meaningful that I do… Those were important and simple but profound messages…relate to each other as human beings (Participant 2).

And,

When I look at how do we treat our families and how are we treating our staff, I think there is opportunity for more mindful practice and recognizing that the busy work doesn’t allow us to grow. So I think we need to take a critical look at the expectations on front line staff because those are going to be the leaders coming up. So how do we help them develop their sort of self awareness and recognizing that the parameters in which we work have to be challenged…respectfully of course (Participant 2).

In the first quote, participant 2 was sharing their experiences when they were a child protection worker and the advice they received from their manager around understanding individual’s motivation for their behaviour. Additionally, they expand in their second quote by offering a suggestion that compassion can begin to be experienced in child protection by offering workers and opportunity for mindfulness and critical self-reflection.
CHAPTER 4: DISCUSSION

“Fear is such a powerful emotion for humans that when we allow it to take us over, it drives compassion right out of our hearts”

~Thomas Aquinas.

Despite the limited findings from the staff survey and the interviews, there are some results worth noting. The child welfare employees involved in this study revealed a lower level of self-compassion, compared to child welfare workers in the US (Miller et al., 2018). Child protection workers in the Miller et al. (2018) study also reported higher self-kindness scores, lower self-judgement scores and the same level of common humanity as my study participants. Interestingly, the Miller et al. (2018) study participants reported a higher level of over-identification, lower level of mindfulness and the same level of isolation. These results indicate that employees in this study could potentially have been experiencing a higher level of suffering although they may also have been experiencing some protective factors by their increased level of mindfulness. Since my sample size was very small these comparisons should be accepted with extreme caution.

Employees in this sample tended to internalize problems more and have a harder time being compassionate to themselves after making a mistake. This is not surprising as they were reported by leaders to be feeling quite vulnerable due to various uncertainties such as the threat of layoffs. Although self-compassion can assist people in overcoming adversity (Germer & Neff, 2019), employees reported some biases against practicing self-compassion as evidenced by their beliefs that compassion is weak and makes them more vulnerable. The adversities faced
by workers were also affecting workers’ ability to experience compassion towards others. If workers are unable to find compassion in challenging times, it could lead to worker burn out, one indicator being that this organization had a higher rate of sick leaves than in previous years.

Of particular importance, was the finding about the lack of trust within the organization, as reported in both the qualitative and quantitative data. This finding was corroborated by two internal agency reports. According the Guarding Minds Survey completed by the agency involved in my study, staff reported significant concerns around trust in both 2015 and in 2018 (Guarding Minds, 2015, 2018). It is important to note that more than 70% of employees completed the Guarding Minds Survey in 2015 and again in 2018. Additionally, in the 2018 report, workers reported concerns around civility and respect, psychological protection and physical safety. These concerns are an indicator of trust issues. “When [individuals] perceive the organizational climate as trustworthy, their predisposition towards behaving in ways that benefit others is freed and they are prone to help others” (Ribeiro & Rego, 2009, p. 1108).

The effect of layoffs on levels of compassion inside organizations should not be underestimated. Nothing kills organizational culture faster than layoffs (Cameron, 2017). The test of how compassionate an organization is based on how it manages serious economic pressures. The impact of layoffs in organization takes several years to overcome. According to Cameron (2017), there are 12 dysfunctional factors usually associated with downsizing organizations. The 12 factors are: centralization, short term crisis mentality, loss innovation as seen in less tolerance for risk and individuals take a protectionist stance, resistance to change and fear, decreasing morale, politicized environments, loss of loyalty, loss of trust, increasing conflict, restricted communication, lack of teamwork and leadership anemia where leaders are scapegoated and high quality workers tend to exit the system. All of these factors have a huge
impact on the level of organizational compassion experienced by staff (Cameron, 2017). In my study, I observed a decrease in morale, loss of trust, and workers leaving the system via sick leaves.

The high scores from the Fears of Compassion from and towards others scale, also reinforces concern around the employee’s low level of compassion within this organization. Kirby, Day & Sagar (2019) conducted an analysis on 4,723 participants who have reported completing the Fears of Compassion Scale. The child protection staff in the organization involved in my study, scored higher in fears of compassion towards and from others, compared to a non-clinical population comparator. The rates reported in my study seemed to be closer to rates reported by clinical populations8. Although my study sample was smaller than the Kirby et al., study (2019), this finding could mean that the staff in my study may have been experiencing some challenges in their well-being. Cameron & Payne (2011) conducted a study on what motivates someone to move towards or against suffering. What they discovered was that compassion collapse would occur in those individuals who cannot regulate their emotions enough when faced with individuals who require compassion. This is because individuals do not feel they have sufficient resources to help themselves, let alone others. Paul Gilbert (2013) has found that workers who have fears about compassion will consciously or unconsciously ignore suffering and abuse so that they do not have to address it. When workers are constantly in the drive systems (trying to meet standards) and in the threat system (dealing with layoffs and uncertainty in the field), they will have a difficult time experiencing compassion for themselves

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8 A clinical population is a group of people that are studied for public health reasons. For example, a targeted group of people with a particular age range or gender will be studied to see the effects of different medications. Another group who have certain types of illnesses will be studied. Most commonly, when the term clinical populations is used, it refers to individuals with disorders (anxiety, depression). In the Kirby study, I believe they were referring to individuals experiencing PTSD or depression although this is not explicitly stated.
and others (Gilbert, 2013). Compassion enables workers and clients to face their own, client’s or colleague’s suffering more readily (Gilbert, 2013).

In the organization involved in my study, workers reported that compassion was inconsistently applied. This barrier to compassion was supported by the leaders who shared that role siloing, the crisis driven nature of child protection and the layoffs were negatively impacting the level of compassion experienced in their agency. Organizations that consistently support self-compassion and compassion for others “help[ed] people cope with negative emotional experiences and increase [their] resiliency” (Barsade & O’Neill, 2014). Employees who work in an environment perceived to be fair and caring reported higher levels of satisfaction, teamwork, and improved client outcomes (Barsade & O’Neill, 2014). Workers who were continually working in a high threat environment were subject to “threat rigidity”, which is a tendency to narrow one’s focus when under constant threat. Fear threatens the executive function, and impairs judgement memory and impulse control (Barsade & O’Neill, 2016). Compassion training, however, may be an effective solution to the anxiety produced by the ongoing flux nature of child protection.

One of the most significant findings from the interviews was that the leaders felt that the standards imposed on them by the Ministry were excessive and negatively influencing the level of organizational compassion experienced by staff. Individuals who fail to notice suffering because they are too overwhelmed are less likely to act compassionately (Worline & Dutton, 2017). Ministry Standards and rules negatively impact employees at all levels, including at the leadership level. The leaders in this study felt as though they were “surviving” and so may not have felt they had the tools or the time to prioritize compassion either for themselves or for others. “Leaders in [child welfare] organizations are stretched to the limits leaving little ability
to pay attention to front line staff mental health needs” (CASW, 2018, p. 75). Focusing on meeting the standards may be leaving workers feeling an inability to trust their own judgements in their work with families and children. The challenges faced by social workers are due to the numerous and comprehensive system-wide changes, undergone by the field, “often after government-initiated reviews or child deaths” (CASW, 2018, p. 13). The leaders spoke about the ongoing changes experienced in child protection. In fact, when I reviewed the number of changes experienced in the field with a colleague of mine, we realized that child protection had undergone at least 30 major changes, since the year 2000 (Appendix G). In some years, four to five change management processes had been downloaded to organizations to implement within the same fiscal year. Anyone who is familiar with change management research knows that individuals need time to move through a process in order to fully embrace one change, let alone four (Kotter, 1996).

According to the CASW survey, one of the most cited reasons for leaving child protection work were unreasonable work expectations and compassion fatigue (CASW, 2018). Another reason cited by workers was the loss of locus of control, and high level of exhaustion (CASW, 2018). Given the way child welfare is structured, it may be challenging for staff to feel very empowered in being able to work compassionately with families. However, research shows that families, want workers to work empathetically and compassionately when working with them (Maiter et al., 2013; Boer & Coady, 2013). Despite this, leaders commented on the struggles workers had between exercising their assigned authority and working with clients in a compassionate way. A big part of this is the importance of the child protection role. “Perhaps no decision in social work poses more awesome responsibilities for the social worker and has more devastating consequences for the child and family than that involving whether to remove”
(Ibid., p. 148). Every decision made in child welfare is of great importance to the lives of the children and parents involved (Lietz, 2009).

What I have observed in my many years in child protection is that, although workers have systemic power, these individuals are not often empowered. I would argue this is the impact of the increased managerialism and the focus on the Standards mentioned during my interviews. “Social work practice has changed dramatically, whereby our practice is restricted to short-term technical responses to individuals, all the while under increased surveillance for compliance with external standards … as agencies become focused on financial survival and social workers become consumed with audit practices that detract from caring” (Preston, 2013, p. 14). The idea of standardization is based on the notion of sameness, which is a faulty assumption that a common approach can be used with all people and under all circumstances (Preston, 2013). As pointed out by Clarke, (2011), this approach can be highly problematic. “Sameness and standardization framed [child protection]work and shaped how [workers] interacted with service users, regardless of the users' cultural or religious backgrounds and identities … [and] … does not allow them to attend to variations in parenting styles” (Clarke, 2011, p. 280). The notion of sameness is deeply problematic for anti-oppressive work. In a world where certain groups of individuals are marginalized, equity instead of equality, should be the focus. Workers, however, have built a way around the system to increase their own locus of control. They continually challenge the status quo, quietly via stealth social work. In the “Linda” case study, Participant 2 had a full caseload but they provided tailored approaches to this client, based on what the client had vocalized. The emphasis on the voices of clients, understanding the reason for the behaviour, as well as taking risks enabled greater compassion with clients. However, according to the interviewee, they felt it was also a different time, before the ORAM days when the
Ministry became more prescriptive. Participant 2 knew that they needed to spend time engaging Linda, and through her use of self (Mandell, 2007), they worked on building the relationship with Linda on her terms. If Participant 2 had merely followed a standard set of procedures and timelines, they may never have built enough relationship and trust with Linda to get her to open up about her experiences and to allow Participant 2 to help her flee her life of domestic violence.

Despite many challenges, there was awareness from leaders on the need for greater organizational compassion. The leaders spoke about implementing a peer-support group for staff and a recognition tree to bring greater awareness to acts of compassion. However, clearly there is still more to be done to address the low level of self-compassion and the low level of organizational trust. According to the Canadian Association of Social Workers (CASW, 2018) survey of 3,258 social workers across Canada from the child welfare field, services on how to address compassion fatigue was one of the supports most requested among child protection workers. When leaders emphasize compassion as part of the everyday practice, it “invites middle level managers and others in position of lower level leaders to engage in the process researchers have called ‘authoring compassion’” (Worline & Dutton, 2017). What this means is that middle level leaders in the organization start modeling the compassion reinforced by leaders at the top. However, funding issues may prevent organizations from prioritizing expenditure on compassion training and well-being for leaders. This investment, though, could return amazing dividends.

My original study was aimed at discovering the way compassion was experienced within a child welfare organization. I assumed that the lived experience of compassion for self and others experienced by workers was primarily determined by the organizational leaders and the within agency culture. What I discovered through my limited data though, was that the leaders
believed that external factors, or ruling factors, outside of the organizational might be having a larger impact on how compassion was structured within this organization. The implementation of the ORAM system (now defunct but still living in workers), and the current Differential Response System, dictate how workers practice child protection work and the way that leaders prioritize work within the organization. Because I wanted to understand the institutional relationships that shape the way compassion is practiced in child protection, I decided to examine how changes in the legislation (Child, Youth and Families Services Act) and the Standards were affecting the way compassion is understood and experienced in child welfare. These texts were chosen because they tend to be the texts that determine how child welfare is practised in Ontario.
CHAPTER 5: METHODOLOGY REVISITED

“If we all worked on the assumption that what is accepted is really true, there would be little hope of advance”

~Orville Wright, 1871-1948.

Phase Two Design

Given the results of my previous analysis and the need to understand the larger context impacting how compassion is experienced in child protection agencies, I decided to conduct a text analysis of the legislation and accompanying Standards. According to Smith (1990), texts are main instruments of ruling. Texts have an invisible presence or power in people’s every day activities and in how those activities are coordinated, both locally and more broadly (Kearney, et al., 2019; Devault, 2006). Child protection work is controlled by paperwork and by external requirements. According to Preston (2103), “[s]ocial work is a richly textualized practice, although it may not be readily apparent at a first glance. In social work, we create documents (e.g., case notes, support letters), use documents to inform our practice (e.g., referrals, assessments), and are directed by documents (e.g., procedure guidelines and service standards).” (p. 67).

I decided to review key texts to investigate how compassion is framed discursively and institutionally within this organization. The Child, Youth and Family Services Act 2017 (CYFSA), is the primary text as this document guides all child protection organizations in Ontario, Canada. The CYFSA dictates how a child protection agency will be governed and how they will administer care to children under 18 who are suspected of being exposed to or have...
experienced abuse or neglect. The CYFSA is enacted via the Ontario Child Protection Standards (herein the Standards). Agencies are required to submit quality improvement plans (QIPS) directly to the Ministry to report their compliance with the Standards. Additionally, new child protection workers are expected to complete four months of training by the Ontario Association of Children’s Aid Societies (OACAS) on the Standards before commencing child protection work. The CYFSA and the accompanying Standards set the stage for the policies and practices in child protection organizations. It follows that they may be influencing how compassion is enacted in the everyday work. Additionally, because data from the interviews suggested that changes implemented over time have impacted the relationship between workers and their clients, I have decided to also conduct a comparative analysis between the 1990 CFSA\(^9\) and the current 2017 CYFSA to examine for barriers and facilitators of compassion in child welfare. The analysis of the CYFSA was complemented with information from the Ontario Child Protection Standards (2016).

For this analysis, I have chosen to utilize content analysis, which is a form of qualitative analysis. Content analysis is a method of analysing any form of written, verbal or visual communication (Cole, 1988). “It is a systematic coding and categorizing approach used for exploring large amounts of textual information unobtrusively to determine trends and patterns of words used, their frequency, their relationships, and the structures and discourses of communication” (Vaismoradi, Turunen, & Bondas, 2013, p. 400). If conducting exploratory work in an area where not much is known, content analysis may be suitable starting point (Vaismoradi, Turunen, & Bondas, 2013). The benefits of content analysis are the ease of the methodology which enables the researcher to develop an understanding of the meaning of the

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\(^9\) CFSA is the Child and Family Services Act (1990); The CYFSA is the new Child, Youth and Families Services Act updated in 2017. These terms will be discussed further in the Results section of the Phase 2 study.
texts (Elo & Kyngäs, 2008). There currently seems to be a lack of consistency as to how content analysis is conducted (Vaismoradi, Turunen, & Bondas, 2013).

The primary aim of content analysis is to describe the phenomenon in a conceptual form (Elo & Kyngäs, 2008). The content analyst views texts as representations to be interpreted, and acted on for their meanings (Krippendorff, 2004). Deductive content analysis is utilized when there is a predetermined coding framework. (Hsieh & Shannon, 2005; Elo & Kyngäs, 2008). Although there is currently no known information about how the legislation and Standards are framing the phenomenon of compassion in child protection, I am starting my analysis focusing on compassion and compassion related words. It is my premise that the use of specific words may be influencing the level of compassion in child protection. I am interested in examining how the language in the legislation translates to the everyday practice of compassion at this agency.

