

No Time to Wait


A review of MCFD's child welfare workforce

PART TWO



REPRESENTATIVE FOR
CHILDREN AND YOUTH

February 2025

A black and white photograph of a traditional woven basket, likely made of cedar bark, containing a thick, braided cord. The basket is resting on a wooden surface. The background is blurred, showing more of the basket's interior and the wooden surface.

The Representative and staff, working throughout the province, would like to acknowledge that we are living and working with gratitude and respect on the traditional territories of the First Nations peoples of British Columbia.

We specifically acknowledge and express our gratitude to the keepers of the lands on the traditional territories of the Lheidli T'enneh peoples (Prince George) and the Lekwungen (place to smoke herring) people of the Songhees and Esquimalt Nations (Victoria) where our offices are located. We also acknowledge our Métis and Inuit partners and friends living in these beautiful territories.

February 6, 2025

The Honourable Raj Chouhan
Speaker of the Legislative Assembly
Suite 207, Parliament Buildings
Victoria, B.C., V8V 1X4

Dear Mr. Speaker,

I have the honour of submitting the report, entitled *No Time to Wait: A review of MCFD's child welfare workforce – Part Two*, to the Legislative Assembly of British Columbia.

This report is prepared in accordance with Section 6(b) of the *Representative for Children and Youth Act* which gives the Representative authority to monitor, review, audit and conduct research on the provision of a designated service by a public body or director for the purpose of making recommendations to improve the effectiveness and responsiveness of that service, and comment publicly on any of these functions.

Sincerely,

A handwritten signature in black ink, reading "J Charlesworth". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

Dr. Jennifer Charlesworth
Representative for Children and Youth

pc: Ms. Kate Ryan-Lloyd
Clerk of the Legislative Assembly

Chair, Select Standing Committee on Children and Youth

Deputy Chair, Select Standing Committee on Children and Youth

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Representative's Message

This second report on MCFD's social worker workforce capacity is a companion to our investigation into the death of a child and accompanying systemic review of the child welfare system in B.C., *Don't Look Away – How one boy's story has the power to shift a system of care for children and youth*,¹ and a follow up to our first workforce report that was released shortly thereafter in July 2024, *No Time to Wait: A review of MCFD's child welfare workforce – Part One*.² That first workforce report was an interim summary of the workforce review which, due to time limitations, was not able to fully incorporate learnings from several sources and which focused on matters more directly relevant to the investigation such as staffing, workload, and the capacity of social workers to comply with practice standards. This report incorporates those additional learnings and data, more thoroughly canvasses several aspects of workforce capacity, and finalizes and expands upon recommendations.



As we noted in *Part One* of this report, *Don't Look Away* called for significant government-wide shifts that will take considerable time to design and fully implement. In the meanwhile, children and families need an MCFD workforce that is well-trained, highly skilled, culturally attuned and healthy. They also need a workforce that is well supported by reasonable workloads, access to appropriate family and community support services, quality supervision and mentorship, and adequate technological and administrative support. As this report illustrates, that is not the state of MCFD's social worker workforce which, for decades, has been and still is beset with understaffing, unmanageable workloads, an inability to routinely implement practice standards, and an unhealthy work environment characterized by undue stress, burnout and fear.

As we said in our first workforce report a few months ago, children and families have no time to wait and that is still the case – the time is now to implement the changes that need to be made so children and families are better served, and social workers are more fulfilled in doing so.

A handwritten signature in black ink that reads "J Charlesworth". The signature is fluid and cursive.

Dr. Jennifer Charlesworth
Representative for Children and Youth

¹ Representative for Children and Youth, *Don't Look Away – How one boy's story has the power to shift a system of care for children and youth*, July 2024. https://rcybc.ca/wp-content/uploads/2024/07/RCY-Dont_Look_Away.pdf

² Representative for Children and Youth, *No Time to Wait: A review of MCFD's child welfare workforce – Part One*, July 2024. <https://rcybc.ca/hfaq/no-time-to-wait/>

Introduction

This report is the second and final report on a review of the workforce capacity of the Ministry of Children and Family Development's (MCFD's) child welfare services directly delivered by social workers.³

The first report in July 2024 – *No Time to Wait: A review of MCFD's child welfare workforce – Part One*⁴ – was an interim summary of the findings from the review that were available at that time and which focused on matters – such as staffing, workload, and the capacity of social workers to comply with practice standards – most directly relevant to the Representative for Children and Youth's (the "Representative's") investigation into the death of a child and accompanying systemic review of the child welfare system detailed in the report, *Don't Look Away – How one boy's story has the power to shift a system of care for children and youth*.⁵ Key results of the workforce review were released at that time because enough information had been gathered at that point to conclude that the MCFD social worker workforce was in, or on the cusp of, crisis and required urgent attention. There was no time to wait to identify the beginning steps that needed to be taken immediately. Although six months have

now passed since the release of that report, little has changed and there is still no time to wait.

This workforce capacity review was prompted by the Representative's investigation into the death of a child and accompanying systemic review of the child welfare system noted above. Although this is a stand-alone report, it should be read as a companion to that investigation and systemic review.

Don't Look Away identified several major systemic shifts that will take time to design and fully implement. In the meanwhile, children and their families will require help that meet their needs, protection reports will need to be assessed and responded to appropriately, children in care and in alternatives to care will require services and supports, and emerging Indigenous Governing Bodies (IGBs) will need to have strong allies to ensure that the transition to resumption of their jurisdiction over child and family services is done well.

There is no time to wait. The work must begin now to ensure that MCFD's child welfare workers are much better able to fulfill their current responsibilities, and so they are supported to enhance their capacity to fulfill the promise of a new approach to child well-being in a transformed future system of services.

As we noted in the first report, social workers who work in child welfare have an enormously challenging and complex job. As illustrated in *Don't Look Away*, when social workers respond to reports of neglect or abuse of children, or to requests for support services, they are typically working with children and families in the context of intergenerational trauma that is a legacy of colonialism, chronic poverty,

³ MCFD no longer formally uses the title of "social worker", instead describing workers by function such as guardianship worker, resources worker, and child protection worker. "Social worker" is used generically throughout this report for ease of reference and includes child protection intake and investigations, guardianship, resources, family services, youth services, adoptions, children and youth with support needs (CYSN), generalist workers and specialist workers such as Collaborative Planning and Decision Making (CPDM). The use of the title of social worker is discussed in detail later in this report.

⁴ Representative for Children and Youth, *No Time to Wait: A review of MCFD's child welfare workforce – Part One*, July 2024. <https://rcybc.ca/hfaq/no-time-to-wait/>

⁵ Representative for Children and Youth, *Don't Look Away – How one boy's story has the power to shift a system of care for children and youth*, July 2024. https://rcybc.ca/wp-content/uploads/2024/07/RCY-Dont_Look_Away.pdf

inadequate housing, mental health and substance use challenges, domestic violence and/or children and youth who have complex needs. Within this context, child welfare social workers must make critical decisions and provide services that can profoundly affect the safety, health and well-being of children and youth, the integrity of families, and, in the context of Indigenous children and families, can affect the very future of their communities and Nations.

A well-trained, highly skilled, culturally attuned and healthy workforce is obviously required to carry out this critically important and very challenging work. That workforce also needs to be well supported by reasonable workloads, ready access to appropriate family and community support resources, quality professional supervision and support services, and adequate technological and administrative support.

Has that been the case? Sadly, not. *Part One* of this report detailed the decades long history of reviews and reports – from the Commission of Inquiry report led by Judge Thomas Gove⁶ three decades ago, through to the present day – which have documented in detail how little has changed on the ground for social workers with respect to unrelenting demands for services, unmanageable workloads, inadequate family and community support services to meet the fundamental needs of children and families, and the very real personal burdens of vicarious trauma and workplace stresses. That very troubling summary account of numerous reports will not be repeated here, but rather is appended for reference in [Appendix A](#).

This report examines the key factors relating to the workforce capacity of MCFD's child welfare social workers, including:

- Qualifications, onboarding, training and professional development
- Working with Indigenous children, families and communities
- Standards, policies, procedures, practice guidelines, including the capacity to comply with these expectations, and quality assurance to support good practice
- Recruitment and retention of staff, with particular attention to rural communities
- Caseloads and workload, including how managing leave and backfill needs affects workload
- Availability of effective tools and resources to support good practice, including administrative/technological supports and supporting family and community resources
- Supervision, mentoring and practice support
- Worker and workplace health and psychological safety
- Staff/ministry organizational design, culture,⁷ and management.

⁶ Thomas Gove. *Matthew's Story: Report of the Gove Inquiry into Child Protection*, (Volume 1). Vancouver, B.C.: Province of British Columbia (B.C.), 1995.

⁷ Organizational culture – which should not be confused with the collective customs, beliefs and institutions of a particular nation, people or group – refers to the values, customs, rituals, and norms shared by an organization, which have to be learned by new members of an organization. Oxford Dictionary of Business and Management, Oxford University Press, 2009.

We hope that MCFD child welfare social workers who read this report will find it validating as it reflects their issues and concerns, yet it may also be dispiriting because the findings paint a picture of a workforce that is overwhelmed with work, highly stressed and inadequately supported. Despite these very demanding and too often unhealthy working conditions, one thing that shone through the Representative's review was the passion and commitment of child welfare social workers to help and support the children and families they serve. When asked by way of the Representative's online survey to identify where they gained the most satisfaction from their jobs, most identified the children and families they work with together with the culture of support they typically experience from their colleagues. This is evident too from the results of government's 2024 Work Environment Survey (WES)⁸ for MCFD child welfare

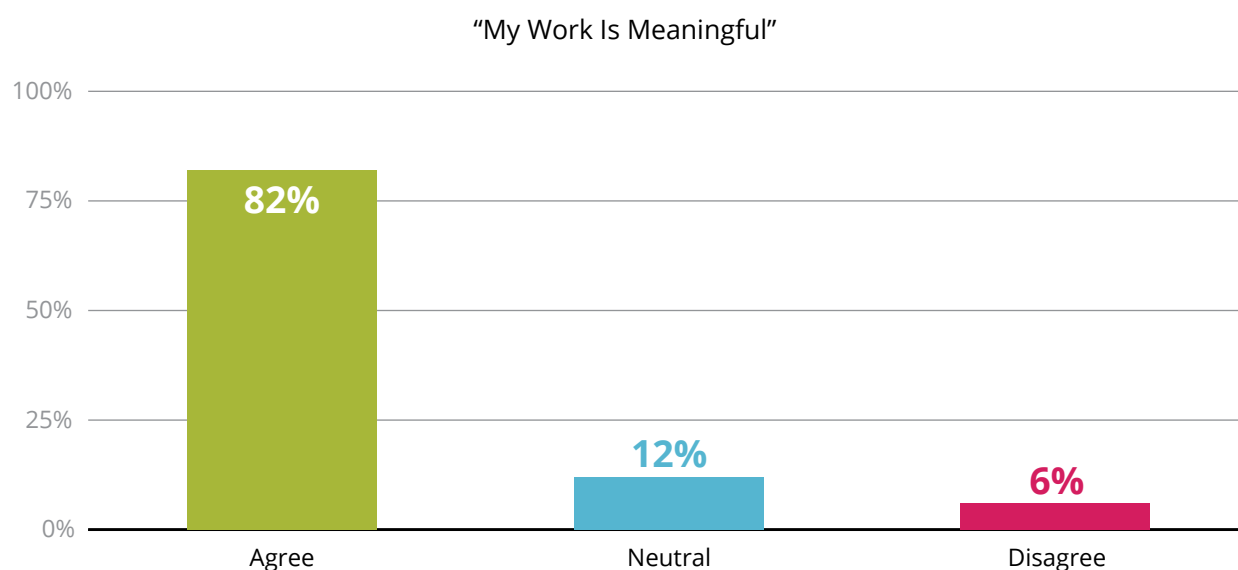
social workers which found that the workers overwhelmingly find their jobs meaningful, as indicated in Figure 1.

It is a calling, not a job.

– MCFD Social Worker, 2024

Child welfare social workers should be celebrated for the vitally important work they do everyday in a very challenging systemic context; good work that too often goes unnoticed and gets lost in the headlines of the high profile tragic cases that are emblematic of those systemic challenges.

**Figure 1: Work Environment Survey (WES), 2024
MCFD Social Workers
My Work is Meaningful**



⁸ See, the next section on Methodology.

Methodology

This review is limited to the child welfare social worker workforce employed by MCFD. It does not include Indigenous Child and Family Services Agencies (ICFSAs) because the child whose death prompted the Representative's investigation and systemic review was in care of and the legal responsibility of the ministry. Further, a review of the workforce capacity of ICFSAs would require a separate and distinct approach.⁹

MCFD no longer formally uses the term “social worker” but rather describes child welfare staff by function, such as child protection worker, resource worker, adoptions worker, and so on. Social worker is used generically throughout this report for ease of reference and because, regardless of how the ministry describes them, that is how they are known to the public, and often to themselves. For these purposes, social workers include those who work in the child welfare system (but not the child and youth mental health system) for MCFD and include: intake/investigations, resources, guardianship, family services, generalists, adoptions, children and youth with support needs (CYSN), youth services, and other specialist child welfare workers, as well as child welfare team leaders. The issue of social worker registration with the B.C. College of Social Workers and protection of the title of social worker is discussed later in this report.

