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CONTRADICTIONS IN CARE

Labour conditions, conflicting values,
and crisis in child protection social work in Nova Scotia

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Summary

The goal of this research is to understand the challenges faced by child protection social workers within the Department of Community Services (DCS) and propose short—and long-term policy and system changes. While this report focuses on social workers' experiences and mirrors their commitments, our primary responsibility is to the families and children who must often survive a system intended to support them.

Over the last two decades, there has been a growing public awareness of the problems in Nova Scotia's child welfare system. Yet very little is known about the specifics of child welfare work, and even less is understood about the experiences and perspectives of those charged with that work. To redress this oversight, this report draws attention to the experiences of child welfare social workers in Nova Scotia who shared that their working lives are increasingly characterized by high caseloads, staffing shortages, low wages, insufficient resources, including training, mentorship, and support, and an inability to practice effective, socially just social work.

Between June and August 2024, we conducted in-depth, open-ended interviews with 15 social workers, all registered with the Nova Scotia College of Social Workers and currently or recently employed in the DCS in Nova Scotia. Participants worked in several frontline capacities and were located across the province. Our interviews focused on topics that included motivation for pursuing social work as a career, education and training, working conditions, barriers to doing the work in accordance with social work values and practice standards, as well as the implications of those barriers.

These child protection social workers are profoundly committed to and invested in their work and, in turn, the children and families they work

with. However, they are equally aware that their commitment is, in itself, insufficient and that to do the work effectively, large-scale, multi-sectoral *systems* change is required.

This report is an effort to uncover the key concerns and daily struggles of those tasked with "protecting" children. To do this, it centres the mismatch between their professional, ethical obligations as social workers and the daily tasks required of child protection workers, and the moral distress they experience in turn. This moral distress is analyzed within a social justice framework to make visible the political, social and institutional policies and constraints that conflict with their professional values, obligations, and Code of Ethics. Central to our critical analysis is attention to broader, intersecting systemic issues, including poverty, unaffordable housing, food insecurity, and lack of access to supportive services, such as holistic public health care, culturally responsive childcare, and trauma—and violence-informed mental health supports. As the interviewees discussed, these problems underpin and shape the conditions of child protection work. They also bring families into contact with the system in the first place.

Across our conversations, child protection social workers stressed the need to cultivate space for the voices of those most affected by child protection systems—children, youth, and their families—to be heard and acted upon. Understanding their experiences, from *their* perspectives, is vital if genuine care that enables children, youth, and their families to express agency or control within the system is ever to be realized. In the meantime, this report proposes an initial set of short- and long-term policy recommendations from the perspective of the workers interviewed. We do not propose to offer remedies to deeply structural harms that continue to place children and families in contact with child protection systems. Nor do we have any quick solutions to stop further harm that emerges from the involvement of families and workers in the system. This report is a call to action to do what is needed now and, in the future, to care well for all Nova Scotian children and families (and those who care for them).

Key findings

Our findings were informed by a literature review and thematic analysis of 15 in-depth qualitative interviews with social workers currently or recently

employed in child welfare with the DCS who uniformly understood their participation in the research as 'a cry for help.'

More precisely, we highlight the following six conditions of their labour:

1. Caseload overload. Child protection social workers appear to consistently carry caseloads that exceed in number and complexity their capacity, as well as legislated caseload caps.

2. Time deficiencies. Given caseload overload, child protection workers simply lack the time required for effective, compassionate, and just care and intervention. When concerns about time are raised, social workers are frequently told to improve their time management; in other words, they are personally held responsible for the system's shortcomings.

3. Constant turnover and chronic understaffing. The daily challenges of the work have prompted a high turnover rate, and short-term illness leaves, leading to significant staffing deficiencies, including those of social workers and administrative/clerical staff. Social workers are often expected to fill these gaps with little to no consideration of their own caseloads. These high turnover rates also skew seniority within the sector, with technically junior social workers assuming senior roles and responsibilities.

4. Insufficient training and mentorship. The workers expressed considerable concern over the lack of training for new social workers and adjacent professionals (including health care and foster care professionals) who frequently interact with DCS-involved children, youth, and families. They also identified the need for more formal and consistent mentorship as a significant issue.

5. Misunderstood and devalued. All workers described feeling underappreciated, devalued, and misunderstood by their employer, adjacent professionals, and the public. They understood this in relation to the devaluation of gendered labour and a pervasive lack of insight into the work and role of child protection social work.

6. Moral distress and a lack of meaningful support. Our interviews reveal an essential workforce pushed to the brink, with workers experiencing burnout and moral distress. Social workers anticipate challenging work; less anticipated, however, is the dearth of resources to support that work. Those we interviewed spoke of an acute crisis of mental health amongst child protection workers and a near-total lack of support available to them. They also emphasized that the lack of support extends to children and families who cannot access the necessary resources.

Overview of recommendations

Our recommendations are comprised of short-term solutions to address the immediate, unsustainable working conditions prompting moral distress among our participants and their colleagues, recommendations for systemic change, and calls to develop an emancipatory and socially just system of child welfare in which every child truly matters and has equitable access to supports and resources.

Immediate recommendations include capping caseloads with recognition of caseload complexity, heightened valuation of social work roles with corresponding improved working conditions that include salary increases, as well as the implementation of policies that operationalize critical, anti-racist, and anti-oppressive frameworks to organize, guide, and empower their practice. This would necessarily include increased funding of community resources, training and mentorship that will allow workers to provide service more effectively and efficiently, thereby mitigating the need for future services. As noted by our participants, most of the children, youth, and families they encounter have prior histories of trauma that are often experienced intergenerationally. Racial trauma, the ongoing legacy of colonization, gender-based violence, and for many newcomers, the experience of war and displacement require frequent and scaffolded training to ensure competent, compassionate service delivery.

Given the psychological and emotional turmoil and moral distress described by our participants, we recommend unlimited mental health coverage and specific support for racialized workers who are additionally affected by racism both within and outside of the Department.

Our recommendations also include requiring child protection social work education to become a core course in social work programs (at both bachelor's and master's degree levels) and in interprofessional health education.

Systemic changes include the necessary recognition and validation of professional values, ethics, and professional standards, as well as the need for critical analysis of the structural underpinnings of a family's hardships. Such validation must resist neoliberal values and subsequent privatized service trends to recognize that solutions to problems do not solely rely on individual change, but also reflect the impact of social and economic environments on individuals and families. We also recommend that additional efforts be made to empower Indigenous and African Nova Scotian leadership and that resources continue to be allocated to operationalize and strengthen anti-racism policy and initiatives. Policy initiatives that strengthen families must also be reflected in system

change. There is a need for further legislation amendments or revisions to safeguard against punitive, disciplinary intervention and support parents and families through meaningful, compassionate, and preventative care.

Improving responses to gender-based and intimate partner violence requires system change to support the further development of trauma and violence-informed approaches based on social justice within a social and culturally responsive public health model. In general, our participants expressed a need for the Government to take measures to change the narrative regarding the role of child protection social workers, including implementing a protracted child protection social work media campaign to change negative perceptions of this work.

Finally, our recommendations include calls to develop an emancipatory and socially just system of child welfare that moves from a risk model to a social public health framework of child protection that implements a social model. This requires a paradigm shift from focusing on blaming individuals to holding the state accountable. We conclude with a call to eradicate poverty.

Summary of recommendations

1. Implement caseload caps that recognize caseload complexity

2. Build a supportive work environment that properly values the professional practice of social work

3. Better support training, mentoring and education of social workers in child protection

4. Support the necessary recognition and validation of professional values, ethics, and professional standards

5. Operationalize and adequately resource anti-racism policy and empower Indigenous and Africentric leadership

6. Better support families through timely, preventative, transparent and compassionate policy and practice

7. Improve responses to gender-based and intimate partner violence

8. Establish and sufficiently resource a Child and Youth Advocate Office

9. Develop, support, and sustain a social model of care

10. Address income security and eradicate poverty, guided by the social policy framework

Introduction

I am a good social worker in this Department, despite this Department, not because of it, but because of everything that led me to it.
—Social Worker interviewee

Between June and August 2024, we interviewed 15 child protection social workers currently or recently employed in Nova Scotia about their experiences, labour conditions, and hopes for the future of child welfare in the province. The concerns they shared with us are not new.

In 2017, the Nova Scotia Government Employees Union (NSGEU), which represents these workers, filed two grievances on behalf of its child protection members. The first alleged that the role of child protection social workers differed drastically from their job description.[1] According to the union, between 1996 and 2017, "the employer implemented continuous legislated changes involving new and revised policies, while at the same time, expanding responsibilities and accountability with increasingly complex cases requiring more expertise along with increasing supervision" but failed to formally account for those changes and the ensuing complexities in employee job descriptions and designations.

A group grievance was also filed on behalf of social workers in the short-term and long-term children in care and intake program at a regional Department of Community Services (DCS) office.[2] The concerns focused on safety, the mental health implications of front-line work, and and the need to recognize the vulnerability of DCS social workers to acute and secondary trauma, including post-traumatic stress disorder; workload and the need for caseload norms that allow workers to support families effectively; and worker retention and turn-over prompted by low morale, high levels of stress, feelings of inadequacy, diminished work-life

balance, and physical and mental illness. In the grievance, the twenty social worker signatories and their union representatives also stressed the importance of social worker involvement in developing protocol and practice guidelines and centring the profession's anti-oppressive values in child welfare interventions. While this grievance was formally resolved, eight years later, workers continue to be subjected to unsustainable conditions, resulting in high levels of distress and a deteriorating system of "care" and "support" for children and families.

The concerns raised in the 2017 grievances were echoed in a 2018 report published by the Canadian Association of Social Workers (CASW).[3] *Understanding Social Work and Child Welfare* offers a profoundly troubling account of the child welfare system across Canadian jurisdictions. Amongst their respondents, over 3200 self-selected social workers in child protection, 75 per cent reported unmanageable workloads; 45 per cent left the field due to stress or vicarious trauma; and 72 per cent said administrative responsibility impeded them from spending adequate time with their clients. The report reflects the profound pressures within the system and what many of their respondents experienced as a lack of appropriate and consistent support from their respective Departments and agencies. These participants stressed that while harmful to workers, the system's deficiencies had the greatest impact on those children and families with child protection involvement. Responding to the report, Nova Scotian social work clinicians Jacqueline Barkley and Robert S. Wright poignantly wrote that child protection social workers in Nova Scotia, like their counterparts across the country, were "unable to contribute to either coordinated or culturally competent interventions in large part due to excessive caseloads and to repressive supervisory and administrative practices."[4]

The Nova Scotia College of Social Workers (NSCSW) has also worked to respond to the myriad pressures within the system exerted on workers. In 2019, in collaboration with the NSGEU, the NSCSW launched the "Child Welfare on the Brink" campaign. This campaign raised public awareness and political discussion on the overextended state of the child welfare system. The campaign included bus advertisements in the HRM and CBRM, a website, and a series of engagements with social workers, foster care providers, and service providers. The "Child Welfare on the Brink" campaign led to the Collaborative Forum between the leadership of the DCS and the NSCSW to address core issues such as training, support caseloads, and the promotion of the social work profession, as well as the Children and Family Services Act. In addition to NSGEU and representation from the College, the forum included front-line

practitioners and faculty from the Dalhousie School of Social Work. The DCS terminated the collaboration before core issues could be addressed.

This research, then, is one of many starting points. It is a renewed attempt to understand and communicate the profound challenges that define child protection social work and, in turn, impact Nova Scotian families and children. This report takes as its premise the complicated and, at times, conflicted nature of current social work practice.

Social workers are often trained according to principles of social justice, an awareness of systemic forms of exclusion, and an understanding of the structural origins of that exclusion. They are, in turn, integrated within those systems and structures as frontline workers, becoming, themselves, a source or instrument of harm. Nowhere is this tension more acute than in child protection. Following their education and training, and aligned with the values of their professional associations, workers are equipped with the conceptual and relational tools to do the work of supporting children and families effectively; however, under-resourced, understaffed, and often highly individualistic and punitive in its orientation, the system creates many practical barriers to doing social work in a way that reflects their education/training. For workers directly working with families, this discrepancy, compounded by their profound interest in providing compassionate, meaningful support, is the source of considerable moral distress and injury. Additionally, for those we interviewed, the poor public image of child protection workers weighs heavily. Fuelled by negative media and political commentary, this is a crucial factor in workplace instability and once again highlights the widespread misunderstandings about the work of child protection workers.[5]

Though child protection social workers are left to contend with these conditions and their often-heart-breaking outcomes, they have very little say in them (and even less since 2017, as discussed below). Social workers and other service providers report being absent from policy development discussions and decisions and discouraged from advocating for themselves and their sector.[6] When they speak out, they often feel anxious that their critique will negatively affect their employment, further cutting them out from decision-making. This not only further curtails accountability within DCS but also limits transparency for the public.[7]

Methodology

Our involvement in this work follows from conversations we've had with child protection social workers in our respective capacities as teachers, mentors, researchers, advocates, and activists. This report had several specific and interrelated objectives:

- To elaborate the work of frontline child protection social workers,
- To detail the challenges they encounter in their work, and to reveal the systemic and root causes of those challenges, and
- To provide insight into what, from the vantage point of our participants—whose skills, knowledge, and capacities for meaningful work go vastly underutilized—an empowering, compassionate, and caring child welfare system might look like.

More precisely, the questions guiding this research are:

- What are the experiences of critically trained social work practitioners in their work in child protection? What are the challenges that child protection social workers encounter in their practices?
- How do workers understand the conditions of their employment and, in turn, navigate and meet their responsibilities vis-à-vis the existing child protection system?
- What are, from the perspectives of child protection social workers, the implications of their labour conditions on the children, youth, and families they serve?
- What is required for a more just, compassionate, and empowering child welfare system?

Our findings are based on 15 in-depth qualitative interviews and several follow-up conversations with social workers currently or recently employed in child welfare with the DCS in the Canadian province of Nova Scotia. The authors conducted the interviews, which were held online and in person and lasted from 90 minutes to five hours.

In Nova Scotia, child welfare is overseen by the DCS, which has local offices across the province. Under the framework of DCS, Mi'kmaw Family and Children Services (MFCS) provides on-reserve support to Indigenous children and families through three regional offices. MFCS offers a range of culturally responsive interventions, including family group conferencing. Our project did not interview MFCS social workers, and as such, the social workers we interviewed worked exclusively off-reserve. We hope to include MFCS perspectives in further research.

Reflecting the gendered division and configuration of labour within the sector, the social workers we interviewed all identified as cis-gender women, and many were mothers. The time of employment with DCS included from within a year to three and ten years. Most of the social workers we interviewed were white, with a small percentage African Nova Scotian and Indigenous.

Our research team is comprised primarily of white academic (though not exclusively) researchers. We occupy spaces of economic, social and political privilege, and we are not, with some exception, the women experiencing the system (one author has been public in sharing her experiences with child welfare services as a mother). It is also worth explicitly stating that our sample of workers is not racially reflective of the (predominantly) women doing the work, nor the deeply racialized and otherwise marginalized children and families involved in child protection systems. This is not coincidental. Given the legacy of colonialism and the prevalence of racism within the system, fewer Indigenous, Black, and racialized people enter these professional spaces. At the same time, many of our participants (and potential participants we initially reached out to) feared reprisal from their employer for publicly sharing their views and experiences. Given the generalized climate of systemic racism in the province and in government institutions, such a risk is compounded for racialized social workers, even as provincial Departments, like DCS, take important steps to ensure adherence to newly developed anti-racism policies.

We have omitted any directly identifying information, notably around parental status, specific length of time with DCS, and race. The effect, in turn, is a flattening of significant differences amongst our participants—differences that, in many instances, are critical to how they

experience their work and, as such, would have undergirded important analysis and findings. In addition to the limits of our sample, there are several implications of this flattening. In the first instance, the report inadequately details the direct experiences of African Nova Scotian, Black, and Indigenous workers, and as such, fails to properly account for the structural, systemic, and interpersonal racism that adjacent research has long pointed to as endemic in both child welfare and social service provisioning more broadly. In the second instance, the report lacks a depth of insight, from the vantage point of workers, of the implications of a historically and contemporaneously racist system for the Indigenous, Black, and African Nova Scotian children and youth who are over-represented in the system.

This is not to suggest that our white participants had no awareness of this history and the way it has articulated forward—indeed, all participants reflected on the uneven and potentially brutalizing effect of child protection involvement in the lives of Indigenous, Black, and African Nova Scotian families. All spoke at length about government intervention as the origin of intergenerational trauma. That said, with only some (though important) exception, they did so from the vantage of white settlers and, as such, likely missed important nuance and detail and failed to capture the manifold impacts of racism on children and youth with DCS involvement, and crucially, how, they—if inadvertently—might be complicit in those impacts. In a similar vein, in our discussion of the child protection landscape in the province, as well as our findings and analysis, we attend to these realities, and in so doing, we draw on both Indigenous and Black scholarship. However, the privilege and social location of most of the researchers on the team, as white settlers (as well as the majority of our participants), undoubtedly constrain this discussion. We anticipate, then, that a similar project conducted by a different research team and focusing more explicitly on the experiences of Black and Indigenous social workers would yield additional challenges and themes. Similarly, further research focusing more explicitly on the experiences of 2SLGBTQIA+ children, youth and families would also yield additional challenges and themes. Critical and often politically unpopular, social justice work requires building relationships of trust and safety—particularly between racialized participants and a predominately white researcher team. We wish to acknowledge this, to validate these concerns, and to express our ongoing commitment to, in further research and activism work, to centre these voices.

Finally, we wish to acknowledge the women who shared their stories with us. As a research team, we were struck by the overwhelming

compassion, commitment, and concern these women—our participants—had for children and families with whom they work(ed). They wanted their stories to be heard and took on the associated risks so that they—and their colleagues—could move closer to working conditions that facilitate caring well *for* and *with* children and families. Their motivations for speaking were not to smear or talk poorly of their employer or anyone else; they simply want their employer, decision-makers, and the public to take seriously the implications of their poor working conditions and the inherently negative impacts such conditions have on Nova Scotia's children and families. As researchers, we are inspired by their strength, dedication, and commitment to building a more just society.

Background

Legislative and practice context

Nova Scotia's first piece of legislation focused on the protection of children passed in 1882. The *Prevention and Punishment of Wrongs to Children Act* extended protections previously afforded animals to young people.[8] The Act established the state's authority to investigate and intervene in suspected cases of child maltreatment and, in turn, solidified the idea that the state is obligated to intervene in situations where children are at risk of cruelty.[9] The Act also formally defined what constituted maltreatment. It named not only physical harm but neglect, deprivation, and, importantly, any activity that might lead a child to "an idle or dissolute life."[10]

While concerns about overt physical abuse may have responded to valid concerns for the immediate bodily safety of children, references to "an idle or dissolute life" left ample room for the state to pre-emptively and harshly respond to the unwillingness or inability of parents to conform to specific and classed social, cultural, and economic norms. In this way, child protection was not simply a mechanism to mitigate harm or redress abuse. Rather, it served a disciplining and punitive role, typically targeting low-income and working-class parents, lone mothers, and, most strategically and violently, Indigenous and Black families. Central to this was the ability of the state to remove children from their homes. Importantly, however, in this early period, this intervention primarily targeted Indigenous and Black families. Indeed, the state's willingness to apprehend white children was relatively low. For many families, this method of intervention and the severance of deep cultural, emotional,

and physical ties set in motion a cycle of intergenerational trauma, marginalization, and child protection involvement that persists.