Content analysis has three major phases: preparation, organizing and reporting (Elo & Kyngäs, 2008). Preparation involves being immersed in the data and obtaining the sense of whole, selecting the unit of analysis, deciding on the analysis of manifest content (categories) or latent content (themes)(Elo & Kyngäs, 2008, Vaismoradi, Turunen, & Bondas, 2013). The difference between manifest content and latent content is that manifest content is based on the descriptive level of content whereas latent content depends on expression or interpretation of
the text (Vaismoradi, Turunen, & Bondas, 2013). According to Elo & Kyngäs, (2008) during the immersion phase, the researcher asks themselves “what is going on” utilizing these 5 questions:

- who is telling?
- where is this happening?
- when did it happen?
- what is happening?
- why?

The reader is expected to read and re-read the data until no new information is observed. Organising involves the creation of coding and creating categories, grouping codes under higher order headings, formulating a general description of the topics through generating categories and subcategories. The last phase is reporting which involves the analysing process and the results through models, conceptual systems, conceptual map or categories, and a storyline (Elo & Kyngäs, 2008).

Although content analysis permits the use of probability or judgement sampling if the document is too long (Elo & Kyngäs, 2008), I have decided to examine all the parts of the CFSA and CYFSA relevant to child welfare. The entire Ontario Child Protection Standards document was reviewed. My units of analysis consisted of words, phrases, sentences, paragraphs especially when examining the difference between the CFSA and the CYFSA.

Credibility in content analysis may utilize inter-rater or coder reliability, maintaining a personal journal and/or ascertaining whether new insights into the studied phenomenon have been provided (Vaismoradi, Turunen, & Bondas, 2013). Additionally, how well the categories summarize and cover the data is also a sign of successful content analysis (Elo & Kyngäs, 2008).
For this particular study, reflexivity was essential. Since analysis of the legislation around compassion is the first of its kind, I was challenged to find other studies which to compare my findings to. Thus, my experience in child protection proved to be of assistance in the development of categories. A journal was also kept in order to enable researcher reflexivity. In order to account for my own biases, I relied on support and counsel from my Supervisor, Dr. Nancy Freymond.
CHAPTER 6: DATA ANALYSIS PART 2

“The heart is like a garden, it can grow compassion or fear, resentment or love. What seeds will you plant there?”

~Buddha.

Methodological Limitations of Content Analysis

Limitations of this analysis included an absence of the review of any additional documents which may have provided more context around the reason behind the changes to the CFSA. A second limitation was my inability to be able to speak directly to staff at the agency who participated in my study to assess how the three documents reviewed were perceived to have impacted the level of individual and organizational compassion. Additionally, because I am directly involved in the field of child protection, hold a leadership position and I am a believer in the power of compassion, it is possible that my own bias may have impacted my ability to provide a balanced perception of the Ministry’s documentation and in the categories I selected. My journaling and feedback from my thesis advisor provided me perspective when my analysis appeared skewed. This study is intended to be a starting point for engagement in the dialogue of the impact of legislation on the expression of compassion within child protection.
Text Analysis of Legislation (CFSA, CYFSA) and the Ontario Child Protection Standards

I immersed myself in the data of the CFSA (1990), CYFSA (2017) and the Ontario Child Protection Standards (2016), reading and re-reading the words, sentences, paragraphs, as well as examining the differences in location where certain categories appeared. I noticed early on that there were some differences between the CFSA (1990) and the CYFSA (2017), in terms of number of words, location of headings, and emphasis of certain words over others. I also noticed how the Standards supported the work of the Act. What I was most surprised about was how the Act actually has not changed since 1990, even though we have learned a lot more about how child protection should be practiced. As I read the data, I created notes in the margins of each document as well as took notes on the various words, sentences and paragraphs relevant to this analysis. Since I was using a deductive approach to analysis, I began with “compassion” and words associated with the term. I recorded words that jumped out at me, that may be directly or indirectly relevant to, or indicative of, the phenomenon of compassion (see Appendix H for the categories).

The words that we use matter. Wittgenstein reasoned that reality is assigned meaning by the words we choose to describe it (Wittgenstein, 1953). Newberg & Waldman (2012), argue that words can change our brains. Words like “love” and “peace” can even impact gene expression (Newberg & Waldman, 2012). That language has a crucial role in shaping organizational reality is posited by a number of theorists (Berger, & Luckmann, 1966; Habermas, 1984; Rasche & Scherer, 2014) Words have influenced the way many child protection agencies have practiced child protection work on the ground (Preston, 2013).
I conducted a word count analysis of each of the words related to compassion. Given the direct influence of the Legislation and Standards in everyday child welfare practice, it is reasonable that words used in these documents show the practice priorities to child protection workers and leaders. I went into the analysis not wanting to have established words in mind, but allowed the data to guide me into the selection of words, sentences and paragraphs which to select. As I placed words, sentences and paragraphs into categories, overarching categories emerged which I have organized under the headings facilitators of compassion and surveillance and control.

**The CFSA and the CYFSA.**

The CFSA was published in 1990 to provide guidance around the delivery of child welfare services in Ontario. It provides direction to organizations and their workers around managing reports of suspected child abuse and neglect. This document was updated once again in 2017 to include youth and was renamed the CYFSA. I excluded the parts of the CFSA and CYFSA that were not directly relevant to child protection, such as the Youth Justice section and Extra-Ordinary measures.

According to the Ontario Association for CAS in Ontario (OACAS) website, CASs “welcomed the increased formalization and transparency of child welfare in Ontario and worked alongside their members to ensure the culture of the legislation was reflected in training and practice” (OACAS, 2020).

Below is a pictorial representation of how the current CYFSA fits within the larger child welfare context (Figure 8). The Child Protection Standards determine how the CYFSA is implemented in day-to-day practice within organizations. Other documents such as the Signs of Safety Model (SOS) and Early Help (EH), have been helpful in moderating and at times,
countering some of the impact of the CYFSA on how child protection is practiced in Ontario.
The SOS the EH document will not be discussed in this thesis but serve merely to illustrate how
other documents also impact child welfare practice.
Figure 8

Map of the Impact of the Legislation on Child Protection

The Ontario Child Protection Standards (2016).

According the Ministry website, the purpose of the Standards is to “promote consistently high quality service delivery to children, youth and their families receiving child protection services from Children’s Aid Societies across the province” (MCCSS, 2020). The Standards are the mandatory framework within which services are delivered. They establish a “minimum level of performance for child protection workers, supervisors and Children’s Aid Societies, and create a norm that reflects a desired level of achievement” (MCYS, 2016, p.4). The standards provide the baseline of performance within the Ministry’s overall accountability framework for child welfare.

The assertion is that the Standards were introduced as a way to offer differential and customized models of practice with families after a huge surge of families and children became involved in the child protection system under the previous model (MCYS, 2005). The previous model, the Ontario Risk Assessment Model (ORAM) introduced in the 2000s, was a response to concerns about inconsistent investigative practices and a lack of focus on risk and safety (MCYS, 2020). According to the document itself, the 2016 version of the Standards was intended to decrease the administrative burden experienced by Child Welfare agencies by offering greater flexibility (MCYS, 2016).
Results of the Analysis

Results from the content analysis indicated that two overarching themes: compassion indicators and increased surveillance and control.

Compassion indicators.

The analysis began with an examination of compassion and love word searches. From there, the analysis expanded to focus on words that could facilitate a compassionate approach.

For a full list of words and categories please see Appendix H.

Table 2

*Indicators of Compassion*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Rights</td>
<td>60</td>
<td>124</td>
<td>3</td>
</tr>
<tr>
<td>Native/First Nations</td>
<td>160</td>
<td>153</td>
<td>20</td>
</tr>
<tr>
<td>Support</td>
<td>24</td>
<td>35</td>
<td>79</td>
</tr>
<tr>
<td>Care</td>
<td>309*</td>
<td>446*</td>
<td>80*10</td>
</tr>
<tr>
<td>Respect</td>
<td>137</td>
<td>182</td>
<td>30</td>
</tr>
<tr>
<td>Love</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Compassion</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**The word “Native” is used in the 1990 Act however, this word changes in the Standards (2016) and 2017 Act to First Nations, Metis and Indigenous

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10 The word “Care” in the legislation related to a legal term not necessarily related to the “caring” of the child. When the word “caring” was searched it was found 16 times (CFSA, 1990, and CYFSA, 2017) and only one time in the Standards (2016).
The word “love” only appears once in the Standards but only under permanency planning. Does this mean that workers only focus on love for the child when considering a permanent placement? The word “compassion” only appeared once under the youth justice section “The administrator may release a child from a secure treatment program temporarily for medical or compassionate reasons, or for a trial placement in an open setting, for such period and on such terms and conditions as the administrator determines” (S.O. 2017, C. 14, S. 168 (2)).

The Act and the Standards seem to be missing how care and services should be provided. The Act fails to mention compassion as key ingredients of child protection work. Despite this finding however, other words appear which could lead the way to compassionate approaches.

An emphasis on right based approaches, helps those most marginalized have a greater voice and involvement in their treatment and enables them to have increased power in their lives. Whenever rights based approaches are supported, there is a greater opportunity for compassion to flourish because individuals are seen and their suffering is witnessed. When others are marginalized, their suffering may be disregarded and more easily avoided. When I examined the differences between the 1990 CFSA and the 2017, newer CYFSA, a number of differences in priorities were observed. The section on children’s and young person’s rights was made more prominent in the 2017 version of the legislation compared to the 1990 version. Children’s Rights appeared in Part II in 2017 whereas in 1990, it appeared in Part V. Placing Children’s Rights earlier in the document in the CYFSA may have indicated greater emphasis on the need for worker’s to work with children from a rights based perspective. Additionally, the language in the 2017 document seemed to reflect the language found in the UN rights of the child (S.O. 2017, C. 14, S. 3).
The Rights of Indigenous Children and Youth moved to Part IV in the CYFSA, whereas under the CFSA (1990) it was found under Part X. These changes seem to illustrate that the legislation is moving towards the right direction in prioritizing Indigenous client’s needs. Additionally, the language in the Act has become more inclusive. In 1990, the word “Native” was utilized whereas in 2017, the words “Indigenous, First Nations and Metis” are used. Additionally, the new version of the legislation mentioned the rights of Indigenous people to have to have control over their own children’s aid societies (S.O. 2017, C. 14, S. 68).

Compassion is all about relationships. In order for you to have compassion for someone you have to see their suffering and understand common humanity. As Brene Brown states, people are hard to hate when you get close to them (Brown, 2017). Although the word “relationship” was not as predominant in the legislation than expected, the word “respect” appeared a surprisingly high number of times relative to other words. The word respect under the Standards referred to offering services to clients, whenever possible, that respects their culture and diversity. The word also related to being respectful to the child’s parents. Under the Act however, it related to “in respect to” or regarding some legislation or Board appointment. It should be noted also that the word “Care” appeared 446 times in the CYFSA (2017), but primarily under the context of a legal status, for example, Temporary Care and Custody, or Interim Society Care. It appeared only a few times (see footnote) when the word was changed to “caring”.

Lastly, it should be acknowledged that both the CFSA (1990) and the CYFSA (2017) state that one of the roles of child protection agencies is to offer “counselling and guidance” to clients. Under “Functions of a Children’s Aid Society”, Section 35, one of the roles of CAS is to “provide counselling and other services to families for protecting children or for the prevention
of circumstances requiring the protection of children” (S.O. 2017, C. 14, S 35). This is one of a number of roles described under this section. Greater emphasis on the counselling or guidance aspect of the work could be a stepping stone to offering more compassionate approaches in child protection.

**Increased Surveillance and Control.**

Results also indicate that the words most utilized by the Ministry in all three documents reflect increased surveillance and control over children’s aid societies. The word count of the most prominent or key words found is below.

Table 3

**Surveillance and Control**

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability</td>
<td>0</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Directive(s)</td>
<td>5</td>
<td>47</td>
<td>4</td>
</tr>
<tr>
<td>Govern</td>
<td>91</td>
<td>126</td>
<td>5 (government)</td>
</tr>
<tr>
<td>Funding</td>
<td>3</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Offence</td>
<td>70</td>
<td>115</td>
<td>7</td>
</tr>
<tr>
<td>Order</td>
<td>684</td>
<td>922</td>
<td>27 (but it was “in order” so not relevant)</td>
</tr>
<tr>
<td>Power</td>
<td>71</td>
<td>37</td>
<td>1</td>
</tr>
<tr>
<td>Prescribed</td>
<td>117</td>
<td>251</td>
<td>3</td>
</tr>
<tr>
<td>Role</td>
<td>0</td>
<td>3</td>
<td>26</td>
</tr>
<tr>
<td>Compliance</td>
<td>9</td>
<td>40</td>
<td>3</td>
</tr>
</tbody>
</table>
Results of the word count indicate an increased focus on oversight such as accountability, funding, directives, governing, offences and order but not power (see Appendix H). However, when examining the document there was evidence of a decrease in power of CAS leadership over time. Additionally, there was an increased emphasis on risk, liability, focus on safety and protection, authority and timelines which can be a barrier to compassionate approaches.

In 1990, the language of the CFSA was “Approvals and Funding” and this appeared in Part I of the document and had six subsections. In 2017, “Funding and Accountability” appeared in Part III of the document and has 11 subsections. Under the 2017 CYFSA, each children’s aid society is expected to enter into an accountability agreement, which is a requirement to receiving funding. This was not a previous requirement under the CFSA. Under this new accountability agreement agencies are expected to have a balanced budget regardless of in year service volumes. It should be noted that from 1990-2016, the Ministry would historically bail out agencies that were in a deficit and take money back from agencies that had a surplus. A balanced budget means “the society [must] operate within its approved budget allocation and any
other prescribed terms” (S.O. 2017, C. 14, S. 41 (4)). When a society has a hard time staying within their allotted budget they may be subject to increased oversight by the Ministry even if the increase in costs had nothing to do with decisions made by the leaders. While keeping a balanced budget is a fair expectation of all public sector agencies, since child welfare is an essential service, it is not in the same position as other non mandated agencies as it cannot under any instance deny service to clients nor have a waitlist. Thus maintaining a balanced budget may mean laying off staff if the Ministry makes the decision to decrease the funding envelope for the year. If staff are concerned about their own job security, it may be challenging for them to practice compassionately towards themselves and others as they may be acting under the hormones of stress.

Along with an increased focus on funding, the Ministry has increased its focus on providing agencies with directives. The word govern was most often used to describe the Government of Canada, or mention the Governor. However, the word “govern” was also used to relate to the governance of the societies as well as about governing the day to day activities of child protection work. In fact, according to the CYFSA, if the Ministry issued an order and an agency failed to comply, the Minister may terminate all or part of the funding provided to the service provider (S.O. 2017, C. 14, S. 33 (5)). Additionally, agency leaders may be charged with an offence if an organization does anything or fails to do anything that would prevent a Ministry supervisor access to an agency and their records (S.O. 2017, C. 14, S. 67 (3)). In 1990, however, an agency staff could be charged up to $2000 for hindering a program supervisor, whereas now, they may be charged up to $5000 for failing to comply with direction.

The Ministry has always had the ability to have power over agencies regarding how child protection is conducted. As far back as 1990, the Supervisor had the power to enter the premises
at will, take any documents they required and issue directives as explained earlier. If an agency, under any circumstance, failed to provide services in the manner dictated by the Act, failed to perform any of its functions or failed to move forward on a directive, the Minister had the power to revoke or suspend the designation under subsection 15 (2), remove any or all of the members of the board of directors and appoint others in their place, or operate and manage the society in the place of the board of directors (R.S.O. 1990, c. C.11, s. 15 (2)). According to the Act, however, from 1990-2016 agencies had the option of requesting a hearing and were able to have an examiner, outside of the Ministry, review the particulars of the case. In the 2017 version of the Act, this ability was removed. Currently, a society who has been taken over by a Ministry appointed supervisor may now send a letter to the Minister in 14 days requesting a review of the agency’s condition. So the Minister who approved the takeover is now the same minister who reviews an agency’s plea for review.