⁹ A review of ICFSA's would be far more complex and require a distinctive approach. MCFD is a single employer with a common legislative framework and standards that apply across the province, is a single funding source, and has common human resources policies and support services. In contrast, ICFSA's involve multiple employers, with different levels of delegated legal authority and associated responsibilities, different standards (AOPSI), and different and varying provincial and federal funding sources.

There were several sources of information that informed this report, including:

- Review of relevant key findings arising from previous reviews and reports by external parties and by the RCY, a summary of which can be found in [Appendix A](#) to this report
- Review of the relevant academic and grey literature
- A summary cross-jurisdictional scan of leading reports/analyses of workforce capacity-related issues in other Canadian and international jurisdictions
- Review of MCFD briefing/decision notes, planning documents, reports and similar information relating to social worker workforce capacity
- Analysis of longitudinal data provided by MCFD regarding staffing allocations, utilization, recruitment and retention, leaves, and related matters
- Three online RCY consultations with community partners
- An online survey of MCFD social workers and their team leaders
- A similar, adapted online survey of MCFD excluded managers responsible for the management and oversight of, or support to, child welfare social workers
- Focus group discussions with line social workers and team leaders
- Data from government's Work Environment Survey (WES) specific to MCFD social workers and child welfare team leaders.

The RCY community engagement groups with community partners involved open-ended invitations to social care sector agency and MCFD staff, which provided for breakout group discussions on different topics, including workforce capacity. Narrative summaries captured the key themes and comments arising from each session.

The online survey of social workers and team leaders was conducted during April and May 2024. Aside from questions about demographics, the survey addressed ten topic areas and was comprised of 45 structured questions in which respondents were asked to choose one option that best aligned with their view on a Likert scale from very strongly agree to very strongly disagree. There was also provision for respondents to add further narrative comments on each of the ten topic areas.¹⁰ The survey topics and questions were developed through an iterative process between RCY staff, RCY consultants, and a consultation group of MCFD social workers, RCY staff and RCY consultants. The survey design was informed by other similar surveys conducted in the past by the provincial government, RCY and the BC General Employees' Union (BCGEU), as well as surveys from other jurisdictions. To give greater assurances of confidentiality, the survey was circulated through and with the official support of the BC General Employees Union (BCGEU). A total of 739 surveys submitted by social workers and team leaders, (which represents approximately 40 per cent of the

applicable MCFD staff), were included in the analysis.¹¹ The results from key questions are included in this report. An overview description and analysis of responses to the survey can be found in [Appendix B](#) to this report.

The questions in the survey of excluded MCFD managers related to the same topic areas but were adapted to their roles. In the interest of comparing the views of social workers and their managers, social workers were, for example, asked whether they agreed they had received adequate training in specified areas whereas managers were asked whether they agreed that social workers (not themselves) were adequately trained. A total of 57 MCFD managers completed the survey,¹² again representing about 40 per cent of the applicable staff. As with social workers and team leaders, the results from key questions are included in this report. The overview description and analysis of responses to the survey in [Appendix B](#) includes the managers' responses.

To assess the degree of stress experienced by MCFD child welfare social workers and team leaders as well as managers, the online survey incorporated six questions from the Mental Health Commission of Canada's Guarding Minds survey – the [Stress Satisfaction Scan](#) – which is a screening measure that offers a snapshot of employee stress and satisfaction.¹³

¹⁰ The topic areas included: training and professional development; standards, policies, procedures, and practice guidelines; caseload/workload; technological and office supports; family/community support resources; supervision and mentorship; workplace stress and satisfaction; workplace culture; organizational culture and direction; and what could be improved and what is working well.

¹¹ Fully and partially completed surveys were included in the analysis; 644 surveys were fully completed and 95 surveys were partially completed. Since there is reason to believe that the survey invitation did not reach all MCFD social workers, the response rate may be greater than 40%.

¹² Forty-six surveys from excluded managers were completed and eleven were partially completed.

¹³ See, Understanding the Stress Satisfaction Scan, <https://www.workplacestrategiesformentalhealth.com/resources/understanding-the-stress-satisfaction-scan>.

There were hundreds of pages of open-ended narrative responses to the online survey, which in itself is a measure of the degree of concern and passion social workers and team leaders have about their current work circumstances. A qualitative thematic analysis of these narrative responses was conducted, with results incorporated in this report where appropriate. A summary meta-analysis of the 6,278 thematically coded narrative comments can be found in [Appendix C](#). It is important to note that the findings of the qualitative data referenced in this report tend to be even more negative than the quantitative survey findings. While both present a picture of the MCFD social worker workforce in a state of crisis, the qualitative data tend to speak to the most severe circumstances. Research on surveys, particularly employee surveys, has found what is called a “negativity bias” where dissatisfied employees are more likely to provide comments than their more satisfied counterparts.¹⁴ This means that these findings likely represent the opinions of members of the MCFD workforce who are most dissatisfied with their situation.

There were three focus groups of team leaders and nine focus groups of direct service social workers, comprising a total of 49 participants. A qualitative thematic analysis of the content of the discussions was completed and, organized according to the workforce topic areas detailed earlier.

Every two years the provincial government’s statistical office, BC Statistics, surveys employees across all ministries of the provincial government through the Work Environment Survey (WES). A key element of the WES program is the Employee Engagement Model, which identifies the specific workplace functions and management practices that most impact employee engagement. These functions and practices are called engagement drivers. Each driver has associated survey topics that measure particular aspects of the employee experience such as empowerment, stress and workload, job suitability, and so on. These thirteen measured drivers can affect each other to increase or decrease overall engagement and the three characteristics of engagement (e.g., job satisfaction), which are also measured.¹⁵

¹⁴ See, for example, Poncheri, R. M., Lindberg, J. T., Thompson, L. F., & Surface, E. A. (2008). A Comment on Employee Surveys: Negativity Bias in Open-Ended Responses. *Organizational Research Methods*, 11(3), 614-630. <https://doi.org/10.1177/1094428106295504>

¹⁵ See, <https://www2.gov.bc.ca/gov/content/data/statistics/surveys/wes>. The WES survey, which is administered bi-annually, was administered to MCFD employees between January 25 and February 16, 2024. Many of the questions address the same or similar topic areas as the RCY online survey of social workers and team leaders, the differences being that the WES survey asks generic questions of all public servants whereas the RCY survey asked questions that are tailored to social workers and team leaders. Another key difference is that the Representative’s survey provided only forced choice responses (agree/disagree), without the option of a “neutral” or “don’t know” response, whereas WES provides for a neutral response, which are frequently selected and therefore can make direct comparisons of results difficult.

The 2024 WES survey special reports are based on 1,367 responses from social workers (a 71% return rate) and 238 team leaders (a 79% return rate). Although the vast majority of the team leader group would be child welfare or integrated office team leaders (e.g., child welfare and youth justice), it does include team leaders of specialized teams from other disciplines - i.e., youth justice and Child and Youth Mental Health - as these specialists were not able to be disaggregated. There would likely be little difference if these specialist team leaders were disaggregated. Moreover, there was little difference in the scores of direct service social workers and team leaders (they had identical overall engagement scores). In any event, for ease of reference, only the results of line worker social workers will be presented in this report.

WES results for MCFD as a whole for 2024 indicate that the ministry's overall employee engagement score was the lowest¹⁶ amongst 29 government ministries and organizations surveyed. Of the three engagement characteristics, MCFD's score for "organizational satisfaction" was also the lowest while its scores for "job satisfaction" and "BC Public Service commitment" were second lowest. Four of thirteen building block drivers had the lowest scores, six were second lowest and three were third lowest amongst the 29 ministries and organizations.¹⁷

WES results are produced for the ministry as a whole or for regions/work units but not for specific types of workers such as child welfare social workers unless a specialized request is made. RCY requested and obtained special reports for MCFD child welfare social workers and team leaders from BC Stats, the results of which are referenced in this report.

A summary table of the percentile ranking and the scores of social workers and team leaders on overall engagement, the three engagement characteristics and thirteen drivers can be found in [Appendix D](#) to this report. While the WES scores for MCFD's overall engagement as a whole were the lowest of all government ministries and organizations, the scores for social workers and team leaders were even less – social workers scored less than the ministry on every measure of overall engagement, the three engagement characteristics, and the 13 building block drivers, as well as 71 of 73 specific measures. As Figure 2 illustrates, the overall engagement scores for MCFD social workers and team leaders, as compared to the broader B.C. Public Service, were very low as both were in the tenth percentile rank, meaning that ninety per cent of the BC Public Service scored higher (i.e., better).¹⁸

Several aspects of the WES survey results for social workers and team leaders will be detailed throughout this report.

¹⁶ Tied with the Ministry of Public Safety and Solicitor General. Data accessed through BC Stats

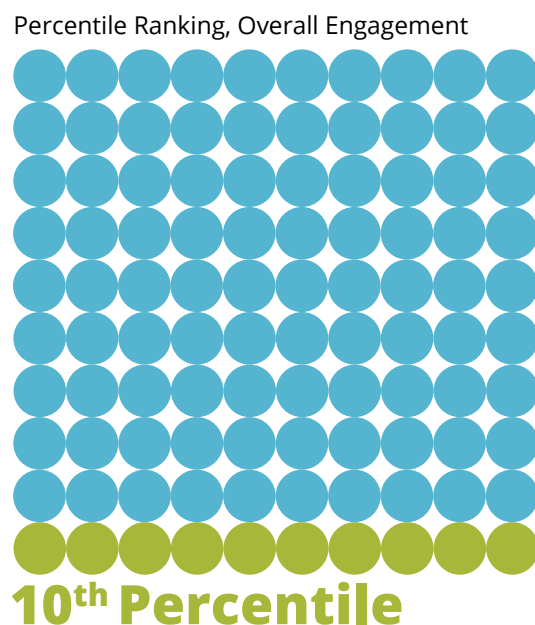
¹⁷ WES results are described in two ways: absolute scores and relative scores. Absolute scores attribute a weight to each answer out of 100; the scores for each question associated with a building block driver are then averaged to give a score out of 100 for each driver. There are five categories of scores, which are described (euphemistically), from lowest to highest:

- "understand your challenges" (54 points or lower)
- "focus on improvements" (55 to 64)
- "leverage your strengths" (65 to 74)
- "celebrate your successes" (75 to 84)
- "model your achievements" (85 or higher)

These scores can also be described according to percentile rank to identify how a ministry or work unit compares to others in the BC Public Service. A low percentile rank reflects lower relative performance and may be associated with poor absolute performance but not always. For example, the absolute score for social workers (79) for "teamwork" was in the second highest category ("celebrate your successes") but because the score for that driver was high across the BC Public Service (81) the social workers score on this driver was only at the 24th percentile. Conversely, the BC Public Service score for "pay and benefits was low (47) and all but one of the 29 ministries and organizations fell into the lowest two categories of scores for this driver, i.e., regardless of percentile rank, the absolute scores were low. These examples illustrate that absolute measures are sometimes more informative than percentile rank.

¹⁸ Using a different measure, the MCFD social worker overall engagement score was 58 on a metric of 100, which fell into the fourth lowest of five score categories. The team leader overall engagement score was identical at 58.

**Figure 2: Work Environment Survey (WES), 2024
MCFD Social Workers
Overall Engagement**



Finally, while there is a wealth of information and data to inform this report, some of the analysis was limited by a lack of available ministry human resources data. This serious matter was discussed in detail in *Part One* of this report, the excerpt of which can be found for reference in [Appendix E](#) to this report. In brief, while some data is collected at local levels the ministry does not routinely collect and analyze some basic and essential human resources data to inform planning such as exit interviews of staff, “Appendix 4” workload reports,¹⁹ unstaffed positions in local offices/

teams, and a workload measurement tool.²⁰ Moreover, the ministry does not routinely disaggregate data according to types of staff positions (e.g., social workers) in the different ministry service streams, even though staff in these service streams have different qualifications and training, are subject to different professional regulatory bodies (or not at all), may operate under different legislative frameworks and policies and procedures, have different roles and responsibilities, and are situated differently vis-à-vis the ability to manage workload, i.e., they are arguably different workforces.

¹⁹ Appendix 4 reports are provided under the collective agreement between government and the BCGEU, and provide a process for the identification and resolution of workload related issues identified by workers. There are three levels: local, first level excluded manager and provincial. If issues are not resolved at the lower level, they may be escalated to the next level.

²⁰ Additional human resource metrics, beyond those identified in Part One of this report, that MCFD does not but should capture are identified in this report.

That argument is validated by the results of the special WES report for social workers. As noted earlier, according to these results compared to the ministry as a whole, child welfare social workers scored less (i.e., worse) on every metric including overall engagement, the three engagement characteristics and the 13 drivers.²¹ It is noted that the capacity of the ministry to capture data effectively is limited in part by a government-wide human resources information system that is outmoded and which is expected to be replaced in the coming years.²²

²¹ See [Appendix D](#). It should be noted that the comparison of WES scores is between child welfare social workers and the ministry as a whole, the latter of which obviously also includes the same child welfare social workers. Accordingly, if the comparison was between child welfare social workers and all remaining (non-social worker) ministry staff, the gaps in scores would be even greater.