> **One file stands out as an example. We were stopping in [to the home] pretty consistently for a while; sometimes weekly, but sometimes, three times a week. And the conversation with the team, was like: is mom doing good enough? Knowing that coming into care is traumatic, are we going to do a better job than what she's doing? And the answer was no, we can't do better. We (the system) had raised that mother—raised her without the skills she needed to care for her own children.**
> ***—Social Worker, interviewee***

Both the "child-saving" and the disciplining functions of early child welfare overlooked the complex, often insurmountable, and underlying contributors to the abuse and neglect of children—that is, the profound social, economic, and political struggles of families. In Nova Scotia, as in other Canadian and British jurisdictions, the emergence of social work ran in tandem with the establishment and maturation of systems of child protection. Representing the state through their direct involvement with families, social workers professionalized, in part, through their roles within early child welfare. In turn, social work and the activities of practitioners would formalize and operationalize risk assessment as the primary means of determining if a child could or should remain within their family. Following this trajectory, social work, in the context of child welfare, would become a practice of identifying "red flags." While not definitive of the profession at the time, it would limit efforts to mobilize for broader system change, shifting the locus of blame away from structural inequality and deep social and economic disparities toward parents who were held responsible for conditions over which they had very little control.

Welfare retrenchment and the emergence of a risk-based system

Beginning in the 1950s, following the Second World War, and responsive to the social and economic conditions of the Great Depression, Canada—like many countries in the global north—expanded state-supported systems of social care. While these efforts did not remedy all forms of social exclusion and marginalization, state welfare ensured a minimum standard of well-being for many Canadians. Family allowances (1945), universal health care (1966), guaranteed income supplements for seniors

(1967) as part of old age security, disability support, and additional support for public education were initiated during this period. In the 1970s and 80s, before the maturation of neoliberal ideology, open-ended federal-provincial cost-sharing programs like the Canada Assistance Plan (1966-1996) (CAP) encouraged provinces to build and sustain public services with federal support. The CAP also transferred responsibility for child welfare solely to provincial jurisdiction.

In Nova Scotia, reflecting a moment of more robust resourcing made possible by the CAP, early provincial child protection was, according to Ilana Luther, "focused not on institutionalizing and removing children from the home, but rather on preventive social work to keep the children—of certain families—in the home."[11] This reflects a social model of child welfare where system actors work *with* families to identify and meet children and family's needs.[12] Overseeing this work was the Department of Public Welfare, which, created in 1944, brought matters related to social welfare under the minister of public health. In 1946, a separate minister was appointed. In 1973, the Department was renamed Social Services, and then, in 1987, the DCS.

Of vital importance, despite the ostensibly more supportive nature of early child welfare in the province, not all families were treated equally, and indeed, some, more than others, were treated punitively. Luther's caveat "certain families" signals the reality that many families have always been systematically excluded from such support, and reflecting the cyclical nature of such exclusions, more aggressively targeted by the more punitive and damaging parts of the system. Social work scholar and child welfare critic Raven Sinclair traces this history in relation to Indigenous families, explaining that the intense involvement of child welfare systems in Indigenous life across Canada emerged quite strategically as the residential school system waned in its dominance.[13] Indigenous social work scholar and child rights advocate Cindy Blackstock makes a similar case, arguing that the contemporary child welfare system is a continuation of the residential school system. Indeed, despite the purported less intrusive approach of child welfare systems in the 1960s and 1970s, by the 1970s, one in three First Nation children was "in care," either temporarily fostered or permanently adopted outside of their family of origin. Both authors stress the colonial violence embedded within this practice.

The deepening and expansion of welfare provisioning ran parallel (and prompted) a reactionary ideological movement in neoliberalism. With its intellectual origins in the post-war period, by the late 1980s and early 1990s, neoliberalism had matured and came to dominate

most public and political decisions. Characterized by individualism, privatization, and austerity vis-à-vis public services, the neoliberal turn has hollowed out social welfare provisioning. This steady cutting back of resources meant that many families struggled to meet their needs. In 1989, the child poverty rate in Nova Scotia sat at nearly 12 per cent of all children. By 1997, it was almost 19 per cent of all children. At this point, the province experienced a slight decrease in child poverty, attributed to the introduction of two federal programs, the Canada Child Tax Benefit in 1993 and the National Child Benefit Supplement in 1998. These programs transferred income directly to families across the country.[14] Current rates of child and family poverty in Nova Scotia exceed the 1997 peak and have increased from 18.4 per cent in 2020 to 20.5 per cent in 2021, the highest single-year increase since 1989. This number represents 35,330, or one in five children. While there is geographic variation with rates in some counties ranging from 30 to 60 per cent, consistently across this time frame, and preceding it, African Nova Scotian, Indigenous, and children of lone parents experience the highest rates of child poverty.[15]

In the contemporary moment, absent meaningful support and resource redistribution, having a low income has spiralling effects. Low-income families experience much higher rates of food insecurity, with 31.4 per cent of Nova Scotian children living in food insecure households. Nearly 70 per cent of low-income families that rent in the province spend more than 39 per cent of their income on housing, with many paying 50 per cent or more.[16] The implications of food and housing insecurity are, for children, lifelong: illness; premature mortality; poorer mental health, including depression and anxiety; and social isolation and exclusion. In this context, child protection services have become preoccupied with identifying and mitigating harm to children.[17] However, rather than understanding these conditions and outcomes in relation to eroding social support infrastructure, deepening poverty, and increasing employment precarity, the focus turned to the individual actions and inactions of parents and immediate caregivers. In contrast to the earlier model of supporting families, as had been somewhat possible in the 1970s (and again, only for some families), parents, particularly mothers, came to be viewed as perpetrators and held individually responsible for the harm experienced by their children (i.e., poverty, unstable housing and domestic violence).

The central tenant or organizing feature of this approach is risk. Within such a system, the primary role of a social worker became to identify, assess, manage, and mitigate risk, both actual and perceived. Children were rendered "in need of protection" through standardized

risk assessment tools that measured parental capacity (or "fitness to parent"). Responsible for determining risk, social workers shifted their involvement from working *with* families to judging/assessing families according to often culturally inappropriate and deeply stigmatizing logics and criteria, and coercively requiring families to participate in top-down, pre-determined, and typically Euro-centric Western "solutions" (i.e., parents to attend parenting or anger management classes, short-term counselling)—solutions that often generate more stress and complexity for already-struggling parents.[18] A considerable body of critical scholarship has demonstrated that this assemblage of assessments and mandated programs was not, nor are they currently, practically helpful for families. Moreover, critics have argued that these assessments are more about liability and ensuring the state is protected in the event of death or acute harm.[19]

The Children and Family Services Act (1990/91) (2017): Cementing a risk-based approach

Currently, child welfare in Nova Scotia is legislated and organized through the *Children and Family Services Act (CFSA)*, which, in 1990-91, replaced the earlier *Children's Services Act (CSA).* According to Luther, the CFSA cemented the need for "objective evidence of harm" (i.e., risk assessments) in determining the need for state intervention and a heightened focus on the child's needs in placement decisions.[20] This contrasted with the earlier CSA, which had retained explicitly moralizing yet vague criteria for removing children. Instead, the 1990/91 Act substantiated criteria around suspected forms of harm, notably physical harm, sexual abuse, emotional abuse, exposure to violence, and neglect.

Reflecting on the socio-economic conditions of many children in the province at the time of this legislation, the act's definition of neglect left countless families vulnerable to DCS involvement. Here, the failure to provide food, clothing, and shelter, to adequately supervise or offer affection or cognitive stimulation are all symptomatic of larger structural constraints and exclusions. Additionally, CFSA emphasized the impact of specific behaviours and conditions on the child through formal psychological/psychiatric lenses. Section 22, clause *h* of subsection two reads: *the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development, and the child's parent or guardian does not provide, refuses*

or is unavailable or unable to consent to, or fails to cooperate with the provision of, services or treatment to remedy or alleviate the condition. Risk and harm, in other words, would come to be assessed according to a growing list of behaviours classified as abnormal *in the child*, with little meaningful attention paid to the material and social conditions of the child or family.

The 1990/91 Act also established a more deliberate and time-constrained investigation process, during which the nature and extent of the intervention would be decided. Finally, it indicated that any child welfare involvement needed to adhere to the principle of the least intrusive intervention. In other words, the Act set a standard of high support coupled with restrained and cautious Department involvement, particularly where temporary and permanent placements were concerned. Yet, and reflecting the maturation of neoliberal policy and practice, by 1992, in-home services—those required to prevent more intrusive measures—were cut in half[21]. The CFSA, in other words, expressed an intention and set of objectives that could not be realized given reduced resource allocation and the material realities facing families. It would remain largely unchanged until 2017 when amendments were made.

The 2017 amendments to the *Children and Families Services Act* were widely criticized for ushering in unnecessary complexity into the provision of child welfare services in Nova Scotia, presenting challenges for both staff and vulnerable populations across the province. Key changes included:

- Expanding the definition of 'a child in need of protective services,' allowing for more children to be taken into care (expanding the scope of risk)
- Narrowing timelines for case management, which not only increased workers' workloads, but presented challenges particularly for rural and low-income families for whom services and supports are not readily available (decreasing space for relationship-building)
- Removing the Ministers Advisory Committee, a key body that offered input and oversight of the system (less accountability for the system)
- Adding provisions to Section 88(A) of the Act, providing the Minister discretionary power to review the CFSA, removing Nova Scotians from these processes (a mechanism of silencing the voices of Nova Scotia children, families and child protection and other allied workers in legislative changes)

As complainants expressed in their 2017 grievance to the Province, these legislative changes further compromise Nova Scotia's child welfare system, and actors of the system, to be able to actively understand, work with and support (emotionally and materially) struggling children and their families. While the Department responded by suggesting that expanding the scope of child abuse and neglect would trigger earlier intervention, thereby preventing child abuse and/or neglect, workers, activists, and scholars (rightly) asserted that the new provisions would only lead to an increase in the number of referrals received by DCS and therefore more family being processed by the system, all within the existing context of scarce material resources (community supports, housing, child care) to offer families. With this in mind, it is not surprising that the amendments disproportionately and negatively impact Black and Indigenous families, whose representation has also increased since 2017.[22] Reflecting on these outcomes in the final report of the Nova Scotia Home for Colored Children Restorative inquiry, published in 2019, child protection workers suggested that "redesigned child welfare policy manual, procedures, programs, and service delivery [prompted by the 2017 amendment] continue[d] to be punitive with a heavy reliance on standardization, conformity, protection, and surveillance."[23]

The NSCSW has also been actively critiquing the 2017 amendments to the Children and Family Services Act, which have led to over-surveillance of marginalized and racialized families, created impossible court timelines, and increased the workload of child welfare social workers—all while adding no new resources to the profession. The College has made two submissions about the CFSA to express concerns and offer amendments. In June 2023, the NSCSW completed a paper on the child welfare system, rooted in a series of consultations with service providers and users, and proposed major reforms to the system. These reforms included the creation of a standalone Ministry of Child and Family Well-being, restructuring the social services system, integrating family-group and immediate-response conferencing, caseload review, and professional regulation, including leadership in the delivery of child welfare.

Perhaps most puzzlingly and ethically concerning, the 2017 amendments were accompanied by decreased provincial funding for social welfare supports, undercutting the entire continuum of critical services and resources available to families and service providers.[24] In a recent survey, 97 per cent of participants—all of whom were social workers in Nova Scotia—indicated that their communities lacked affordable housing, child care, and food, as well as the community programming necessary to support families[25] in the manner suggested

by the provincial government in rationalizing the amendment. This lack of access to basic resources, critical supportive services, and community programs is particularly significant in Nova Scotia, which has one of the lowest income support rates, has worsened due to inflation, and has one of the highest rates of poverty in Canada.[26] And yet, in the 2017 amendments, and through Departmental efforts to operationalize them, the structural factors that compromise a child and family's ability to be well are conveniently erased.[27] In turn, a growing number of marginalized and low-income families meet the CFSA threshold of "neglect" due to experiencing conditions of poverty, including challenges fulfilling their clothing, housing, food, and wellness needs.[28]

Finally, as legal scholar Sophie Fiddes argues, the 2017 amendments changed the law in relation to children who are exposed to intimate partner violence, resulting in an increase in children in temporary care. She argues that, despite the Legislature's intent to "strengthen families" through early intervention, the amended Act has, instead, facilitated high levels of (unwanted) intrusion into children's and family's lives, with a profoundly negative effect.[29] Many of our participants acknowledged that a web of intersecting issues, including experiences of relational violence, challenged the families they supported. Exposure to intimate partner violence (IPV) is the largest category of substantiated child maltreatment in the country,[30] and in Nova Scotia, it is often the cause of child welfare involvement.

In Nova Scotia, when an individual contacts police during an incident of intimate partner violence, a standardized pro-arrest, pro-charge and pro-prosecution policy response is initiated. While initially designed to prioritize the safety of the victim, this one-size-fits-all response has the unintended effect of omitting key contextual pieces of information necessary for police and other service providers, including child protection social workers, to intervene in a way that is supportive rather than purely punitive for children and families. Under these kinds of directives, criminalization becomes inevitable, creating more complexities and challenges for families already in extremely challenging and complex situations. Furthermore, once criminal and/or child protection systems have been activated, mothers (often the victims of IPV) are overwhelmingly held responsible for the abuse through a "failure to protect" discourse.[31] Put differently, mothers seeking help when experiencing IPV are, rather than receiving that help, confronted with invasive, coercive measures whereby a failure to comply could result in the apprehension of their child(ren). Such a response fails to account for the challenges women face in protecting their children from

the abuse they suffer and effectively discourages women—and others victimized by IPV—from seeking help. This is an everyday reality for mothers experiencing IPV who fear becoming involved in risk-based child protection systems or who—already involved—fear retaliation by the system.

For these reasons, mothers understandably are very cautious in seeking any community-based support: while all-out avoidance is often preferred, this is not always possible in cases of extreme abuse (or pregnancy). In longitudinal, field-based work with mothers experiencing child protection investigations, Fong (2024) observes these mothers expend a great deal of time and energy strategically navigating various health care, and community-based supports alongside child protection—and potential police—involvement.[32] Here, we see two reciprocal dynamics: IPV pulls families (often mothers and their children) into the system while simultaneously pushing them away from (or at least making them weary of) community-based support. This is particularly true for Indigenous, African Nova Scotians**,** and newcomers who experience disproportionate harm when accessing system support. A recent film informed by the voices of African Nova Scotians portrays how racism impacts responses to survivors of IPV and can lead to child apprehension. It concludes with a call to develop more culturally responsive care, expanding the critical work of the Africentric Child and Family Wellbeing Team within DCS.[33] And a call for the system to recognize that those who are racially, socially, and economically marginalized are most damaged by decontextualized criminalization and child "protection" processes.[34,35]

A number of researchers critical of punitive carceral IPV responses have also highlighted how such an approach not only fails to reduce incidents of violence[36] but also negatively impacts children with child protection involvement, notably those in care.[37] At the same time, recent inquiry into the state of gender-based violence in and by the province, notably the *Mass Casualty Commission,* has elicited critique of an absence of consideration of the deep intersection of IPV, gender-based violence, and child protection involvement.[38] The Commission sought to understand better, respond to, and mitigate future incidents of mass casualty following the violence of April 18-19, 2020, which left 22 Nova Scotians dead. A significant gap in the Mass Casualty Commission's Final Report was the failure to include an examination of child protection services, despite being a key response system to intimate partner violence. An intergenerational history of childhood abuse, including witnessing intimate partner violence, was a significant factor in influencing the perpetrator's ongoing violence towards his partner(s)

and ultimate act of mass violence and serves as a profound example of the need to support families in timely and meaningful ways. That said, the Mass Casualty Commissioners did outline 'missed opportunities for intervention', including—interrupting the intergenerational cycle of violence in the perpetrator's family and addressing the perpetrator's adverse childhood experiences.[39]

Understanding child protection timelines

The contemporary child protection system has been organized according to the logic of risk-based thinking, which extends back to the province's earliest child welfare legislation but has found new life in the context of neoliberal capitalism and the 2017 amendments. Heightened individualism, acute welfare retrenchment, and managerialism, coupled with a preoccupation with identifying and mitigating existing and future harm to individual children, have become emblematic of Nova Scotia's child welfare regime. To ensure "efficiency", frontline social work in child protection is organized into program areas. Described below, each corresponds to a different phase of child welfare involvement: screening, intake, long-term, temporary care and custody, and permanent care and custody. At each stage, a range of other professionals may become involved, including therapists, child support workers, and lawyers, in addition to those responsible for providing placement—foster parents, group home operators, and those who run temporary emergency accommodations (TEAs) (formerly, "places of safety"). Importantly, and reflecting the system's neoliberal impulse and configuration, many group homes in Nova Scotia, including the main providers and TEAs, are privately owned and operated for-profit enterprises.

When a referral is made, and after an initial screening, the first point of contact within the system is an intake social worker. This social worker is provided with a time frame corresponding to the situation's urgency and proceeds with an investigation into the referral. From there, the file is either closed (where the claim is unsubstantiated or additional involvement is deemed unnecessary) or transferred to a long-term social worker (where additional supports are needed). The timelines associated with this involvement are determined according to the child's age.

It is important to note that while social workers facilitate these processes, decisions are made, particularly difficult decisions, in consultation with a supervisor who oversees the program area. Child

protection specialists who work with DCS are utilized for consultation purposes and provide special permissions for additional funds to be allocated to specific cases and for modifications to timelines. Once a file is transferred to a long-term social worker, a legal proceeding may also be initiated, such that the process is also overseen by lawyers—one on behalf of DCS and one on behalf of the family (made available, as necessary, through legal aid). Court orders are issued and used to manage the parameters of parental involvement when placement outside of the family of origin is sought, as well as the requirements a parent must meet to retain, gain, or increase access to their child/ren. If a child is placed with a family member or friend, a third-party supervision order is issued for similar purposes. In other instances, where the child remains with the family of origin, DCS involvement may not involve lawyers or the court system.

When a long-term social worker assumes responsibility for the file after an investigation, their involvement is with the entire family unit. Put differently, they are the family's social worker. This includes the parents and any dependent children connected to the file. The long-term social worker works with the family and its supports to establish a safe and healthy baseline, enabling the children to remain with their parents. When this is not possible, temporary care arrangements are made, referred to as a temporary placement. Here, the objective is to ensure the child's safety while supporting the parent or guardian. Placement is first sought with family, friends, or someone suitable who is known to the parent. When this happens, the long-term social worker remains on the file, which now, in addition to the immediate family unit, includes the new, temporary caregivers. If this arrangement is unavailable, the social worker will investigate the possibility of a foster family. Amongst our participants, there was a strong preference for foster families over group homes and temporary emergency accommodations—though several interviewees spoke of the positive impact some TEAs could have. Critically, however, child protection specialists retain the final decision-making authority over where the child is placed.