The power of the Minister is far reaching when it comes to any children’s aid society and I wondered what the implication was for Members of the Board of Directors, who are responsible for leading CASs in Ontario. According to the CYFSA (2017), the Ministry may not take over an organization beyond 1 year without the consent of the agency (S.O. 2017, C. 14, S. 46 (2)). What is unclear is who would be consenting on the agency’s behalf when the individual making the decisions for the organization as both the ED and the Board is the same Ministry supervisor. Thus, it appears that once an agency is taken over, there are few recourses for them to advocate their case. When I conducted a further analysis on the difference between the CFSA (1990) and the CYFSA (2017) around the changes in power, it became increasingly obvious that the Ministry has significantly more powers now than it did in 1990 over children’s aids societies as illustrated in the Figure 9 and 10 below. I do wonder why this change occurred.
In the 1990 version, the section on the powers of the minister had five subsections detailing the ability of the Minister to oversee the role of CASs. The 2017 version of the legislation expanded the funding section to seven sections, and information on directives and compliance orders, restructuring, appointments and reporting were added.
Unlike before, under the new Act, the Minister now has the power to amalgamate or restructure CASs. Although in the CYFSA (2017), the document makes it clear that amalgamations are voluntary, it also clearly states that the Minister may decide to amalgamate agencies should he/she/they deem it in the public’s best interest (S.O. 2017, C. 14, S. 48 (2)). The Minister can give direction around plan, timelines, budget and further approvals. In the
field, at the time of this study, there was a generalized worry about amalgamations, as some agencies were being told to amalgamate. The agency involved in my study was concerned about amalgamations as they were facing a deficit and were concerned about Ministry control. The leaders I spoke to clearly felt vulnerable in their dealings with the Ministry and they were concerned about further cuts thus making compassion for themselves and others more challenging. In fact, when I perused both the Act and the Standards, the word “empower” only appeared one time in the Standards but it related to families and youth (MCYS, 2016). The CYFSA appears to be written using the language of coercion and control and does not appear to be counterbalanced with the language of compassion, flexibility or cooperation. Additionally, the CYFSA (2017) does not seem to be written in a way that demonstrates trust between CASs and the Ministry.

The recent version of the Act reflects a greater emphasis on prescription and tasks in the daily work of child protection. The word prescribed comes from Medieval Latin, and means to lay down a “guide, direction or rule of action” (Webster’s Dictionary, 2020). Prescriptions tend to be associated with medical care and often in relation to something that is “wrong”. It also implies a lack of flexibility in service provision. “The use of repetition may be a means of standardization in the sense that the same concept is reproduced repeatedly, implying a particular valuing of a concept over other concepts.” (Preston, 2013, p. 141). According to the CYFSA, agencies are required to “make prescribed reports and provide prescribed information” (S.O. 2017, C. 14, S. 56) whenever the Ministry requests it. This prescribed reporting comes in the form of Quality Improvement Plans (QIP), service reports, and budget reports including ongoing requests for additional reports. In fact, both Acts state that the agencies are expected to follow prescribed approaches under prescribed timeframes (S.O. 2017, C. 14, S. 147). The word “role”
also appeared predominantly in the Standards (2016) approximately 26 times whereas, it only appeared in the CYFSA (2017) three times. It seems appropriate that the word “role” would have shown up more prominently in the Standards as they provide workers with a set of rules for the different phases of child welfare work. Many CASs typically assign worker roles based on the phases as outlined in the Standards.

Based on the text analysis from the Acts and the Standards, compliance seems to be a key focus of Ministry officials. It is concerning that this word appeared more often in the CYFSA (2017) than the word “quality” which appeared seven times. In fact, the Standards were written as a prescribed method of ensuring investigations that will lead to “consistently high quality responsive service delivery” (MCYS, 2016, p. 4). While it may be true that adhering to the Standards as a way of offering service to families will offer consistency, this may not mean that services provided to families and children are good quality from their perspective. Services may be provided consistently badly thus, consistency may not necessarily lead to quality or compassionate care. The bar actually seems to be set fairly low on the quality of relationship between clients and workers. According to the Standards, “the investigation ensures the safety of the child while being as family-centred and strengths-based as possible to facilitate a satisfactory worker – client relationship” (MCYS, 2016, p. 36). I guess this begets the question, satisfactory for whom? Additionally, since the Standards are mandatory, the assumption is that providing equal services will lead to greater quality for families and children involved in child protection. However, some of the most marginalized families require equitable not equal services. Indigenous and Black families require tailored approaches. Thus the Standards may be based on the false assumption of false equality, where everyone requires the same or similar approaches. It should be noted however, that the Standards do provide workers with the option
of customized investigations, however, I would argue that there is very little leeway for families around the investigation approach if a child is found to be at risk. In fact, in the Act, there is a substantial emphasis on the collection of “evidence”. The focus on evidence to be able to prove someone is guilty may be impacting worker ability to work collaboratively and compassionately with clients. As stated during the focus group, it may impact workers ability to trust their clients.

When completing child protection work, workers are asked to determine not only current perceived risk but also before closing the case, they are to consider the possibility of “future” risk. Considering future risk, puts workers in a challenging position as it is impossible for human beings to consider all potentialities. Since the cost of mistakes is too great a burden to bear, workers may err on the side of caution by being overly protectionist. In fact, according to the Standards, protection concerns cannot be deemed “not verified” in the absence of physical evidence (MCYS, 2016, p. 66). Workers are expected to use the balance of probabilities although this seems to be contradictory to our judicial practice of “guilty beyond a reasonable doubt”. The focus on risk, is due primarily to the emphasis in the Act and the Standards that the primary focus of the work is the “safety and protection of the child” (MCYS, 2016, p. 43). The word “protection” also was greatly emphasized in both the Act and the Standards. The origin of the word is old French meaning to “shield” or to “cover” (dictionary.com). When you think about protection, we must ask from whom? It is evident how those who hurt a child are regarded from the words utilized by the Standards. Although neither word appears in the Act, under the Standards (2016) words such as “perpetrator or perpetrated” appeared 37 times. “Non-offending parent” appeared three times, and “criminal” which appeared 10 times. The word “criminal” does show up the Acts but only where the Act cites the Youth Criminal Justice Act.
Due to the risk that parents or other possible perpetrators pose to the children, workers are expected to utilize their authority to support parents while also getting them to admit their own wrongdoing and change their behaviour. The word “authority” appeared in CFSA (1990) 33 times, whereas it appeared in the CYFSA (2017) approximately 86 times. In the Standards however, it really only appeared a total of three times and only once under the expectation of Supervisors to ensure workers are using their authority appropriately (MCYS, 2016). The challenge for workers in utilizing their authority and working compassionately with clients is that the risks in decision-making feel incredibly high. Although there has not been a greater emphasis on child deaths than in the past, the death of a child is the worst outcome that could occur during child protection work. Under Section 128 of the Act, “a person or society that obtains information that a child has died shall report the information to a Coroner” (S.O. 2017, C. 14, S. 128) if the child and family were involved with a child protection agency. The result of this notification is that the Coroner’s office will issue many recommendations for child welfare in order to prevent child deaths. Over time, the recommendations have become more and more rigorous. Additionally, workers must contend with the presence of media during hearings, which has been and is currently supported by the legislation (R.S.O. 1990, c. C.11, s. 45; S.O. 2017, C. 14, S. 87 (5)). It should be noted however, that both the Acts have a clause protecting workers, and Board members from legal liability. “No action shall be instituted against a member of the board of directors or an officer or employee of a society for any act done in good faith in the execution or intended execution of the person’s duty” (S.O. 2017, C. 14, S. 37). Interestingly, the new version of the Act also includes a similar clause to protect the Crown from liability (S.O. 2017, C. 14, S. 34 (6)).
Timelines are a key component of child protection work. Although Standards for children in care were not included here, there are licensing requirements that similarly require workers to adhere to very tight deadlines for completion once children come into care. The Ministry along with individuals from the field who co-authored this document outlined strict timelines upon when to conduct investigations (seven day, 12 hour or 48 hour) and for reporting (24 hours to document the disposition; or within 14 days for a community referral; 30 days for service plan during ongoing services). Additionally, for clients who proceed to ongoing protection, workers are expected to conduct monthly home visits, whether the family requires it or not.

According to the Standards, “the response time for child protection investigations is determined by the level of urgency or the assessed level of present or imminent threat to the safety of a child.” (MCYS, 2016, p. 32). Most often, in order for the worker to make decisions, they are asked to complete a large list of criteria with each phase of child protection work. For example, when receiving a referral, the worker must take into consideration ten requirements to ensure that the referral is thorough. Ten components are to be considered at the conclusion of an investigation as well. Additionally, workers are to complete 11 tasks for ongoing service case-management. Often, the workers are also asked to refer to other documents such as the Eligibility Spectrum, the Risk Assessment Measure, or the Family Strengths and Needs tool. Workers are also placed in a challenging position in that investigations are expected to be “thorough, comprehensive and timely” (MCYS, 2016, p. 62). However, sometimes, in order to interview all the possible witnesses in the case more time may be needed. How might the tight timelines, increased surveillance, fear and the focus on risk be impacting workers’ ability to act compassionately towards their clients?
CHAPTER 7: DISCUSSION

“Compassion has enemies, and those enemies are things like pity, moral outrage and fear”

~Joan Halifax.

One of the most surprising findings resulting from this comparative analysis was the lack of significant changes since 1990. In terms of building relationships with families and children, we have learned much from the research about anti-oppressive, strengths-based, trauma informed and culturally relevant practices, use of power, and the importance of client voices (Jones, 1994; Conners-Burrow et al., 2013; Damiani-Taraba et al., 2018). This knowledge is not reflected in the legislation, nor is it emphasized in the Standards. Overall, the results demonstrated an increased focus on the surveillance of families and children and increased Ministry control over CASs and the everyday practices of workers. Not only does there appear to be little room for compassion amidst these requirements, the mindset required for compassionate practices is different from the mindset required for surveilling families and demonstrating compliance.

The legislation and accompanying Standards are key documents for child welfare practice. According to Preston (2013), “texts are instruments of the state to control and shape or produce the practices both of child protection workers and the families they serve” (Preston, 2013, p. 45). Parada (2004), expands on the important effects of texts in every day practices of child protection,

It is important to make visible the actions that social workers now take when a family comes into contact with the new child protection system: the processing and organizing of information, the assessment of families’ situations in relation to
eligibility of service, and the use of text-based forms of knowledge that guide these practices. (p. 69).

Child welfare language is often underestimated regarding its impact on organizational culture and practice norms. Minikel-Lacocque (2013), discusses the impact of language in her work on racism, micro-aggressions, and the power of words. In her estimation, “language is always political” (Minikel-Lacocque, 2013, p. 454). Words, according to Minikel-Lacocque (2013), have significant power and impact on individuals. She calls for greater awareness of how words are utilized amongst people, to avoid furthering racism and discrimination (Minikel-Lacocque, 2013). No other person has been able to describe the impact of words better than American Novelist Toni Morrison. In her 1993 Nobel Lecture on Literature she said the following: “oppressive language does more than represent violence; it is violence” (Morrison, 1993). The CYFSA and the accompanying Standards, have a huge impact on how workers carry out the child protection mandate. They dictate the way workers interact with clients consciously and subconsciously. Child protection workers’ adherence to the Standards is also directly reported to the Ministry for oversight. As stated in Phase 1 of my study, leaders reported that as direct service workers they acted compassionately towards families and children despite the system, not because of it.

One of the ways children’s aid societies staff are surveilled and controlled by the Ministry is via the focus on timelines and reporting. The emphasis on timelines in the Legislation and Standards is particularly problematic for the practice of compassion. Simply put, workers must have time to be flexible in their responses and to build relationships of trust with clients. The stress associated with adhering to strict timelines, and the accompanying penalties for failure to comply with timelines, may prevent workers from noticing the suffering of children and families. Even if they do notice the suffering, workers may find themselves unable to
provide support and guidance, or counselling, due to time constraints. Similarly, workers may feel that extending compassion and supporting families while completing the plethora of requirements may be too costly or resource intensive. Thus, the current system does not seem to be designed to decrease suffering in families, young people and workers. I believe the approached utilized by the Ministry has to do with how the Ministry views accountability.

It appears in the legislation that accountability from children’s aid societies can only be achieved via directives, orders and power over approaches. Accountability from this perspective translates to the avoidance of mistakes. This definition of accountability however, makes its achievement difficult as no one can avoid mistakes 100% of the time. Compassionate leadership has an opportunity to flourish when mistakes are made, not when they are avoided. I believe that this increased oversight was due to mistakes or crimes committed within the field. Although cases of abuse of children within CAS do not happen frequently, high profile cases such as the one in PEI whereby the Executive Director was accused of being involved in a sexual abuse case dating back to 2012, do have a huge impact on the field (Parks, 2019). These occurrences place the Ministry in a difficult dilemma and they may be perceived by the public as not providing enough oversight. Although the increase in oversight and directives may have been caused by a small number of individuals who were found to be criminally responsible for negligent behaviour, the result however, of this change in approach between CAS and the Ministry, is that the staff in agencies who typically provide quality services are equally under the same scrutiny as staff in agencies who had committed previous mistakes. The result of the increased scrutiny is that child protection leaders and their staff do not feel trusted. Systems designed to control individuals who do the “wrong” thing, rather than the majority, who respect policies,
inadvertently create more and more restrictive environments where nobody is trusted and where compassion may not be experienced.

The focus on prescribed approaches has also provided agencies with a sense that workers’ own judgement could pose a risk in child protection work as the Standards are solely aimed at workers. “There also seems an intimation that it is the tool and training that allows workers to assess risk; in effect, the worker is assumed incompetent in their own knowledge and skills, without the tool and adequate training.” (Preston, 2013, p. 231). It is possible that increased reliance on the Standards has lead to a decrease in worker’s trust in their own ability to work with families and has impacted how workers interact with their clients. When workers lose trust in their own capacity they may be more prone to feel vulnerable and devalued.

The focus on protection in the legislation and Standards is also problematic for the experience of compassion in child protection. Preston (2013) points out that “we cannot ignore the frequency of ‘protection nor its constancy in the framing of other terms in the Act, such as ‘child protection worker’ and ‘child protection agency’” (p.141). She argues the Act seems to imply that the best interests of the child is to be found only in physical safety. Those working in child welfare have to balance the risk of keeping a child in their family where maltreatment may have occurred with bringing that child into a system that is fraught with its own risks. It begs the question then, whether compassion can be found within the emphasis on protection. Could workers tend to the children’s needs for protection with compassion? What would compassionate protection look like?

A huge challenge in child protection influencing how compassion is expressed in child protection is the impact of decision making in child protection work. Drury-Hudson (1999) shares that “perhaps no decision in social work poses more awesome responsibilities for the
social worker and has more devastating consequences for the child and family than that involving whether to remove’’ (p. 148). Every decision made in child welfare “is of great importance to the lives of the children and parents involved.” (Lietz, 2009, p. 192). The increased focus on compliance requirements, reporting and ongoing changes to child protection have all been an attempt to minimize and actually prevent child deaths. As stated in the Act, when the death of a child occurs, this is reported to the Coroner’s Office for further analysis. The 1997 death of Jordan Heikamp led to at least 20 recommendations for child welfare. In 2002, when Jeffrey Baldwin died in a kinship placement, 65 recommendations resulted. Lastly, the death of Katelyn Sampson in 2008, resulted in 173 recommendations. “[T]he Ontario Child Mortality Task Force examined the incidence of child deaths within the child welfare system, and offered numerous explanations and recommendations to address this issue. Concerns were attributed to ‘problematic workers’ who made poor decisions or practiced unethically, and to ‘problematic policies’ both within legislation and child protection agencies (Swift, 2001; Swift & Callahan, 2009). The impact of the recommendations made by the Coroner’s office has been that child welfare leaders and workers have become more and more risk averse, constrictive against children and families, and more fearful of a child death and worker blame, should a tragedy occur.