²² Communication from MCFD, December 20, 2024. The information system is known as CHIPS.

Qualifications, Training and Professional Development

Qualifications and Oversight

Social workers who work for MCFD are professionals but they are not required to be members of and subject to oversight by a regulatory body, as is the case with a host of other professionals including 26 types of health professionals,²³ lawyers, accountants, teachers, engineers, biologists, foresters and so on.²⁴

Typically, governance of a profession involves a self-regulation model wherein, through a legislative framework such as the *Health Professions Act*, government authorizes a profession's governing body to set qualifications for registration/certification, requirements for professional development/continuing education, standards of practice and ethics, as well as complaints, investigation and discipline of registrants. The regulatory body also often provides for "title protection", which means that a person cannot describe themselves as a particular type of professional nor practice that profession (e.g., physician) unless they are a registered member in good standing with the regulatory body.²⁵

The purpose of professional regulatory bodies is to protect the public interest by helping to ensure designated professionals are qualified and carry out their practice ethically and according to established standards. They provide the public an independent avenue to file complaints and if there is misconduct or malpractice, for discipline to be imposed on members, including restriction, suspension or removal from practice. Protection of the public interest by these means helps to promote public confidence in the profession as a whole.

There is already a professional regulatory body for social workers, the BC College of Social Workers ("the College"), which is established under the *Social Workers Act*.²⁶ The College has a mandate to protect the public from preventable harm by assessing the credentials of and registering qualified social workers, encouraging high standards of practice and reviewing complaints concerning social work practice.²⁷ A registrant must have a degree in social work from an institution accredited by the Canadian Association of Social Work Education,²⁸ undergo a criminal records review and complete a licensure exam.²⁹ Although other employees of MCFD such as nurses and psychologists must be registered with their respective professional governing bodies, and while social workers

²³ In B.C., there are 25 regulated health professions governed by six regulatory colleges under the *Health Professions Act*. As well, emergency medical assistants are governed by the Emergency Medical Assistants Licensing Board, established under the authority of the *Emergency Health Services Act*.

²⁴ A listing of the many regulatory authorities can be found at <https://www2.gov.bc.ca/gov/content/governments/organizational-structure/ministries-organizations/regulatory-authorities>

²⁵ Some professions such as health professions are also authorized to define and limit scope of practice.

²⁶ SBC, Chapter 31

²⁷ See <https://bccsw.ca/>.

²⁸ Applicants who do not have an approved social work degree but who have a related degree that is "substantially equivalent" may also apply, subject to an individualized assessment of equivalency and 700 hours of social work experience. The Douglas College Bachelor of Social Work program has been provisionally approved by the College.

²⁹ The College also has a clinical class of registration, Registered Clinical Social Worker (RCSW) as distinct from Registered Social Worker (RSW).

who use that title and who work for health authorities must be members of the College,³⁰ child welfare social workers employed by MCFD and Indigenous Child and Family Services Agencies (ICFSAs) are, amongst others, exempted from the requirement to register.³¹ Although there is title protection of “social worker” under the *Social Workers Act*, this title protection is far from complete because employees of exempted employers such as MCFD may still use the title of social worker. Nonetheless, even though they are often known publicly – and to themselves – as “social workers”, MCFD no longer formally describes their child welfare staff as social workers but rather by function such as child protection worker, resource worker, etc.³²

“Social work” is broadly defined in the *Social Workers Act* as:

“the assessment, diagnosis, treatment and evaluation of individual, interpersonal and societal issues through the use of social work knowledge, skills, interventions and strategies, to assist individuals, couples, families, groups, organizations and communities to achieve optimum psychological and social functioning.”³³

Ministers of the provincial government are assigned responsibility for relevant provincial statutes. The Minister of MCFD is assigned responsibility for the *Social Workers Act*. It is paradoxical that the Minister of MCFD has responsibility for that Act yet employees of that very same ministry are exempted from the requirements of that legislation.

It has been noted that there is an absence of studies in the field of child welfare that have examined the relationship between a social work education or registration with a regulatory body and better client outcomes.³⁴ However, such research would be very difficult to undertake and in any event, would not assess the fundamental purpose of regulatory oversight, i.e, providing an independent avenue for complaints about practice and public protection from inadequately trained practitioners, or unethical or incompetent practice. For example, if all social workers were required to be registered in order to secure employment, there would not be opportunity for those who are ineligible for registration to secure employment or if not in good standing with the College due to previous discipline, to move between employers.³⁵

³⁰ Health authorities were, like MCFD, formerly exempted employers but this exemption was removed in 2013; see BC Reg 287/2012, effective September 1, 2013. Note, however, that this requirement only applies to staff of health authorities who are in positions with the title of social worker; there are many social service positions – counsellors, coordinators, case managers, etc. – in health authorities that have job functions that may be similar in function but they are not required to be registered by a professional regulated body.

³¹ Section (4)(2) *Social Workers Act* provides for exemptions, which are prescribed by the *Social Worker Regulation*, B.C. Reg. 323/2008. There are several other exemptions, including employees of the federal government, municipalities and regional districts, First Nations, and boards of education.

³² This refers to the formal title only. In practice, “social worker” is common parlance within and external to the ministry.

³³ SBC, Chapter 31, section 1.

³⁴ Canadian Association of Social Workers, *Understanding Social Work and Child Welfare: Canadian Survey and Interviews With Child Welfare Experts*, 2018. https://www.casw-acts.ca/files/attachements/CASW_Child_Welfare_Report_-_2018.pdf.

³⁵ Canadian Association of Social Workers, *Understanding Social Work and Child Welfare: Canadian Survey and Interviews With Child Welfare Experts*, 2018. https://www.casw-acts.ca/files/attachements/CASW_Child_Welfare_Report_-_2018.pdf

It is important to note that social work is a broad field that goes well beyond child welfare services and employment with MCFD and ICFSAs. There were 6,299 registrants with the College as of December 31, 2023³⁶ who are employed, for example, with family service agencies, hospitals, rehabilitation facilities, mental health organizations, community care facilities, addiction programs, treatment centres, employee assistance programs, community living agencies, adoption services, and other similar organizations, and in private practice. MCFD does not track the number of employees who are registered with the College because it is not required for employment.³⁷ The College also does not keep an up to date record of the number of registrants who are MCFD employees, but plans to do so in the near future.³⁸ Anecdotally, it is believed that only a small proportion of MCFD child welfare workers are registered with the College, again because it is not a requirement of employment.

The issue of oversight of child welfare social workers has been contentious for decades. The report of Judge Thomas Gove's Commission of Inquiry ("Gove") in 1995, which led to the creation of the Ministry of Children and Family Development, recommended a requirement that all social workers, including those employed by the ministry and the contracted sector, should be overseen by a self-governing professional body³⁹ under the auspices of the *Health Professions Act*. Before Gove, ministry policy gave preference to applicants who had a Bachelor (or Master) of Social Work ("BSW" or "MSW") but applicants with a Bachelor of Arts ("BA") degree were also accepted, while professional registration with the then-Board of Registration of Social

Workers as a social worker was voluntary.⁴⁰ Gove found that about half of the ministry social workers did not have the academic qualifications necessary for registration and, since registration was not mandatory, only about 20 per cent of social workers employed or contracted to the ministry were registered.

Immediately following the Gove report, the ministry took steps to improve qualifications and training. Initially, a policy requiring a BSW (or MSW) as qualification to be a social worker was established; this was subsequently expanded to include a BA (or MA) of Child and Youth Care (CYC) or a Master's in counselling. As well, a twenty week in-person, competency-based training program was implemented for new hires. Further a condensed twenty-week academic program for existing staff without the requisite social work degree – who were on paid educational leave while their vacant positions were backfilled – was implemented.⁴¹ After ninety staff had been admitted, however, new admissions to the program were frozen due to budget considerations, ostensibly with a view to revival in modified form in future, which never occurred.⁴²

In the wake of Gove recommending professional regulation of social workers under the *Health Professions Act*, the (then) Ministry of Social Services, established a joint working group with the BC Association of Social Workers and the Board of Registration of Social Workers,⁴³ which recommended that no one be permitted to practice social work

³⁶ BC College of Social Workers, *2023 Annual Report*, <https://bccsw.ca/wp-content/uploads/British-Columbia-College-of-Social-Workers-2023-Annual-Report.pdf>

³⁷ Email from MCFD, August 26, 2024

³⁸ Communication from the College, October 31, 2024

³⁹ Gove, 1995, recommendations 44 to 48

⁴⁰ At that time, there was a Board of Registration of Social Workers, not a self-regulatory collage, established under a former iteration of the *Social Workers Act* (RS, Chapter 32, 1996) but government employees were exempted from the requirement to register. Registration was voluntary and the Act did not protect the use of title or the practice of social work.

⁴¹ Andrew Armitage and Elaine Murray, *Thomas Gove: A Commission of Inquiry Puts Children First and Proposes Community Governance of Services*, in, Leslie T. Foster and Brian Wharf (Eds.), *People, Politics and Child Welfare in British Columbia*, UBC Press, Vancouver-Toronto, 2007

⁴² *Upgrade plan ends for social workers*, Vancouver Sun, February 12, 1998.

⁴³ The BCGEU withdrew from participation.

unless they were registered with a proposed new College of Social Workers under the auspices of the *Health Professions Act* and recommended three avenues to eligibility for registration:

- Current employees without a BSW would be given a grace period, and an interim license in order to complete the concentrated academic program;
- Alternative credentialing requirements such that an applicant without a BSW may qualify for registration based on a challenge examination, credit for other academic credentials, credit for work experience, or agreement for the employee to have a limited scope of practice; or
- Grandparenting: available to applicants in BC who have practiced in BC in a capacity substantially equivalent to a registrant at any time during the immediately preceding two years, and who pass an examination testing for competence.⁴⁴

A subsequent review of the implementation of the recommendations of the Gove report by the Ombudsman also recommended mandatory regulation of social workers. However, the Ombudsman did not agree that a social work degree was necessarily required for child protection work, recommending instead either a social work or comparable degree coupled with registration in a self-regulatory body.⁴⁵

Yet another working group established by the then-Ministry for Children and Families – comprised of nineteen leaders in human services, ten of whom were social workers – recommended in 1999 that all human service professions be regulated within a single,

inclusive framework under a proposed Human and Social Services Professions Act.⁴⁶

Although Gove, the working groups and the Ombudsman all agreed with the principle of a self-governing body and recommended mandatory registration, government did not follow up as recommended. Instead, the College, which replaced the former Board of Registration of Social Workers, was established by way of a new *Social Workers Act* (not the *Health Professions Act*) in 2008, with employees of MCFD and several other organizations exempted from the requirement for registration.

I believe that children, particularly those at risk and in need, are entitled to all of the safeguards that are the likely outcomes of professional licensing, standards and regulation. Competence in caring for children's safety and well-being is dependent on workers having an appropriate educational background, proper on-the-job training and testing for that competence. Registration with a self-governing professional body that has a legislative duty to monitor its members works to ensure individual professional accountability. Such accountability is an essential component of a model that seeks to ensure the safety and well-being of children and youth.⁴⁸

– B.C. Ombudsman, 1998

⁴⁴ Cited in, Ombudsman Province of British Columbia (Victoria, BC), *Getting There: A Review of the Implementation of the Report of the Gove Inquiry into Child Protection*, Public Report No.36, March 1998.

⁴⁵ Ombudsman, p.138

⁴⁶ Cited in, BC Association of Social Workers, *Modernizing the provincial health profession regulatory framework: A paper for consultation* <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/modernizing-health-profession-regulatory-framework-consultation-paper.pdf>

⁴⁷ Ombudsman, p.138.

In the interest of improving recruitment and in keeping with the recommendations of the Special Advisor on Indigenous Children in Care,⁴⁸ in 2019 the ministry in effect moved in the opposite direction to the Gove recommendations by expanding accepted educational qualifications for new social workers to include, for example, psychology, sociology, criminology, anthropology, early childhood education, Indigenous studies, education, theology or nursing (plus a minimum of one year related experience). Generally speaking, these expanded educational qualifications are a considerable distance from a social work or “substantially equivalent” program of studies.

The BC Association of Social Workers (BCASW), which is a professional association separate from the College,⁴⁹ has a lengthy history of advocating for mandatory registration of all social workers under the framework of the *Health Professions Act*. Following the establishment of the College, the Association wrote to the Minister of Children and Family Development in 2009 recommending that the exemptions under the Act be reduced and removed.⁵⁰

The Association participated in a joint working group begun in 2019 with representatives from MCFD, the College, BCGEU and

accredited schools of social work to review the issues of protection of title, mandatory registration, scope of practice, and other matters.⁵¹ The Association has also been active in recent submissions to government, again advocating for mandatory registration of all who use the title of social workers.

The infamous case of Robert Riley Saunders, an MCFD social worker with falsified social work credentials, who defrauded and severely harmed a significant number of Indigenous youth in care over the course of many years, has brought the issue of mandatory registration back into the public eye,⁵² the argument being that mandatory registration could have caught and/or prevented the misrepresentation in the first place and therefore prevented his subsequent heinous misconduct.