At this point—or as soon as an alternative arrangement or placement with friends and family is no longer an option, a temporary care and custody (TCC) social worker becomes involved. TCC is one of two program areas where social workers are referred to as "children in care social workers." The other, described below, is permanent care and custody (PCC). The role of the TCC social worker is to work with and support the child in placement. They are, put differently, the child's social

worker. In turn, the long-term social worker remains connected to the family.

Where fostering is an option, a third social worker becomes involved. This worker works with and supports the foster parents. If the child's needs are too high, and/or there is no suitable foster arrangement available, the child is placed—typically with the involvement of a child welfare specialist—in a group home or treatment centre. If there is no available space at a group home, or if the child is under 12, they are placed in a temporary emergency accommodation (TEA). If, at any point, permanent placement is deemed necessary—in other words, the child cannot return to their family of origin—a permanent care and custody (PCC) social worker becomes involved, intending to initiate an adoption process eventually. Given their knowledge of the child, the TCC social worker remains temporarily connected to the file, with the PCC social worker and the TCC working together until the adoption is finalized. Adopting families are, in turn, assigned an adoption social worker.

Research findings

In what follows, we draw on the voices and experiences of our participants to describe how social workers understand and manage the conditions of child protection work in Nova Scotia. More precisely, this section documents a growing set of concerns about the conditions of child welfare work in the province and, in turn, about the ability of child protection social workers to effectively, compassionately, and justly meet the needs of children and families.

As has been outlined above, risk-based child "protection" systems, including Nova Scotia's, are reinforcing, rather than redressing, harms faced disproportionately by Black, Indigenous, and otherwise marginalized children and their families. In 2021, 53.8 per cent of children in Canada's foster care children were Indigenous, despite representing only 7.7 per cent of the child population.[40] In 2019, in Nova Scotia, 15 per cent of children in care were Black or had one Black parent.[41] Between 2021 and 2023, of children in child and youth care homes in Nova Scotia, 11 per cent were Black or of African descent and 18 per cent were Indigenous.[42] Our child protection worker participants grappled with this reality, their roles within the system, and, in turn, their complicity—perceived and actual—in those harms. In many instances, participants spoke of being set up to fail by a system largely disinterested in remedying issues that, if resolved, would allow workers to exercise their expertise in a manner aligned with their personal and professional values.

In sum, key issues identified by workers in this report are: chronic staffing shortages; lack of training and mentorship; high caseloads; inefficient retention policies; poor working conditions; low wages; and more broadly, the system's inadequate resourcing and subsequent inability to support families in meaningful ways that are congruent with

social work's code of ethics and standards of practice. The discrepancy between values and child protection protocol affects all our participants. However, it is more acutely felt by racialized social workers whose lived experiences of racism and exclusion both inside and outside of social service employment further challenge their sense of belonging in the context of their work. Further compounding this existential and moral distress, racism and exclusion emerge as a particular workload issue, underpinning and strengthening the negative impact of the more routine or administrative barriers experienced by all child welfare social workers, which we describe below.

Finding 1: Caseload overload

> **It's unbelievably difficult to triage your clients.**
> ***—Social Worker, interviewee***

According to advocates, practitioners, and many scholars of child welfare in Nova Scotia, the 2017 amendments to the *Children and Families Services Act* failed to realize the government's stated objective of ensuring that the legislation better reflected "the realities facing many of the children and families that need our support." Instead, the amendments limited access to funding and resources while expanding workers' workloads, profoundly impacting their ability to provide high-quality support to communities and families. Consistent across our interviews, the social workers reported managing caseloads that surpassed their capacity. As several participants reported:

> *There were so many files coming in, and it was like, well, someone's got to deal with them.*

> *When I began this work, I was told caseloads [were] high. [That] we [were] short-staffed. That was over [number of] years ago; things have declined rapidly and significantly. It's definitely the worst I've ever seen it.*

> *I had 50 [cases] at one point. Policy states you're not supposed to do any more than 20, but policy didn't seem to matter.*

Our participants consistently reported caseloads that exceeded DCS policy caseload maximums. This mirrors accounts documented and presented to the Department by the NSCSW[43] over the last six years, as well as by the Canadian Association of Social Workers. Amongst our

participants, a handful noted they had carried over fifty case files in the past year—a situation worsened for those working rurally. These caseload numbers starkly contrast international benchmarks, which suggest intake caseload caps of 10 and long-term care caps of 15.[20] It is also, participants noted, grossly out of step with colleagues and social workers in other Departments.

These numbers and the standards they exceed are, in themselves, important. However, what became clear in talking to participants is that raw caseload numbers obscure the volume of work and people involved in each case. One case rarely equates to one child. In practice, one case file includes establishing and maintaining relationships with upwards of six people: the child, their siblings, their parents, other primary caregivers, and/or friends and family potentially involved in safety plans and/or alternative placement arrangements. More accurately, having 20 open files means actively working with 80 to 120 people. This does not account for the plethora of different administrative and practical tasks associated with the file. In the words of one worker with whom we spoke:

> *It can be up to 100 people you're responsible for. Most are in a state of crisis. If they call, you have to find a time in your day to call them back, which is when? When do you do that? Your day is already so full. It's very difficult; there's not a single social worker I've met who doesn't care to call their clients back or who wants to push an appointment. And it's so hard, especially when you get to, okay, I've now rescheduled with this client three times.*

Another participant, with a caseload more than double the maximum, explained:

> *I just keep getting new files and it's difficult to prioritise [them] when there's not something big happening, when it's not an emergency. And I find that when it's an older file, the only time it really gets my attention is when something bad happens and I have to respond to it right away. I feel like I'm not able to mitigate a lot of risks. I'm just putting out fires.*

In the second instance, even if the caseload caps were adhered to and the number of files was manageable for individual workers, a growing scholarship points to how existing caseload standards fail to reflect the intensifying impacts of social disparity, and that they have not evolved to mirror the complexities of contemporary family experience and dynamics.

> *The complexity of the files we're getting is changing, particularly with the [growing number of] newcomers coming to Halifax. There's a lot of mental health struggles, families who have experienced war, families who've lived in*

refugee camps, and we feel very helpless because we don't really have the services.

Another worker elaborated a number of these issues:

Adult protection has a maximum caseload of 10 cases per worker. So, in child protection we're nearly tripling that. And I've been given, since I started, a lot of complex files, so there's not just one concern. It's usually not "just" substance abuse or family violence; its substance use, ***and*** *family violence,* ***and*** *unfit living conditions. There are all these layers to work through. I've also been given court files (despite her relatively junior status), which are super time-consuming. I'm at my limit.*

While measures are in place to distribute files according to seniority and experience, with an overall shortage of workers, it is increasingly common for new social workers to be assigned complex files. It is also critical to note that seniority in the context of child protection social work is extremely relative: given the high turnover rates, a child protection worker may reach a senior position within one year of working for DCS. That said, those with the most experience (typically one to three years) tend to hold the highest and most complex caseloads, requiring the most time and skill. They are also the most likely to be pulled into other adjacent work within the Department.

Child protection workers at all levels of seniority flagged several situations when asked to take on additional responsibilities. Senior social workers engage in both formal and informal mentorship and typically take on social work students who require considerable supervision and guidance. While, in principle, all the workers we spoke to were strongly in favour of formalized mentorship, current conditions and staff rates prohibit such an approach. Offering insight into this dynamic, one social worker explained:

As it is, you're going to bring in new workers, and now [senior social workers] are responsible for going out to do home visits [with them]. This is in addition to our own caseloads, which are growing dramatically because we're short-staffed. It's a recipe for disaster, and then the new workers get rushed into holding a caseload [of their own] because there are so many files.

Senior social workers are also often called on to problem-solve complex cases, especially when the primary worker is more junior. This support might happen sporadically, or it might be more sustained. For racialized social workers, this happens even more frequently. This is because, as our participants explained, meaningful, culturally

responsive intervention requires a depth of expertise not held by all social workers. In turn, those with that capacity—often by virtue of their own lived experiences—are relied on for consultation and support. As one participant explained, she draws on and lends her cultural experience and identity to strengthen collective capacity of her team.

> **As social workers, we have big hearts. We care about our clients, and we want to do best by them, but we're not given that opportunity, which is very, very hard to deal with. Almost impossible.**
> ***—Social Worker, interviewee***

Across the interviews, our participants reflected on the many implications of caseload overload, all indicating that the volume of cases for which they were each responsible directly impacted the kind of social work they could practice. One participant explained that with a caseload of 10 to 15 files, she would be able to "do quality social work"; instead, with nearly 30 files, each consisting of a minimum of four family members, her days consisted largely of "responding to emergencies"—emergencies that, with a different investment of time and resources, could likely be avoided.

> *The caseload issue harms the relationship—when you can't call [people] back in a timely manner; when we can't see them in a timely manner, they don't feel like a priority. You'll have [them] in your mind all day, [but] because you haven't talked to them in two weeks, they don't feel like they're a priority. Or you're prioritizing files, (so) you've left others sit for too long. You have a caseload of 30. Where do you start? Who are you forgetting about? It can be heartbreaking when you don't get to something, and something bad happens; you blame yourself, but it's a systemic issue. We can't give people the time that they deserve. And that is something that is very hard to deal with, and it's why a lot of [social workers] leave (the job).*

Summary

A child protection social worker's daily and weekly volume of work is unrealistically and unsustainably high, with average open child protection files frequently exceeding (and sometimes more than doubling) DCS's caseload maximums. Furthermore, the work of child protection workers is increasingly complex, requiring time and experience workers simply do not have (due to the high volume of open files and high turnover rates). In all 15 interviews, these concerns translated to participants speaking at length about not having enough *time*. Workers understood and valued the idea of efficiency, clearly articulating their efforts to meet mandated

objectives and timelines. However, they consistently pointed out how such "efficiencies" were at odds with cultivating and maintaining the meaningful relationships that are the foundation of meaningful, anti-oppressive social work practice.

Finding 2: Time deficiencies

> **There were just always new referrals, but never enough staff or enough time in the day. —*Social Worker, interviewee***

Our second finding elaborates on the temporal conditions and constraints of child protection social work in Nova Scotia. To contextualize time as a barrier to meaningful, compassionate, and just social work practice, we begin with a snapshot of a two-week period (14 calendar days), corresponding to nine working days (plus one day off) for one of our interviewees. This account is intended to illuminate the routine impacts of workload overload for child protection social workers.

We asked one participant to reflect on her work over a two-week period. This is what she offered.

> Interviewer: *So, what does a two-week period look like for you?*
>
> Interviewee: *[One day]* ***I was backup (covering the caseloads of unexpectedly absent co-workers)****, so I'm expected not to schedule anything else. I can't see the kids on my caseload. And I did* ***phone coverage.*** *And then, a* ***court appearance****; sometime, we're doing court on the phone, but often it's in person.*
>
> ***Lots of meetings;*** *so, I have two siblings on my caseload. They've just been matched with an adoptive family. I find when an adoption match happens, that kind of takes precedence for me. It's a lot of meetings, so I've been doing a lot of that. Two hours with these adoptive parents and one of the kids' foster parents. And the next day, with the adoptive parents, the other kid's foster parents, and then we'll meet with the therapist and the doctor. We also have a team meeting once a week that I do try to make.*
>
> *Tons of* ***paperwork****—tons and tons; tons of paperwork.*
>
> *And then, there's also* ***visits*** *with families. Routine things: checking in, stopping by, things that we've scheduled. And [less routine visits], so for example, I have a set of four siblings, two of them live here; two of them live (90 minutes away). I had to figure out how do I get these kids together for a one-hour visit.*

Because they haven't seen each other in a long time. So, that was a whole day spent driving.

And then we do a whole bunch of other random things. *I spent hours at the hospital because one of the kids needed a minor surgery. And his foster parent was there, but he needed help. And so, I was going to be there. It was just madness. But I mean, that was the day; I couldn't do anything else.*

I also just had four kids on my caseload go back home. So, then, ***one day was spent moving these kids home. And that was on my day off****—a day I was supposed to be home with my own kids. I had to say sorry to them and drop them with their grandmother. So, driving around, collecting their stuff. The foster parents run three different homes. So, there's [items] over here; other things over there. It's a bunch of weird logistical stuff. One of the kids just got new [item], which were ordered from a shop in [a town thirty minutes away]. So, I go pick up [the] [item] and bring them back, so the parents have the [item].*

And meanwhile, we've just returned them home. So, I'm very worried about them and not upset that I need to drop all this stuff off, but they're not on my caseload anymore, and I'm spending a lot of time trying to get these things to them.

And then just ***assisting other [social workers].*** *We have someone who's off now, so this evening, me and another social worker who are covering for her are going to go do an unannounced home visit. I don't know how that's going to go.*

This worker does cognitive and practical gymnastics on a daily basis in an attempt to complete the most basic aspects of her work: visiting with children on her caseload, preparing for court appearances, and filling in mandatory paperwork. It further illustrates how, even in the context of extreme time scarcity, workers continue to prioritize caring well for children even when it is not a requirement of their work (i.e., ensuring siblings in care had time together and supporting a foster parent at a medical appointment).

This worker was far from alone. Speaking about the structure of her work month, which required her to meet with each child on her caseload at least once per month, another participant explained how there was not enough time for her or her colleagues to meet their work responsibilities. She said:

So, every second week, we have a day off, [meaning we] have 18 working days in a month—that's without vacation, without holidays. Any vacation or

holiday [that someone takes] decreases our coverage because our numbers are so low. We're on coverage (described in more detail in finding three) up to six days a month, so that's six days that you book around in your schedule. Now you're down to 12 days in a month for you to see every single one of your kids. And that's like 5 per cent of the job. And so, 12 days to see 21 kids, as well as everything else. I feel like that really puts things into perspective, like the demands on us.

All of this is further complicated by the fact that the Department approaches time management in a top-down manner. Individual workers, rather than impossible structural conditions, are held responsible for not meeting legislated timeframes and required tasks (like seeing each child within a certain period or staying up to date on paperwork). These timeframes are largely determined by system-defined risk levels. For example, a referral is made, the information provided is assessed, and the response is ranked according to perceived urgency, prompting specific interventions and specific timelines. More specifically, a response to a life-threatening situation is required within an hour; a dangerous but not life-threatening situation, within the day; and damaging but not dangerous or life-threatening, within two days. Where there is no immediate risk, the timeline can be more flexible, but a response must be made within a 2 to 21-day period. Where referrals are not predictable, and social workers must respond appropriately, they have very little control over how or where their time is spent in any given day. Put differently, if something urgent comes up, everything else is put on hold.

I find that during the day, even if I have things planned, they usually go to the wayside because someone's calling in crisis or something happens the night before that you have to respond to Immediately.
—Social Worker, interviewee

This lack of time prompted considerable anxiety among workers:

So, then it's that fear, like something's going to happen; like a child is going to die, and we're not going to know. Because we just can't handle all the work, and we're not being supported. When we bring this up, we're told that [we] just need to be better at time management.

The idea that workers simply lacked "time management" skills—that they could work constantly and diligently, and still be blamed for the system's shortcomings—was particularly damaging. In one interview, which went unrecorded because of fear of reprisal, a participant recounted not just her frustration, but the hurt caused by this tendency.

She explained that it was painful to be held accountable for outcomes that, given her work conditions and the profound time constraints she was subjected to, made it impossible for her to perform well—by her standards or those of the system.

In a similar vein, workers resented institutional understanding that reduced their complex work to a series of tasks that could be addressed as one would a grocery or to-do list. One participant recounted with frustration advice she had received on how to manage her time more effectively.

> *There's this idea*, she said, *that we should be creating, like, a grocery list of our daily tasks. But there is no grocery list; you walk in in the morning, [you] see what happened over night, what fires you need to put out. It's NEVER from 8am-9:30, I'm going to check my emails; from 9:30 to noon, I'll do a home visit. People just don't understand that.*

Not only does such a time-management approach overlook the deep ethical complexities and relational requirements of her work, but it is also incredibly dehumanizing for the children and families with whom she works. Responding to a mother in distress or facilitating a visit between a birth parent and child is a very different "task" than those on a more routine to-do list.

The work required of ethically practiced social work in child protection requires more time and resources than are available. Caseload overload and time deficiencies are, of course, mutually reinforcing. Absent adequate time, cases stack up, issues go unresolved, and DCS involvement escalates, as does the work required to manage the files. In turn, time becomes more constrained, things fall through the cracks, calls aren't returned, and concerns aren't addressed. Recognizing that they simply do not have the time or resources to navigate the complexities of each case, workers came to a place of doing what they can with as much compassion as they can, even though they know it is not enough:

> *My role—with each child, with each family—is to do the best work I can [do] under the circumstances and given the time constraints, is to figure out the risk, and to do it in the kindest, most compassionate way I can for [the child and their family], and to do everything I can to make them have the best experience in the midst of a horrible experience.*

Another worker remarked, visibly upset: "*You think about your kids* (on your caseload) *all the time*, *but there's only so much we can do with what we're given".* Put differently, our participants struggle to meet established response times and mandated requirements (particularly around record

keeping)—not because they *aren't* doing their jobs, but precisely because they *are*.

The personal costs of constant time pressures are significant:

> *It's a very, very difficult balance to maintain, so you're not running yourself ragged, trying to get all the things done, because you don't want to feel like you've let your clients down; you want them to feel that you're there for them. But there are also a lot of emergencies, and let's say you have a* (personal) *medical appointment at the end of the day, [so] that's an hour that you can't spend with clients. So, it's a lot, especially right now: I have 27 families that I'm working with.*

Summary

It became overwhelmingly clear that there were not enough hours in the day, nor days in the week, for workers to carry out all they are tasked with in Nova Scotia's child protection systems. Workers described and illustrated in detail the cognitive and practical gymnastics they do to get the most things done as quickly as possible. But what was most upsetting for workers was that doing things quickly almost always compromised the integrity of their work: noticing children and family's needs, listening to what they want and acting *with* (rather than on) children and families. All of that requires time. Workers were particularly upset with managerial tactics that reduced their deeply relational, complex work to more routine or bureaucratic tasks. They also were very clear that the ultimate losers of constant time constraints were children and families who simply did not receive the care and attention workers knew they deserved. Several workers interviewed came to understand their role not as supporting families but as minimizing the harm of their involvement, all the while paying the personal and professional costs of chronic fatigue, anxiety and hopelessness. It is no wonder that high levels of turnover remain a core characteristic of the contemporary workforce in Nova Scotia.