It is worth acknowledging that preventing all child deaths is indeed a feat that is not possible for any agency, let alone any individual worker. In fact, paradoxically, these legislative restrictions have not resulted in a decrease in child deaths in Ontario. According to the Coroner’s Office own report, child deaths have remained mostly flattened since the introduction of all the recommendations as illustrated below (Figure 11).
Contrary to what has been outlined in the legislation, a number of the child protection workers in Canada and the US were criminally charged, though not indicted, for their involvement in child deaths (Kanani, Regehr, & Bernstein, 2002). Although workers being charged has rarely happened, the death of Jordan Heinkamp created fear among child protection workers when his own worker was charged but then exonerated in his death. 


The fear of litigation may be making it difficult for child welfare workers and their leaders to understand, prioritize and therefore, reinforce the need for compassion when
interacting with child welfare clients. The perceived need by the Ministry to abolish all possibility of child death has contributed to the current system of fear, control and divisiveness. However, where does this need to prevent all child deaths come from?

Although not explicitly mentioned, the media plays a huge role in how the Ministry responds to the death of a child. In all my years in child protection, I have observed what I will term here, “The Cycle of Pressure” (Figure 12),

*Figure 12*

*The Cycle of Pressure from the Media around Child Abuse and Neglect*

When a child death occurs, and the media finds out and publishes details surrounding the death, the public gets very outraged and instantly puts pressure on the Ministry to prevent all future child deaths through legislative changes and agency directives. In a sweeping review of the media’s “framing” of child abuse in the last 50 years, Hacking (1991) identified two main consequences of media coverage of child maltreatment: 1) it raised public awareness of the issue, however it did so by 2) labeling the abusive parent as “evil”. This media initiated trend
continues today which downplays the role of society in addressing child maltreatment. (Arthur, 2012). Additionally, Aubrun and Grady (2003) examined 120 news articles and several dozen TV news stories to identify the key “frames” frequently utilized in stories about child abuse and neglect. They discovered the following framing:

- **Criminal atrocity**: A horrible case of child abuse is perpetrated by a horrible parent with no rational causes. A good example is the documentary “The trials of Gabriel Fernandes.”

- **Failure of child protective services**: Bureaucratic organizations and incompetent caseworkers are unaccountable and cannot be trusted to protect children from abuse and therefore more and more requirements are needed to eliminate the risk of decision making.

If parents are considered monsters by the public, how will it look if workers act compassionately towards them and a child still dies? How will it look to the public if the workers are compassionate towards themselves, for their incompetence? Seldom does the media seem to report on cases where we have successfully protected children from harm.

Increased surveillance and control is an approach commonly utilized in systems founded on neoliberal principles. Neoliberalism refers to “[a]n approach to social, political, and economic life, that discourages collective or government services, instead encouraging reliance on the private market and individual skill to meet social needs” (Baines, 2011, p. 30). Neoliberal policies are based on a logic of free market values and globalized economies. Neoliberalism is rooted in competition, privatization, individual responsibility, surveillance and managerialism (Saraceno, 2012). The focus of neoliberalism is seldom on collaboration, common humanity or trust. Under a neoliberal agenda, the expectation is that agencies do more with less (Brown,
2016). “[In] the new managerialism, governance is top-down, and board decisions are increasingly rubber stamped, by disempowered senates (Findlay, 2014). “Everyday practices of managerialism involve an intensified control and disciplining of the workforce evident through strategies and surveillance tools such as performance reports and outcome measurements…[t]he emphasis is on productivity and keeping costs low while taking power away from those who do the work and increasing the power of those in administration. “ (Brown, 2016, p. 115). Most concerning is the impact of this managerialistic approach has had on staff and, conversely their clients. If workers are expected rely on individualist approaches, it is not surprising they have lower levels of self-compassion. If they are expected to solely solve the problem of child abuse and neglect, it is not surprising workers feel overwhelmed by the enormity of the task. In a neoliberal approach to self-care, self-compassion may be perceived as weak or self-indulgent.

Brown (2016) implores workers to do anything in their power to resist such neoliberal approaches. He recommends utilizing any approach necessary to minimize the impact of this approach. As stated during my focus groups, many staff felt they were resisting these policies by practicing “stealth” social work. However, it should be noted that there are real consequences to fighting Ministry decisions. In fact, in the legislation, doing so may be regarded as an “offence”. With the Ministry’s power to depose the leaders and place organizations under Ministry supervision, it is no wonder that the leaders at the agency involved in my study were nervous. Additionally, in the absence of feeling a sense of power, control or trust within the organization, agency leaders may experience burn out and compassion fatigue. Killian (2008), states that highly dedicated individuals, those who expect positive feedback and need to feel competent, may be the ones most likely to experience compassion fatigue in the absence of professional
agency and support. Lower levels of self-compassion drive individuals to want to accomplish more but this may lead them to increased depression, anxiety, and symptoms of PTSD (Killian, 2008). If the agency leaders feel devalued and vulnerable, they may be less likely to focus and therefore reinforce affiliative approaches such as compassion. Additionally, if workers feel disempowered and afraid, they may be less likely to work collaboratively and compassionately with clients. Collaborating with clients requires some level of risk and workers who feel vulnerable are not going to utilize risk approaches. Findings from our survey were supported by the work of Healy (2014), who wrote “as a young social worker, working in a statutory child protection service, I exercised power and authority associated with my statutory role, but I also experienced powerlessness and vulnerability associated with my low status, within the bureaucracy” (Healy, 2014, p. 213).

The legislation, as it is currently written, is unbalanced. It focuses too much on fear, risk, liability and protection but not enough on the quality of the interactions between workers and their clients, compassionate or humane approaches. In order for compassion to be the main approach workers take with families, the legislation and the standards require words that reflect relational compassionate processes and standards. Minimally, there must be a balance between timeline and prescriptive expectations and the flexibility to work compassionately with clients. The CYFSA and the current Standards shape organizational culture via the creation of standardized roles and routines. In particular, roles impact how compassion is experienced in agencies as it can impact whether suffering is perceived or even accepted (Worline, 2020). Roles also demarcate the lines of responsibility (Worline, 2020). If role expectations are high, it may be difficult to ascertain whose responsibility it is to ensure compassionate approaches within organizations. In my study, the focus on specific roles, may have been negatively
impacting workers’ ability to be able to have compassionate when their perspectives differed. The way the Standards have been written, the expectations within roles have very little flexibility between them and may result in role siloing, which was a concern for the leaders involved in my study. According to Worline (2020), in order for compassion to exist in systems, the social structures must be flexible enough to accommodate the need for compassionate behaviour among workers and between themselves and their clients.

The focus on the collaboration between families and the child protection system leads to the discussion of the compassion indicators found in the Act and Standards. Although compassion indicators were not as prominent as the increased focus on control and surveillance, I do believe that a rights and relationship-focused approach is an excellent starting point on the path towards a compassionate child protection system. The increased focus on rights enables the most marginalized members of our society to have a seat at the table and be more intimately involved in their care. Seeing as children and families are most impacted by the decisions, it is important that their right to voice and participation be supported. Although being at the table, is not necessarily being at the helm, however, it is a start. With marginalized groups at the helm of these systems, we can make a less oppressive, more collaborative and compassionate child welfare system. When those marginalized do not have rights, they are more likely to experience violence and dehumanizing approaches. The focus on rights forces workers to see families as individuals worth doing business with. It reminds workers of their shared humanity prevents workers from ignoring the suffering of clients. By listening to the families’ stories, workers can move beyond the portrayals of parents who hurt their children as “evil” or “monster” and can move towards understanding the need behind the behaviour. The adage “hurt people, hurt people” can lead workers to a greater understanding of generational trauma. Additionally, I
would argue that is hard to be uncompassionate towards someone when you understand their story, thus the increased focus on the involvement of youth in particular and their increased decision making power will enable workers to have a deeper understanding of the impact of their work on them. The concept of respect in the legislation was surprising to me, but provided me with some hope for a better, more compassionate system. If workers, the Ministry, the media and the public can move beyond seeing clients as “perpetrators” and focus on treating them with respect, even when they hurt their children, I think we are taking an important step forward towards greater compassion in child welfare. The legislation defines the role of child protection beyond “protection” to one providing guidance and counselling. The stark current reality however, is that workers feel they do not get past the requirement for safety, to be able to work with families in a collaborative way. If lawmakers were to shift the emphasis from protection to empowerment, it may be possible to both practice in a compassionate way with parents, and empower both parents and children. If child protection work focused on empowering clients, ensuring that they experienced more compassion towards themselves, worked on their shame, and trauma, they may be more likely to make better choices for themselves and their children. Safety then could be found within the family system, and families would leave the system more empowered rather than divided and isolated. We may be a long way from practicing this way in the current climate. Despite these challenges however, in the next section I will describe some concrete and small, and some larger changes that could be made which will have a profound impact on the level of compassion experienced and practiced by workers in the child welfare system.
CHAPTER 8: CONCLUSIONS AND RECOMMENDATIONS

“Love and Compassion are necessities not luxuries. Without them humanity cannot survive”

~Dalai Lama

In the first study, I examined the level of self-compassion and compassion for others among child protection workers in an Ontario based child welfare agency. These results indicated that workers may be experiencing lower levels of self-compassion and compassion to and from others when compared to US child protection workers. Workers perceived compassion as weak, were hard on themselves, and thought offering compassion would make them an easy target. It was also clear that the leaders within the organization attributed the lower levels of compassion to some internal factors (such as role siloing) but also some factors outside of the organization. Although the feedback came from leaders, it did however, provide insight into the agency culture and the priorities within the organization. “It is well understood that leadership is crucial to all organizational performance.” (Munro, et al., 2016, p. 56). Leadership has been vastly documented to affect the development of organizational culture. Leaders and followers co-construct their identities and create patterns at the collective level (De Rue, 2011). Of concern, was the finding that leaders and some staff had a hard time imagining how compassion and authority could be combined. Could agency leaders and staff create a vision for compassionate authority? What role does the Ministry play in supporting this approach? How can worker and agency leaders be supported to feel more empowered so they can, in turn, share
power? As seen from the interviews, agency leaders described the impact that the legislation and accompanying expectations from the Ministry were impacting the staff’s ability to experience and express compassion for all. They seemed to support the belief that the legislative requirements were preventing the agency from practicing more compassionately towards clients and their workers.

In the second study, content analysis was conducted on the CFSA (1990), CYFSA (2017) and the Ontario Child Protection Standards (2016). These documents were chosen as the Acts and the Standards provide the framework for how child protection is carried out in Ontario with families as well, as dictate how agencies are managed on the ground. Results from the analysis revealed an increased focus, over time, on control and surveillance from the Ministry. This increased surveillance and control could lead workers and CAS leaders to feel vulnerable, disempowered, and overwhelmed. There were, however, some compassion indicators as illustrated in the increased focus on the rights of children and the focus on relationships, which could be strengthened in future iterations of the Act. Because the Act and the accompanying Standards have a huge impact on how child protection work is done on the ground, it will be challenging for child protection staff to act compassionately within the current system of control. Changes are needed in the way child protection work is carried out. However, there are ways to inject greater compassion into the current model as leaders advocate for changes within legislative requirements. Below are some suggestions for the Ministry, CAS leaders and the workers increase the level of compassion towards self and others, especially those impacted by child protection services.
Suggestions for the Ministry of Children, Community and Social Services

Ministry officials have the challenging job of ensuring child protection agencies are accountable for the children and the families with whom they work. They are also accountable for agencies managing the funding they have received appropriately and ensuring that is utilized for providing quality service. Even though historically, accountability has been achieved via power over approaches and avoiding mistakes, this is not the only way. As stated earlier, true accountability is found in giving greater power and control to families, their children and the community. This is where true safety will be found. Finding ways to further increase the voice and participation of not just children, but also their parents, will go a long way in ensuring legislative requirements are anti-oppressive, loving and compassionate. Below are some suggestions as a starting point,

- Consider changing the mandate under the new “modernization” model. Shifting the mandate away from fear, control and protection to support and trust will help workers focus on client empowerment, compassion and thriving. Children and youth should be supported to have dreams, to achieve, to learn to love and be compassionate to themselves and others. Protection is only one small aspect of well being. Death is not the only outcome to avoid. Families should be supported to step up into their own power. Addictions are often the result of individuals not wanting to face their own traumas and they often lead addicts down further and further in the spiral of shame. Stopping the cycle of pressure and moving towards collaborative and compassionate approaches could go a long way in actually decreasing the number of child abuse cases in Ontario. True safety is found within the family unit. In order for this to occur, the Ministry must be
willing to change the wording of the legislation to place a priority on love and compassion over prescription and risk.

- Provide greater clarity for agencies on the quality of services they should be providing with clients. Child protection work must move beyond a satisfactory relationship to one where there is true collaboration. The current Standards focus on outputs (timelines and reports) not outcomes and the legislation does not describe whether the type of services should be compassionate or loving towards clients. The legislation should include the goal of empowerment, support and greater inclusion of voice and participation of all clients, not just children and youth.

- Relax the timelines in the Standards. Allow workers the flexibility to meet families where they are at to provide customized approaches. Relationships take time to build and compassionate approaches require trust and relationships. The current Standards focus on customized approaches with some families, which is a great starting point. However, if a child is harmed, workers will quickly default to traditional working models with families. Workers need the opportunity to work with families in creative ways. They need time to engage the families and get to know them and their stories. Workers also need time to learn about each family’s identity, the family’s history including any intergenerational trauma and other key information. Prescribed approaches with prescribed timelines keep workers focused on reporting and evidence gathering, instead of focusing on relationship building with families.

- Shift your perspective on funding. The current neoliberal agenda of “more with less” has a negative impact on child protection agencies. This leads to increased caseloads, increased pressure on workers, higher fear by agency staff and greater likelihood of
‘power-over’ approaches. I would suggest a re-examination of how funds are prioritized in child protection. Since funds are mostly invested on the “protection side” (boarding, investigations), perhaps re-allocating funds so that child protection staff can focus more on providing guidance and counselling, as well as support families through referrals, may result in improved outcomes. Many community agencies which support similar clients have long wait lists and without proper support, CAS becomes the default as it is an essential service. If there is going to be greater support provided to preventative services, those services should also be considered essential.

- Hold individual agencies accountable for their behaviour, without the need to use power over approaches with other agencies which may be providing quality services. Provide greater opportunity in the legislation for working collaboratively with agencies to engage and improve staff and leadership behaviour without the need to punish.
- Help to educate the media on the impact that their coverage of child abuse and neglect cases has on the families and on the system in general. Help educate the media on how greater compassion should be emphasized and the need for greater trauma informed practices.