The First Nations Leadership Council has supported mandatory registration.⁵³ As well, the Green Party introduced a private members bill in May 2024 proposing amendments to the *Social Workers Act* that would require mandatory registration of all social workers.⁵⁴

⁴⁸ Province of British Columbia. *Indigenous Resilience, Connectedness and Reunification – From Root Causes to Root Solutions*, November 2016. Recommendations 1 and 2, pages 83-84. <https://fns.bc.ca/wp-content/uploads/2017/01/Final-Report-of-Grand-Chief-Ed-John-re-Indig-Child-Welfare-in-BC-November-2016.pdf>. Specifically, the Special Advisor recommended: MCFD, with the objective of maximizing its child safety recruitment, review the entry level qualifications for front-line workers. The review to consider educational and experiential requirements for child safety positions

⁴⁹ BCASW is a voluntary, not-for-profit membership association that supports and promotes the profession of social work and advocates for social justice.

⁵⁰ Information provided by MCFD, February, 2024.

⁵¹ BC Association of Social Workers, *Modernizing the provincial health profession regulatory framework: A paper for consultation* <https://www.bcasw.org/BCSocial/Assets/Documents/News/Reports%20and%20Briefs/200110%20-%20MODERNIZING%20THE%20PROVINCIAL%20HEALTH%20PROFESSION%20REGULATORY%20FRAMEWORK%20-%20A%20PAPER%20FOR%20CONSULTATION.pdf>

⁵² See, <https://www.aptnnews.ca/national-news/class-action-lawsuit-against-kelowna-social-worker-prompts-calls-for-better-oversight/>. See also, <https://www.cbc.ca/news/canada/british-columbia/families-and-first-nations-call-for-full-regulation-of-social-workers-1.6632358>.

⁵³ <https://www.bcafn.ca/news/first-nations-leadership-council-statement-class-action-settlement-agreement-victims-robert>

⁵⁴ https://www.bcgreens.ca/furstenau_to_introduce_new_bill_tightening_social_work_regulations_in_bc

Registration and employment requirements for child welfare staff vary across Canada. Jurisdictions are evenly split between those who require direct service staff to register, those who have partial requirements (e.g., staff with a social work degree must register) and those, like B.C., who do not require staff to register.⁵⁵

During 2022 and 2023 MCFD carried out an extensive consultation process about the issue of oversight of social workers involving a series of engagement sessions with a variety of stakeholders, an online survey of social workers (not limited to MCFD social workers) and a survey of the public, and written submissions. In June 2024 a “What We Heard” report was released summarizing feedback received from social workers, the public and stakeholder groups.⁵⁶ The public report indicated that although there appeared to be broad agreement about improving accountability of social workers, improving access to registration, and supporting the delivery of high quality social work services, there were diverse and conflicting views on these core issues. These issues included mandatory registration, how to regulate those without social work degrees and encouraging diversity within a regulatory framework that is seen by some as colonial and inflexible.

That report states that the ministry intends to conduct further research and analysis to better understand and explore the impacts and effects of potential approaches. It also identified several steps the ministry has taken to improve accountability, all of which are notably internal (not external) processes such as strengthening degree verification procedures and new staffing to increase internal oversight of social workers.

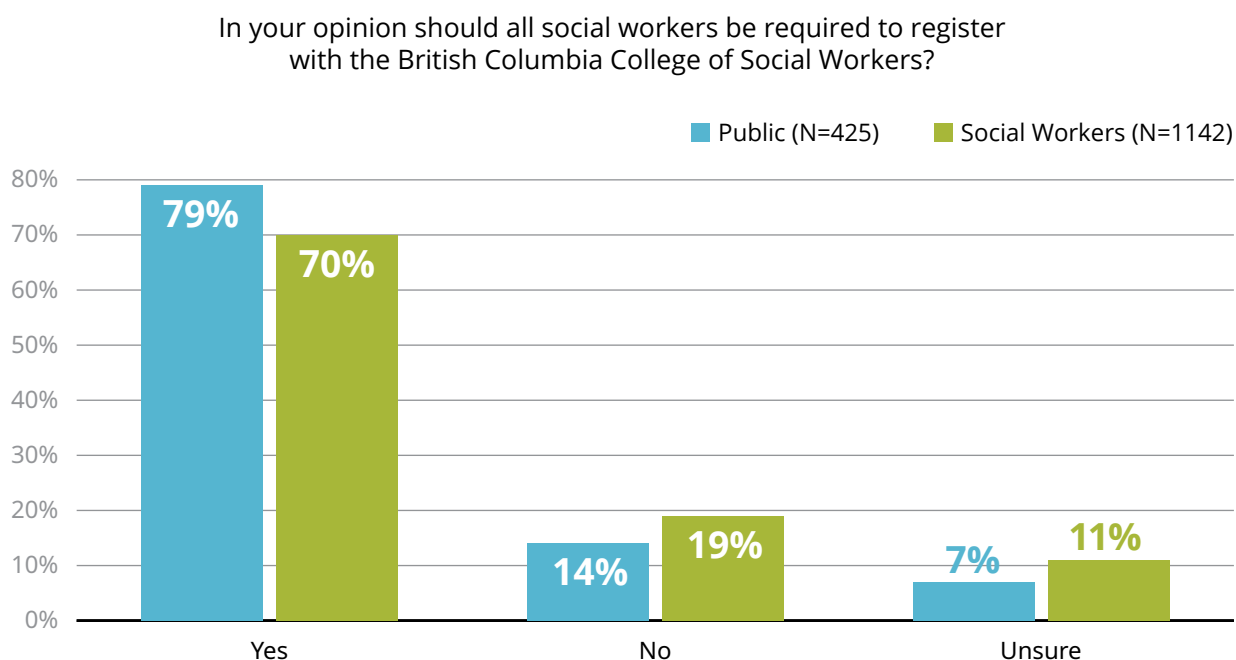
The Representative requested the results of the surveys of social workers and the public, which were not specifically identified in MCFD’s public report. It is noted that the survey of social service workers was not limited to MCFD employees but rather the social work profession as a whole and therefore included, for example, social workers employed by the ministry, ICFSA’s, health authorities and in private practice. As Figure 3 indicates, the vast majority of social workers and public respondents agreed that all social workers should be required to register with the BC College of Social Workers.⁵⁷ It is noted, however, that there were differences amongst social worker respondents, only about one-third (32%) of which were MCFD employees: only 36% of MCFD respondents supported mandatory registration while nearly two-thirds (65%) of ICFSA respondents indicated support, with the greatest support (84%) coming from other respondents from, for example, health authorities and private practice.

⁵⁵ Information provided by MCFD, February 2024.

⁵⁶ Ministry of Children and Family Development, *Social Work Oversight Engagement in British Columbia: Engagement Report*, June 2024, <https://engage.gov.bc.ca/govtogetherbc/engagement/social-work-oversight-2/>

⁵⁷ Raw data provided by MCFD, October 23, 2024. If those who responded “unsure” are removed, support for mandatory registration increased to 79% amongst social workers and 85% amongst public respondents. In response to the question about current or most recent employment, the vast majority of social worker respondents were either provincial government or health authority employees.

Figure 3: MCFD Social Worker Oversight Survey, 2023
Mandatory Registration of Social Workers



Turning to the qualifications of MCFD social workers and how that intersects with potential registration with the College, data provided by MCFD indicates that 82 per cent of 1850 current child welfare staff⁵⁸ have a preferred credential, and 72 per cent of those have a BSW or MSW. This translates into 59 per cent of the current complement of child welfare staff appearing to qualify for registration with the College because they have a BSW or MSW. An unknown additional, but likely small proportion of the remainder may have a substantially equivalent credential and be eligible. In short, while a majority appear to be eligible, it appears that a significant portion of the current complement of MCFD child welfare staff are likely not eligible for registration with the College.

The ministry also provided data respecting the qualifications of new social worker hires over the most recent 20 months: 39 per cent

of the 370 new hires during that time period had expanded qualifications.⁵⁹ If that rate of hiring of new staff with expanded credential continues at the same pace, it can be expected there will be a gradual transformation of the qualifications of the child welfare workforce in forthcoming years.⁶⁰

These data have significant implications. Given the findings from *Part One* of this report about under-allocation of social worker positions, understaffing of existing positions, lack of backfill, and consequent excessive workload,

⁵⁹ Data is for the period from April 1, 2023 to December 19, 2024.

⁶⁰ It is noted that when the Representative requested data on the qualifications of the existing child welfare workforce, MCFD informed the Representative that that data was not available. Further, initial data provided to the Representative about the qualifications of new hires indicated a far greater proportion of new hires with expanded credentials. It was only after administrative fairness review that the ministry was able to produce the data reported here. This is another example of data that should be easily accessible to the ministry and routinely analyzed.

⁵⁸ As of December 19, 2024.

the significant number and proportion of newly hired social workers with expanded qualifications gives one pause about how the current circumstances could have been far worse had the ministry not proceeded with expanded qualifications and been able to recruit new staff. It would likely be infeasible – in fact, unsafe for children and families – to return to the sole and narrower pool of candidates with preferred qualifications since that would result in an even greater and completely unacceptable degree of understaffing. Without this significant addition to staffing, the potential harms to children and families would undoubtedly far exceed the harms that arise from a lack of professional regulation in the College of Social Workers.

These data also have significant implications for the issue of registration with the College, onboard training of new hires and professional development, the latter two of which will be discussed in the next sections of this report.

In the Representative's view, the status quo is not acceptable. As professionals, MCFD child welfare workers should, in addition to internal oversight processes common to employers,⁶¹ be subject to oversight that offers a greater degree of independence and transparency, and thereby promotes greater public protection and public confidence. It is anomalous that virtually all other professions across sectors – many of whom work with vulnerable children, youth and families – are subject to oversight by an independent regulatory body, yet MCFD child welfare workers who work with the most vulnerable children in the province are not. It is also anomalous that social workers who work with vulnerable children and families (and sometimes the same children and families) for other public bodies – i.e., the health

authorities – are required to be registered with the College, yet MCFD social workers are not. And it is anomalous that professionals such as nurses, psychologists, and psychiatrists who work directly for or are contracted by the Child and Youth Mental Health arm of the very same ministry – and who may work with the very same children – are required to be members of a professional regulatory body, yet MCFD child welfare workers are not. After thirty or more years of debate and inaction, the ministry needs to make a firm decision on regulation and define the path forward. The key issues requiring discussion include what the educational qualifications should be, for which positions or scope of practice, which regulatory body/mechanism, and how to implement changes incrementally without destabilizing an already fragile system.

Before addressing those questions, in keeping with the spirit of the *Declaration on the Rights of the Indigenous Peoples Act*,⁶² it is the Representative's view that the ministry should not impose professional regulatory requirements on ICFSAs, some of which may transform over time into the child and family service delivery arms of Indigenous Governing Bodies (IGBs) when First Nations resume jurisdiction over child and family services. ICFSAs and IGBs must decide for themselves if and how their child and family services staff may be regulated. It is noted that once an IGB resumes jurisdiction it will not be subject to the mandatory oversight of the RCY⁶³ but may voluntarily choose to do so, in part or in whole, or may choose to establish its own processes. Similarly, an IGB should be

⁶² SBC 2019, Chapter 44.

⁶³ Once an IGB resumes jurisdiction over child and family services under the Federal Act, the Representative loses jurisdiction over those services. This is because the RCY Act only accords the Representative jurisdiction over child welfare services or programs provided or funded by the provincial government under the *Child, Family, and Community Services Act*. Nonetheless, an IGB could enter into a voluntary agreement with the Representative to exercise one or more of the Representative's functions, i.e., individual advocacy, systemic advocacy or reviews and investigations.

⁶¹ These include, for example, standards and policies, day-to-day supervision, training and professional development, audit and evaluations, complaints procedures and so on.

able to decide whether its staff are subject to registration in a self-regulatory body or to establish its own staff oversight processes.⁶⁴ Given this, there should be no reason to delay in deciding how to move forward with the professional regulation of MCFD child welfare social workers and team leaders.

In practical terms, it would be infeasible and unsafe to simply impose a mandatory requirement for registration with the College according to the current criteria. As detailed in *Part One* of this report, MCFD has a substantial under-allocation of staffing positions necessary to meet practice standards as well as a significant degree of understaffing of the existing complement of positions due to persistent recruitment and retention challenges. This has resulted in a child welfare social worker workforce that is overwhelmed by excessive workloads, and which currently already compromises the safety and well-being of children, youth and families. In such circumstances, and recognizing that as discussed earlier, a very substantial proportion of the existing complement of child welfare staff and of newly hired staff appear to be ineligible for registration with the College, the loss of a substantial portion of the workforce due to ineligibility for registration with the College would undoubtedly further compromise child well-being and safety.