Finding 3: Constant turnover and chronic understaffing

> **I don't think I realized how bad it was until I started, but I found myself three months in, coming home some days, and just—this isn't sustainable. —*Social Worker, interviewee***

While one of our interviewees had recently left DCS (due to work-induced health concerns), no other participants had active plans to resign. That said, and consistent with other research, worker turnover and staffing emerged as a significant theme in our data. In 2018, the Canadian Association of Social Workers reported that unmanageable workloads and lack of training and resources resulted in declining satisfaction and resignation.[44] These Canadian findings mirror larger, international trends,[45] as well as what happens more locally.[46]

Many of our participants expressed considerable frustration around the Department's handling of vacancies even as new positions were added. Rather than fill these gaps in a timely manner, participants explained that they would often remain empty for extended periods of time. The implications of this are two-fold. On the one hand, open files are not tended to, and therefore, issues —potentially serious— are not identified and/or managed. When this happens, our participants explained, the tendency is to blame the individual worker rather than take stock of the system's shortcomings. As one explained:

> *We're not forced to do overtime, but they definitely want us to do overtime. And again, I've brought all these things up (with management and supervisors) so many times...[but] there have been points where [the Department] has had... files sitting there that haven't been—some of them haven't even been touched.*

When worker vacancies remain unfilled, the corresponding work must be redistributed amongst existing social workers in ways that further stretch and limit their capacity to support the families on their own caseloads effectively. Unfortunately, covering for colleagues is not adequately accounted for within their existing scheduled workload. With mounting numbers of worker vacancies, one worker explained that:

> *We can be on coverage six days [a month]. And that's 24 hours, basically. Or, if someone is sick. Because then, that's a whole caseload not being managed because that person is on short-term illness (leave), so their caseload is just sitting. So, when you're doing coverage, you're doing everyone else's work that day, plus, you're answering all the phones. And the calls are like, "I have a visit, and I need a cab booked; the cab wasn't booked"—so, kind of social worky, but administrative things.*

Another participant explained: "*One of last times I was on coverage, the worker was working, but she was out [of town]. A same-day referral came in on one of her files. So, because I was on coverage that day, you're the person doing everything. All the things no one else can do that day* ***and*** *you're answering the phones. So, you can't book things (related to your*

own case load)." While some coverage is typically scheduled, depending on the number of uncovered files at any given moment, existing time allotments simply cannot accommodate mounting worker vacancies:

> *They always schedule one person to be on coverage, and then [that person] covers; they're scheduled as a backup. So, yesterday I was backup; the expectation is that I'm not to schedule anything [related to my own files]. But there have been months where none of us—we couldn't schedule anything any day because we were covering for our (absent) colleagues.*

A number of participants explained that it was increasingly standard practice for workers to be moved between program areas or offices when staffing drops below a feasible threshold or when their own caseloads are regarded as "low" (or, more accurately, momentarily manageable). Rather than having time to catch up on missed work or spend more time with the children and families in their care, social workers are allotted additional files outside their regular jurisdiction. In other instances, administrative support staffing shortfalls have meant that social work professionals are drawn into tasks outside of their employment designations. As documented in a letter sent to the Minister by child protection social workers in early January 2024, one office went without an administrative assistant and a financial clerk for over six months. As a result, social workers—in addition to their regular work—were charged with responding to, and at times, managing and paying foster parents and contracted support services; filing affidavits with the Department of Justice; and responding to routine emails in relation to these administrative tasks. Asked for her impression of the situation, one participant offered: "*It's like, right, on top of everything else, they're missing an admin person? That's ok; the social workers will take it on. Oh, another long-term worker [is on leave]? Let's just disperse their caseload to everyone who's left.*"

High levels of worker turnover have significant implications for children and families with DCS involvement. A constant flow of new workers can be both confusing and destabilizing—particularly for families whose histories are marked by traumatic child welfare encounters, and whose kinship, parenting, and attachment practices have historically been, and now continue to be, disrupted.

> *There's just constant moving around—plus, people go off on leave. So, that's another piece. You might have a social worker who's covering for two months while someone's off, and then they come back, and they take the case back over. It's confusing for families. And a lot of times they'll say "another new*

social worker!? I've had so many different social workers!" And there is the natural [transition] of going from intake to long-term, which we try to explain, so there's a purpose to that. But I mean, really, the rest of the switches, you can't really explain.

Another worker elaborated: "*there's a lot of people in the mix, and I think we don't do a good job at explaining to the families why that's happening. And then on top of that, there's all the staff turnover. So, you can have tons of different long-term social workers. Long-term (program area) is really difficult. A lot of people don't want to do it; don't stick with it.*"

In addition to exacerbating attachment-related issues and decreasing stability in children and families' lives, worker turnover limits the potential of trusting relationships, which—in many ways—can safeguard against some of the risks inherent in DCS involvement. The workers we interviewed were willing to fight for the children and parents on their caseloads to ensure the best possible outcomes. Illustrating this point, one worker described a situation where she "*fought tooth and nail to get a rollover [permission to keep a child out of a group home] because [they] were already at the end of the [legislated] timeline.*" She elaborated:

You can technically get an extension of the timeline, but you've got to find a judge who is agreeable, and the specialists are cracking down. Very few workers would have even looked at it, but I advocated my tail off; I assessed and re-assessed plans until the end, and I wasn't going to stop. If there was a plan in front of me, I was going to look at it because that's what's fair; that's what gives [the parent] the best shot at having a role in their kid's life and a relationship with that child. The alternative is nothing, so I'm going to keep assessing plans.

Absent a consistent social worker with deep knowledge of the child and their situation and a meaningful relationship, this advocacy becomes less likely. According to our participants, workers with a limited understanding of a case are more likely to adhere strictly to timelines and requirements rather than pursuing alternatives that might benefit the child. At the same time, because of high turnover, those with limited experience are tasked with complex cases that likely exceed their capacity. As one social worker explained:

[Turnover] I would say is six months to a year. So, then, at a year, you're suddenly a senior social worker on the team. Which is, I mean, you haven't passed through the candidacy process[47]*—so, that's not a great situation. And even worse, you likely haven't even, in most cases, completed all your training*

by a year. So, you're in a position where you're taking on more complex files, but [it's only] because everybody else is newer.

The lack of staff has clear implications for social workers who are already at the limit of what they can do. Social workers struggle to keep on top of their work, and the unattended work of the Department. This negatively impacts their mental health and well-being, prompting more short and long-term absences from the Department. Again, when asked to reflect on the vacant administrative assistant and financial clerk positions, another worker offered the following supposition:

And then what's likely to happen is—somebody is always yelling at us, which you can deal with, but [in this case] you're likely getting yelled at by the judge for not having service providers in place, AND you're getting yelled at by the service provider because they haven't been paid. It's just this negativity that comes at us from all sides; it affects some people more than others, but it definitely affects morale at work, and it leads to burnout.

The consequences of constant turnover and chronic understaffing can sometimes be overtly dangerous for workers. A limited number of child protection workers means that they are commonly left alone when responding to potentially dangerous situations. Several of the workers described being actively dissuaded from doing home visits in pairs due to a lack of staff.

I was asked to respond alone to an incident of family violence; I didn't know if the perpetrator was still in the home still. Another time, I had to respond to a file, and I wanted someone to go with me because I had never been there before. But no one was available. I went to the home and was bitten by their dog. It chomped down on my leg. In that moment, I felt so overwhelmed; I was in pain. It hurt. But I had to do another home visit. I couldn't check my leg for injuries; it was like: I have to get this done. If another social worker had been with me, I could have said, let me step outside to make sure I'm not injured; that I don't have to go get a tetanus shot.

Finally, and across interviews, participants spoke to a lack of transparency in hiring and promotion practices. The perceived unwillingness of the Department to, for example, promote the most internally respected and esteemed workers (those most commonly turned to for advice or support by other workers), has a profoundly negative impact on morale. As one participant put it: "*the misuse and abuse of power in hiring is so apparent; it's a slap in the face and it's wrong".* Such human resource practices also diminish the team's capacity as a whole

when those with the most expertise cannot assume more responsibility. Our participants spoke enthusiastically about supervisors who had both technical proficiency and an investment in meaningful, relational practice. This, however, they stressed, required experience—time in the field. It also typically meant supervisors who had the confidence to resist the system's preference for "efficient", risk-based tools/mechanisms. From the vantage point of our participants, these are the qualities of a solid leader and supervisor; yet they are not qualities easily rewarded by DCS management. One worker emotionally offered:

> *[The process for promotion] is not fair. If you're part of the crew, you have all the advantage in the world. If you play the game, if you follow the norm, if you are saying what needs to be said, [then] you're a part of it. If you think outside of the box, if you question process, question policy, question anything, you're put on the outside, and you're left kind of looking in.*

This exclusion of dissenting voices in promotional practices has considerable implications for morale and the training and mentorship opportunities available to junior workers. According to our participants, new workers turn to those who *think outside the box* because they see these workers most closely aligned with their social work training and education. Once again, social workers who lead from within through approaches that disrupt the status quo do so despite, rather than because of, the system. And it appears they often pay a price for doing so (i.e., lack of promotion).

Research in related sectors has also pointed to the implicit racist biases embedded within social services promotion. For example, Thomas Bernard, Sangster, and Hay[48] have referred to a *concrete ceiling* within the Canadian public service, arguing that Black women, in particular, face discrimination, racism, and typecasting, limiting their success and upward mobility.[49] This is further compounded by working conditions that generate burnout and high turnover amongst newly hired racialized social workers. These two dynamics limit the opportunities for African Nova Scotian, Indigenous, and racialized immigrant workers within the Department and, in turn, reinforce the status quo. Here again, absent the voices, experiences, and expertise of these particular social workers, racialized families and children remain vulnerable to the system's embedded racist tendencies.

Summary

A lack of consistent workers, lower-than-ever retention rates alongside slow hiring and short-term replacement processes, and a lack of

transparency or accountability around promotion compound workers' already unsustainable working conditions. Moreover, the mismanagement of vacancies in the Department represents yet another element of this self-perpetuating or self-reinforcing child protection system: caseload overload and a lack of time, coupled with staffing mismanagement, result in adverse mental health outcomes and moral distress amongst workers, who then leave, worsening pre-existing personnel issues and exacerbating caseload burden. Worker turnover also has specific outcomes related to training and mentorship. Despite some recent efforts to redress this, "seniority" amongst child protection social workers is difficult to categorize. While some workers do remain beyond several years, many junior social workers—given high turnover rates—have considerable (relative) seniority on their teams after only eight or 12 months of employment.

The numbers bear out what the participants shared; In Nova Scotia, between 2017 and 2023, there was an 80 per cent increase in social worker resignations, and short-term illness has been steadily on the rise, increasing 32 per cent between 2017 and 2023.[50] As we discuss in the next finding section, high turnover, illness leaves/burnout, and understaffing have implications for training, supervision, and mentorship, which further depreciates the quality of service provided.

Finding 4: Insufficient training and mentorship

> **To do good social work takes a lot of energy and confidence, and here, you're going in with zero experience and zero training.**
> ***—Social Worker, interviewee***

According to our participants, managing high caseloads and increasingly complex cases requires high levels of technical of training, in addition to on-going, consistent supervision, mentorship, and peer support. While formal training (both content and the time to engage with it) is *sometimes* made available, mentorship is realized informally amongst workers. A recurring theme was an overall lack of preparedness on the part of workers to do the work—this came up in relation to workers' own training as well as to the training of new workers coming in.

> *There's no reason why they can't fix this; I mean, we're already dying—we have no staff. There's no reason why they can't train new people* ***before*** *they come to the frontline. I mean, I got the last of my training [number of years omitted]-*

years into the job—like, the training you need just for everyday functioning in the job. The basic fundamentals, all of that, that many years in. I needed it so much earlier.

The "basic fundamentals" are very specific forms of knowledge and skill development that allow workers to manage their caseloads efficiently; to understand the chain of command and decision-making authority; to be familiar with required forms and paperwork, as well as the legislated requirements of the job concerning timelines, participation in court proceedings, and various other kinds of protocol. These protocols are detailed in the *2017 Child Welfare Policy Manual*—a 1559-page document in which social workers must be proficient. The Manual details all relevant policies and ensuing protocols for managing and overseeing the state's direct involvement with children and families in Nova Scotia typically realized through the front-line work of our participants and their colleagues. The social workers we interviewed were all extremely well-versed in DCS protocol, and where most had worked across program areas, they understood the breadth of Department operations. And yet, most indicated that they had established that expertise independently and over time and that thorough and deliberate training had not been on offer when they first arrived. As one worker detailed:

Before you can get your representative status, you need to complete certain core trainings. I received my last core training two years after I started. One of the [modules] is in interviewing, and I had to delay it because my supervisor said we had no staff; she couldn't have me gone from the office for those two weeks. And then, it just wasn't offered again.

Another worker described a situation where she insisted on training but was interrupted several times throughout the day to attend to a family in crisis and a supervisor who required her to respond. In a very straightforward way, the lack of training directly affects workflow and workload. As one social worker explained, there are certain aspects of the job that require seniority and specific designations: "*There have been many times where our team only has, for example, two, maybe three people [who] can serve notices* (i.e., bring a child into care). In these instances, specific workers—those with the requisite training and seniority—become fully responsible for meeting these mandated requirements."

There are a lot of wildcards in this system. —*Social Worker, interviewee*

Coupled with requiring workers with specific designations for key aspects of the work, the complexity of the system more broadly

demands—according to participants—a much higher threshold of training. Social workers need to not only know the ins and outs of legislation and protocol, but they also need to navigate and circumvent those parts of the system that, despite laudable publicly-stated objectives, fail to work as intended. As one worker explained, "*The system has so many barriers built into it, and so many inconsistencies—understanding those and how they work requires a lot of time; figuring out how to manage them and not have it, like, derail a kid's whole life, it's hard.*" Some of these barriers are in the system's use of binaries and/or strict, standardized categorizations. The worker quoted above goes on to explain:

> *It's also a very black-and-white system, and it doesn't give you the time you need to critically reflect and consider the choices that a parent might have to make, or [give] thought about the systems that they're making the choice in—it's like, homeless or living with an abuser, and now we're taking your kids... The missing piece is that senior workers know how to work within that system, and to use it to the advantage of their families. That's what you really lose when you don't retain those workers, and when they're not around to mentor new hires.*

> **The biggest thing with social work is that you need to understand that everything in life is, to some extent, a struggle. Without training, you have to train yourself. —*Social Worker, interviewee***

In addition to the more routinized aspects of their jobs, the social workers we spoke to reflected on the lack of an appropriate practice framework to guide their work. Such a framework, they explained, would ensure consistency across files and provide a structure for supervision, mentorship, and problem-solving. Further to this, the workers consistently stressed a lack of consideration for and understanding of attachment and trauma, and the need for a practice framework attentive to both. Importantly, the 2017 Manual specifies the need for "trauma-informed care". Yet, our participants consistently reflected on the lack of training, and structural conditions, that would allow them and their junior colleagues to practice such care:

> *And when you start, you might shadow people for a couple of weeks, and then you have your own files, which is not enough time to understand the complexities of the job or (be) comfortable doing it. I mean, you're interviewing kids, you're approaching parents talking about some very personal issues, and some (families/parents) are resentful to see you, some are happy to see*

you, but the (uncertainty) can be very intimidating; you really don't know what you're going to get, and you don't yet know how to handle those situations.

Without more concrete training and formalized forms of mentorship, participants felt the Department was setting new social workers up to fail. Participants expressed further concern that the situation was made worse through targeted hiring of practices—particularly of Indigenous, Black Nova Scotian, and newcomer social workers. As one participant explained:

The [Department] has all these jobs that are designated [for members of equity deserving groups: Indigenous social workers, African Nova Scotian social workers, and racialized newcomers], *which is really good and necessary, but they're actively recruiting people, and then they're fully setting them up for failure once they're [here]. [The Department] needs to continue in the spirit of that recruitment, and support [these workers] once they're in, or don't do it [at all]. [These new hires] are just dropped here to burnout within a year—and the impact on their mental health.*

From the vantage point of participants, affirmative action hiring practices are only successful if institutional support ensures workers can meaningfully and successfully participate in the work. Recruiting Black, Indigenous, and newcomer workers without caring *about* and *for* them is not affirming—indeed, it may perpetuate harm.

High turnover also impacts training opportunities and the quality of mentorship. New hires quickly become charged with training and mentorship responsibilities vis-à-vis other, more junior workers or students. Indeed, several of our participants spoke of the Department's tendency to assign student supervision to junior social workers who had not completed their training or met NSCSW candidacy requirements. Other workers spoke to the relative nature of "seniority" in the context of DCS.

When I started on the team, everyone had at least three years plus experience. Now to find someone with three years' experience—I mean, they would be viewed as a very experienced in child protection.

We noticed that brand new staff—like fresh out of school—could get a permanent position right away. That was unheard of a couple of years ago, like no one got a permanent right out of school.

Another participant offered her explanation of this phenomenon:

[People leave] six months to a year, and so at [one] year, you're suddenly a senior social worker on your team. I mean, you haven't passed through the candidacy process. So, that's not a great situation. And even worse, you haven't even likely completed all your training by a year. So, you're in a position where you take more complex files as a brand-new social worker, because everyone else is newer, or a student.

The implications for families and workers are significant, particularly as new workers are charged with tasks and interventions that exceed what they feel capable to do. One participant recounted a particularly challenging example:

And that's the thing, I find that there's a lot of things that I didn't know how to address. Or I didn't know how to quickly support a family because I never received proper training. And I find that occurrences like this—extreme occurrences—are rare, but they wanted me to talk to this family while their child was in [an acute medical situation]. At first, I was like: okay. But I didn't feel right about it; if there's a child at the end of their life, the last thing they need is a child protection social worker there.

Summary

While the language in formal policy documents (i.e., "trauma-informed care") reflected what is commonly understood as "best practice" in social work, workers felt they did not have the tools, skills, or time to learn about (let alone provide) such care. Related to this, workers struggled with an overarching lack of mentorship within the Department. It became apparent that mentorship was something that occurred off the side of desks, rather than being something that was institutionally-supported. And because of the high turnover rates and high volume of caseloads, there simply were not enough workers to be mentors. Finally, a lack of ongoing mentorship meant that individual workers did not feel able to resist instructions or policies with which they did not ethically agree; ultimately, they felt alone and ill-equipped to voice their concerns.