**Suggestions for Agency Leaders/Organizations**

Even though it may seem as though agency leaders may have less power to advocate to the Ministry than previously, CAS leaders still have power. Leaders have the ability to influence the level of compassion practiced and experienced by staff towards themselves, other colleagues and other clients. Compassionate leadership begins at the top and has the power, as demonstrated earlier, to positively impact both worker and client outcomes. Compassion at the organization
level is a dynamic and relational process (Cameron, 2017, p. 421). It exists when members of the organization collectively become aware and respond to the pain experienced by those involved with and those who work in the organization. The level of organizational compassion is determined by the agency’s culture (Cameron, 2017). Awareness of suffering, acknowledging and welcoming suffering, allowing workers time to grieve, to come together and overcome adversity and the coordination of compassionate actions is what activates compassion within organizations (Worline & Dutton, 2017). Below are some suggestions for leaders,

- Start with yourself. Leaders should allow themselves to be vulnerable and also practice self-compassion. When leaders are willing to share their own suffering with staff, and make space for others to expose their vulnerable, this paves the way to create a compassionate agency (Worline & Dutton, 2017). The theory of transformative leadership is based on the assumptions that leaders are capable of creating transformation in others by shifting themselves and behaving in ways that others can follow (Quinn & Quinn, in Worline & Dutton, 2017). Leading with compassion requires that leaders have the most generous interpretation of people’s behaviours (Worline & Dutton, 2017). This makes mistakes more acceptable and can lead to a decrease in future errors, and lead to greater innovation (Worline & Dutton, 2017). Safety is needed to acknowledge mistakes to oneself and to others. (Neff, 2019).

- Prioritize compassion in all your policies and procedures. Review all your processes through the lens of compassion. Some of the areas of possible study are compassionate processes: hiring, termination, investigations, mediations. Allow Manager and workers to focus on compassionate authority which balances nurturance with boundaries. Organizations should support workers in conducting compassionate listening with
colleagues and clients. Compassionate listening requires non-judgemental, non-adversarial approaches and believes the person being questioned (Hoffman, et al., 2012; Worline, 2020).

- Offer your workers compassion and mindfulness training. Individuals who received compassion training were more altruistic towards others. Compassion training resulted in increased understanding of others’ states and up-regulation of positive emotions and greater executive functioning in those who received the training (Weng et al., 2012). Allow workers the space to practice compassion and mindfulness during their day by implementing and offering protected time to practice. Furthermore, allowing workers to shift from a crisis driven approach to a more mindful approach, will result in improved decision making and lead to a decrease in worker burnout.

- Allow workers and Managers to take risks with clients and support them when they do. In the case study, the worker felt supported by their manager to collaborate with the client. This does not mean that you will allow workers to put children at risk, rather, that the agency will consider looking at safety differently for children within the family circles and focus more on relationship building and community support.

- Support compassionate leadership within your organization. Feedback from the interviews stated that workers experienced compassion differently depending on who their Managers/Supervisors were. Supporting Manager’s own compassion and allowing them to feel vulnerable may assist them in being able to practice compassionately with workers. Additionally, Managers who experienced child deaths in the past or who were trained during the ORAM days, may need additional support to work with workers and families in a way that does not focus solely on risk.
• Continue to advocate. Child protection work is not solely an agency’s responsibility. Child safety belongs to the community. Band together with community partners, and children and families to voice the need for more compassionate approaches in legislative requirements. Continue to fight to the provision of appropriate funding not just for child protection but also for other systems of support such as mental health, addictions and poverty.

• Support parent and child involvement in the development of agency policies. Increased sharing of systemic power will enable families to request and promote more compassionate practices in child protection. Join with parents and community to advocate for legislative changes that provide greater emphasis on love and compassion.

**Suggestions for Workers**

The quote below exemplifies how use of self, can assist workers in experiencing and exercising greater compassion,

> If we do not actively engage in showing up authentically in our positions as public servants, and rely too much on the false notion of purely technical objectivity, we take away the critical factor of connection that allows human beings to find and create meaning; we make it incredibly difficult to exercise compassion and holistic understanding. (Weeden, 2015).

My suggestion for workers as a starting point is that they begin with themselves. When you are on an airplane, you are advised to place your own oxygen mask on first, before helping others. Thus, I would suggest, that workers begin there.
• Practice self-compassion. You cannot give to others from an empty cup. Workers must give compassion to clients from their overflow not from their reserves. You must take time out of your day to practice mindfulness and compassion for yourself. This will help deal with issues when mistakes happen and will enable you to hold space for clients, when they need it the most. There are many useful resources for workers to practice online without the need for funding. Please refer to the following sites for additional support:

https://www.youtube.com/channel/UC0WhWcp4jITPuwE2_6AVs_Q?view_as=subscriber

https://chrisgermer.com/meditations/

https://maitricentre.com/blog/

• Have vision for compassionate authority. In their work, Dr. Neff and Dr. Germer speak about the yin and yang of self-compassion (Germer & Neff, 2019). The yang of self-compassion is motivating. Self-compassion and compassion for others cannot be successful without boundaries. Compassion and authority are not mutually exclusive. In fact, it is possible for you to have bottom lines but do your work with families in a way that does not disempower them. Focusing on what clients say is important to them while also working on goals that are important around child protection goes a long way in ensuring families and children feel heard and seen. In the Linda example, the worker listened to her, and came to see her every day to ensure child safety. They reminded the client of their own power and convinced her of the worker’s desire to help her and her partner, not just the children.
• Focus on relationships. How we show up with those families and kids matters immensely. I have heard from youth in care that the smallest things that workers did often had a huge impact on them, both positively and negatively. Anyone who knows the story of Mother Theresa of Calcutta knows the power of loving presence. Being able to be with people in their darkest hour and showing compassion towards people goes a long way in ensuring families trust workers enough to be truly honest when they are struggling. Workers must be willing to unconditionally love and accept the families as they are, without judgement and reservation and that is tough, especially when workers cannot do so for themselves. Even though workers do have to follow the Standards, there is room to be able to practice more collaboratively with clients and create circles of support for the family from the community.

• Take your power back by practicing mindfulness. Mindfulness enables us to work from present moment awareness and enables us to make better decisions that are not based on fear. Fear comes from either a past worry or future worry, and when we make decisions from a place of worry, decisions are often constricting. As seen in evidence provided by Harvard University, as little as 20 minutes of mindfulness-based meditation can lead to a reduction of stress and anxiety. People who are less anxious tend to make better decisions. They are also more likely to collaborate as people who are in fear have a greater need to control outcomes. [https://news.harvard.edu/gazette/story/2011/01/eight-weeks-to-a-better-brain/](https://news.harvard.edu/gazette/story/2011/01/eight-weeks-to-a-better-brain/)

• Continue to advocate for families and enable them to have opportunities to share their voice and to shape service provision. Parents and children have a lot of wisdom to share
about their experiences, and together, they can help us shape a more compassionate system for all.

**Conclusion**

These studies arose from my desire to alleviate the suffering I had observed in my colleagues as well as the families and children involved in child protection. Throughout my MSW journey, I became more and more interested in understanding whether compassion training could result in more positive outcomes for children, their families and workers. But before I could conduct an intervention, I wanted to understand how compassion was defined and experienced within a child protection organization. Although COVID prevented me from gathering all the data I wanted to collect, it did give me an opportunity to go beyond one agency to examine how the larger landscape, established by provincial legislation, has impacted the way compassion is experienced in child protection. My findings were in some ways surprising and in other ways not at all. It is clear to me that greater work needs to be done at the agency level and from the Ministry level to inject greater compassion into child welfare. My hope is that this will be the first of many studies, conducted on how to create a more compassionate child protection system until the need for one ceases to exist.
APPENDIX

Appendix A. – Measures

Questionnaire for Staff

Hello! and thank you for agreeing to complete the following survey!

Child welfare can be fraught with stress and anxiety. Child welfare work can lead to trauma and PTSD. Some workers have stated that they have experienced what they call “compassion fatigue” and this makes it hard to continue to work with clients in a compassionate manner.

In this survey, I will be asking about your thoughts on self-compassion and compassion for others. I will also ask you about the way the agency supports compassion for yourself and others.

If at any point you feel uncomfortable answering any question, you can skip them and move on to the next question. Please know that your answers will be completely anonymized. The information will be presented in aggregate format only.

This survey should take about 20 minutes or less. If you require any assistance or have any questions, please do not hesitate to ask me.

Demographic Information

If you feel that answering the demographic questions will identify you in any way, please skip any or all of these questions. They are meant to assist with understanding relationship between demographic variables and compassion levels.

Age category: (please select one age category)

- □ 20-24
- □ 25-29
- □ 30-34
- □ 35-39
- □ 40-44
- □ 45-49
- □ 50-54
- □ 55-59
- □ 60+

Please provide the race you most identify with/as:

- □ Indigenous or First Nations
- □ White
☐ South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)

☐ Chinese

☐ Black

☐ Filipino

☐ Latin American

☐ Arab

☐ Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai, etc.)

☐ West Asian (e.g., Iranian, Afghan, etc.)

☐ Korean

☐ Japanese

☐ Other — specify: ________________________________

☐ I do not wish to disclose

Please provide the gender you identify with/as: __________________________

Highest Educational level: ________________________________

What is the year of graduation of your highest level of education? _________________

Number of years in the organization: __________________________
What is your role in the organization:

☐ Front line worker  ☐ Manager  ☐ Support Services (Administration)  ☐ Executive Leader (DOS, DOA, ED)  ☐ Legal  ☐ Other: _______________________________

If you are a welfare worker, what area do you work in?

☐ Intake/Ongoing  ☐ Children’s Services  ☐ Resources (Foster Care)  ☐ Kinship

☐ Adoption  ☐ Other: _______________________________

Questions on Mindfulness and Meditation

1- Have you ever practiced mindfulness? (Mindfulness is defined as: a mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations, used as a therapeutic technique).

☐ Yes  ☐ No

If yes, please describe how often you practice mindfulness?

Hours a week: ___________________

How long have you been practicing mindfulness? ______________(months)

2. Have you ever practiced meditation? (Meditation is defined as 1 : to engage in contemplation or reflection for example: He meditated long and hard before announcing his decision. 2 : to
engage in mental exercise (such as concentration on one's breathing or repetition of a mantra) for the purpose of reaching a heightened level of spiritual awareness.

☐ yes  ☐ no

If yes, please describe how often you practice meditation?

Hours a week: ___________________

How long have you been practicing meditation? _________________(months)

3. Can you describe other ways that you practice self-care?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Views on compassion scale

Different people have different views of compassion and kindness. While some people believe that it is important to show compassion and kindness in all situations and contexts, others believe we should be more cautious and can worry about showing it too much to ourselves and to others. We are interested in your thoughts and beliefs about kindness and compassion in three areas of your life:

1. Expressing compassion for others 2. Responding to compassion from others 3. Expressing kindness and compassion towards yourself

Below are a series of statements that we would like you to think carefully about and then circle the number that best describes how each statement fits you.

SCALE

Please use this scale to rate the extent that you agree with each statement.
Not at all like me = 1  A little bit like me = 2  Moderately like me = 3
Quite a bit like me = 4  Extremely like me = 5

Scale 1: Expressing compassion for others

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. People will take advantage of me if they see me as too compassionate</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. Being compassionate towards people who have done bad things is letting them off the hook</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. There are some people in life who don’t deserve compassion</td>
<td></td>
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<tr>
<td>4. I fear that being too compassionate makes people an easy target</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. People will take advantage of you if you are too forgiving and compassionate</td>
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</tr>
<tr>
<td>6. I worry that if I am compassionate, vulnerable people can be drawn to me and drain my emotional resources</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. People need to help themselves rather than waiting for others to help them</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. I fear that if I am compassionate, some people will become too dependent upon me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Being too compassionate makes people soft and easy to take advantage of</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. For some people, I think discipline and proper punishments are more helpful than being compassionate to them</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Scale 2: Responding to the expression of compassion from others

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wanting others to be kind to oneself is a weakness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I fear that when I need people to be kind and understanding they won’t be</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. I’m fearful of becoming dependent on the care from others because they might not always be available or willing to give it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I often wonder whether displays of warmth and kindness from others are genuine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Feelings of kindness from others are somehow frightening</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>------------------------------------------------------------</td>
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<td></td>
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<tr>
<td>6. When people are kind and compassionate towards me I feel anxious or embarrassed</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. If people are friendly and kind I worry they will find out something bad about me that will change their mind</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I worry that people are only kind and compassionate if they want something from me</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. When people are kind and compassionate towards me I feel empty and sad</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. If people are kind I feel they are getting too close</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Even though other people are kind to me, I have rarely felt warmth from my relationships with others</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. I try to keep my distance from others even if I know they are kind</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>13. If I think someone is being kind and caring towards me, I ‘put up a barrier’</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Scale 3: Expressing kindness and compassion towards yourself

<table>
<thead>
<tr>
<th>1. I feel that I don’t deserve to be kind and forgiving to myself</th>
<th>1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. If I really think about being kind and gentle with myself it makes me sad</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. Getting on in life is about being tough rather than compassionate</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. I would rather not know what being ‘kind and compassionate to myself’ feels like</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. When I try and feel kind and warm to myself I just feel kind of empty</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. I fear that if I start to feel compassion and warmth for myself, I will feel overcome with a sense of loss/grief</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. I fear that if I become kinder and less self-critical to myself then my standards will drop</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

How I treat myself during difficult times

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost never  
1 2 3 4 5  
Almost Always

1. I’m disapproving and judgmental about my own flaws and inadequacies.

2. When I’m feeling down I tend to obsess and fixate on everything that’s wrong.

3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.

4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
5. I try to be loving towards myself when I’m feeling emotional pain.

6. When I fail at something important to me I become consumed by feelings of inadequacy.

7. When I’m down and out, I remind myself that there are lots of other people in the world feeling like I am.

8. When times are really difficult, I tend to be tough on myself.

9. When something upsets me, I try to keep my emotions in balance.

10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

11. I’m intolerant and impatient towards those aspects of my personality I don’t like.

12. When I’m going through a very hard time, I give myself the caring and tenderness I need.

13. When I’m feeling down, I tend to feel like most other people are probably happier than I am.

14. When something painful happens I try to take a balanced view of the situation.

15. I try to see my failings as part of the human condition.

16. When I see aspects of myself that I don’t like, I get down on myself.

17. When I fail at something important to me I try to keep things in perspective.

18. When I’m really struggling, I tend to feel like other people must be having an easier time of it.

19. I’m kind to myself when I’m experiencing suffering.

20. When something upsets me, I get carried away with my feelings.

21. I can be a bit cold-hearted towards myself when I’m experiencing suffering.
____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.
____ 23. I’m tolerant of my own flaws and inadequacies.
____ 24. When something painful happens, I tend to blow the incident out of proportion.
____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.
____ 26. I try to be understanding and patient towards those aspects of my personality I don't like

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Questions regarding Organizational Compassion

Organizational Virtuousness

Please answer the following questions using the following scale:

1 ______ 2 ______ 3 ______ 4 ______ 5 ______ 6 ______

False ______ True ______

______ 1. A sense of profound purpose is associated with what we do here
______ 2. In this organization we are dedicated to doing good in addition to doing well
______ 3. We are optimistic that we will succeed, even when faced with major challenges
______ 4. Employees trust one another in this organization
______ 5. People are treated with courtesy, consideration, inclusion and respect in this organization
______ 6. People trust the leaders of this organization
______ 7. People are treated fairly here.
______ 8. This organization is characterized by many acts of concern and caring for other people
______ 9. Many stories of compassion and concern circulate among organization members
10. We have very high standards of performance, yet we forgive mistakes when they are acknowledged and corrected

11. We understand that everyone, including myself, is doing the best they can with the understanding, knowledge, and awareness they currently have

12. In this organization we notice when someone from our staff is suffering

13. In this organization we are encouraged to support each other when one of us is suffering.

14. In this organization I have a group of people I can depend on to support me when I am suffering

15. The organization has many spaces where I can practice compassion, mindfulness or meditation

© adapted from Cameron, Bright & Caza, 2004

Assessment of Contextual Factors Connected to Burnout

<table>
<thead>
<tr>
<th>Questions</th>
<th>Never (1)</th>
<th>Rarely (2)</th>
<th>Occasionally (3)</th>
<th>Often (4)</th>
<th>Everyday (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Context</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I carry a reasonable workload</td>
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<tr>
<td>I am consistently able to accomplish the tasks I’m expected to do</td>
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<tr>
<td>My values are positively reinforced in my job</td>
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<tr>
<td>I am able to serve clients in the way that I believe is best</td>
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<tr>
<td>I am paid reasonably for the job I am hired to do.</td>
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<tr>
<td>I am able to do my job without being put down or disrespected by my colleagues</td>
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<td>Organizational Culture</td>
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<td>I am valued by the organization</td>
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</table>
I am part of a team that works together effectively

I consider my workplace an important part of community in my life

I am rewarded by the organization for doing a good job

I am treated fairly in the organization

Everyone is treated fairly in this organization and practices are inclusive and respectful for people of color and those with marginalized identities

**Societal Conditions**

Resources are available in the community to serve clients effectively

The clients and the community I service are treated with respect in their lives

Our organization requires enough money to hire sufficient staff and to resource them adequately.