Theoretically, one avenue could be to re-establish the post-Gove approach of the late

1990s that was started and abandoned, i.e., current employees without a BSW/MSW or substantially equivalent degree that qualify for immediate registration with the College be given a grace period in order to complete a concentrated academic program (online), at the employer's expense. This approach is undoubtedly infeasible, especially given the very significant number of staff who would be required to complete the concentrated academic program. The costs of this approach, as in the post-Gove period, would likely be prohibitive. As well, the need for backfill while current staff are undertaking coursework would likely be infeasible in the context of current labour market recruitment challenges. Further, restricting new hires going forward to only those with a social work or substantially equivalent degree to make them eligible for registration with the College would unduly restrict the pool of candidates and substantially aggravate recruitment challenges, resulting in an already over-burdened workforce being even more burdened.

More importantly, however, this approach presupposes that a BSW/MSW or substantially equivalent degree are the necessary and only pre-requisite educational qualifications to do child welfare work and all aspects/roles of that work, from child protection intake and investigation through to youth services specialists. Like the Ombudsman in 1998, the Representative does not agree that a degree in social work is necessary to perform the functions of a child welfare worker and certainly not necessary to carry out all of the broad range of roles and functions of those workers. The Representative agrees that an appropriate, expanded range of educational credentials – together with appropriate in-service onboarding, ongoing training and internal quality assurance processes – can be more than sufficient to prepare child welfare social workers for their work. In her several decades of experience, the Representative has worked with many social workers who do not

⁶⁴ In contrast to the Representative losing jurisdiction over IGB's, a legal opinion commissioned by RCY indicates that to the extent there is no conflict or inconsistency with an Indigenous law respecting child and family services, the *Social Workers Act* will apply to IGB's. If so, however, social workers who work for IGB's would likely be exempt from the *Social Workers Act* pursuant to s. 4(a)(iv) of the *Social Workers Regulation*. That section exempts social workers employed by "an Indian band, a tribal council, a treaty first nation, the Nisga'a Nation or a Nisga'a Village". An Indigenous governing body is defined as "a council, government or other entity that is authorized to act on behalf of an Indigenous group, community or people that holds rights recognized and affirmed by s. 35 of the Constitution Act, 1982". These two provisions are likely to be largely overlapping.

have a social work degree who nonetheless do very high-quality work. Moreover, it should be recognised that relevant core curricula such as child development, family systems, interviewing skills, communication/listening skills, counselling, conflict resolution and Indigenous studies are not exclusive to social work curricula and in fact not even necessarily a prerequisite for a BSW. Moreover, there are many roles in child welfare that could benefit from more diverse educational backgrounds, such as a Child and Youth Care degree for family service guardianship or child protection functions, developmental psychology for CYSN social workers, Indigenous studies for Roots/family finders specialists, and conflict resolution/mediation for Collaborative Planning and Decision-Making specialists.

While questions about oversight of social workers and the issue of mandatory registration of social workers with the College were not specifically asked in the Representative's online survey, focus groups and community engagements, these matters also did not emerge in open-ended narrative comments or discussions.⁶⁵ Clearly, it is not a top-of-mind issue for direct service social workers and team leaders. The hiring of staff with expanded qualifications did, however, emerge – unprompted – with many respondents commenting about how at least some of these new staff are less prepared as they do not have the same level of knowledge of child welfare as those with preferred credentials, and thereby place an additional burden on their more qualified and experienced colleagues, who are expected to support and mentor them.

“Since the ministry has opened up hiring policies in an attempt to fill all the frontline vacancies, new hires are coming in with zero experience or knowledge related to child welfare. This not only makes it impossible for them to manage their own caseloads, but also puts a lot of pressure on the senior workers to be supporting them.”

– MCFD Social Worker, 2024

These concerns underscore that while expanded credentials may be necessary and appropriate, there should be limits and better definition. The Representative questions, for example, the inclusion of undergraduate degrees in sociology, criminology and anthropology as sufficient to qualify as a child welfare social worker given that these credentials can be obtained without any of the relevant core curricula described earlier such as child development, interviewing skills, etc. In the Representative's view, the current set of expanded qualifications should be reviewed, with less focus on the type of degree *per se* but instead a more finely tuned assessment of the relevant courses that make up that degree, including, as necessary, prior learning assessments to recognize knowledge and skills gained by way of previous experience and training.

⁶⁵ Mandatory registration was mentioned in one community engagement session.

While the Representative appreciates the importance of protecting the integrity of the profession of social work and the protection of the use of the title of social worker, the Representative's first and foremost priority is improved quality assurance oversight and the consequent enhanced protection of children and families in receipt of services from professionals working in child welfare roles for MCFD, regardless of their professional designation. To accomplish mandatory registration of all current and prospective MCFD child welfare staff with the College would mean that the College would have to be substantially more flexible in its academic eligibility requirements, including allowing for prior learning assessments and challenge examinations to appropriately recognize knowledge and skills gained by way of previous experience.

A more feasible alternative would require amendment to the legislation to broaden the scope of the College to include a separate class of "social service worker" or, if necessary, establish a separate regulatory body to oversee social service workers. This approach would enable the ministry to recruit either registered social workers or registered social service workers from a broad pool of applicants, yet also ensure more independent and transparent professional oversight by requiring child welfare workers to register with the regulatory body under one or the other professional designation.

It would also create a platform over time to regulate a broader range of currently unregulated social service professionals and paraprofessionals in government, public bodies, and agencies. It is noted in this regard that having professionals with different qualifications and subject to independent professional oversight such as a registered social worker and a registered social service worker working together on a child welfare team would be similar to what is common in child and youth mental health services

where, for example, psychologists, psychiatric nurses and registered clinical social workers work together in a multi-disciplinary team.

It is noted that Ontario has a College of Social Workers and Social Service Workers. While the regulation of social service workers by that College is limited to only para-professionals with diplomas who, for example, work in a range of settings from group homes and shelters to income maintenance and youth programs,⁶⁶ it is an example of a regulatory body that oversees different classes of professionals who work in the social services. A similar approach could be taken in BC by establishing classes of professionals including social workers, social service workers who have different qualifications but may do the same or similar work as social workers, and social service paraprofessionals such as group home workers, street outreach workers, social worker assistants, etc.

Before leaving this topic, it should be noted that there is an example of an alternative to regulation by a professional college that has been implemented for professionals who work with children and youth in BC – teachers. The *Teachers Act*⁶⁷ provides for oversight of the teachers through the appointment of a Commissioner of Teacher Regulation, and the establishment of the British Columbia Teacher's Council and a Disciplinary and Professional Conduct Board. This regulatory framework has

⁶⁶ See, <https://www.ocswssw.org/public/about-rswws-and-rssws/>. See also, *Social Work and Social Service Work Act*, S.O. 1998, Chapter 31 and *Ontario Regulation 383/00*. The roles of social workers and social service workers are defined in section 2 of the Regulation. Interestingly, the only difference in those definitions between a social worker and a social service worker is that a social worker "assesses, diagnoses, treats and evaluates" whereas a social service worker can do the same except for diagnosis.

Note also that New Brunswick recently enacted enabling the regulation of both social workers and "social work technicians"; see, <https://www.nbasw-atsnb.ca/news-and-events/news/new-brunswick-association-of-social-workers-to-begin-regulating-social-work-technicians/>.

⁶⁷ SBC 2011, Chapter 19.

similar elements to a professional college, i.e., certification, establishing standards and qualifications, and an independent complaints and discipline process, the results of which are publicly posted. Although this oversight is administered through the Teacher Regulation Branch of the Ministry of Education and Child Care (MECC), the Commissioner is an independent statutory decision-maker and the Council and the Board are comprised of a mix of external members.⁶⁸ While this approach works for the teaching profession, applying a similar approach to MCFD social workers would not have the same degree of independence given how the two ministries are differently situated, i.e., MCFD is a direct employer of child welfare social workers whereas MECC is not, given that teachers are employees of arms-length Boards of Education.⁶⁹

In summary, the Representative:

- broadly endorses the approach of preferred and expanded educational qualifications for hiring child welfare workers, with the caveat that these qualifications should be reviewed so that they are less reliant on type of degree and more finely tuned to assess the relevance and suitability of curricula that make up that degree and include prior learning assessments and challenge examinations to account for previous knowledge and skills gained from previous experience;

- urges the ministry to proceed with mandatory registration of MCFD child welfare workers with a professional regulatory body, to be implemented incrementally over time to avoid disruption to a fragile workforce, with the caveat that ICFSAs and IGBs resuming jurisdiction over child and family services decide for themselves if and how their social work/ social services staff should be regulated; and,
- in keeping with the principle of endorsing independent professional regulation of all child welfare workers employed by the ministry, legislation be enacted to provide for the regulation of a separate class of “social service worker” as well as the regulation of social workers so that MCFD child welfare workers are required to register in one or the other professional designation and be overseen by an independent regulatory body.

The Representative appreciates that proceeding with mandatory registration of current employees with a professional regulatory body may be construed as a material change in the terms and conditions of employment and therefore require negotiation between the BCGEU and MCFD. The Representative urges both parties to put the best interests of children and families at the forefront of such discussions.

The Representative also appreciates that there may be alternatives to this suggested approach – such as a dedicated professional regulatory body solely for child welfare workers – that may also be acceptable as long as the principle of independent professional oversight is realized.

⁶⁸ For example, the Council is comprised of four members nominated by the BC Teachers Federation, one nominated by the First Nations Education Authority, five members elected by teacher certificate holders, and eight nominated by the minister.

⁶⁹ There is a similar, albeit less robust example of a professional certification and complaints process in MECC with the Early Childhood Educator Registry, which certifies early childhood educators and receives and reviews complaints.

Onboarding

Onboarding refers to the steps employers take so that new employees understand the key tasks of their job, have confidence in their ability to perform their job, feel like they are an accepted member of the organization, and understand the organization's values and priorities.⁷⁰ Research has shown that high quality onboarding leads to greater organizational commitment and employee retention.⁷¹

The current child welfare training program for new hires involves a mix of coursework and supervised practice. All new social workers are required to complete a program of 12 courses, almost all of which are self-directed (29–33 hours) online courses or virtually facilitated (2.5 weeks) online classroom instruction; only one training course, investigative interviewing, involves 2.5 days of in-person training at the Justice Institute of BC.

A Delegation Assessment and Readiness Tool (DART) is used to guide the new hire through competency-based training through the first six months of employment. There are varying levels of delegation of authority and training according to roles and responsibilities, e.g., a guardianship worker requires a Category 4 (C4) delegation whereas a full child protection worker requires a C6 delegation.

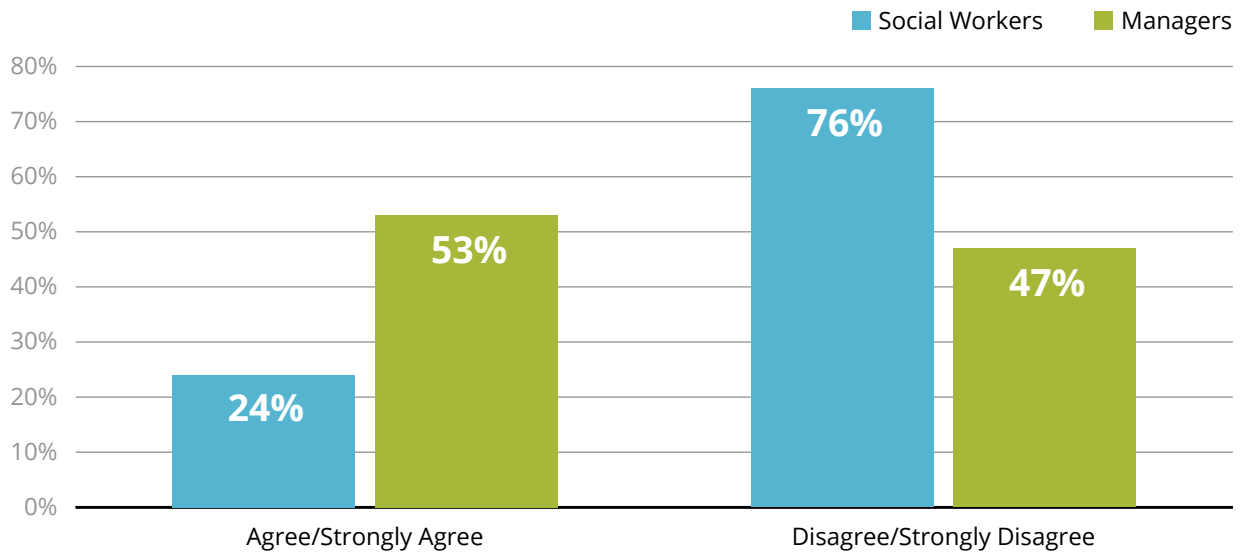
As shown in Figure 4, the great majority (76%) of social workers and team leaders disagree or strongly disagree that newly hired staff are provided sufficient onboarding, initial training, mentorship and supervision to ensure they are effectively able to carry out their work. Managers' views on this issue are more divided, bearing in mind there is substantial concurrence (47%) with the direct service workers' views and in any event, it is social workers and team leaders who are best positioned to directly observe the experiences of newly hired staff.