Finding 5: Misunderstood and devalued

> **For years, I didn't tell anybody what I did [as a profession]. I have known people for fifteen, twenty years, and they have no idea what I do. I don't think management understands how bad it is. —*Social Worker, interviewee***

Participants consistently indicated that their work, as social workers broadly and child protection social workers more specifically, was misunderstood. This was compounded by what they experienced as a profound devaluation of their labour. Aside from the very practical day-to-day challenges faced by workers described above, these workers consistently returned to two other overarching and inextricably connected themes: that 1) no one—inside or outside the system—seems to understand social work, and in turn, 2) their work is consistently devalued and derided. They all identified as women, and attributed this misunderstanding and subsequent devaluing to the gendered and feminized organization of their roles. These feelings are similar to those held by women in other essential, helping, and caring roles, and critically, are largely indicative of how many DCS workers feel about their employment.[51]

"*Nobody knows what we do,*" an interviewee offered. According to participants, neither people external to nor higher-up in the system appeared to understand the deeply relational and skilled day-to-day work of these women—work that critically has life-long, irreversible impacts on children and families' lives. Still, participants felt that DCS management explicitly downplayed the skills and extensive body of knowledge required for effective social work. As one participant expressed "*they [higher ups] think we're here to check boxes*"—a sentiment relayed across all the interviews. And yet, the reality is that child protection social work requires an incredible depth of cognitive, emotional, and affective intelligence, in addition to a complex expertise concerning appropriate modes of intervention, client history, family dynamics, and child development. The work itself is highly technical *and* relational. In other words, child protection social workers must have the skills to understand, navigate, and operationalize a detailed set of legislated policies while engaging in profoundly relational work, ideally grounded in empathy and meaningful care. This requires a deep capacity—not easily learned in a school setting—to cultivate and sustain trusting relationships in moments of acute crisis.

Further to this, and as asserted by the Nova Scotia College of Social Workers: "social work is founded on humanitarian and egalitarian ideals. We (NSCSW) envision and work towards a society that promotes social, economic, political, and cultural equality for all people.[52]" In line with this laudable mandate, the College's Code of Ethics.[53] includes six core values and principles, which social workers in the province are legally responsible for upholding and pursuing, as follows:

1. Respect and inherent dignity and worth of persons

2. Pursuit of social justice

3. Service to humanity

4. Integrity of professional practice

5. Confidentiality in professional practice

6. Competence in professional practice

Participants overwhelmingly stated that Social Work's core values (and its regulation in Nova Scotia) are chronically and consistently overlooked by management. Workers expressed frustration working within a system that insisted on mechanical, routinized and standardized protocol without consideration of the other skills and capacities the work demanded. The technical application of blanket policies undermined workers' professional autonomy and prevented them from practicing social work in a way congruent with their ethical (and legal) responsibilities.

It came up repeatedly that those higher-up in the system (sometimes supervisors, but particularly managers) are not invested in **how** the work is done, but simply **that** it is done. Workers were rarely, if ever, supported to take the time and energy necessary to develop meaningful relationships with children and families. This frequently and repeatedly placed workers in a major ethical quandary: check as many boxes as possible to meet the system's requirements *or* develop meaningful, supportive relationships with children and parents to meet the family's needs. Doing both, our participants explained, was exceedingly difficult. In fact, some workers suggested that the managerial work environment was a direct *barrier* to relationship-building: "*I have a good practice framework, despite this place, it's got nothing to do with this place*."

It was disheartening to observe that all our research participants felt they were not positively regarded by those in positions of authority within the Department and the government more broadly. They indicated that

most of their higher-ups, beyond their direct supervisors, had not worked in the field and were not social workers (there were some important exceptions). As a result, they felt the practical and ethical complexities were completely lost on those with ultimate authority within the Department. One social worker explained:

> *I think it all starts at the top. I mean, management aren't people who have worked in the field; they don't know the field. They don't know what it's like. They don't see what we bring to our clients. My co-workers are so underappreciated.*

Participants were further troubled by the fact that, despite being the people working directly with children and families, they had very low levels of decision-making authority. This left them feeling overwhelmingly disempowered in their work.

> *I can go to my supervisor and say: this is what I think. But at the end of the day, they make that call. So, I may have a client who has a history of substance use; I may want to give them a day's notice and say, listen, if you're comfortable, I'd like to send you for drug testing. But then, it's like "nope, you're going to call them the morning of". Or if it's a concern around unfit living, which is often a reflection of mental health and whatever else is going on in their lives, we're technically supposed to show up to the house unannounced and knock on their door so that they don't have time to clean up, which I don't really like.*

The inability to exercise their discretion and judgment means they are compelled to practice in opposition to their morals and values. Many participants indicated they felt pressured to perform tasks that were not aligned with the call to respect the inherent dignity and worth of persons—a hallmark of their professional code of conduct and all suggested that the "pursuit of social justice" and "service to humanity" were all but impossible to enact.

> **Sometimes, I feel like the most disliked person in the world.**
> ***—Social Worker, interviewee***

Oftentimes, participants were cut out of decision-making processes altogether—specifically in relation to custody arrangements; yet public perception—they explained, is the opposite. This disconnect is challenging to navigate, particularly when interacting with colleagues in adjacent sectors—who yield more power and authority broadly speaking by virtue of their professional designations. Here, participants spoke of being consistently derided, undermined, and discounted by other professionals. As one child protection social worker explained:

It's often the [other] professionals in the field. It's their assumption that we don't know what we're doing; that we're just there to wreak havoc in people's lives—that everyone is better off without us. And it takes a real toll. It's like I have to convince them that I'm a good person, that I'm a good social worker, that they can trust me; I feel like other professionals—lawyers and doctors—don't experience that.

Another interviewee offered: *It's this very [faulty] individualist idea other professionals have of the system, but it feels so personal—every time, getting talked down to. But our work is very different [than theirs]: we are in homes; we're interviewing kids in very specific ways. We have knowledge that they (other professionals) don't have. Trust is not there automatically, and I feel like that's probably not the case with other professionals.*

Facing perpetual misunderstandings of their work, participants sometimes gave up on doing social work the way they wanted to do social work. Several participants lamented lost opportunities to practice social work according to their education and training:

The social work that I was taught to do, is not the social work I'm able to do; the resources that we're given are so limited and the caseloads are so high that I can't give people the help and the attention that they need.

COVID-19: Essentially non-essential

It remained an overwhelming sore spot amongst participants that they were never categorized as "essential" workers during the pandemic. Even though they never stopped working, their lack of formal designation as "essential" meant they were not afforded the modest remuneration benefits or other benefits (access to PPE, vaccine priority) required to do their work safely. In turn, child protection social workers, many with small children themselves, experienced a profoundly lonely and anxiety-filled pandemic as they continued to meet with families, requiring them to isolate from their own.

Frontline investigators had to work all through COVID. We would show up to home visits at the height of the pandemic, when nobody was leaving their homes—police officers in full PPE (personal protective equipment] suits, and we had to fight to find masks and hand sanitizer. I had to reuse my mask sometimes. [Other frontline workers] got danger pay and we got nothing—not even a nod from the provincial government.

Another worker offered:

In a lot of ways, we are first responders, but when we didn't get the bonus for working through COVID. Like, we're frontline responders when we're needed, so we can't strike; we can't do any of those things because we're a necessary service. But then, we're also totally disregarded.

The treatment of child protection social workers during the pandemic has had considerable implications for staffing. While our participants remained, many of their co-workers resigned.

After COVID, we had no staff—people left. They realized that no one cares about us, and that other employers, in the hospitals or even in community centres, respected their workers more than this Department does.

Lack of voice/agency

In response to pressure from NSGEU, DCS recently introduced a new pay scale.[54] While welcome news, our participants continue to feel under-compensated, given the nature and conditions of the work. As one social worker said: "*I work in some stressful situations, and I don't feel I'm compensated the way I should be. I never have been, but you know that my heart is in it because I stayed".* At the same time, the new pay rates appeared to duplicate and reinforce the pervasive feeling of being undervalued. A newer social worker expressed solidarity with her more seasoned colleagues now earning the same wages as her:

I think higher wages—the way [DCS] reclassified us, so now, I'm making as much as someone who has three years' experience, and so now those people—with that experience—they don't feel particularly valued because why would they be making the same as someone who just started out?

You don't get a pay raise, or an opportunity to practice at a higher level, even if you've increased your credentials. BSW, MSW; it's the same job.
—Social Worker, interviewee

Perhaps the most important point is that participants were understandably bitter that the new wage scale had been developed without active consultation with the workers themselves. Such omission was also described in relation to the new practice framework. Participants described the consultation processes for the new practice framework as exclusionary and insensitive. While participants were not invited to participate in meaningful consultation around the framework, they are being asked to promote it. This has generated a lot of concern and feelings of being taken advantage of. As one worker explained, "*they're asking us to promote this framework—this framework that we literally*

know nothing about, that they haven't even rolled out yet. It has nothing to do with me being a good social worker." Participants understood their omission as once again being related to the fact that system administrators and/or leaders often do not have direct experience working with children and families. What they do appear to have is training in business management, and in turn, a very different set of expertise and professional priorities than social workers.

Caring work as/and "women's work"

> *It would be nice if this was resourced in a way that showed we valued these kids.*
>
> *The mental load is so extreme.*

Amongst the child protection social workers interviewed—all women—each attributed the lack of understanding and valuing of their labour to broader systems, structures, and ideologies that degrade women's reproductive labour. When asked WHY they were so persistently disregarded and devalued by management, by colleagues in other fields, and by the public more broadly, our participants facetiously responded with variations on *"well, this is women's work isn't it? There's no actual skill involved, right?"*. Participants clearly felt that misogynistic ideas positioning their caring labour as "natural", and therefore menial and/or "low-skilled" were explicitly at play in the devaluing of their labour. This is consistent with professional groups providing gendered care labour in other sectors (i.e., early childhood educators, nurses, and teachers). According to data collected by the Nova Scotia College of Social Workers, the majority—upwards of 85 per cent—of child protection social workers are women, who, in addition to facing poor working conditions, experience misogynistic social stereotypes that their caring labour in the sector is menial and/or "low-skilled".[55] The high stakes, extremely complex nature of their work—work with enormous, short and long-term impacts on children, families and society as a whole—goes largely unrecognized in terms of professional respect, remuneration, and resourcing and support.

> *Any profession that deals with women and children, that is dominated by women, there's no pay equity; there's little respect. It keeps us quiet.*

Social reproduction refers to those activities that sustain in both the short- and long-term, and can be understood very generally as cooking, cleaning, and caring. Social reproduction as a series of activities and

outcomes, however, is also undertaken by the State to ensure the production and reproduction of those systems and structures comprising society and economy. Child protection and the provisioning of child welfare services serve such a social reproductive function. Through DCS, the government intervenes in the lives of citizens and residents; it shapes what constitutes kinship, enforcing through law what good child rearing is and what appropriate family relations should be. Despite government support and interventions in social reproduction, under our current economic and political system, reproductive activities and purposes have long been in tension with the other functions of society—notably, production and the generation and accumulation of wealth. On the one hand, reproductive labour doesn't produce value, and it comes naturally to women—such that it does not, according to capitalist logic, demonstrate any particular skill. And yet, on the other hand, it is clearly essential—absent cooking, cleaning, and caring, very little else happens.

Contemporary social work emerges as a function of this particular social, economic, and political formation, as do systems of child welfare. The work of social work is taken up by women who are regarded as well-suited for it. And yet, because of socially constituted gendered roles and responsibilities, their work is not regarded as skilled or, given the focus of the intervention—typically other women, valued. To this last point, and leaning on this view of reproductive labour, one participant explained:

> *It's women's work, and a lot of the focus of intervention is women, and that's why so much of it is devalued. It's like, what people pay their babysitters versus what they pay their plumbers. This work needs to be resourced in a way that demonstrates that we actually value kids and the families that are raising them. But it's not. It's not resourced in a way that demonstrates that they're valued.*

She went on to detail her perspective that working against her clients was not only gendered bias around the value of women and mothers, but also a kind of work-centric logic that disqualified unemployed people from support or meaningful care. Here, her observation offers insight into the unequal positioning of unpaid reproductive labour (which often falls to women) relative to paid labour, wherein cooking, cleaning, and caring when confined to the home and the family has been consistently derided or regarded as the privilege of those who do not require state support. She explained:

> *I also sometimes feel it has to do with the parents not being in the labour market; often the parents we're working with aren't. So, we're working with people who are already not valued—society is already telling them, [they're]*

not doing a good job; they should be working. But they just need help—they should be able to raise their kids. I mean, yes, some of these situations need social work and social workers, but it needs to be resourced in a way that when a problem is identified, we can provide the necessary wraparound supports to help the family work through the problem to keep the family intact.

I truly feel like we're just seen as bodies.

The gendered nature of this devaluing within the context of child protection is revealed in a number of dynamics, detailed in our findings. Caseload overload, time deficiencies, high turnover rates and staffing mismanagement, and a lack of supported training opportunities limit the ability of child protection social workers to practice compassionately and effectively, and they communicate the system's lack of investment in their work. At the same time, the decision-making structure, which often negates their perspective and the lack of meaningful consultation around system change or adaption, signals a disavowal of the skills and expertise required of the job. As one worker explained: "*we're made these important advances with regard to gender and sexuality, but when it comes to service delivery, people don't want to talk about it—the unpaid labour of it all; the mental load is so extreme.*"

As all our participants explained, their work, as it pertained to cultivating and sustaining relationships both with clients and with other community service providers, as going almost entirely uncredited. For racialized workers, the burden of racism further compounds these dynamics, as does the toll of simultaneously navigating systemic sexism and racism. Black, Indigenous, and African Nova Scotian workers are—as discussed earlier—often responsibilized for strengthening the collective capacity of their teams vis-à-vis culturally responsive and appropriate intervention, but rarely systematically supported to do this additional labour. This becomes yet another example of the unrecognized and under-appreciated labour assumed by Black, Indigenous, and African Nova Scotian social workers.

For our participants, this devaluing is most apparent in the Department's tendency to shuffle them around between roles and to redistribute (even purely administrative tasks) work rather than responding effectively to staffing shortages. As one work explained: *"Well, the social workers are all interchangeable; I mean, women are interchangeable. It's all pretty predictable".* Across several interviews, participants echoed this sentiment: "*I truly feel like we're just seen as bodies".* Reduced to "just bodies", the expectation is that these workers perform their duties, according to regulation under duress, absent any

consideration of their skillfulness, training, and expertise, and that they "clean-up", filling in for colleagues in their absence.

> "*We are mothers; we are caring for our children. We have to manage this work and our own lives. So much of the labour—the double-duty—is unpaid*," Social Worker, interviewee.

The conditions of child welfare work also have consequences for participants' home lives. As one social worker explained:

> *It was a few months ago, and I was just slammed. I remember, one day, I was home with my own kids, and I left to go visit two children on my caseload. I was sitting there, playing with them, in their foster home, just thinking, like, I should probably be doing this with my own kids right now, at home. I feel like it's getting more difficult to separate the two. I worry more about the kids on my caseload.*

From another interview:

> *And then, also, I think being away from my own kid. I feel like [the work] has just gotten so much more difficult, and I don't want to—I'm not leaving; I'm not looking to go anywhere. I really enjoy working with the parents, especially the younger moms. But working with the kids, especially the ones who are a little bit older—school age, it's really, really tough; really tough. And I don't feel like I manage the sadness of it well at all, really. I feel like I come home, I'm not patient with my own kids; I'm always trying to catch up on work on the weekends.*

In addition to the emotional, physical, and relational toll of working in a system in crisis, the social workers we interviewed reported a consistent lack of support for their own parenting and mothering roles. This ranged from an inability to take time off for medical appointments due to caseload overload and time deficiencies, to the denial of pregnancy-related accommodation.

Summary

Our participants felt grossly misunderstood and undervalued by their superiors within the Department, broader levels of government, "allied" professionals, and the public. Workers felt that those external to the system (the public, allied professionals) treated them as if they had more power/agency in their positions than they did (particularly in relation to the care placements of children), while those inside the system repeatedly ignored their professional judgement and/or expertise. From the interviews, it was clear that social workers did not feel that

their work, or they, mattered. Widespread misunderstandings and the chronic devaluation of the work were particularly pronounced in relation to the COVID-19 pandemic, where child protection workers were never formally categorized as "essential", even as they were required to continue working.

Importantly, participants felt that the systemic devaluation of their work could be attributed to naturalized care discourses that remain deeply embedded in dominant understandings of care labour. The fact that the work is carried out predominantly by women bolsters stubborn, socially entrenched misogynistic ideas that caring labour is low-skilled, menial work. Participants were quick to point out that the mothers with whom they are working are similarly impacted by these discourses: their care labour is also misunderstood and undervalued (usually unpaid). Finally, participants expressed frustration that their own unpaid care responsibilities (usually taking care of their own children) were rarely considered or factored into their paid care labour responsibilities.

Finding 6: Moral distress and a lack of meaningful support

We are crying for help.

We are 100 per cent taken advantage of by the government. They only acknowledge us when they need us.

Private practice has become a way out.

The social workers we interviewed spoke with incredible commitment about their work. Our conversations were filled with emotion that communicated remarkable care, a depth of meaningful skill, and a profound ability to engage compassionately and effectively in the lives of vulnerable children and their families. And yet, their narratives reveal a workforce pushed to its limit; a workforce compelled to privatize and manage, at great personal cost, the gendered and racialized features of their labour, and conditions that persist despite their near constant attempts to raise them with management.

Consistently across our interviews, participants reflected on the inadequacy of current mental health services and the superficiality of wellness initiatives for staff. Faced with extremely challenging working conditions and a lack of support, social workers nationally experience

increasing rates of compassion fatigue, chronic stress, burnout and even clinical diagnosis of post-traumatic stress disorder.[56] Reflecting these broader trends, our participants in Nova Scotia described, among their colleagues, heightened distress, anxiety, and depression, specifically in relation to the conditions of their employment. Taking time off without guilt to attend personal medical appointments, taking 45 minutes for lunch, and attending community visits in pairs were frequently described as "impossible". In other words, they are discouraged from engaging in even the most basic of self-care.

> *I can't remember the last time I took a lunch break. I worked through my lunches because I feel as though, and that's normal. That's the culture of the office. Nobody takes a lunch break, and you might take 10 minutes, but usually I'm eating lunch at my computer. I feel exhausted. I often feel like I'm not helping people the way I want to help people because I don't have the resources, and I don't have the time.*

Another worker elaborated:

> *But even let's say, you're not feeling great, sometimes you go into work anyway, even though you're not feeling well, you're not at your best—because if you're sick, you have to cancel with these three families that you haven't seen in a month. So, people talk about scheduled sick days, but then you're prioritizing your clients over yourself. But even taking an afternoon off for a medical appointment, you feel bad. That's time that you're not giving to the families that you're working with.*

These systemic shortcomings are often framed as individual problems that require individual, rather than structural, solutions.[57]

> *We're literally crying for help. We're going to our supervisors and our managers and anyone who will listen and nobody's doing anything to help us… We have social workers down there having panic attacks, people talking about going on short-term leave or resigning. [Everyone is] so burnt out.*

It is worth noting that the above worker used the phrase "crying for help" in relation to herself and her colleagues at three different points in her interview.