© Adapted from Curry-Stevens (2017), Lasalvia et al., (2009) & Maslach ((2001)

If you have any additional comments about compassion within the organization or your thoughts increasing the organization’s level of compassion please share them here. Additionally, if you are interested in a one day session training, let us know, what you would be interested in learning about:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
If you are interested in being part of the focus group on organizational compassion, please provide your name and email here:

If you are not comfortable providing your name, you can contact me separately at tara5550@mylaurier.ca or via text 905-941-2544.

Thank you so much for participating in this survey. We really appreciate it.
Appendix B. – Focus Group and Interview Guides

Focus Group Questions for Workers

Introduction: My name is Gissele Taraba, and I’m a Masters of Social Work student at Laurier. I want to start by asking if you have any questions about the study, or the consent forms.

Before we begin, I would like to start with a moment of mindfulness. If we could take 2 minutes to breathe into our hearts and become aware of our own breathing (guide participants into mindful practice) to ground ourselves into the present moment.

I also wanted to let you know that the material being covered in this focus group could potentially feel difficult and trigger memories or past feelings. The focus group questions will cover your experiences and thoughts on compassion for yourself and in the organization. If there is anything you need during this process—to take a break, to skip a question, to stop the interview, please let me know. Is there anything you might need before we get started?

During this focus group, I will work on prioritizing your safety and comfort. Again, if you need to take a break or stop the focus group, do not hesitate and let me know. I encourage you to take the steps you need to take care of yourself—which can include taking breaks or not answering a question. Let me know how I can support you during this time. Lastly, I want to remind everyone to keep the comments made here by others completely confidential. This is a safe space for everyone to speak freely.

The bathroom is (give locations to the bathroom): give location

Do you have any questions for me about the study? Alternatively, about me?

I’m going to be audio recording this focus group. It is important that I have an accurate record of our conversation. Is it okay if I record the discussion?
(If not): Okay, in order to keep an accurate recording, I’d like to take notes (handwritten).

Would that be okay instead?

**Background**

I wanted to thank you so much for being willing to participate. I’m going to ask you a bit about your experiences with compassion. The purpose of this focus group is to understand how you view compassion for yourselves and within the organization.

First, I will tell you a little bit about myself, and how I came to do this work. If everyone can go around and introduce themselves and say something that matters to them.

Now if everyone is ok with starting, I would like to ask some questions about compassion.

**Questions on Compassion:**

1. Describe compassion and what this means to you
   - do you all have stories to share about compassion?
   - When do you find it difficult to be compassionate?

2) Describe self-compassion and what this means to you
   - Do any of you have stories to share about self-compassion?
   - when do you find it difficult to be self-compassionate?

3. When you think about a compassionate work environment, what does that look like?
   a) what do you think we would need in order to make this agency more compassionate?
      What are the barriers to making this happen?
      What are the facilitators in making this occur?
   b) how feasible do you think this would be in child protection
d) what do you think needs to occur to make the child welfare field more compassionate?

3. Describe how your organization supports (or doesn’t support compassionate responses (to self and others))

- Do any of you have stories to share about this?

6.

8. 7. What are some of the actions the agency could take today to increase the level of organizational compassion.

9. What are some of the actions you could take today to make this agency more compassionate for yourself and others?

**Debriefing**

I don’t have any more questions, but I was wondering how you’re feeling right now? Is there anything you’d like to add or address right now?

If needed, describe the study again.

I’m going to be completing member checking, which just means I will send this information out to all interested participants so they can look through the information after I have looked for themes and make sure it’s accurate. There was a section on the consent form that covers this, but I wanted to make sure you’d like to have this information sent to you for your feedback.

I also want to let you know that the responses you provided are anonymized and may be used to develop a 1 day training program on how to increase your own level of self-compassion and organizational compassion.

Thank you for coming in.
Focus Group Guide for Leaders

Introduction: My name is Gissele Taraba, and I’m a Masters of Social Work student at Laurier. I want to start by asking if you have any questions about the study, or the consent forms.

Before we begin, I would like to start with a moment of mindfulness. If we could take 2 minutes to breathe into our hearts and become aware of our own breathing (guide participants into mindful practice) to ground ourselves into the present moment.

I also wanted to let you know that the material being covered in this focus group could potentially feel difficult and trigger memories or past feelings. The focus group questions will cover your experiences and thoughts on compassion for yourself and in the organization. If there is anything you need during this process—to take a break, to skip a question, to stop the interview, please let me know. Is there anything you might need before we get started?

During this focus group, I will work on prioritizing your safety and comfort. Again, if you need to take a break or stop the focus group, do not hesitate and let me know. I encourage you to take the steps you need to take care of yourself— which can include taking breaks or not answering a question. Let me know how I can support you during this time. Lastly, I want to remind everyone to keep the comments made here by others completely confidential. This is a safe space for everyone to speak freely.

The bathroom is (give locations to the bathroom): give location

Do you have any questions for me about the study? Alternatively, about me?

I’m going to be audio recording this focus group. It is important that I have an accurate record of our conversation. Is it okay if I record the discussion?
(If not): Okay, in order to keep an accurate recording, I’d like to take notes (handwritten). Would that be okay instead?

**Background**

I wanted to thank you so much for being willing to participate. I’m going to ask you a bit about your experiences with compassion. This interview is trying to understand how you view compassion for yourselves and within the organization.

First, I will tell you a little bit about myself, and how I came to do this work. If everyone can go around and introduce themselves and say something that matters to them.

Now if everyone is ok with starting, I would like to ask some questions about compassion.

**Questions on Compassion:**

1. Describe compassion and what this means to you
   - do you all have stories to share about compassion?
   - When do you find it difficult to be compassionate?

2) Describe self-compassion and what this means to you
   - Do any of you have stories to share about self-compassion?
   - when do you find it difficult to be self-compassionate?

3. When you think about a compassionate work environment, what does that look like?
   a) what do you think we would need in order to make this agency more compassionate?

      What are the barriers to making this happen?
      What are the facilitators in making this occur?

   b) how feasible doing you think this would be in child protection
d) what do you think needs to occur to make the child welfare field more compassionate?

3. Describe how your organization supports (or doesn’t support compassionate responses (to self and others)
   - Do any of you have stories to share about this?

6.

8. What are some of the actions the agency could take today to increase the level of organizational compassion.

9. What are the actions that workers themselves could take today to improve their own compassion at work?

10. What are some of the actions you could take today to make this agency more compassionate for yourself and others?

7. What are some of the external factors that influence the agency’s ability to focus on compassion at work? How do these external factors influence the agency in a negative way? How do they influence the agency in a positive way?

Debriefing

I don’t have any more questions, but I was wondering how you’re feeling right now? Is there anything you’d like to add or address right now?

If needed, describe the study again.

I’m going to be completing member checking, which just means I will send this information out to all interested participants so they can look through the information after I have looked for themes and make sure it’s accurate. There was a section on the consent form that covers this, but I wanted to make sure you’d like to have this information sent to you for your feedback.
and they will be rolled up and use to develop a 1 day training program on how to increase your own level of self-compassion and organizational compassion.

Thank you for coming in.

**Interview Guide for Leaders**

**Introduction:** My name is Gissele Taraba, and I’m a Masters of Social Work student at Laurier. I want to start by asking if you have any questions about the study, or the consent forms.

Before we begin, I would like to start with a moment of mindfulness. If we could take 2 minutes to breathe into our hearts and become aware of our own breathing (guide participants into mindful practice) to ground ourselves into the present moment.

I also wanted to let you know that the material being covered in this interview could potentially feel difficult and trigger memories or past feelings. The questions will cover your experiences and thoughts on compassion for yourself and in the organization. If there is anything you need during this process—to take a break, to skip a question, to stop the interview, please let me know. Is there anything you might need before we get started?

During this interview, I will work on prioritizing your safety and comfort. Again, if you need to take a break or stop the discussion, do not hesitate and let me know. I encourage you to take the steps you need to take care of yourself—which can include taking breaks or not answering a question. Let me know how I can support you during this time.

Do you have any questions for me about the study? Alternatively, about me?

I’m going to be audio recording this interview. It is important that I have an accurate record of our conversation. Is it okay if I record the discussion?
(If not): Okay, in order to keep an accurate recording, I’d like to take notes (handwritten). Would that be okay instead?

**Background**

I wanted to thank you so much for being willing to participate in this interview. I’m going to ask you a bit about your experiences with compassion. This interview is trying to understand how you view compassion for yourself and within the organization.

First, I will tell you a little bit about myself, and how I came to do this work. So now we are going to start with your experiences with compassion.

**Questions on Compassion:**

1. Describe compassion and what this means to you
   - do you all have stories to share about compassion?
   - When do you find it difficult to be compassionate?

2) Describe self-compassion and what this means to you
   - Do any of you have stories to share about self-compassion?
   - when do you find it difficult to be self-compassionate?

3. When you think about a compassionate work environment, what does that look like?
   a) what do you think we would need in order to make this agency more compassionate?

   What are the barriers to making this happen?
   What are the facilitators in making this occur?

   b) how feasible doing you think this would be in child protection
d) what do you think needs to occur to make the child welfare field more compassionate?

3. Describe how your organization supports (or doesn’t support compassionate responses (to self and others)

- Do any of you have stories to share about this?

6.

8. 7. What are some of the actions the agency could take today to increase the level of organizational compassion.

9. What are the actions that workers themselves could take today to improve their own compassion at work?

10. What are some of the actions you could take today to make this agency more compassionate for yourself and others?

7. What are some of the external factors that influence the agency’s ability to focus on compassion at work? How do these external factors influence the agency in a negative way? How do they influence the agency in a positive way?

1. What are your thoughts about compassionate leaders and how that takes place in child welfare? How can leaders such as yourself create environments where compassion is fostered? How can we create more compassionate leaders from your perspective?

What do you think we need in order to foster more compassion in leaders in child protection?

Debriefing

I don’t have any more questions, but I was wondering how you’re feeling right now? Is there anything you’d like to add or address right now?
If needed, describe the study again.

I’m going to be completing member checking, which just means I will send this information out to all interested participants so they can look through the information after I have looked for themes and make sure it’s accurate. There was a section on the consent form that covers this, but I wanted to make sure you’d like to have this information sent to you for your feedback.

I also want to let you know that the responses you provided will be anonymized and they will be rolled up and use to develop a 1 day training program on how to increase your own level of self-compassion and organizational compassion.

Thank you for chatting with me today! I really appreciate it.
Appendix C - Consent Forms

Appendix C – Consent Form for Online Survey

Wilfrid Laurier University, Informed Consent Statement, Online Survey.


We would like to invite you to participate in a research study that will help us better understand compassion and self care in child welfare organizations. This study is being conducted by Giselle Taraba (MSW Candidate) under the supervision of Dr. Nancy Freymond (Associate Professor, Faculty of Social Work).

If you require an accessible document or have accessibility needs, please contact Giselle at tara5550@mylaurier.ca and she will do her best to meet these.

Purpose of the Study: Child welfare work is challenging work and can lead to worker experiences of vicarious trauma and PTSD. Ensuring that workers have the tools they require to take care of themselves is important as well as ensuring that the organization supports workers resiliency and care. We are interested in understanding more about the barriers and facilitators of compassion in child welfare organizations. More specifically, we are interested in what the current level of compassion for self and others is among child welfare workers in a local child welfare agency.

Description of the Study: Participation will involve the following:

For All Staff
- Involvement in an ANONYMOUS online survey on self care and compassion (30 minutes)

Themes Addressed: You will be asked about your experiences with mindfulness, meditation, compassion for yourself, and the level of compassion in your organization.

Incentives to Participate: The results of your feedback could be used to create a one day training for all staff based on the feedback you provide, if the staff were interested. The training will be informed by the literature and your voices.

Risks or Discomforts: Some of you know me currently as the Director of another Children’s Aid Society. You may feel uncomfortable as you may worry that I am coming with preconceived notions, or that I will share your information with my agency staff. I
want to assure you that my role in this study is a student. I have no authority in this agency. I am using reflexivity and supervision to ensure that I examine any biases I may bring to the project. Also, I will be signing your agency’s confidentiality form and will in no way, share any information outside of this organization. I feel privileged to be allowed to listen to your voices and I take that responsibility seriously. My role in this project is to listen to you and learn from you.

You may also feel discomfort or upset when talking or thinking about your experiences, thoughts, or emotions as they relate to self-compassion. During the focus group, uncomfortable emotions may rise up that want to be addressed. You may skip questions or choose not to answer any questions. You can also opt out of the study at any time.

Confidentiality: If you decide to participate, your information will be kept confidential and will only be reviewed by those directly involved in the research. I will be signing a confidentiality form at your agency. No names or identifying information will be associated with the information contained in final research reports. All data will be stored at Wilfrid Laurier University using a password protected laptop. Any emails or phone numbers will be kept in separate folder away from all data. Consent forms on paper will be housed in a locked cabinet at Laurier University and will be shredded when all data is eliminated. Any research reports that result from this study will be presented in aggregate format, with all identifying information of participants removed. Quotations from the interviews may be used in the dissemination of research findings. Every effort will be taken to ensure confidentiality. If you are interested in reading through the planned reports (including quotations used), please include your email in the member checking section below. The de-identified data will be stored indefinitely, and may be used for secondary analyses in the future.

Voluntary Nature of Participation: Your participation in this study is voluntary; you may decline to participate without penalty. If you decide not to participate, it will not affect your relationship with Wilfrid Laurier University or your work at this agency. If you withdraw from the study, every attempt will be made to remove your data from the study, and have it destroyed. Data from the online survey will not include names therefore it will be challenging to connect data to a particular individual, so please do not answer demographic questions if you feel you will be identified. You have the right to omit any questions you choose.

Benefits of the Study: We believe that this research will make an important contribution to knowledge about the worker experiences with compassion. Worker self-compassion can lead to a decrease in worker absenteeism, worker stress and suffering as well as improve the quality of work with clients. People who are more self-compassionate will be able to be more supportive of individuals who require compassion, even when it is challenging. The information shared could be utilized to develop a 1-day training program to assist workers and leaders to increase their level of self-compassion, if staff are interested. The information will also help the field in understanding the level of compassion in child welfare organizations which could lead to the implementation of compassion based interventions within agencies.

Planned Disseminations: We will disseminate the anonymized research findings and their implications at national and international conferences. The research findings will also be submitted in partial fulfillment of the Laurier Master of Social Work degree requirements,
disseminated at conferences (local, national, and/or international), and will be submitted to academic journals. The research will be published in open access journals so that everyone may benefit from the knowledge base. A written report will be provided to all the staff of the organization involved in the research via email.