⁷⁰ Quality Improvement Center for Workforce Development (QIC-WD), *How Can Supervisors Support New Employees?*, posted December 16, 2022. <https://www.qic-wd.org/qic-tip/how-can-supervisors-support-new-employees>

⁷¹ See, for example, Jonna Broschious Blount, *Betting on Talent: Examining the Relationship Between Employee Retention and Onboarding Programs*, *Engaged Management Review*, June 2022, Vol.5, No.3. <https://commons.case.edu/cgi/viewcontent.cgi?article=1083&context=emr>

Figure 4: Representative's Survey, 2024
Social Workers and Team Leaders
Support for New Hires

Newly hired staff are provided sufficient onboarding, initial training, mentorship and supervision to ensure they are able to effectively carry out their work



Several concerns about the inadequacies of the onboarding, training, mentorship and supervision of new staff were elaborated by many respondents through the narrative responses to the survey, focus groups and community engagements:

- Foremost, and most concerning, due to the combination of excessive workload and under-staffing, there were many comments about newly hired staff too often being asked to take on responsibilities they are not yet ready to undertake.
- Again, due to workload demands, team leaders and senior staff not having adequate time available to train and mentor new staff properly or not having had the training themselves to do so, thus “setting up” new hires to fail.
- “Downloading” or “outsourcing” responsibility to over-burdened field staff for training of newly hired staff that in their view should be done by professional educators.
- Many respondents commented about how at least some new staff with expanded credentials are less prepared as they do not have the same level of knowledge of child welfare as those with preferred credentials, and thereby place an additional burden on their more qualified and experienced colleagues, who are expected to support and mentor them.
- There is a need for dedicated mentorship but senior team members, who already have excessive workloads, are unduly relied upon to support and guide new staff, without appropriate recognition, compensation or workload relief.

- Delays in setting up new staff with the necessary technological supports.
- The length of and delays in the hiring process, leading to a loss of qualified applicants who obtain employment elsewhere.

"You are thrown into the job with minimal training and zero mentorship. You are constantly questioning yourself if you are doing the right thing and there is no support to learn and being guided. Everything is learning by mistakes, that you are then blamed for."

– MCFD Social Worker, 2024

"Mentorship is also such a critical position that is not recognized or rewarded for those who want to guide new workers without becoming team leaders."

– MCFD Social Worker, 2024

"They (new workers) repeatedly tell us they find it very difficult to understand the work, are often overwhelmed and quit. They wish they had more training up front before starting the work. They feel they are given too much responsibility too soon."

– MCFD Social Worker, 2024

"Team leaders are stretched so thin and are needing to do case work due to short staffing, so that when new staff are brought on it doesn't leave time or capacity to properly train them."

– MCFD Social Worker, 2024

These are concerning findings, especially that inexperienced new staff are being assigned to work they are not equipped to do, or to take on excessive work. These are not just a few anecdotes arising during the course of the Representative's review but rather this concern was repeatedly identified from different areas of the province. It is noted that, to a considerable degree, there is a root cause – if there was adequate staffing and reasonable workloads throughout the province, team leaders and senior staff would have the capacity to properly supervise and mentor new hires, and the workload would not be so demanding that they would have to ask newly hired staff to take on duties they are not yet well prepared to do. The Representative appreciates the dilemma some team leaders and managers may face of a Hobson's choice between assigning an under-trained and inexperienced new staff to a case or not assigning anyone at all, but either way is unsafe practice. To be effective, a model of onboarding and initial training that is so reliant on supervision and mentorship of new hires in field practice settings requires having the capacity to provide a fulsome degree of supervision and mentorship and being able to introduce new hires to practice in an appropriate and graduated manner. That does not appear to be the case.

Lack of mentorship, in general, and not feeling supported when hired is probably the number one reason people leave.

– MCFD Social Worker, 2024

It is noted that some modest initial steps have been taken to improve the mentorship of new hires. The ministry has established “Senior Child Protection Worker” positions whose broad mentorship and support duties include support to newly hired child protection workers, which could afford a greater assurance of such support and provide relief to team leaders and other senior staff. The ministry reports, however, that there were only eight of these positions established as of March 31, 2024.⁷² The need for enhanced mentorship and improved guidance and support for all social work staff, including new hires, was highlighted in *Part One* of this report. This type of position appears promising and should be scaled up and made available for all types of social worker roles.

A second key concern relates to the qualifications of staff who are hired with expanded credentials and the many comments of respondents to the Representative’s survey that at least some of these new staff are less prepared as they do not have the same level of knowledge of child welfare as those with preferred credentials. The hiring of social workers with expanded credentials raises important questions about onboard training. The ministry’s use of the term “preferred credentials” obviously indicates that the ministry regards this pool of new hires as better prepared to undertake child welfare work than those with expanded credentials. Yet, new hires with expanded credentials are subject to the same standardized training program as those with preferred credentials.

Should that be the case, especially given that, as indicated earlier, a substantial proportion of new hires do not have preferred credentials? The Representative doesn’t think so. Should the onboarding training program be reviewed and revised to adapt to changing nature of the incoming workforce and help to fill in identified gaps in incoming knowledge and skills amongst new hires who do not have preferred credentials? The Representative thinks it should.

Another key concern is the adequacy of the onboarding training program in fostering the knowledge and skills necessary to carry out the work in an effective manner. There were many comments about the limitations arising from an over-reliance on online training, as compared to in-person training especially with regard to skill development and relational practice.

In the Representative’s view, the ministry should conduct a comprehensive review and assessment of the onboarding training program to examine issues such as the adequacy of training, skill development, work experiences while undergoing training, trainee and supervisor satisfaction, client satisfaction, and employee retention, with comparisons between new hires with preferred versus expanded credentials and including the appropriate assignment of case responsibilities while undergoing training.

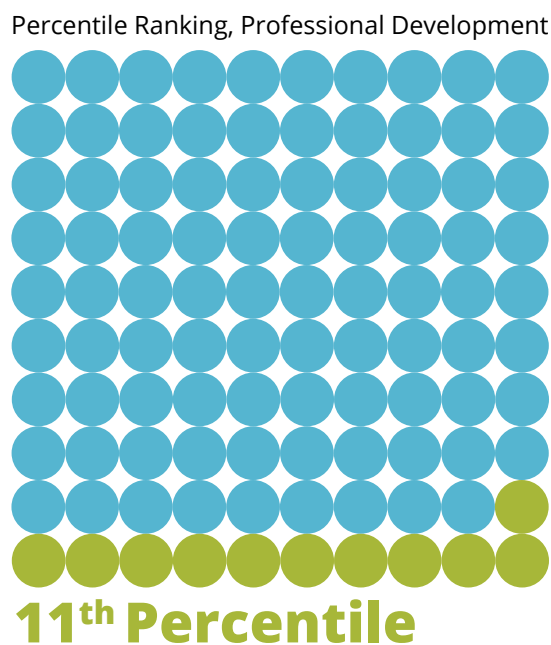
⁷² Information provided by MCFD, October 8, 2024

Professional Development

When social workers and team leaders were asked in the Representative's online survey to rank the top three areas in need of improvement, workload and caseload was by far the first choice, with the inter-connected issue of workplace stress and satisfaction the next most frequent choice. Training and professional development was identified by social workers and team leaders as the next most important area in need of improvement.

The 2024 WES scores for MCFD as a whole for professional development were the lowest amongst the twenty nine ministries and organizations surveyed. There are four direct questions in the 2024 WES survey about professional development. MCFD social workers scored 58 on a scale of 100 on professional development, which fell into the second lowest category of scores and well below the overall BC Public Service score (69) and the score for the ministry as a whole (62) on that measure. As Figure 5 indicates, the low score for social workers was at the 11th percentile, i.e., 89 per cent of the BC Public Service scored higher (better).⁷³

**Figure 5 Work Environment Survey (WES), 2024
MCFD Social Workers
Professional Development**



⁷³ Team leaders had an identical score of 58; the overall ministry score was 62.

Turning to specific responses from the WES survey related to professional development:

- 54 per cent of social workers agreed with the statement, “My organization supports my work-related learning and development” A much smaller proportion – 20 per cent – disagreed and 26 per cent were neutral.
- 47 per cent agreed with the statement, “I have adequate opportunities to develop my skills”. A smaller proportion – 27 per cent – disagreed and 25 per cent were neutral.

As indicated in Figure 6, not only do many social workers express concerns about the degree of organizational support and opportunities for professional development, when they do experience training, only 43 per cent agreed that the quality of training they have received is satisfactory.⁷⁴

Figure 6 Work Environment Survey (WES), 2024
MCFD Social workers
Quality of Training



⁷⁴ Even fewer (36%) of team leaders agreed that the quality of training is satisfactory.

It is important to note that only a bare majority (54%) in one instance and less than a majority in the other two instances expressly agreed that these important aspects of professional development are evident in their work circumstances.

The Representative's survey asked, in an open-ended way, social workers and team leaders to identify the three top things in MCFD that were working well, the results of which were thematically coded. While training and professional development was identified by some, it was well down the list (7th), attracting only 5 per cent of responses.

Throughout the Representative's consultations, focus groups and survey responses, including narrative responses, the over-arching concern was how understaffing and excessive workload affects professional development. As with excessive workload inhibiting the capacity for team leaders and senior staff to effectively supervise and mentor new hires, so too does workload interfere with the capacity of staff to participate in training and professional development. Social workers and team leaders repeatedly stated that:

- excessive workload either prevents them undertaking training in the first place or work demands interrupt learning when emergencies arise so they have to leave the (typically online) training
- they have to "pay a price" (stress) because work piles up due to a lack of backfill coverage
- they feel concerned or guilty about the clients on their caseload who are underserved due to a lack of or minimal backfill
- they feel guilty or even resented because their overworked colleagues are required to provide coverage while they on training.

Another common perception amongst line social workers was that team leaders and managers tend to take up training opportunities for themselves because they have greater capacity in their work schedules.

"Lack of backfill is a significant barrier to completing training....there are workshops and trainings available but finding the time to do this with caseload demands and staffing shortages is near impossible...and the rare training I have taken you can clearly see people on their phones and laptops so not able to properly engage."

– MCFD Social Worker, 2024

"I am so busy that the last thing I can think of is training. There are opportunities and I'm sure I could go if I asked however my work doesn't stop while I'm gone and I'm so far behind that this is just not possible."

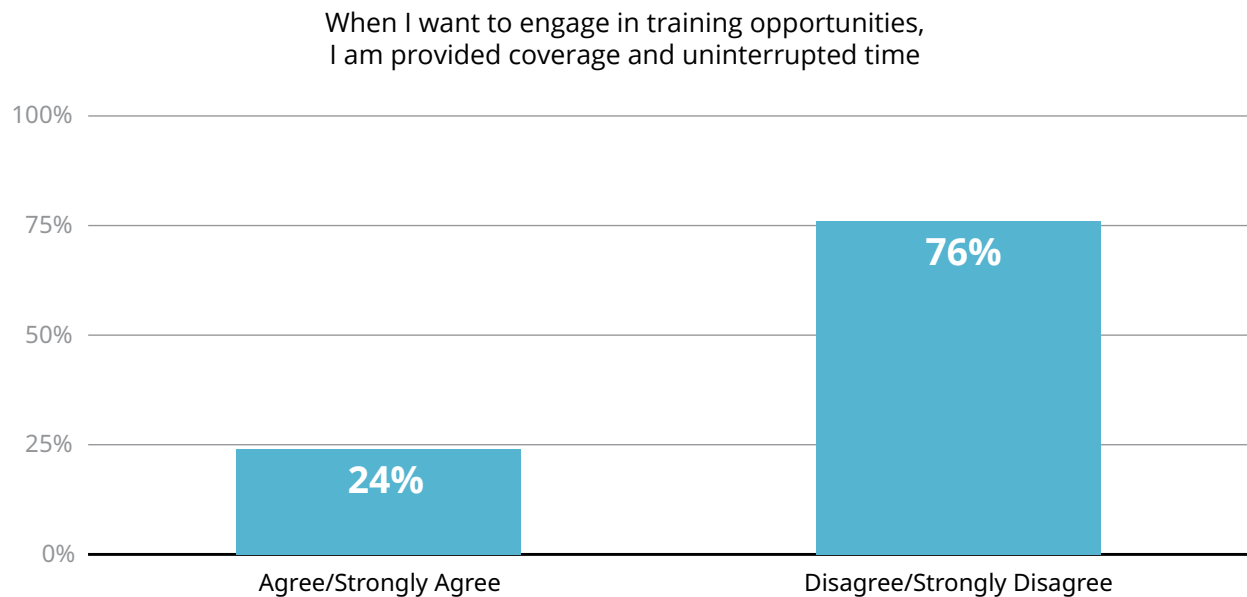
– MCFD Social Worker, 2024

"Where do you find time to participate in training when you are managing an unmanageable caseload?"

– MCFD Social Worker, 2024

As indicated in Figure 7, the vast majority (76%) of social workers and team leaders responding to the Representative's survey disagree or strongly disagree that when they want to engage in training opportunities, they are provided coverage and uninterrupted time.

Figure 7 Representative's Survey, 2024
Social Workers and Team Leaders
Support for Training



"We never have coverage to complete training. Often answering phones and emails for consults necessary for urgent matters. Provided with "pre-reading" homework before training starts, yet there is never any time to actually focus and complete the pre-training. Reports on child abuse don't pause because we have training... the work has to get done. Training is needed but it is never the priority when children youth and families are at risk or need support."