Another worker explained:

> *Prior to taking a stress leave, I had reached out to my supervisor and my manager several times for support—this was a situation that they could have very easily supported me with. My manager didn't respond to my emails. It really feels like they don't care.*

When asked to provide specific details about the supports that are available, participants revealed that they are provided $1000 through their employee health benefits, for therapy per year (equalling 4-5 one-hour sessions). Given the psychological and emotional turmoil and moral distress they describe, this coverage was regarded as wholly inadequate. With insufficient support from their employer (compounded by the tendency amongst managers to attribute their stress to a lack of time-management skills and/or coping strategies), workers incurred mental health support costs personally. One worker recounted how it was common for social workers to have private insurance to cover the cost of supplement support services:

> *It's unfortunate; I ended up taking out a separate health insurance policy, so I could continue to see my therapist because I feel like it's been really helpful. I need someone to work through these feelings with. So, certainly, I think it's definitely affected my mental health for sure. I'm usually quite exhausted and don't feel like I've done—I never feel like I've done enough.*

When asked what would help, one worker said: "*people staying in the roles. By us having teams we can work with instead of the crazy amount of turnover we have—just to be in a stronger, healthier workplace that people actually want to be in.*" Another worker elaborated:

> *They're on the road to lose even more social workers. There are a few who have a lot of experience, but they are few and far between—even those with 15 years' experience are leaving because it's too much. And then, the younger social workers lose those people who have this invaluable experience and have these great connections to community supports—we lose them because we don't get the support we need from management. And families suffer because of because we're not able to respond to things, and the community supports have these really long wait lists.*

Participants felt consistently discouraged in their daily work due to a lack of support, encouragement, and meaningful feedback from sector leaders. This led to feelings of inadequacy, uncertainty, and anxiety.

> *I don't leave work feeling good about the job I did, which is disappointing. I wanted this to be a rewarding field. I also don't feel appreciated for the work that I do. No one ever really says, "oh, you, you're doing what you're supposed to be doing, or you're doing a good job, or you did the right thing". You don't really hear that, and so I question my own decisions.*

It is also worth noting that our participants described periods of more pronounced struggle relative to other moments in their careers,

such that more acute mental health challenges related to work came in waves or were experienced in cycles. Given their experience within the field, our participants (relative, they explained to junior and newly hired social workers) had developed strategies and skills to manage stress and to avoid "taking the work home." In particular, they identified strong relationships with their colleagues as a major protective factor in managing stress. As a result, a less visible consequence of high turnover rates is that relationships between workers are increasingly precarious (if these relationships have the opportunity to develop at all).

Coupled with the practical system constraints described above, the social workers we interviewed constantly felt limited in their ability to practice meaningful, relational social work. We found that the inability to practice in ways aligned with their values and social work's professional code of ethics resulted in profound moral distress. Though not always named as such, our participants shared with us a deep fear that the limitations placed on their practice by DCS will result in harm for families and that this was morally unacceptable.

> *It makes me not want to be associated with the Agency because I'm scared something really bad is going to happen, and I'm shocked it hasn't yet, based on the things that I've seen, I'm shocked; It just makes me not want to be associated with it.*

It is not only that workers struggle to do their jobs well, but it also became clear that they themselves were significantly struggling to be well. Workers reported very high levels of fatigue, anxiety, depression, and burnout, resulting in short- and long-term leave, and in some cases, resignation. In turn, the pressures and stressors become worse for workers who remain: they have to pick up dropped cases (familiarize themselves with new children and families), cover for missing staff/ train new staff, identify and rectify any missing paperwork, manage the constant incoming emergencies (with fewer people), all the while trying to stay afloat with their own caseloads.

Summary

The combination of workers who are deeply committed and passionate about their work (and take their professional ethics seriously) with structural working conditions that compromise workers' ability to do such work is untenable. Their professional (and often personal) ethics inform a course of action that is typically impossible: they can't do what they want to be able to do to meet the needs of families (either through meeting the needs themselves or connecting them to another program or service that

can meet that need). Participants felt the courses of action that would be most aligned with their moral values were either ignored or not acted upon by those "above" them in decision-making roles. To exist in this space indefinitely is not possible for anyone, no matter how committed they are to the work.

Discussion

The incompatibility of caring labour in a risk-based system

You can do good social work, but there's a lot working against us in our jobs. It's possible, but you need to be so confident to stand up for what you think is right, and you need to go above and beyond. And the mental energy that takes—it's easier to just do what the Department, in its bones, wants you to do. —*Social Worker, interviewee*

Our interviews revealed a major gap between the work social workers *wanted* to do and what they *could* do, given the system's requirements and practice constraints. Through hours of conversation, it became clear that Nova Scotia's under-resourced, risk-based, hyper-individualized child protection system does value and/or support and often erects barriers to the deeply complex emotional, intellectual, and relational labour of the mostly women doing the work. With the hyper-focus on minimizing/managing future risk of harm to children (from individual caregivers/parents) and the state's liability for this, there is a strict focus on the tangible performance outcomes of workers: completing tick-box assessments, fact-checking with collaterals (teachers, doctors), making and documenting referrals, updating case notes ("paperwork"), and of course, ensuring those in positions of decision-making (i.e., supervisors, managers as well as lawyers) are kept up to date on cases. These are not the types of tasks that attract social workers to the field.

In all the interviews, workers consistently spoke to the practically impossible conditions in which they were trying to fulfil their ethical, professional responsibilities of supporting families: chronic staffing shortages; lack of training and mentorship for workers; overwhelmingly high caseloads (sometimes double the provincial maximum); constant turnover of staff; inadequate mental health supports for staff and remuneration that does not reflect the hours worked. Particularly painful for participants was the fact that workers felt grossly misunderstood by allied professionals (doctors, teachers, other social workers) and the broader public. Participants felt that these groups attributed the public-facing failures of the child protection system to *them*—even though they have very little (if any) decision-making authority within the system. Most infuriating for participants was when they felt that their own colleagues, typically in managerial or higher-up roles within the system, had little to no understanding of the work they were doing, comparing their deeply complex, intellectually and emotionally draining work to checking items off a grocery list. These material and conceptual challenges mean that workers were practically unable to support families in meaningful ways that are congruent with the profession's code of ethics and standards of practice. In these ways, an understanding of moral distress [58]and burnout helps to explain the unprecedently high turnover and vacancy rates currently observed in Nova Scotia's child protection system.

Because of overall high levels of commitment and dedication to their work, participants illustrated how work that is congruent with professionally mandated anti-oppressive ethics is typically happening off the side of desks—on their own time, with no support, and often in the face of active opposition from the system. Every participant provided examples of instances where they had taken on *more* work, including work that was not required, to uphold their personal values and professional ethics. Whether it was working on days "off", transporting children/families to appointments, spending hours packing up children and driving them to a new home, or keeping files that should have been transferred to a worker in the next stage of the process, participants personally absorbed the costs (usually in terms of deteriorating mental health) of such caring actions.

It is worth noting that the findings revealed in this study reflect a more comprehensive study published in British Columbia (BC), released in July 2024. The Child and Youth Representative released Part I of their workforce report in tandem with a full investigative report into the inquest of the death of a ten-year-old boy named Colby, who had suffered ongoing abuse, neglect and torture while in a kin care

placement overseen by the Ministry of Children and Family Development (MCFD).[59] Despite repeated calls to MCFD by concerned teachers, doctors and community members, Colby fell through the cracks of the "system": The focus of any work on his file at the time of his death was to transfer Colby's temporary care placement with his kind care abusers to permanent care. No social worker had laid eyes on Colby in over six months. In this case, system managers and leaders tried to place blame squarely on individual child protection workers. But a closer look at the day-to-day experiences of workers involved in Colby's "care" revealed the issues that led to his preventable suffering and ultimate death were much bigger than could be explained by isolated errors made by one or two workers.

Thus, in addition to a full investigation into and report on the specifics of Colby's story, the Representative of Child and Youth simultaneously collected comprehensive data about the state of the workforce through a survey completed by over 700 child protection workers and managers, focus groups, an analysis of key policy documents and child protection reports, longitudinal MCFD workforce data (recruitment and retention rates, leaves, staff vacancies) and consultations with community partners. What became clear was that the problem was not that adequate policies or procedures did not exist within MFCD (i.e., adequate response times, frequency of check-ins with children and families, etc..) but that these procedures were not, or could not, be followed in four out of five cases. There simply wasn't enough time or staff to do the work according to Ministry standards.

Like the workers in our study, child protection workers in BC *knew* they were not caring well for children and families—or even meeting basic Ministry standards—but they felt constantly overwhelmed and ultimately hopeless in being able to do what they were "supposed" to do. They were too busy covering for their colleagues on short or long-term leave, filing paperwork (documenting what they had done rather than spending time with children and families) and responding to emergencies. While the term "moral distress" was not used by the Representative for Child and Youth (though Part II is scheduled to be released shortly), the findings from the BC and our report here reveal the concept is relevant on more than one level: 1) workers cannot practically meet the minimal system requirements given chronic understaffing and time constraints and 2) workers do not feel that the system requirements are actually helpful in meeting the needs of families. The work they do to meet families does not necessarily "fit" into the boxes the system lays out.

In this way, ticking the system's boxes sometimes time *away* from work they feel may actually be helpful or supportive.

We recognize that child protection work is not easy at the best of times. But what we observed here, and the BC report similarly reflects, is that workers are not distressed and exhausted from working with families in credibly complex circumstances: they are distressed and exhausted from *not* being able to work *with* children and families. Workers are frustrated that they are not able to connect families to concrete housing, food, child care, health care (including addiction and mental health) or other community-based resources. They are distressed because the "tasks" of their job include such little time to build reparative relationships with children and families (i.e., listening and problem-solving) and instead focus on ensuring compliance with decisions made by supervisors and managers who have never met the child and their family. Workers are distressed because they recognize that their role within a risk-based system is fundamentally incompatible with the anti-oppressive/social justice ethical values that define their professional identity (and legal responsibilities) as social workers.

What we wish to stress is that it does not have to be this way. Amidst incredibly frustrating and seemingly hopeless working conditions, workers continued to believe the issues they are experiencing are not inevitable. Throughout our conversations, it became clear that workers saw potential solutions—or concrete actions—that could be taken by DCS in the short and long term to improve their working conditions and, therefore, the care of struggling Nova Scotia children and families. In the next section, we review recent recommendations made about the system by various groups and end by adding our own voices and ideas to these calls.

Moving forward?

In May 2023, the Nova Scotia College of Social Workers contracted Wisdom2Action to engage and consult a wide range of stakeholders working with children, families, and caregivers in the province to imagine a child welfare system that reflected the tenants of the UN Declaration of the Rights of the Child, as well as persistent advocacy efforts by Nova Scotia's African Nova Scotian, Black, and Indigenous communities. Critically, the report also mobilized the perspectives of young people with past lived experience in Nova Scotia's child welfare system. The resulting comprehensive report[60] came to six conclusions:

1. Racism is embedded within the structures of child welfare, accounting for the disproportioned number of Black and Indigenous families, specifically in foster care

2. DCS' reliance on private, third-party service provides and external contractors generates, rather than redresses inefficacy within the system and results in a lack of accountability

3. Child welfare bureaucracy is overly complex and lacks transparency; the system blames individuals for social problems, and consistently fails to provide adequate support or resources; client outcomes are not carefully monitored —an outcome of outdated or non-existent data collection capabilities

4. The system is overtly punitive, and limited by values and ideas that are discordant with contemporary understanding of best practice

5. Recruitment and retention of social workers remains an on-going issue

6. The system generates considerable moral distress and burnout amongst staff

The report that these engagements yielded offered critical insight into the system and how it can be strengthened to benefit children and families in the province. Like our interviews with child protection social workers, the report shed light on a system badly needing transformation. Even more recently, earlier in 2024, the province's Auditor General released a report[61] entitled *Health, Safety and Well-Being of Children Placed in Temporary Emergency Arrangements and Child and Youth Care Homes*. While the report offered specific insight into the state of temporary care arrangements, many of its findings mirrored those we have offered. Notably, and given its focus on out-of-home care arrangements for children in care, the report flagged weak oversight and poor quality (sometimes overtly dangerous) of children in temporary emergency arrangements and child and youth care homes. The report revealed a lack of oversight and public accountability both in the inactions of the Department and of the social workers responsible for managing children's care placements. Concerning the former, the Department failed to hold service providers, and more specifically, those providing temporary emergency accommodation to children, accountable for the quality of care provided, failing to properly investigate the over 1900 serious occurrences that took place in those sites. In turn, individual workers failed to meet with the children in care at the required frequency, and failed to update plans of care, impacting the continuity of service.

> **The Auditor General really understood the issues. She was able to, bang-bang-bang, list them out, and say: this is everything that's wrong, everything that's making life hell for kids in care. But the recommendations were those of a businessperson. The issue is how the system works, the historic and intergenerational trauma—how all of that is interacting. It's not just social workers doing what they 'need to do' that's going to fix this problem. Its fundamental systems change that's needed.—*Social Worker, interviewee***

While the Auditor General's report significantly contributes to our understanding of many of the deficiencies within the child protection system, it does not tend to the structural conditions underlying those deficiencies. It leaves unaddressed the structuring of the work-week and -month; the redistribution of workers to other offices to cover files; the lack of meaningful, committed mentorship; a lack of transparency around hiring and promotion; the reactive, crisis-oriented nature of the

system; the overall lack of staff; the lack of transparency around decision making, including decisions about where children are placed and why; a dearth of effective community supports, decreases in funding, an over-reliance on unregulated third-party service providers following the logics of neoliberalism; and finally, limited mental health supports for front-line workers. As our participants explained, while the report captured many of the issues, the recommendations positioned the responsibilities for fixing the system on the child protection social workers. As one participant put it, the solution seemed to be "getting social workers to do their jobs". Such a proposition, they stressed, dramatically obscures the realities of child protection social work, overstates the power and authority of frontline practitioners, and, again, sidesteps the realities of daily practice.

In the past decade, particularly with the *Truth and Reconciliation Report*, the *Report on Missing and Murdered Indigenous Women*, and in Nova Scotia, the *Restorative Inquiry into the Nova Scotia Home for Colored Children*, the dominant ethos and approach to child welfare has been routinely called into question. Critically, the first five calls to action of the *Truth and Reconciliation Report* focus explicitly on child welfare as a means of redressing the legacy of the residential school system.[62] These calls to action include reducing the number of Indigenous children in care; improved record keeping, such that the numbers of Indigenous children in care can be better understood, scrutinized, and minimized; the implementation of Jordan's Principle;[63] the enactment of Indigenous child welfare legislation that established national standards for child welfare involvement in Indigenous families; and the development of culturally appropriate services. The Report also points to the fundamental need to improve the funding of Indigenous-centred and focused supports.

These critiques and calls to action point not only to immediate failures of care, but to the system's protracted complicity in protecting and perpetuating the continuity of white, settler power structures and capitalist modes of production. In this way, these "failures of care" are more complicated than simple oversight or system overload; they are emblematic of how the system operates as intended, producing and reproducing inequality while undercutting alternative, emancipatory forms of kinship and community. Indeed, as described above, children and families in the system are disproportionately racialized, Black, and Indigenous and/or subject to exclusions based on disability, immigration status, gender and sexuality, and class.

The child protection social workers we interviewed are acutely aware of and sensitive to the system's role in perpetuating harm. They understand how shameful, stressful, and stigmatizing child protection

involvement is for families and children, and they anticipate the intergenerational reverberations, particularly for racialized families. They are also deeply invested in their work and, more precisely, in providing meaningful support to children and families at acutely stressful moments. This leaves child protection workers at the crossroads of two contrary logics, both of which they have a professional legal and moral commitment to uphold: minimize risk and care about, for and with families. Our participants indicate that child protection social workers may be able to do both—simultaneously adhering to the requirements of the Department and engaging in deep relational care work—but that the existing working conditions make this nearly impossible. Workers who do attempt to strike this balance pay a significant personal cost—usually in their mental and physical health. More significantly, however, are the short- and long-term implications for Nova Scotia's families and children, who are increasingly rendered vulnerable in a context characterized by growing economic disparity and need.

More specifically, in relation to the operation and impact of child welfare services nationally, Cindy Blackstock's work prompted the development of Bill C-92—an *Act Respecting First Nations, Métis and Inuit Children Youth and Families,*[64] which was co-created with Indigenous communities and became law in 2019. The legislation affirms Indigenous jurisdiction over Indigenous child and family services and outlines national minimum standards of care. It is recognized as a form of legislative reconciliation by Naomi Metallic, who successfully defended the Bill against recent Quebec challenges.[65] Reflecting on the implications of the Act in Nova Scotia, Chief Annie Bernard-Daisley, Co-Chair of the Assembly Nova Scotia Mi'kmaw Chiefs, noted that it came after years of colonizing policies that were harmful to Mi'kmaw culture, language, family structures and community spirit. She stated, "We have always asserted that the inherent right to make decisions regarding our children and families must be with Indigenous Peoples, and the decision from the Supreme Court is bittersweet for the Mi'kmaq."[66] Similarly, the ongoing over-representation of Black families within child welfare systems led to the establishment of the *Africentric, Child and Family Wellbeing* team within the DCS. By embedding anti-racism in its policies and the delivery of services, this initiative is intended to support all social workers when working with children, youth, and families of African descent.

Even more recently, the DCS has developed a new framework for child protection: *The Child and Family Well-Being Practice Framework*. This framework has also been accompanied with a shift from the designation of "Child Welfare" to "Child and Family Wellbeing," signalling—in

principle—a holistic approach that includes spiritual, emotional, psychological, and cognitive well-being. This discursive change is intended to support prevention, early intervention, and family preservation rooted in community. The framework outlines the vision, values, guiding principles, and standards necessary for achieving optimal outcomes for children, youth, and families. It acknowledges diverse experiences based on social identities and promotes pro-equity, anti-racist, and anti-oppressive principles. The framework guides staff, partners, and service providers, focusing on prevention, support, and family preservation, while affirming the inherent strengths of children, youth, and families supported by healthy community relationships. It emphasizes that the safety and well-being of individuals and communities are shared responsibilities. While these appear to be positive changes in principle, there are acute dangers when such discursive shifts are not accompanied by significant changes to the grossly inadequate material conditions whereby the needs of children, families, and child protection workers remain unmet. Indeed, it can be more harmful than helpful to acknowledge existing system limitations and engage pro-equity, anti-racist and anti-oppressive language (as this new framework does), if the tools and mechanisms of the system remain the same (i.e., duty to report legislation, standardizes risk-based assessments, coercive relationships with children and families, etc.).

Recommendations

Drawing directly on the experiences of child protection social workers, we offer a series of nuanced recommendations that reflect their daily struggles in caring well *with* children and families—particularly the most marginalized families. The first set is those that could be implemented relatively quickly, absent legislative revision, but would dramatically and immediately improve the conditions of work experienced by frontline workers in their provisioning of care and support. From there, we offer a set of recommendations that demand larger changes, dependent on some intervention in the *Child and Families Services Act* (1991/2017). The last set of recommendations proposes a large-scale re-imagining of what a just system of meaningful child welfare might look like. We thus offer insight into immediate options for redressing the worsening conditions of the sector and a pathway to social models of care more aligned with critically oriented social work practice as part of an alternative emancipatory system of child welfare. We end with a call for eradicating poverty and its root causes, as well as rebuilding a social safety net for families.