**Questions about the Study:** If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study) you may contact the researchers:

Giselle Taraba, Masters of Health Research Methods
MSW Student, Wilfrid Laurier University
Tara5550@mylaurier.ca

Dr. Nancy Freymond, PhD
Supervisor, Associate Professor, Wilfrid Laurier University
nfreymond@wlu.ca

This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact:

**Jaye Kalmar, PhD, Chair,**
**University Research Ethics Board, Wilfrid Laurier University,**
**(519) 884-1970, extension 3131 or REBChair@wlu.ca**

**Consent to Participate in Research Study:**

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study. By consenting I understand that I do not waive any legal rights.

Participant's signature____________________________________Date _________________

Investigator's signature____________________________________Date _________________

Your signature indicates that you have read the information in this agreement and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. By signing this agreement you are not giving up any of your legal rights.

**Appendix C – Consent Form For Focus Group**
Wilfrid Laurier University, Informed Consent Statement: Focus Group.


We would like to invite you to participate in a research study that will help us better understand compassion and self care in child welfare organizations. This study is being conducted by Gissele Taraba (MSW Candidate) under the supervision of Dr. Nancy Freymond (Associate Professor, Faculty of Social Work).

If you require an accessible document or have accessibility needs, please contact Gissele at tara5550@mylaurier.ca and she will do her best to meet these.

Purpose of the Study: Child welfare work is challenging work and can lead to worker experiences of vicarious trauma and PTSD. Ensuring that workers have the tools they require to take care of themselves is important as well as ensuring that the organization supports workers resiliency and care. We are interested in understanding more about the barriers and facilitators of compassion in child welfare organizations. More specifically, we are interested in what the current level of compassion for self and others is among child welfare workers in a local child welfare agency.

Description of the Study: Participation will involve the following:

For All Staff
- A focus group on compassion in the organization (90 minutes)

Focus groups will be audio recorded so I have an accurate record of our discussion. Audio-recording is voluntary, and you have the right to refuse to be audio-recorded at any time. If you do not want to be audio-recorded, we can interview you separately and write notes instead.

Themes Addressed: You will be asked about your experiences compassion and what makes compassion for others and self-compassion challenging or easy to implement in your organization.

Incentives to Participate: The results of your feedback could be used to create a one day training for all staff based on the feedback you provide, if the staff were interested. The training will be informed by the literature and your voices.

Risks or Discomforts: Some of you know me currently as the Director of another Children’s Aid Society. You may feel uncomfortable as you may worry that I am coming with preconceived notions, or that I will share your information with my agency staff. I want to assure you that my role in this study is a student. I have no authority in this agency. I am using reflexivity and supervision to ensure that I examine any biases I may bring to the project.
Also, I will be signing your agency’s confidentiality form and will in no way, share any information outside of this organization. I feel privileged to be allowed to listen to your voices and I take that responsibility seriously. My role in this project is to listen to you and learn from you.
You may also feel discomfort or upset when talking or thinking about your experiences, thoughts, or emotions as they relate to self-compassion. During the focus group, uncomfortable emotions may rise up that want to be addressed. You may skip questions or choose not to answer any questions. You can also opt out of the study at any time.

**Confidentiality:** If you decide to participate, your information will be kept confidential and will only be reviewed by those directly involved in the research. I will be signing a confidentiality form at your agency. No names or identifying information will be associated with the information contained in final research reports. All data will be stored at Wilfrid Laurier University using a password protected laptop. Any emails or phone numbers will be kept in separate folder away from all data. Consent forms on paper will be housed in a locked cabinet at Laurier University and will be shredded when all data is eliminated. Any research reports that result from this study will be presented in aggregate format, with all identifying information of participants removed. Quotations from the interviews may be used in the dissemination of research findings. Every effort will be taken to ensure confidentiality. If you are interested in reading through the planned reports (including quotations used), please include your email in the member checking section below. The de-identified data will be stored indefinitely, and may be used for secondary analyses in the future.

**Voluntary Nature of Participation:** Your participation in this study is voluntary; you may decline to participate without penalty. If you decide not to participate, it will not affect your relationship with Wilfrid Laurier University or your work at this agency. If you withdraw from the study, every attempt will be made to remove your data from the study, and have it destroyed. However, if you withdraw from the study after information has been de-identified, we will be unable to identify your data and remove it from the study. De-identifying information will occur 2 weeks after focus group completion. You have the right to omit any questions you choose.

**Benefits of the Study:** We believe that this research will make an important contribution to knowledge about the worker experiences with compassion. Worker self-compassion can lead to a decrease in worker absenteeism, worker stress and suffering as well as improve the quality of work with clients. People who are more self-compassionate will be able to be more supportive of individuals who require compassion, even when it is challenging. The information shared could be utilized to develop a 1-day training program to assist workers and leaders to increase their level of self-compassion, if staff are interested. The information will also help the field in understanding the level of compassion in child welfare organizations which could lead to the implementation of compassion based interventions within agencies.

**Planned Disseminations:** We will disseminate the anonymized research findings and their implications at national and international conferences. The research findings will also be submitted in partial fulfillment of the Laurier Master of Social Work degree requirements, disseminated at conferences (local, national, and/or international), and will be submitted to academic journals. The research will be published in open access journals so that everyone may
benefit from the knowledge base. A written report will be provided to all the staff of the organization involved in the research via email.

**Questions about the Study:** If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study) you may contact the researchers:

Gissele Taraba, Masters of Health Research Methods  
MSW Student, Wilfrid Laurier University  
Tara5550@mylaurier.ca  

Dr. Nancy Freymond, PhD  
Supervisor, Associate Professor, Wilfrid Laurier University  
nfreymond@wlu.ca

This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact:

**Consent to Participate in Research Study:**

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study. By consenting I understand that I do not waive any legal rights.

Participant's signature____________________________________ Date _________________

Investigator's signature____________________________________ Date _________________

I agree to be audio recorded during the focus group:

Participant's signature____________________________________

I agree to have quotes used from the focus group or evaluation in the study write up. I understand that every effort will be made to remove identifying information from these quotes. I understand that I will be able to review these quotes to approve their use in any disseminations:

I consent to the use of my direct quotations anonymized in reports of the study findings:  
_____yes  OR _____no  (please check one)

Participant's signature____________________________________
By participating in this focus group, I agree to keep all information confidential and to ensure that I do not share anything that is shared me with during the focus group with others outside of the focus group circle:

Participant's signature____________________________________

Your signature indicates that you have read the information in this agreement and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. By signing this agreement you are not giving up any of your legal rights.

**Member Checking:** We are interested in sending participants the themes identified from the focus group to ensure that they accurately reflect the group’s voice and to ensure that no identifying data is used. If you are you interested in participating in the member checking process please include your email below and I will email you the information when it becomes available. Information will be given to you in printed format once data analysis is complete and you will have two weeks to return to information back to me. You will be asked not to share this information with others.

Email Address: ________________________

Appendix C – Consent Form For Senior Leaders

**Title of Research Project:** Creating Compassionate Child Welfare Systems: Examining the level of compassion experienced by workers in a Child Welfare Organization

We would like to invite you to participate in a research study that will help us better understand compassion and self care in child welfare organizations. This study is being conducted by Gissele Taraba (MSW Candidate) under the supervision of Dr. Nancy Freymond (Associate Professor, Faculty of Social Work).

If you require an accessible document or have accessibility needs, please contact Gissele at tara5550@mylaurier.ca and she will do her best to meet these.

**Purpose of the Study:** Child welfare work is challenging work and can lead to worker experiences of vicarious trauma and PTSD. Ensuring that workers have the tools they require to take care of themselves is important as well as ensuring that the organization supports workers resiliency and care. We are interested in understanding more about the barriers and facilitators of compassion in child welfare organizations. More specifically, we are interested in what the current level of compassion for self and others is among child welfare workers in a local child welfare agency.
Description of the Study: Participation will involve the following:

For Executive Leaders

- Leaders: involvement in one to one interviews with researcher (60 minutes)

Interviews will be audio recorded so I have an accurate record of our discussion. Audio-recording is voluntary, and you have the right to refuse to be audio-recorded at any time. If you do not want to be audio-recorded, we can interview you separately and write notes instead.

Themes Addressed: You will be asked about your experiences with compassion and what makes compassion for others and self-compassion challenging and easy to implement in your organization.

Incentives to Participate: The results of your feedback could be used to create a one day training for all staff based on the feedback you provide, if the staff were interested. The training will be informed by the literature and your voices.

Risks or Discomforts: Risks or Discomforts: Some of you know me currently as the Director of another Children’s Aid Society. You may feel uncomfortable as you may worry that I am coming with preconceived notions, or that I will share your information with my agency staff. I want to assure you that my role in this study is a student. I have no authority in this agency. I am using reflexivity and supervision to ensure that I examine any biases I may bring to the project. Also, I will be signing your agency’s confidentiality form and will in no way, share any information outside of this organization. I feel privileged to be allowed to listen to your voices and I take that responsibility seriously. My role in this project is to listen to you and learn from you. You may also feel discomfort or upset when talking or thinking about your experiences, thoughts, or emotions as they relate to self-compassion. During the focus group, uncomfortable emotions may rise up that want to be addressed. You may skip questions or choose not to answer any questions. You can also opt out of the study at any time.

Confidentiality: If you decide to participate, your information will be kept confidential and will only be reviewed by those directly involved in the research. I will be signing a confidentiality form at your agency. No names or identifying information will be associated with the information contained in final research reports. All data will be stored at Wilfrid Laurier University using a password protected laptop. Any emails or phone numbers will be kept in separate folder away from all data. Consent forms on paper will be housed in a locked cabinet at Laurier University and will be shredded when all data is eliminated. Any research reports that result from this study will be presented in aggregate format, with all identifying information of participants removed. Quotations from the interviews may be used in the dissemination of research findings. Every effort will be taken to ensure confidentiality. If you are interested in reading through the planned reports (including quotations used), please include your email in the member checking section below. The de-identified data will be stored indefinitely, and may be used for secondary analyses in the future.
**Voluntary Nature of Participation:** Your participation in this study is voluntary; you may decline to participate without penalty. If you decide not to participate, it will not affect your relationship with Wilfrid Laurier University or your work at this agency. If you withdraw from the study, every attempt will be made to remove your data from the study, and have it destroyed. However, if you withdraw from the study after information has been de-identified, we will be unable to identify your data and remove it from the study. De-identifying information will occur 2 weeks after focus group completion. You have the right to omit any questions you choose.

**Benefits of the Study:** We believe that this research will make an important contribution to knowledge about the worker experiences with compassion. Worker self-compassion can lead to a decrease in worker absenteeism, worker stress and suffering as well as improve the quality of work with clients. People who are more self-compassionate will be able to be more supportive of individuals who require compassion, even when it is challenging. The information shared could be utilized to develop a 1-day training program to assist workers and leaders to increase their level of self-compassion, if staff are interested. The information will also help the field in understanding the level of compassion in child welfare organizations which could lead to the implementation of compassion based interventions within agencies.

**Planned Disseminations:** We will disseminate the anonymized research findings and their implications at national and international conferences. The research findings will also be submitted in partial fulfillment of the Laurier Master of Social Work degree requirements, disseminated at conferences (local, national, and/or international), and will be submitted to academic journals. The research will be published in open access journals so that everyone may benefit from the knowledge base. A written report will be provided to all the staff of the organization involved in the research via email.

**Questions about the Study:** If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study) you may contact the researchers:

Gissele Taraba, Masters of Health Research Methods  
MSW Student, Wilfrid Laurier University  
Tara5550@mylaurier.ca

Dr. Nancy Freymond, PhD  
Supervisor, Associate Professor, Wilfrid Laurier University  
nfreymond@wlu.ca

This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact:

Jayne Kalmar, PhD, Chair,  
University Research Ethics Board, Wilfrid Laurier University,  
(519) 884-1970, extension 3131 or REBChair@wlu.ca
Consent to Participate in Research Study:

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study. By consenting I understand that I do not waive any legal rights.

Participant's signature____________________________________ Date _________________

Investigator's signature____________________________________ Date _________________

I agree to be audio recorded during the interview:

Participant's signature____________________________________

I agree to have quotes used from the focus group or evaluation in the study write up. I understand that every effort will be made to remove identifying information from these quotes. I understand that I will be able to review these quotes to approve their use in any disseminations.

I consent to the use of my direct quotations anonymized in reports of the study findings:

_____yes  OR  _____no  (please check one) Participant's signature____________________________________

Your signature indicates that you have read the information in this agreement and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. By signing this agreement you are not giving up any of your legal rights.
Appendix D – Poster

I am interested in learning about Compassion within child welfare. I am hoping that by completing a survey on self-compassion and organizational compassion, we can find out how to make child welfare agencies more compassionate places to be and work at!

IF this sound interesting to you, please follow the link and complete the following survey to assist us in understanding a little bit more about compassion in the child welfare system.

You will also be invited to be part of a focus group to share your thoughts about creating a more compassionate system.

The information you share may be used to create a tailored one day training on compassion for your organization!

If you would like to find out more about our study, please contact Gissele Taraba at tara5550@mylaurier.ca to find out more!

This study has received REB approval: #6381
Appendix E – Information Letter

Wilfrid Laurier University, Information Letter Online Survey

**Title of Research Project:** Creating Compassionate Child Welfare Systems: Examining the level of compassion experienced by workers in a Child Welfare Organization

We would like to invite you to participate in a research study that will help us better understand compassion and self care in child welfare organizations. This study is being conducted by Gissele Taraba (MSW Candidate) under the supervision of Dr. Nancy Freymond (Associate Professor, Faculty of Social Work).

If you require an accessible document or have accessibility needs, please contact Gissele at tara5550@mylaurier.ca and she will do her best to meet these.

**Purpose of the Study:** Child welfare work is challenging work and can lead to worker experiences of vicarious trauma and PTSD. Ensuring that workers have the tools they require to take care of themselves is important as well as ensuring that the organization supports workers resiliency and care. We are interested in understanding more about the barriers and facilitators of compassion in child welfare organizations. More specifically, we are interested in what the current level of compassion for self and others is among child welfare workers in a local child welfare agency.

**Description of the Study:** Participation will involve the following:

For All Staff
- Involvement in an online survey on self care and compassion (30 minutes)

**Themes Addressed:** You will be asked about your experiences with mindfulness, meditation, compassion for yourself, and the level of compassion in your organization.

**Incentives to Participate:** The results of your feedback could be used to create a one day training for all staff based on the feedback you provide, if the staff were interested. The training will be informed by the literature and your voices.

**Risks or Discomforts:** Some of you know me currently as the Director of another Children’s Aid Society. You may feel uncomfortable as you may worry that I am coming with preconceived notions, or that I will share your information with my agency staff. I want to assure you that my role in this study is a student. I have no authority in this agency. I am using reflexivity and supervision to ensure that I examine any biases I may bring to the project. Also, I will be signing your agency’s confidentiality form and will in no way, share any information outside of this organization. I feel privileged to be allowed to listen to your voices.
and I take that responsibility seriously. My role in this project is to listen to you and learn from you.

You may also feel discomfort or upset when talking or thinking about your experiences, thoughts, or emotions as they relate to self-compassion. During the focus group, uncomfortable emotions may rise up that want to be addressed. You may skip questions or choose not to answer any questions. You can also opt out of the study at any time.

**Confidentiality:** If you decide to participate, your information will be kept confidential and will only be reviewed by those directly involved in the research. I will be signing a confidentiality form at your agency. No names or identifying information will be associated with the information contained in final research reports. All data will be stored at Wilfrid Laurier University using a password protected laptop. Any emails or phone numbers will be kept in separate folder away from all data. Consent forms on paper will be housed in a locked cabinet at Laurier University and will be shredded when all data is eliminated. Any research reports that result from this study will be presented in aggregate format, with all identifying information of participants removed. Quotations from the interviews may be used in the dissemination of research findings. Every effort will be taken to ensure confidentiality. If you are interested in reading through the planned reports (including quotations used), please include your email in the member checking section below. The de-identified data will be stored indefinitely, and may be used for secondary analyses in the future.