– MCFD Social Worker, 2024

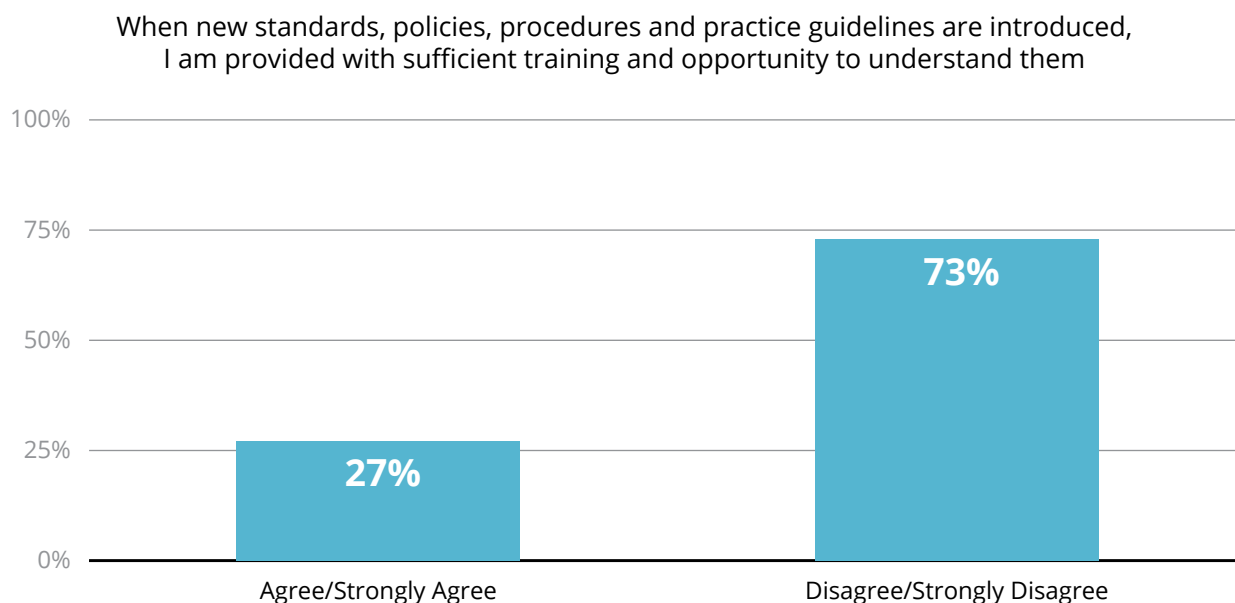
Another over-arching theme that emerged during the course of the Representative's review involved the modality of training, i.e., a perceived over-reliance on online training. Compared to in-person training, online training has the advantages of reduced costs and increased accessibility, and can be suitable for knowledge-based learning or technical.

Although online training may have those advantages, it is not regarded by field staff as engaging, too easily allows for interruptions, distractions or disengagement, and is seen as a barrier to meaningful learning, especially with respect to skill building, relational practice and understanding the application of knowledge to real world practice.

It was observed that while the actual work is in-person and relational, almost all training is online. Another recurring and related theme was of priority being given to policy training or the simple transmission of knowledge instead of clinical knowledge, skill building and the practical application of knowledge. It seems likely that these concerns contribute to the above-referenced WES survey findings indicating a lack of agreement from social workers and team leaders that the quality of training is satisfactory.

Despite the concerns noted above about priority being given to policy rather than skill training, the vast majority (73%) do not agree that they are provided with adequate training and sufficient opportunity to understand new standards and policies, as described in Figure 8. Analysis of narrative responses and the focus group discussions suggest these concerns are related to lack of quality of the training as well as timing and accessibility of the training.

**Figure 8 Representative's Survey, 2024
Social Workers and Team Leaders
New Policy Training**



“Virtual training is like reading a textbook.”

– MCFD Social Worker, 2024

“The fact that so much is taught online when we are doing real work with real humans is problematic. How are people expected to practice, in a good way, through the computer when we meet people on the worst days of their lives.”

– MCFD Social Worker, 2024

Other challenges reported by survey respondents regarding training included:

- the perceived lack of consistency in terms of training that is offered across the province as well as the poor quality of that training. Survey respondents report a disparity between rural and urban offices in terms of what training is offered and access to that training
- the need for higher quality training provided by experts outside of MCFD
- training is often seen as reactive in nature, responding to a specific incident or crisis, rather than based on an assessment of what workers actually need

Provisions in the union agreement between government and the BCGEU “entitle” social workers and team leaders up to ten days leave per year for professional development purposes to attend conferences or conventions, seminars, workshops, symposia, or similar out-service programs to keep up to date with knowledge and skills in their

respective field.⁷⁵ A request was made to the ministry to provide the average number of professional development leave days per annum taken by social workers and team leaders, but the ministry advised that the data collected by the ministry does not capture the actual hours taken for professional development, yet another human resource metric the ministry should but does not collect.⁷⁶

It is noted that registrants with the College of Social Workers are required to undertake forty hours per year of continuing professional development. If mandatory registration of social workers and social service workers proceeds, staff will have to engage in required levels of professional development in order to maintain good standing with their professional regulatory body.

Respondents to the Representative’s online survey of social workers and team leaders were asked to list their top three areas where they need additional training or professional development in order to provide effective support to the children, youth and families. This was open-ended; a list of options was not provided. There was a vast array of topics listed amongst the several hundreds of responses, which were coded thematically.

The most common training need was in relation to working with children and youth with specific support needs, such as FASD, ASD/Autism, ADHD and other neurodiversities.

⁷⁵ *NINETEENTH COMPONENT AGREEMENT between the GOVERNMENT OF THE PROVINCE OF BRITISH COLUMBIA represented by the B.C. PUBLIC SERVICE AGENCY and the B.C. GENERAL EMPLOYEES’ UNION (BCGEU) representing employees of the SOCIAL, INFORMATION & HEALTH COMPONENT*, Effective from April 1, 2022 to March 31, 2025. Article 6.3

⁷⁶ Information provided by MCFD, October 8, 2024. Data provided was limited to the total number of Public Service Agency training modules or courses completed, as well as a very limited account of other professional development days. The data provided did not allow for calculation of the amount of training and professional development courses or hours per social worker.

People are seeking training on assessment tools, modalities of intervention, and tools to support families. The frequency with which children and youth with complex needs and those with support needs was identified aligned with another finding from the Representative's survey: just under two-thirds of social workers and team leaders (65%) disagreed or strongly disagreed that they have had sufficient training to effectively address the unique needs and circumstances of children and youth with complex needs.

The second most common response was training on information, supports and issues concerning Indigenous children, youth, families and communities. There was a very long list of specific types of training that people are seeking; a few examples include information regarding relevant changes in federal and provincial legislation and the resumption of jurisdiction, local Indigenous/First Nation customs, traditions, protocols, relations and histories, and Indigenous worldviews.

The third most common response was mental health. This is again a wide-ranging subject, but requests included supporting parents with complex/escalating mental health, treatment options/planning for different mental health needs, and understanding specific mental illnesses such as eating disorders, addictions, and PTSD.

For all three of these categories, and for others as well, survey respondents expressed a preference for trainers or experts from outside of MCFD, as well as generally better quality training than is currently being offered.

Other frequently identified subject areas, which may be helpful to the ministry in informing future training plans, were trauma informed practice, substance use, and intimate partner violence.⁷⁷

⁷⁷ Representative for Children and Youth, *Don't Look Away – How one boy's story has the power to shift a system of care for children and youth*, July 2024. https://rcybc.ca/wp-content/uploads/2024/07/RCY-Dont_Look_Away.pdf

The issue of training in relation to working with Indigenous children, families and communities will be addressed in the next section below.

There were also several areas involving skill building training that were identified, which were coded thematically. In this regard, the most frequently identified needs were:

- conflict resolution, mediation, restorative justice, de-escalation and related skills
- leadership, mentorship, supervision and clinical supervision skills
- improving efficiency through skills such as time management, prioritization, ICM, documentation, and caseload management
- interviewing skills

Working with Indigenous Children, Families and Communities

As noted above, various aspects of working with Indigenous children, families and communities was the second most frequently identified subject area in the Representative's online survey that social workers and team leaders say they need additional training. The importance and priority of learning more to be able to work more effectively with Indigenous children, youth and families also emerged with the focus groups with social workers and team leaders.

It is crucial that social workers are well trained to work with and effectively support Indigenous children and families, and their communities and Nations, given the impact of the long and tragic history of colonization and the consequent over-involvement of the child welfare system in the lives of Indigenous children and families. As detailed in *Part One* of this report, the total number of children in formal care has halved in the past 15 years

due to the parallel increases in the use of out-of-care options over that period. The number of Indigenous children in care in 2023/24 was the lowest it has been in over twenty years. Nonetheless, almost 70 per cent of children in care are Indigenous. Moreover, as Figure 9 indicates, Indigenous children were more than twenty times more likely to be in care than their non-Indigenous counterparts. This huge disproportionality, which underscores the critical importance of training, has appreciably increased over the past several years: in 2017/18 an Indigenous child was 15.3 times more likely to be in care, as compared to 20.3 times more likely in 2023/24.⁷⁸

Figure 9 Per Capita Rates of Children in Care

Per Capita Rates of Children in Care 2017/18 to 2023/24			
Fiscal Year	Indigenous	Non-Indigenous	Ratio Indigenous to Non-Indigenous
2017/18	46	3	15.3 times
2018/19	44.4	2.7	16.4 times
2019/20	40.4	2.4	16.8 times
2020/21	37.4	2	18.7 times
2021/22	35.8	1.9	18.8 times
2022/23	34.2	1.9	18.0 times
2023/24	34.5	1.7	20.3 times

The San'yas Indigenous Cultural Safety Training Program, which includes child welfare sector-specific training, is a self-paced and facilitated online course that is core training for MCFD social workers and includes topics on:

- colonization in Canada
- racism, discrimination, stereotyping, and their impacts on Indigenous people
- taking action to strengthen Indigenous Cultural Safety in relationships, practices, and services.⁷⁹

Social workers may take additional training, however as noted earlier, MCFD does not systematically capture data about the nature and extent of training and professional development.

As indicated in Figure 10, a substantial majority (75%) of social workers and team leaders responded to the Representative's survey by saying that they think they have the cultural awareness and attunement necessary to be able to work effectively with the Indigenous children, youth and families on their caseload.⁸⁰

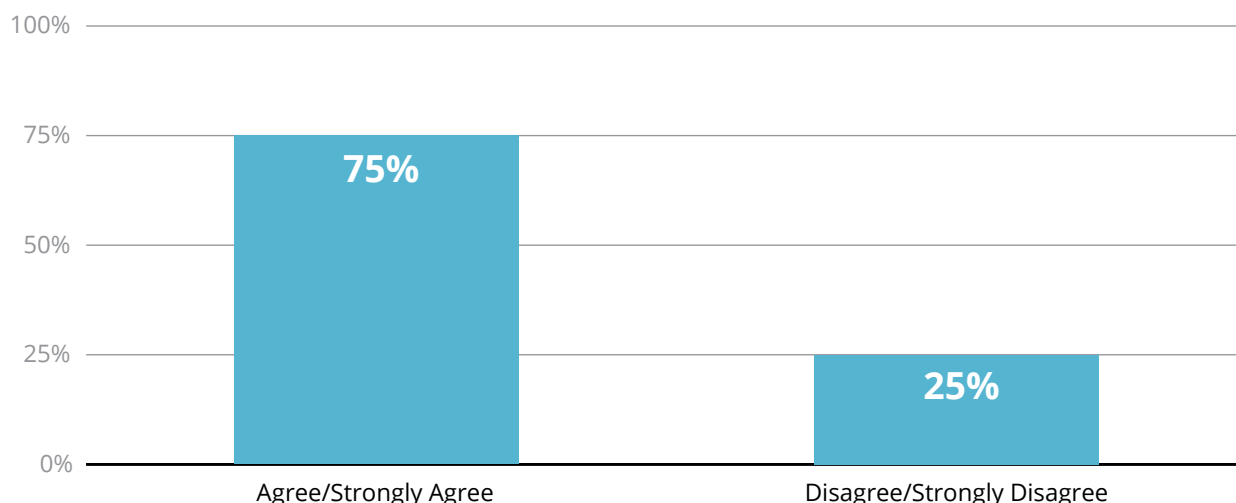
⁷⁸ Ministry of Children and Family Development, *2023/24 Annual Service Plan Report*, August 2024, <https://www2.gov.bc.ca/gov/content/governments/organizational-structure/ministries-organizations/ministries/children-and-family-development/annual-report>. The per capita rate of Indigenous children in care in 2023/24 was 34.5 per 1000 children (0–18 years) as compared to 1.9 for non-Indigenous children. These comparisons are reported in annual reports for the preceding years. To explain, while the rate for both Indigenous and non-Indigenous children have decreased, the rates for non-Indigenous children have decreased to a greater extent than for Indigenous children, i.e., non-Indigenous children have experienced greater relative benefit from the increasing reliance on out-of-care options.