For individual social workers to practice in alignment with their values, ethics, and professional standards, their critical analysis of the structural underpinnings of family hardships must be prioritized. Just as solutions to worker distress do not rely solely on workers developing better coping mechanisms or managing their time more effectively, sustainable solutions for struggling children and families are very rarely (if ever) solely individual problems. A continued effort to position challenges at the systemic level, alongside the individual level, is necessary to change the trajectory meaningfully and sustainably for struggling, often marginalized, Nova Scotian children and families.

1. Implement caseload caps that recognize caseload complexity

> *If I was able to just have 12 kids on my caseload, the work I could do with those kids would be unbelievable. But there's so much on our plate that we can't manage. It's like we're the parent of X-number of kids—and not just kids, but kids with parents, and with foster parents, who don't know what they're doing. And again, no one is trauma-informed, so we're doing education with them—these people who really don't know what they're doing, and they have the kids with the highest needs, just by nature of being in care.*

Obsolete for over three decades, existing caseload standards fail to reflect the complexities of modern family dynamics. Despite current policy stipulations that caseloads should not exceed 20 cases, blending high and low-risk levels, it is not uncommon for social workers to juggle up to 70 cases. This starkly contrasts with international benchmarks, which suggest intake caseloads should be capped at 10, and long-term care at 15.[67] The ratio of supervisors to social workers should be one supervisor for every five social workers. Supervisors should also be trained in clinical supervision and supported by a policy that requires clinical supervision to be implemented so social workers receive the support they require. New social workers should be assigned a graduated caseload of no more than 50 per cent of the caseload cap for social workers.[68]

In addition to caseload caps that limit how many files workers can hold at any given time, attention needs to be paid to case complexity. Put differently, workers holding the most complex cases should not also be carrying the most files. We recognize that caseload caps require additional modifications to the status quo; however, for the work to be carried out effectively and compassionately, we strongly recommend (at a bare minimum) an adherence to current caseload caps.

2. Build a supportive work environment that properly values the professional practice of social work

Our findings point to the need for robust recruitment and retention strategies grounded in improved working conditions and practice environments. For our participants, retention requires a concerted effort on the part of management to redress the issues raised in this report.

Our participants felt it was essential to have access to **ongoing mental health services** to help them cope with the demands of their roles, which would support them to remain in their roles longer, as well as contribute to a healthier workplace.

At present, front-line protection social workers are provided $1000 for therapy a year, which covers approximately four to five sessions. Given the psychological and emotional turmoil and moral distress described by our participants, we recommend unlimited mental health coverage and specific support for racialized workers who are additionally impacted by racism both within and outside of the Department.

While mental health supports themselves are necessary, we wish to be transparent that addressing the broader system issues (i.e., work overload, lack of time, misunderstanding of the work, operating in a context of constant scarcity) will go a long way in curbing poor mental health outcomes of workers. Leaving the working conditions stagnant and adding targeted mental health support represents a temporary and individualized solution.

Part of building a supportive work environment is **implementing a critical, anti-racist, and anti-oppressive framework to organize and guide social work practice** within child protection, in close collaboration with social workers, activists, *and* (vitally) children and families. This framework, and material infrastructure supporting it, MUST be consistent with social work values and training. Top-down development and imposition of practice frameworks absent meaningful consultation and adequate resourcing are not only ineffective, but further damaging to children, families, communities and child protection workers alike.

Part of building a supportive work environment is ensuring **that vacant positions are prioritized and posted immediately and that salaries better reflect their education, skills and experience in child protection**.

Higher salaries would also go a long way to recruiting and retaining qualified workers. That said, salary increases only go so far. One participant explained that absent meaningful changes, even with the new salary structure for child protection social workers, many will be reluctant to remain with DCS. Another further illustrated this point by describing how, when given the opportunity to access the pay raise by returning to frontline work, only one worker agreed. Clearly, increasing wages is not an adequate solution to high levels of moral distress and burnout.

In the view of our participants, offering an opportunity to practice social work meaningfully is central to retention. When social workers feel they are able to genuinely help families, they will be more motivated to

stay with the work—even if every aspect of the poor working conditions is not immediately rectifiable. The major barrier to practicing meaningfully is lacking the tools and resources necessary to provide children and families with what they needed: access to regulated child care, housing, employment, education, health care, etc. Part of recruiting and retaining social workers is **increasing services and resources for children and their families.**

Our participants consistently spoke to the need for **better-resourced community support,** as one said: "*What's important is to keep things in the community when I can, because I don't know clients better than they know themselves. They know what works for them.*" Across the interviews, interviewees openly struggled with the contradiction inherent in requiring families to access community services to meet court mandates when those services were either unavailable or ineffectual due to a lack of resources or training. In addition, then, to sustained, appropriate levels of funding, our participants suggested **that trauma and attachment-focused training be provided to all community service providers.** Expanding this further, many social workers stressed the importance of this training for all professionals who encounter DCS-involved children and families, extending to judges, medical doctors, nurses, etc. Of additional importance, they stressed the need for support workers within state-funded care settings (i.e., group homes and emergency shelters) to receive comparable and continuous training. Elaborated in more detail below, workers called for such care settings to be administered and delivered in a way where there was clear state accountability and administration (i.e., a public system of care).

3. Better support training, mentoring and education of social workers in child protection

Across the interviews, participants spoke of **the need for improved training and for new opportunities to develop and deepen their skills, as well as the importance of having a strong team and of providing direct, immediate support to colleagues, particularly those new to their role**. While this happens in an ad hoc fashion, dedicated time and resources must be made available to senior social workers to mentor and assist their junior colleagues, to help them develop the capacity for empathy, care, and the confidence required to do the job effectively.

A mentor would need to have been there for, at the very least, a year, and you (would) go out together, you go out on their files with them, they go out on your files with you, a buddy system where you have somebody to learn from, somebody that's going to make sure you're comfortable and catch anything that you might miss. Because as a new social worker, there's a ton you're going to miss. And we have really, that's what we've been asking for. It's a recommendation we've made to the union and in a letter the minister, we're really pushing because how intimidating is it for a brand-new social worker who's never done this line of work, and so to come in and to only shadow someone for a couple of weeks and then it's like (speaking as supervisors or managers): okay, good luck. That's not setting anybody up for success.

As our participants explained, most of the children and families are navigating incredibly complex circumstances—almost all of which include ongoing trauma (as one worker pointed out, being involved with the system on its own can be traumatic). Added to this, racism, ongoing colonization, gender-based violence, and, for newcomers, recent experiences of displacement and/or war are often at play. These experiences add to the complexity of families served by child protection services and signify the need not only for more training[69] but for concrete opportunities for community building amongst those doing the work. Child protection work is extremely intellectually and emotionally complex and challenging. As our participants explained, the work can often feel impossible and/or hopeless (particularly with the limitations of their work environments). It is essential that people within and beyond the system understand and value the work.

Training must include ongoing trauma and violence-informed education that is aligned with social work values and the critical perspective that reframes trauma through a social justice lens. This training, informing their clinical/critical assessment and judgment of issues faced by individuals and families, must be cumulative with opportunities for scaffolded learning that builds and deepens skills over time—not one-off or a limited series of sessions. Such an approach would allow for both a development and deepening of skill and capacity and, in turn, better outcomes for children and families. As one participant explained: "*Well-trained social workers ensure that service users are understood and helped according to their lived experiences, thereby potentially reducing the time that service users spend within the system.*"

Our participants recommended that **universities offering social work degrees require content specific to child protection in terms of knowledge and skill development**. Many of them stressed that social

work education had prepared them to critique the system but left them ill-prepared for the more technical and clinical aspects of their work. They also recommended the creation of interprofessional health education modules for allied health professionals to enable them to work more collaboratively. They indicated that a better understanding of the system and its limitations amongst allied and adjacent helping professions would likely help reduce the degree of mistrust and disregard they frequently experienced in their interactions with allied health care professionals. It is important to note that while university social work programs can do better to prepare social workers who wish to work in child protection, at present, this system is in crisis, and it is not possible (or desirable) to prepare students to enter highly stressed and inadequately resourced workplaces.

4. Support the necessary recognition and validation of professional values, ethics, and professional standards

In general, our participants expressed a need for government to **take measures to change the narrative regarding the role of child protection social workers.**

We propose that to realize this, DCS, in collaboration of various stakeholder groups (including the NSCSW and NSGEU), **support the creation of a protracted child protection social work media campaign** to change negative perceptions of this work needs to go further than changing a name of the service. A social media campaign should counter the discourses that portray child protection social workers as 'baby snatchers'—child protection social workers directly working with children and families are simply not the people making decisions about where to place children. A sustained social media campaign should highlight and validate the ways that the 'social' is linked to practice. This could be done by portraying the multi-dimensional and contextualized understanding of social problems social workers bring to their work with individuals and families. This, in turn, can help inform the public about their advocacy efforts to help address the lack of material, social, and symbolic capital that can result in harm to children and their families. Our participants indicated that the public, including allied professionals, do not know what they do. A campaign like the one initiated by the province of New Brunswick could be a beginning.[70]

Despite the Union's efforts, many of the workers expressed that their representatives did not fully understand the nature of child protection work or the scale of the issues encountered by child protection workers. **We recommend the creation of a specialized social work union unit to help understand the unique responsibilities and needs of social workers and what constitutes a grievance.** This unit would hire social workers equipped to understand the specific demands of this role and advocate on their behalf. Such a union or subdivision within NSGEU could also go a long way to building and supporting the child protection social worker community—something that emerged as enormously helpful in staying with the work and ensuring it is caring and compassionate.

5. Operationalize and adequately resource anti-racism policy and empower indigenous and Africentric leadership

We acknowledge that there have been important internal efforts within DCS to ensure anti-Black racism policies are adhered to in terms of Africentric Education and training being provided to all staff. To these initiatives, **we encourage an effort to acknowledge and adequately compensate the often-unacknowledged additional forms of labour of Black, African Nova Scotian, and Indigenous social workers**. This includes sharing different forms of cultural and social expertise, but also the emotional and cognitive labour required of navigating racism, as it directly impacts them and the children and families they serve. Part of anti-racism policy must entail recognizing the additional burdens assumed by racialized workers and ensuring that these workers are appropriately compensated. Effective anti-racism policy must ensure the creation of safe workplaces for racialized workers, and it must include specific culturally responsive, anti-racist supports.

As all our participants acknowledged, the disproportionate impact of the state in the lives of Indigenous children and families via child welfare services and the extent to which the legacy of earlier forms of colonial violence have articulated forward. To quote a recent commentary offered by Cindy Blackstock and Nico Trocmé:

> *State removal of First Nations children from their families has been a hallmark of Canadian colonialism for centuries. Residential schools morphed into the current system of child welfare, one that removes children at 17 times the rate*

of non-Indigenous children. The removals are fuelled by the intergenerational trauma, addictions, poverty and domestic violence that flow from residential schools and the systemic underfunding of First Nations children's services. Their cumulative effects are devastating for the children, their families and their communities.[71]

In turn, any reform or transformation of the system must, according to participants, include **an empowered and resourced Indigenous leadership within DCS able to implement meaningful change** to not only redress the harms of child protection services in the lives of Indigenous communities and families, but to avoid DCS involvement in the first place. Additionally, and modelled on the new Africentric Child and Family Wellbeing program, our participants strongly urge DCS to develop, support, and resource an Indigenous Child and Family Wellbeing team that could provide leadership and consultation.

6. Better support families through timely, preventative, transparent and compassionate policy and practice

All our participants spoke to their commitment to and efforts to the least intrusive intervention, which is reflective of the purported ethos of the Children and Families Services Act. Despite the intention of the Act's 2017 amendments, advocates and social workers alike have pointed to their on-going "negative and disturbing"[72] impact on Nova Scotia's most vulnerable and marginalized communities. In many ways, these "unanticipated" consequences are the very predictable legacy of child welfare's colonial origins. Here, narrow views of neglect, following from Anglo-centric and Western conceptualization of family (reinforcing of capitalist norms and objectives) constrain what constitutes supportive, caring, and appropriate child-rearing. This is compounded by the paternalism embedded within the legislation that legitimizes a punitive and deeply intrusive form of practice and intervention that inevitably, according to our participants and adjacent research, does more harm than good. **The legislation must be further amended or completely revised to safeguard against punitive, disciplinary intervention, to support parents and families through meaningful, compassionate, and preventative care**. In turn, the institutional infrastructure must cultivate and sustain clear communication between service providers

and families, and amongst service providers. Creative and collaborative problem-solving and support must be encouraged and sustained.

One of the best approaches to reinforce the importance of supporting families and kinship care is **the implementation of the Immediate Response Family Group Conferencing Model** that New Brunswick has been implementing for the past 15 years. The model delivered by social workers trained in Immediate Risk Conferencing and Family Group Conferencing brings the family, kin and significant others into the circle as soon as there is the potential for a child to be removed from the family. The focus of the family conference led by the social worker is the development of a plan that can be created with the family being central to decisions and support provided to enable them to care for their child with the same level of funding as foster care.[73] As the supervisor of this process, the Department is responsible for ensuring Family Group Conferences result in plans and strategies that satisfy the child(ren)'s best interests. This process is meant to uphold the integrity and dignity of the family group by helping them plan how to resolve issues as they arise and could be effective for the entire province.[74]

7. Improve responses to gender-based and intimate partner violence

Nova Scotia's pro-arrest policies that immediately engage police and child protection services when issues of intimate partner violence emerge are deeply troubling. While the policies were designed to prioritize safety, their immediate material impacts are very rarely actually helpful for women, children and families experiencing intimate partner violence. This type of violence is complicated. Many perpetrators of violence have witnessed violence themselves as a child and have prior experiences of trauma, often rooted in social inequity and poverty. Further development of trauma and violence-informed approaches and programming that emphasize safety, accountability, and healing are necessary to help perpetrators make positive change.[75] Restorative and transformative justice approaches that prioritize victim safety, survivor's voices, and the accountability of perpetrators hold promise, especially for those families who wish to remain together following incidents of IPV.[76] Many victims of IPV have developed ways of coping and navigating violence that maximize their own and their children's survival.

Theoretically, trauma-based social work care is defined by five principles: safety, trust, collaboration, choice, and empowerment. Trauma-informed care recognizes that what has happened to individuals, including witnessing and/or experiencing domestic violence and other forms of childhood adversity, can negatively influence their physical health and social and mental wellbeing across the lifespan. Structurally, trauma and violence-informed care recognizes the corrosive impact of poverty, systemic discrimination, and exclusion.[77]

The crux of trauma-informed care is that it puts those experiencing violence in the driver's seat: decisions must be made *with* them not *imposed on* them or made *for* them. Nova Scotia's immediate arrest/criminalization proceedings in relation to IPV are the very opposite of trauma-informed: they are, in fact, trauma inducing. Most families involved in child protection systems have intersecting experiences of prior trauma alongside ongoing struggles to meet their basic material needs.

A report released by Coverdale in October 2024, which centred the voices and experiences of Nova Scotia mothers navigating the child protection system, speaks at length about what is wrong with the system's current approach to IPV:

> *Solving the problem of intimate partner violence by insisting that it is the responsibility of survivors alone to protect their children from this violence is to fail to adequately support and protect children. This responsibilization of vulnerable women for IPV and GBV has been directly challenged in the Final Report of the Mass Casualty Commission and places survivors and children at risk. Instead, persons who use violence must be the focus of the investigation, including by providing them with counselling and services.*

Research continues to point to community-based, victim-led responses within a social and public health model *that keep mothers and their children experiencing IPV safe.*[78] These measures could include family group and community-based approaches to addressing harm and advancing safety, including non-law enforcement restorative justice approaches. As noted throughout this report, frontline child protection workers do not receive sufficient training and lack the support that is necessary to support families who experience intimate partner violence. Advocacy efforts should include increased partnerships with the anti-violence field to support ongoing training, education, and collaboration.

8. Establish and sufficiently resource a Child and Youth Advocate Office

Child protection systems require separate bodies of oversight to ensure meaningful accountability. Nova Scotia remains one of the only provinces without this crucial office (Ontario's Office of the Child Advocate was closed in 2018). Through a series of campaigns, media engagements, and public education, Nova Scotia witnessed the tabling of legislation for an Office of Children and Youth in the spring of 2024.[79] To date, no meaningful action has been taken to move on this issue.

Without an Office of Child and Youth advocate, there is no mechanism for children, youth and families being processed by the system to challenge the harms of the system. Families involved in child protection are not families that have access to the financial, time or organizational resources to resist the system on their own. They are often simply trying to make it through the day with their families intact. To be clear, in adding our voices to those actively campaigning for a Child and Youth Advocate Office, including the NS College of Social Workers,[80] we are not suggesting that an Office of a Child and Youth Advocate will solve the deeply entrenched problems with risk-based child protection systems—indeed, these issues are reflective of much broader hegemonic social and economic structures that continue to perpetuate inequities. However, the establishment of an Office of a Child and Youth Advocate is a necessary first piece of public/social infrastructure necessary to identifying *what* is happening within the child protection system, *how* it is happening, *who* it is happening to, and *what can be done* to meet the practical and socioemotional needs of children and families who are struggling. At a more individual level, an Office of a Child and Youth Advocate could be the difference between life and death for many marginalized children and youth, and their families currently facing insurmountable, intersectional challenges and complexities.

9. Develop, support, and sustain a social model of care

This study, as well as a growing body of literature, has made clear that risk-based child protection systems do not work. They do not accurately predict where harm might occur, prevent harm from happening, or contribute to healing from past or ongoing harms. They place the blame

on decontextualized individuals and offer "solutions" through surveillance, coercion, and punishment—all of which compromise the agency and integrity of children and families.

In contrast, a social model of protecting children, perhaps more accurately described as a caring society, occurs when the goal is caring well with children and families (rather than preventing the worst harm). Rather than positioning child abuse and neglect as individual parent's problem and responsibility to fix, a social model of caring with children/families meaningfully addresses the core issues: poverty, racism, colonialism, ableism, inter-partner violence and (intergenerational) trauma. These issues can only be addressed through adequate access to material resources, including affordable housing, child care, health care (including mental health) and other community-based supports that children and families must be a part of conceptualizing.

For these reasons, **we call for the immediate establishment of a task force, or committee, comprised of children, youth, parents, kin carers, foster parents, child protection workers and any others involved in the day-in-day-out work of caring for and with children and families in support of social model of care that might, meaningfully meet the needs of Nova Scotian families**. This may also include physicians, early childhood educators, teachers, counsellors, and numerous others who interact with children and families, and are invested in their well-being. The committee must be adequately funded to ensure its sustainability and inclusion of marginalized voices. While we have provided a list of recommendations here, based on our findings and a broader body of literature, we recognize that the voices of children, families and front-line child protection workers are where change must truly begin. Perhaps this list of recommendations, and the recommendations of other allied reports from across Nova Scotia and the country, is a good place to begin their conversations and visioning. If we are serious about supporting children, families, and those tasked with doing this work, their voices must be the foundation of a system reform process.