**Voluntary Nature of Participation:** Your participation in this study is voluntary; you may decline to participate without penalty. If you decide not to participate, it will not affect your relationship with Wilfrid Laurier University or your work at this agency. If you withdraw from the study, every attempt will be made to remove your data from the study, and have it destroyed. Data from the online survey will not include names therefore it will be challenging to connect data to a particular individual, so please do not answer demographic questions if you feel you will be identified. You have the right to omit any questions you choose.

**Benefits of the Study:** We believe that this research will make an important contribution to knowledge about the worker experiences with compassion. Worker self-compassion can lead to a decrease in worker absenteeism, worker stress and suffering as well as improve the quality of work with clients. People who are more self-compassionate will be able to be more supportive of individuals who require compassion, even when it is challenging. The information shared could be utilized to develop a 1-day training program to assist workers and leaders to increase their level of self-compassion, if staff are interested. The information will also help the field in understanding the level of compassion in child welfare organizations which could lead to the implementation of compassion based interventions within agencies.

**Planned Disseminations:** We will disseminate the anonymized research findings and their implications at national and international conferences. The research findings will also be submitted in partial fulfillment of the Laurier Master of Social Work degree requirements, disseminated at conferences (local, national, and/or international), and will be submitted to academic journals. The research will be published in open access journals so that everyone may benefit from the knowledge base. A written report will be provided to all the staff of the organization involved in the research via email.
Questions about the Study: If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study) you may contact the researchers:

Gissele Taraba, Masters of Health Research Methods  
MSW Student, Wilfrid Laurier University  
Tara5550@mylaurier.ca  

Dr. Nancy Freymond, PhD  
Supervisor, Associate Professor, Wilfrid Laurier University  
nfreymond@wlu.ca  

This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact:

Jayne Kalmar, PhD, Chair,  
University Research Ethics Board, Wilfrid Laurier University,  
(519) 884-1970, extension 3131 or REBChair@wlu.ca  

Wilfrid Laurier University, Information Letter –Focus Group


We would like to invite you to participate in a research study that will help us better understand compassion and self care in child welfare organizations. This study is being conducted by Gissele Taraba (MSW Candidate) under the supervision of Dr. Nancy Freymond (Associate Professor, Faculty of Social Work).  
If you require an accessible document or have accessibility needs, please contact Gissele at tara5550@mylaurier.ca and she will do her best to meet these.

Purpose of the Study: Child welfare work is challenging work and can lead to worker experiences of vicarious trauma and PTSD. Ensuring that workers have the tools they require to take care of themselves is important as well as ensuring that the organization supports workers resiliency and care. We are interested in understanding more about the barriers and facilitators of compassion in child welfare organizations. More specifically, we are interested in what the
current level of compassion for self and others is among child welfare workers in a local child welfare agency.

**Description of the Study:** Participation will involve the following:

**For All Staff**
- A focus group on compassion in the organization (90 minutes)

Focus groups will be audio recorded so I have an accurate record of our discussion. Audio-recording is voluntary, and you have the right to refuse to be audio-recorded at any time. If you do not want to be audio-recorded, we can interview you separately and write notes instead.

**Themes Addressed:** You will be asked about your experiences with compassion and what makes compassion for others and self-compassion challenging or easy to implement in your organization.

**Incentives to Participate:** The results of your feedback could be used to create a one day training for all staff based on the feedback you provide, if the staff were interested. The training will be informed by the literature and your voices.

**Risks or Discomforts:** Some of you know me currently as the Director of another Children’s Aid Society. You may feel uncomfortable as you may worry that I am coming with preconceived notions, or that I will share your information with my agency staff. I want to assure you that my role in this study is a student. I have no authority in this agency. I am using reflexivity and supervision to ensure that I examine any biases I may bring to the project. Also, I will be signing your agency’s confidentiality form and will in no way, share any information outside of this organization. I feel privileged to be allowed to listen to your voices and I take that responsibility seriously. My role in this project is to listen to you and learn from you.

You may also feel discomfort or upset when talking or thinking about your experiences, thoughts, or emotions as they relate to self-compassion. During the focus group, uncomfortable emotions may rise up that want to be addressed. You may skip questions or choose not to answer any questions. You can also opt out of the study at any time.

**Confidentiality:** If you decide to participate, your information will be kept confidential and will only be reviewed by those directly involved in the research. I will be signing a confidentiality form at your agency. No names or identifying information will be associated with the information contained in final research reports. All data will be stored at Wilfrid Laurier University using a password protected laptop. Any emails or phone numbers will be kept in separate folder away from all data. Consent forms on paper will be housed in a locked cabinet at Laurier University and will be shredded when all data is eliminated. Any research reports that result from this study will be presented in aggregate format, with all identifying information of participants removed. Quotations from the interviews may be used in the dissemination of research findings. Every effort will be taken to ensure confidentiality. If you are interested in reading through the planned reports (including quotations used), please include your email in the
member checking section below. The de-identified data will be stored indefinitely, and may be used for secondary analyses in the future.

**Voluntary Nature of Participation:** Your participation in this study is voluntary; you may decline to participate without penalty. If you decide not to participate, it will not affect your relationship with Wilfrid Laurier University or your work at this agency. If you withdraw from the study, every attempt will be made to remove your data from the study, and have it destroyed. However, if you withdraw from the study after information has been de-identified, we will be unable to identify your data and remove it from the study. De-identifying information will occur 2 weeks after focus group completion. You have the right to omit any questions you choose.

**Benefits of the Study:** We believe that this research will make an important contribution to knowledge about the worker experiences with compassion. Worker self-compassion can lead to a decrease in worker absenteeism, worker stress and suffering as well as improve the quality of work with clients. People who are more self-compassionate will be able to be more supportive of individuals who require compassion, even when it is challenging. The information shared could be utilized to develop a 1-day training program to assist workers and leaders to increase their level of self-compassion, if staff are interested. The information will also help the field in understanding the level of compassion in child welfare organizations which could lead to the implementation of compassion based interventions within agencies.

**Planned Disseminations:** We will disseminate the anonymized research findings and their implications at national and international conferences. The research findings will also be submitted in partial fulfillment of the Laurier Master of Social Work degree requirements, disseminated at conferences (local, national, and/or international), and will be submitted to academic journals. The research will be published in open access journals so that everyone may benefit from the knowledge base. A written report will be provided to all the staff of the organization involved in the research via email.

**Questions about the Study:** If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study) you may contact the researchers:

Gissele Taraba, Masters of Health Research Methods  
MSW Student, Wilfrid Laurier University  
Tara5550@mylaurier.ca

Dr. Nancy Freymond, PhD  
Supervisor, Associate Professor, Wilfrid Laurier University  
nfreymond@wlu.ca

This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact:
Wilfrid Laurier University, Information Letter Interview


We would like to invite you to participate in a research study that will help us better understand compassion and self care in child welfare organizations. This study is being conducted by Giselle Taraba (MSW Candidate) under the supervision of Dr. Nancy Freymond (Associate Professor, Faculty of Social Work). If you require an accessible document or have accessibility needs, please contact Giselle at tara5550@mylaurier.ca and she will do her best to meet these.

Purpose of the Study: Child welfare work is challenging work and can lead to worker experiences of vicarious trauma and PTSD. Ensuring that workers have the tools they require to take care of themselves is important as well as ensuring that the organization supports workers resiliency and care. We are interested in understanding more about the barriers and facilitators of compassion in child welfare organizations. More specifically, we are interested in what the current level of compassion for self and others is among child welfare workers in a local child welfare agency.

Description of the Study: Participation will involve the following:

For Executive Leaders
- Leaders: involvement in one to one interviews with researcher (60 minutes)

Interviews will be audio recorded so I have an accurate record of our discussion. Audio-recording is voluntary, and you have the right to refuse to be audio-recorded at any time. If you do not want to be audio-recorded, we can interview you separately and write notes instead.

Themes Addressed: You will be asked about your experiences with compassion and what makes compassion for others and self-compassion challenging and easy to implement in your organization.
Incentives to Participate: The results of your feedback could be used to create a one day training for all staff based on the feedback you provide, if the staff were interested. The training will be informed by the literature and your voices.

Risks or Discomforts: Some of you know me currently as the Director of another Children’s Aid Society. You may feel uncomfortable as you may worry that I am coming with preconceived notions, or that I will share your information with my agency staff. I want to assure you that my role in this study is a student. I have no authority in this agency. I am using reflexivity and supervision to ensure that I examine any biases I may bring to the project. Also, I will be signing your agency’s confidentiality form and will in no way, share any information outside of this organization. I feel privileged to be allowed to listen to your voices and I take that responsibility seriously. My role in this project is to listen to you and learn from you. You may also feel discomfort or upset when talking or thinking about your experiences, thoughts, or emotions as they relate to self-compassion. During the focus group, uncomfortable emotions may rise up that want to be addressed. You may skip questions or choose not to answer any questions. You can also opt out of the study at any time.

Confidentiality: If you decide to participate, your information will be kept confidential and will only be reviewed by those directly involved in the research. I will be signing a confidentiality form at your agency. No names or identifying information will be associated with the information contained in final research reports. All data will be stored at Wilfrid Laurier University using a password protected laptop. Any emails or phone numbers will be kept in separate folder away from all data. Consent forms on paper will be housed in a locked cabinet at Laurier University and will be shredded when all data is eliminated. Any research reports that result from this study will be presented in aggregate format, with all identifying information of participants removed. Quotations from the interviews may be used in the dissemination of research findings. Every effort will be taken to ensure confidentiality. If you are interested in reading through the planned reports (including quotations used), please include your email in the member checking section below. The de-identified data will be stored indefinitely, and may be used for secondary analyses in the future.

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Benefits of the Study: We believe that this research will make an important contribution to knowledge about the worker experiences with compassion. Worker self-compassion can lead to a decrease in worker absenteeism, worker stress and suffering as well as improve the quality of work with clients. People who are more self-compassionate will be able to be more supportive of individuals who require compassion, even when it is challenging. The information shared could be utilized to develop a 1-day training program to assist workers and leaders to increase
their level of self-compassion, if staff are interested. The information will also help the field in understanding the level of compassion in child welfare organizations which could lead to the implementation of compassion based interventions within agencies.

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**Questions about the Study:** If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study) you may contact the researchers:

Gissele Taraba, Masters of Health Research Methods
MSW Student, Wilfrid Laurier University
Tara5550@mylaurier.ca

Dr. Nancy Freymond, PhD
Supervisor, Associate Professor, Wilfrid Laurier University
nfreymond@wlu.ca

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Jayne Kalmar, PhD, Chair,
University Research Ethics Board, Wilfrid Laurier University,
(519) 884-1970, extension 3131 or REBChair@wlu.ca
Appendix F-Email

Draft Email for Survey Completion

Hello everyone,

My name is Gissele Taraba and I’m an MSW student at Wilfrid Laurier University. Some of you may be aware that I have a role in leaders at another organization. I am emailing you as a student, not in any of my previous roles. I am humbled and grateful to be able to hopefully listen to your voices as you consider participating in this initiative.

I’m currently studying the role of compassion in child welfare organizations and I need your help. My study is called: Creating a Compassionate Child Welfare System: Examining the level of compassion experienced by workers in a Child Welfare Organization. My thesis supervisor is Dr. Nancy Freymond. Child welfare work is currently fraught with litigation, anxiety, and stress and can lead to vicarious trauma and post traumatic stress disorder (PTSD). As a field, there has been increased interest in how to ensure that workers can protect themselves from worker burnout and can increase their level of well being and resiliency.

Compassion based training has been found to counter the effects of vicarious trauma and compassion fatigue. The literature on compassion is finding that it can positively influence burn out, worker retention, and even allow workers to adjust to constantly changing environments.

If this sound interesting to you, I am asking you to complete this ANONYMIZED survey below to help us understand compassion with child welfare. This could be used to develop a 1 day training program to increase workers self-compassion and develop strategies to increase the level of compassion at the organizational level, if staff were interested.

SURVEY LINK:

Attached is the consent form for the study. The online survey will also prompt you to read and consent to participate before you are able to move to the first question. Please ensure you read the consent form thoroughly before you complete the link.

Workers will also be invited to participate in a focus group around their self-compassion and organizational compassion. If you are interested in being involved, please contact me at tara5550@mylaurier.ca or 905-941-2544. Alternatively, you can include your contact information at the end of the survey and I will contact you. If you request to be part of the focus group, a separate consent form will have to be completed.

If you are a leader in the organization, you can also be involved in a focus group. Members of the leaders team will also have their own opportunity to share what they perceive to be the barriers and facilitators to organizational compassion. They are encouraged to contact me at the information above if they are interested in being involved.

This study has received REB approval # ______________
Thank you so much and look forward to chatting with everyone soon,
Best wishes,
Giselle.
Appendix G - Changes in Child Welfare

My friend Sarah has been tracking all the changes in child welfare for a number of years. This is actually not inclusive of agency based changes just general changes she has observed. In a number of cases, changes were still being implemented from previous years when a new initiative was introduced.

1990 – United Nations Rights of the Child
1995 – Introduction of the Eligibility Spectrum
1997 – Revisions to ES
1998 – Revisions to the Child Protection Standards
2000 - IFRS
2000 – ORAM
2000 – provincial recording system – IFRS
2000 – Revisions to ES
2001 – Jordan Heikamp inquest – 20 recommendations for child welfare?
2002 – Jeffrey Baldwin death
2003 – IFRS new computer system – Lotus Notes
2005 – Collaborative Child Welfare Model – committee, paper
2006 – PRIDE/SAFE training and regulations
2006 – Revisions to ES
2006 – CFSRB
2006 – new computer systems – Eforms
2007 – Revisions to the Child Protection Standards (Differential Response Introduced)
2009 – Jared Osidacz inquest - 10 recommendations for child welfare?
2009 – introduction to SOS
2011 – Funding formula amended
2012 – CCSY/ECM
2013 – Early Help paper
2013- Provincial Performance Indicators
2014 – Jeffrey Baldwin inquest – 65 recommendations for child welfare?
2015 – 101K policy change
2015 – New Information System CPIN begins to be rolled out
2016 – Kateyn Sampson Inquest-173 recommendations
2016 – New Eligibility Spectrum (Differential Response)
2016 –New Worker Training Authorization
2018 – CFSA changes to CYFSA
2018 –Increase age of protection
2019 –Modernization
2020 –Revamping funding formula?
© Sarah Robertson communication 2020.
Appendix H- Content Analysis Categories

A) Compassion Facilitator

*Word Count for Rights Category*

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B) Surveillance and Control

*Word Count for Accountability and Power Category*

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<td>922</td>
<td>27 (but it was “in order” so not relevant)</td>
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*Word Count for Prescription*

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### Word Count for Risk and Timelines Category

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<td>Timely</td>
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REFERENCES


http://doi.org/10.1371/0022-3514.45.3.587.


Munro, E., Turnell, A., Murphy, T. (2016). *You can’t grow roses on concrete*. Munro, Turnell & Murphy Child Protection Consulting. 


Ontario Association for Children’s Aids (OACAS). (July 18, 2020). *OACAS our History.* Retrieved from https://www.oacas.org/who-we-are/our-history/


Preston, S. (2013). *Demystifying the commodification of social relations*
in the Ontario child protection system: A marxist approach to textual analysis.


Paper presented at a meeting of the Mississippi Valley Historical Association, Minneapolis, Minneapolis, USA.


Worline, M. (2020, June). *How to bring compassion into organizations*. Presentation at the Mindfulness and Compassion Global Summit. [online: https://www.mindfulsummits.com/3-day-schedule]