10. Address income security and eradicate poverty, guided by the social policy framework

One-third of Nova Scotia's make less than $20/hour, a reality that disproportionately impacts women.[81] Many Nova Scotians have been struggling trapped in poverty and many more by high inflation.[82] The

discrepancy between what people need to survive and what they earn, as well as what government income supports are made available to them, is only part of the problem facing many families with child protection involvement. It is compounded by a deepening lack of affordable housing, which pushes families (often headed by mothers) into precarious and potentially dangerous situations. Food insecurity remains a significant issue, with a growing number of Nova Scotian families (and children) meeting their daily caloric needs. These conditions generate tremendous stress in people's lives, and they increase the risk of DCS involvement. Families living in poverty are, according to our participants, more likely to be surveilled and more likely to be disciplined by the myriad systems they interact within, including the school system, food banks, and health care.

Using the social policy framework, developed by the NSCSW and the CCPA-NS, to rebuild and patch the holes in the safety net, while ensuring adequate income supports, access to universal public services, is critical.[83] As is recommended in the 2023 Child and Family Poverty Report Card, "the Nova Scotia government should develop a poverty elimination plan based on principles in the social policy framework published by CCPA-NS and the NS College of Social Workers. A poverty elimination strategy must be evidence-based, employ an intersectional lens, and incorporate principles of universality, decolonization, social inclusion, anti-racism, decent work and well-being, among others outlined in the social policy framework. There needs to be specific legislated mechanisms for holding the government accountable for this plan, with targets and timelines, and on the particular issues facing families and children."[84]

Conclusion

It is clear the stress of navigating poor working conditions is taking its toll on child protection social workers, with immediate deleterious consequences for struggling Nova Scotia children and families. Undue administrative duties compromise their ability to support families as they also navigate the stress, burnout, and vicarious trauma they experience on the job.[85] Extremely high workloads, worsened by a lack of support and resources, alongside high levels of moral distress and burnout emerged as key reasons why child protection social workers leave their jobs. In the 2022-2023 fiscal year alone, the child and well-being division witnessed a staggering 124 resignations—representing 30 per cent of the workforce—underscoring the chronic staffing shortages plaguing the system. The lack of a stable workforce has profoundly negative impacts not only on those working in the system but also on those who are supposed to be served by it.[86]

Critically, the social workers whose insights are at the centre of this report spoke of their deep commitment to ethical practice and their desire to provide meaningful, equitable, and responsive support. Yet, the system, its hierarchies, limited resources, and the conditions of their employment constrain their ability to do so. Social workers in child protection are deeply aware of and impacted on by these constraints, as are the children and families with whom they work. Their frustration and active engagement to expose systemic shortcomings are far from a complaint: it their profound commitment to their work and to the children and families they serve that motivated them to speak with us.

In their various roles, the child protection social workers we interviewed aim to provide the best possible support for children and their families in a system that they understand is failing them. These

failures are embedded within the structure and legacy of child welfare in Nova Scotia, but they are not unique to DCS. These are the failings of a society that prioritizes profit over people; that leans uncritically on economic ideology that is fundamentally at odds with human well-being; and that depends on profound levels of inequality in its operations.

The time for change is now. We stand at a crossroads, where the decisions we make today can foster a more compassionate, effective, and ethically sound approach to child welfare, and greater safety for child welfare workers. This research project represents a vital step in that direction, offering hope for a more just and effective model of care. The challenges faced by child and family well-being social workers in Nova Scotia are complex and multifaceted. Yet, through collaboration, innovation, and a shared commitment to social justice, we can build a brighter future for all.

Notes

1 Nova Scotia Government Employees Union (2018). *Policy Grievance Update: Substantially Altered Role of DCS Child Welfare Workers*. https://nsgeu.ca/home_page/policy-grievance-update-substantially-altered-role-of-dcs-child-welfare-social-workers/13353/

2 The Final Recommendations offered by the Labour Management Committee in response to this grievance can be found here: https://nsgeu.ca/wp-content/uploads/2023/05/3-lmc-final-recommendations-nov-2021.pdf

3 Canadian Association of Social Workers (2018). *Understanding Social Work and Child Welfare: Canadian Survey and Interviews with Child Welfare Experts.* https://www.casw-acts.ca/files/documents/CASW_Child_Welfare_Report_-_2018.pdf

4 Barkley, J. & Wright, R. (2019). *Nova Scotia Child Welfare in Crisis: A Shared Perspective.* https://nscsw.org/wp-content/uploads/2019/10/Nova-Scotia-Child-Welfare-In-Crisis-Barkley-Wright.pdf

5 Ross, N., Hall, C. & MacDonald, J. (2019*). Myths, Misperceptions and Misunderstandings: the making of a social work documentary*. Canadian Social Work, 20(2):135-151.

6 Brown, C., Johnston, M., & Ross, N. (2021). *Repositioning Social Work Practice in Mental Health in Nova Scotia.* Nova Scotia College of Social Workers. https://nscsw.org/wp-content/uploads/2021/01/NSCSW-Repositioning-Social-Work-Practice-in-Mental-Health-in-Nova-Scotia-Report-2021.pdf

7 Wisdom2Action Consulting Ltd. (2023). Op cit.

8 Council of Parties of the Nova Scotia Home for Colored Children Restorative Inquiry (2019). *Understanding the History, Context, and Experience of the Nova Scotia Home for Colored Children*. In *Journey to Light: A Different Way Forward*. Province of Nova Scotia. https://restorativeinquiry.ca/report/Restorative-Justice-Inquiry-Final-Report-Chapter-5.pdf

9 For a comprehensive history of child protection law in Canada (specifically as it pertains to poverty), see: https://digitalcommons.schulichlaw.dal.ca/cgi/viewcontent.cgi?article=1014&context=phd_disserations

10 Luther, I. (2015). *On the "Poverty of Responsibility": A Study of the History of Child Protection Law and Jurisprudence in Nova Scotia*. https://digitalcommons.schulichlaw.dal.ca/phd_disserations/8/

11 Luther, I. (2015). Op cit.

12 Featherstone, B., Gupta, A., Morris, K., & White, S. (2018). *Protecting Children: A Social Model*. Policy Press. https://policy.bristoluniversitypress.co.uk/protecting-children

13 Sinclair, R. (2016). *The Indigenous Child Removal System in Canada: An Examination of Legal Decision-making and Racial Bias*. https://doi.org/10.7202/1082333ar

14 Frank, L. (2010). *The Nova Scotia Child Poverty Report Card 2010*. Canadian Centre for Policy Alternatives Nova Scotia (CCPA-NS) (2010). https://cwrp.ca/sites/default/files/publications/en/NS_2010Child_Poverty_Report_Card.pdf

15 Frank, L. & Saulnier, C. (2024). 2023 Report Card on Child and Family Poverty in Nova Scotia. CCPA-NS Office. https://policyalternatives.ca/publications/reports/2023-report-card-child-and-family-poverty-nova-scotia

16 Housing for All Working Group (2021). *Keys to a Housing Secure Future for All Nova Scotians*. CCPA NS Office. https://policyalternatives.ca/sites/default/files/uploads/publications/Nova%20Scotia%20Office/2021/05/CCPAHousing2021FinalNS.pdf

17 More information on the connections between food insecurity and health can be found here: https://proof.utoronto.ca/food-insecurity/what-are-the-implications-of-food-insecurity-for-health-and-health-care/#:~:text=Experiencing%20food%20insecurity%20at%20an,in%20adolescence%20and%20early%20adulthood

18 Swift, K. & Callahan, M. (2009). *At Risk: Social Justice in Child Welfare and Other Human Services*. University of Toronto Press. https://www.jstor.org/stable/10.3138/9781442697911

19 Featherstone et al. (2018). Op cit.

20 Luther, I. (2015). Op cit.

21 Luther, I. (2015). Op cit.

22 Council of Parties of the Nova Scotia Home for Colored Children Restorative Inquiry (2019). Op cit.

23 Wisdom2Action Consulting Ltd. (2023). Op cit.

24 Wisdom2Action Consulting Ltd. (2023). Op cit.

25 Brown, C., Johnstone, M. & Ross, N. (2021). Op cit.

26 Saulnier, C. (2023).*The Impact of the Cost-of-Living Crisis on Vulnerable Nova Scotians.* Halifax: CCPA-NS. https://policyalternatives.ca/publications/commentary/impact-cost-living-crisis-vulnerable-nova-scotians

27 Nova Scotia College of Social Workers. (2021). *Children and Family Services Act: 4-Year Review*. Nova Scotia College of Social Workers. https://nscsw.org/wp-content/uploads/2021/03/CFSA-Review-Submission-Final.pdf

28 Nova Scotia College of Social Workers (2021). Op cit.

29 Fiddes, S. (2023). *Making Matters Worse: An Analysis of Paragraph 22(2)(i) of the Child and Family Services Act*. Dalhousie Journal of Legal Studies. https://digitalcommons.schulichlaw.dal.ca/djls/vol32/iss1/4/

30 Fallon, B., Joh-Carnella, N., Houston, E., Livingston, E., & Trocmé (2023). *The more we change the more we stay the same: Canadian child welfare systems' response to child well-being*. National Library of Medicine. https://pubmed.ncbi.nlm.nih.gov/36680965/

31 Strega, S., Krane, J., Lapierre, S., Richardson, C. & Carlton, R. (2013). *Failure to Protect. Moving Beyond Gendered Responses*. Fernwood Publishing. https://fernwoodpublishing.ca/book/failure-to-protect

32 Fong, K. (2023). *Fong Investigating Families: Motherhood in the Shadow of Child Protective Services*. Princeton University Press.

33 More information on the *Culturally Responsive Health Care to Address Gender-Based Violence Within African Nova Scotian Communities* project can be found here: https://www.bethepeace.ca/projects-1/t2wbwh2ltpcwccer54je8m4h8ylcjf

34 Ryan, C., Silvio, D., Borden, T., & Ross, N. (2022). A review of pro-arrest, pro-charge, and pro-prosecution policies as a response to domestic violence. Journal of Social Work. https://journals.sagepub.com/doi/abs/10.1177/1468017320979956

35 Ryan, C. et al. (2022). Op cit.

36 Kim, M. (2024). *Non-Law Enforcement Restorative Justice Addressing Domestic and Sexual Violence: Implementation Period 1 Evaluation Report*. The CHAT Project. https://chatproject.org/wp-content/uploads/2024/08/0806_CHAT_Design_FullReport_02.pdf

37 Bergen, H. & Abji, S. (2020). *Facilitating the Carceral Pipeline: Social Work's Role in Funnelling Newcomer Children from the Child Protection System to Jail and Deportation*. Affilia. https://doi.org/10.1177/0886109919866165

38 MacDonald, J. M., Fitch, L. J., & Stanton, K. (2023). Turning the Tide Together: Final Report of the Mass Casualty Commission. Volume 3: Violence. The Joint Federal / Provincial Commission into the April 2020 Nova Scotia Mass Casualty. https://masscasualtycommission.ca/files/documents/Turning-the-Tide-Together-Volume-3-Violence.pdf

39 MacDonald et al. (2023). Op cit.

40 More information on Indigenous children in foster care across Canada can be found here: https://www.sac-isc.gc.ca/eng/1541187352297/1541187392851

41 Colley, S. B. (2019). *Black social workers prompt change in child welfare system*. CBC News Nova Scotia. https://www.cbc.ca/news/canada/nova-scotia/black-social-workers-child-welfare-conference-changes-1.5288185#:~:text=According%20to%20Department%20figures%2C%20of,with%20previous%20years%2C%20Grant%20said

42 *Office of the Auditor General of Nova Scotia. (2024). Health, Safety and Well-Being of Children Placed in Temporary Emergency Arrangements and Child and Youth Care Homes.* https://oag-ns.ca/sites/default/files/2024-05/Interactive%202024%20Health%2C%20Safety%20and%20Well-being%20of%20Children.pdf

43 Nova Scotia College of Social Workers (2021). Op cit.

44 Canadian Association of Social Workers (2018). Op cit.

45 Alaggia, R., O'Connor, C., Fuller-Thomson, E., & West, K. (2023). *Troubled times: Canadian social workers' early adversities, mental health, and resilience during the COVID-19 pandemic*. International Social Work. https://doi.org/10.1177/00208728221144380

46 Government of Nova Scotia. (2023). Freedom of Information Request Response. https://openinformation.novascotia.ca/browse?q=2022-01147-COM&sortBy=relevance

47 Information on the scope of practice for Social Worker Candidates can be found here: https://nscsw.org/practice/candidacy/

48 Bernard, W. T., Sangster, S., & Hay, A. M. (2020). *Concrete ceilings: African Canadian women and the pursuit of leadership in the public sector*. Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice, 8(1), 98-116. https://intersectionalities.mun.ca/index.php/IJ/article/view/2207

49 See also the class action lawsuit that has been filed against the Canadian government for racism and systemic discrimination faced by Black Canadians in the federal public service, https://www.blackclassaction.ca

50 Government of Nova Scotia. (2023). Freedom of Information Request Response. https://openinformation.novascotia.ca/browse?q=2022-01147-COM&sortBy=relevance

51 Province of Nova Scotia (2019). *How's Work Going? Nova Scotia Government Survey Results 2019.* Nova Scotia Public Service Commission. https://novascotia.ca/psc/employeeCentre/employeeSurvey/2019survey/2019-HWG-Dept-Community-Services.pdf

52 The Nova Scotia Association of Social Workers' Code of Ethics can be found here: https://nscsw.org/wp-content/uploads/2016/10/Code_of_Ethics_en.pdf

53 The Nova Scotia Association of Social Workers' Code of Ethics can be found here: https://nscsw.org/wp-content/uploads/2016/10/Code_of_Ethics_en.pdf

54 https://nsgeu.ca/home_page/update-on-child-protection-social-workers/30743/

55 Wisdom2Action Consulting Ltd. (2023). *Op Cit.*

56 Canadian Association of Social Workers (2018). Op cit.

57 Brown, C. et al. (2021). Op cit.

58 Weinberg, M. (2009). *Moral distress: A missing but relevant concept for ethics in social work*. Canadian Social Work Review.

59 Representative for Children and Youth (2024). *No Time to Wait: A review of MCFD's child welfare workforce.* https://rcybc.ca/wp-content/uploads/2024/07/RCY-NoTimetoWait-July2024.pdf

60 Wisdom2Action Consulting Ltd. (2023). *Op Cit.*

61 The Auditor General's report, *Health, Safety and Well-Being of Children Placed in Temporary Emergency Arrangements and Child and Youth Care Homes*, can be found here: https://oag-ns.ca/sites/default/files/2024-05/Interactive%202024%20Health%2C%20Safety%20and%20Well-being%20of%20Children.pdf

62 The full list of Calls to Action can be found here: https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf

63 More information on Jordan's Principle can be found here: https://www.sac-isc.gc.ca/eng/1568396042341/1568396159824

64 See the Act here: https://laws.justice.gc.ca/eng/acts/f-11.73/page-1.html#h-1150592

65 Fryer, S. & Tiedemann, M. (2019). *Legislative Summary of Bill C-92: An Act respecting First Nations, Inuit and Métis children, youth and families*. https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/LegislativeSummaries/421C92E

66 Kwilmu'kw Maw-klusuaqn. (2024). *The Assembly of Nova Scotia Mi'kmaw Chiefs Respond to Supreme Court Decision on Bill C-92*. https://mikmaqrights.com/?p=3936

67 Chen, J. (2019). *Research Summary: Caseload Standards & Weighting Methodologies*. Academy for Professional Excellence. https://theacademy.sdsu.edu/wp-content/uploads/2021/10/CWDS-Research-Summary_Caseload-Standards-and-Weighting.pdf

68 Savoury, George (2018). *Review of the Effectiveness of New Brunswick's Child Protection System*. New Brunswick Department of Social Development. https://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/Protection/Child/ReviewOfTheEffectivenessOfNewBrunswicksChildProtectionSystem.pdf

69 Ross, C. et al. (2023). Op cit.

70 See details of the campaign here: https://www.919thebend.ca/2024/03/18/new-campaign-shines-light-on-child-protection-social-workers/

71 Blackstock, C. & Trocmé, N. (2024*). Are Indigenous communities being set up to fail with the transfer of control of child welfare services?* Policy Options. https://policyoptions.irpp.org/magazines/october-2024/indigenous-child-welfare/

72 Wisdom2Action Consulting Ltd. (2023). Op cit.

73 Savoury, G. (2018). Op cit.

74 See more about the Wikimanej Kikmanaq Family Group Conference here: https://mfcs.ca/programs-and-services/

75 Augusta-Scott, T., Harrison, P., & Singer, V. (2017) *Creating Safety, Respect and Equality for Women. Lessons from the Intimate Partner Violence and Restorative Justice Movements*. Taylor and Francis. In T. Augusta Scott, K. Scott & L. M. Tutty (Eds.) *Innovations in Interventions to Address Intimate Partner Violence Research and Practice*. https://www.taylorfrancis.com/chapters/edit/10.4324/9781315532776-10/creating-safety-respect-equality-women-tod-augusta-scott-pamela-harrison-verona-singer

76 Augusta-Scott, T. et al (2017). Op cit. See also: Packer, H. (2021) *Restorative Justice and Intimate Partner Violence. A Summary of Findings from Two Reports*. Center for Court Innovation. https://www.courtinnovation.org/publications/restorative-justice-intimate-partner-violence-summary-findings-two-reports

77 Ross, N., Brown, C. & Johnstone, M. (2023). *Beyond medicalized approaches to violence and trauma: Empowering social work practice.* Journal of Social Work. https://doi.org/10.1177/14680173221144557

78 Kim, M. (2018). *From carceral feminism to transformative justice: Women of-color feminism and alternatives to incarceration*. Journal of Ethnic & Cultural Diversity in Social Work. https://www.tandfonline.com/doi/full/10.1080/15313204.2018.1474827

79 King, M. (2024). *N.S. moving to create advocacy office so 'children and the youth have their voices heard.'* Global News. https://globalnews.ca/news/10339417/child-advocacy-office-nova-scotia/

80 https://nscsw.org/childyouthadvocatehelp/

81 Saulnier, C. & Thompson, K. (2024). Atlantic Canadians need a raise: One-third of Workers Earn Less than $20 an hour https://policyalternatives.ca/AtlanticLowWageWorkers2024

82 Saulnier, C. (2023). Op.Cit.

83 Findlay, T., Saulnier, C., Hébert Boyd, M., & O'Keefe, J. (2020). *Creating the future we all deserve: A social policy framework for Nova Scotia*. CCPA-NS Office. https://policyalternatives.ca/publications/reports/the-future-we-deserve

84 Frank, L. & Saulnier, C. (2024). Op.cit.

85 Weinberg, M. & Banks, S. (2019). *Practising ethically in unethical times: Everyday resistance in social work*. Ethics and Social Welfare. https://doi.org/10.1080/17496535.2019.1597141

86 Wisdom2Action Consulting Ltd. (2023). Op cit.

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The CCPA-NS office is located in K'jipuktuk in Mi'kma'ki, the unceded, unsurrendered ancestral land of the Mi'kmaq people. We recognize that we are all treaty people and have responsibilities to each other and this land.

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