⁷⁹ <https://sanyas.ca/>

⁸⁰ 69% of MCFD managers concurred that social workers in their area of responsibility have the necessary cultural awareness and attunement.

Figure 10 Representative's Survey, 2024
Social Workers and Team Leaders
Indigenous Cultural Awareness

I am confident that I have the cultural awareness and attunement necessary to be able to work effectively with Indigenous children, youth and families on my caseload, and their communities



It is encouraging that a substantial majority of social workers and team leaders agree that they have the necessary level of cultural awareness and attunement. Nonetheless, the fact that one-quarter do not feel the same indicates there is more work to do.

One of the over-arching concerns about cultural awareness that emerged from analysis of the narrative comments in the Representative's survey and the focus groups related to the need for more training and professional development about local Nations' history and culture and the need for greater flexibility about what constitutes professional development. For example, respondents suggest that there be support for and recognition of participation in local ceremony and cultural events or visits with local elders and matriarchs as a relevant and necessary part of professional development.

Another over-arching concern related to the practical application of knowledge and skill building in relational practice, and how to translate the understanding of the traumas arising from colonization and the goal of reconciliation into action.

"I want to know from our Indigenous partners how we can put this information to best use, rather than just information being fed to us."

– MCFD Social Worker, 2024

"There was little training surrounding how to actually talk to clients, how best to support people from where they are at and how we can do a better job of working collaboratively with Bands and Nations to support Indigenous children, youth and their families. The training felt more like a we have to go and interview people and check the boxes; so much of what we should be doing is outside of those said boxes."

– MCFD Social Worker, 2024

Within the context of a majority of people served being Indigenous, new federal and provincial legislation that is enabling First Nations, Inuit and Métis peoples to restore their laws and resume jurisdiction over child and family services have created a new landscape for relationships, understanding of (or confusion about) roles and responsibilities, and influences on decision making. This new context adds complexity to the work of social workers, as evidenced in the *Don't Look Away* report.⁸¹

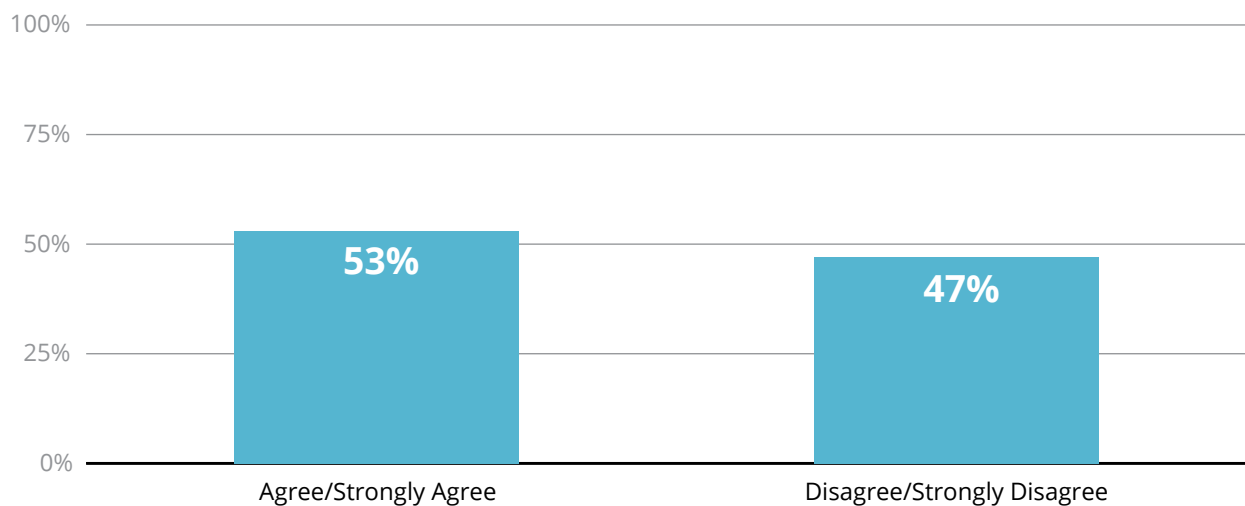
Social workers and team leaders do not have the same level of confidence with respect to the information and training they have had about these transformative legislative changes respecting Indigenous children and families. As indicated in Figure 11, only 53 per cent of social workers and team leaders indicated that they have had sufficient training about these legislative changes.

“(My team leader’s)... focus is on paperwork and my focus is on decolonizing my practice – these two things are incongruent.”

– MCFD Social Worker, 2024

Figure 11 Representative’s Survey, 2024
Social Workers and Team Leaders
Training in Indigenous-related Legislative Changes

I have had sufficient information and training in how to work with and apply the federal government's *An Act respecting First Nations, Inuit and Métis children, youth and families* and the provincial government's related amendments to the *CFCSA*



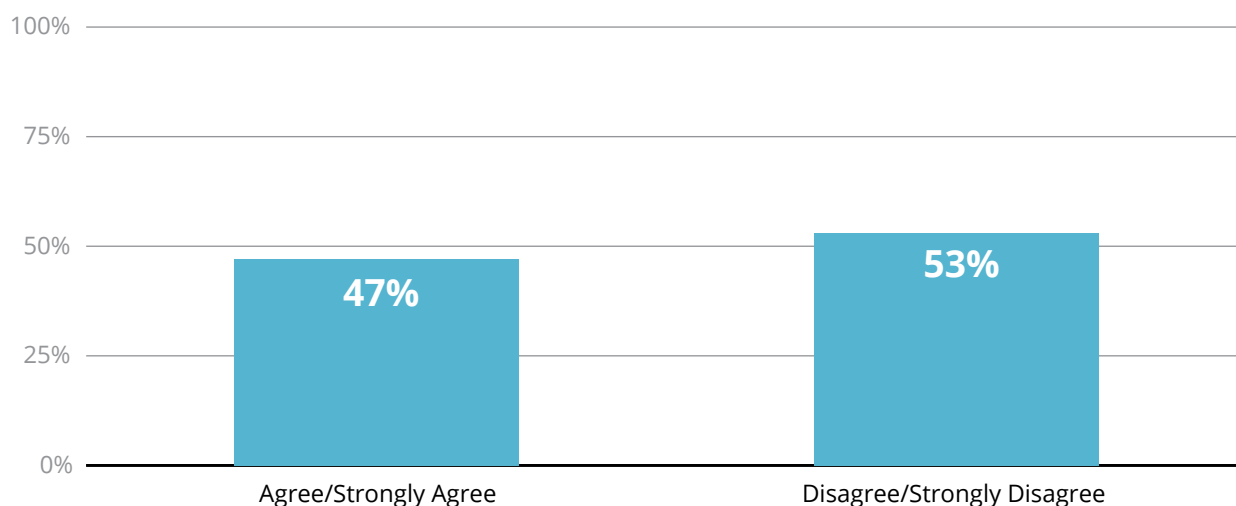
⁸¹ In 2019, the federal government enacted legislation – *An Act respecting First Nations, Inuit and Métis children, youth and families*, that changed the landscape of and added considerable complexity to child welfare practice in relation to Indigenous children and youth, and which will enable Indigenous Governing Bodies to establish their own laws and governance over child and family services. In 2022 the provincial government passed complementary amendments to the *Child, Family and Community Services Act* (CFCSA).

Similarly, as indicated in Figure 12, less than half (47%) of social workers and team leaders agreed that during this period of emerging assertion of and transition to First Nations

and Métis jurisdiction over child and family services, they have the necessary knowledge, skills and support to work effectively with Indigenous children, youth and families.

**Figure 12 Representative's Survey, 2024
Social Workers and Team Leaders
Applying Legislative Changes**

During this period of emerging assertion of and transition to First Nations and Métis jurisdiction over child and family services, I have the necessary knowledge, skills and support to work effectively with Indigenous children, youth and families, and their communities



“Training and professional development should not be offered in house by consultants or by completing an online course when it comes to important, complex and continually changing issues such as Indigenous jurisdiction.”

– MCFD Social Worker, 2024

Given the significant over-involvement of the child welfare system in the lives of Indigenous children and families together with the transformative changes in legislation and emerging jurisdiction, it is safe to say that the training of staff to be able to work effectively with Indigenous children, youth and families, and their communities, should be the foremost professional development priority for the ministry. These findings underscore the need for much more progress in this vital area.

Supervision, Mentorship and Teamwork

Supportive and quality supervision and support from work peers have been found to be key factors in the retention of child welfare workers.⁸² As will be detailed in this section, this appears to be an area of particular strength in the current working circumstances of MCFD child welfare social workers.

Supervisors play a crucial role in every organization by setting clear expectations, facilitating training and resources, offering guidance and support, mentoring, advocating for necessary staff and office resources, offering emotional and psychological support, recognizing achievements, and fostering a positive staff culture.

The support of team leaders emerged as a significant mediating factor in mitigating the deeply concerning high levels of stress experienced by child welfare social workers, as measured by the Mental Health Commission's Stress Satisfaction Scan and reported in *Part One* of this report. Those findings align with research literature which indicate that effective and supportive staff supervision is as an important factor in not only stress mitigation and work satisfaction but also staff retention.⁸³

The Representative's survey asked respondents to identify the top three things that were working well in the ministry: direct supervision and support was the second most common response (next to the culture of support amongst co-workers).

The generally positive findings about child welfare team leaders reported in *Part One* of this report are reinforced by the WES survey results for social workers. Those survey results indicate that "supervisory-level management"⁸⁴ received the third highest score (next to teamwork and job suitability) of the thirteen building block drivers from the WES survey for social workers and scored the second highest ranking ("celebrate your successes") in absolute scores. Although social worker scores for supervisory-level management were only in the 23rd percentile and below the BC Public Service average (75 versus 80) that is because that particular building block driver scored highly across the BC Public Service.

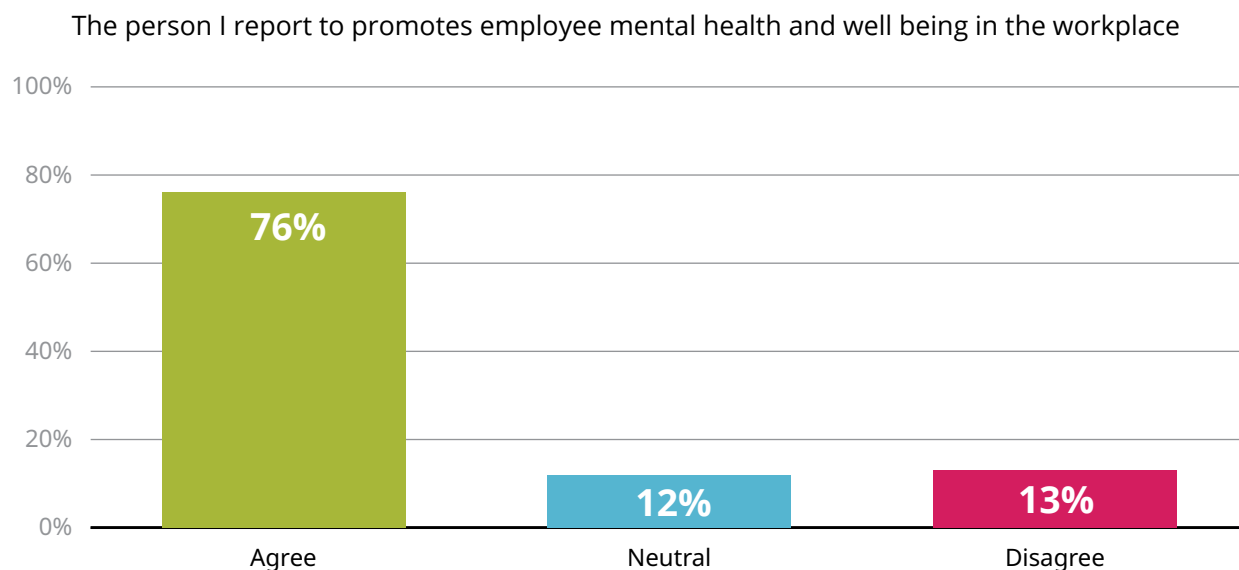
Turning to specific results from the WES survey, Figure 13 shows that, importantly, the vast majority of social workers see their team leaders as supporting their mental health and well-being.

⁸² See, for example, Canadian Association of Social Workers, *Understanding Social Work and Child Welfare: Canadian Survey and Interviews With Child Welfare Experts*, 2018. https://www.casw-acts.ca/files/attachements/CASW_Child_Welfare_Report_-_2018.pdf.

⁸³ See, https://www.casw-acts.ca/files/documents/CASW_Child_Welfare_Report_-_2018.pdf and see also: Building a 21st Century Children Services Workforce. Public Children Services Association of Ohio. February 2022. https://www.researchgate.net/publication/358414866_Building_a_21st_Century_Children_Services_Workforce "The Workforce Development Framework." National Child Welfare Workforce Institute. November 2019. https://ncwwi.org/files/Workforce_Development_Framework_Brief.pdf "Child Protection Workforce Strategy." Victoria State Government, Health and Human Services. Impact Digital, 2018, Brunswick. https://www.vgls.vic.gov.au/client/en_AU/search/asset/1297807/0

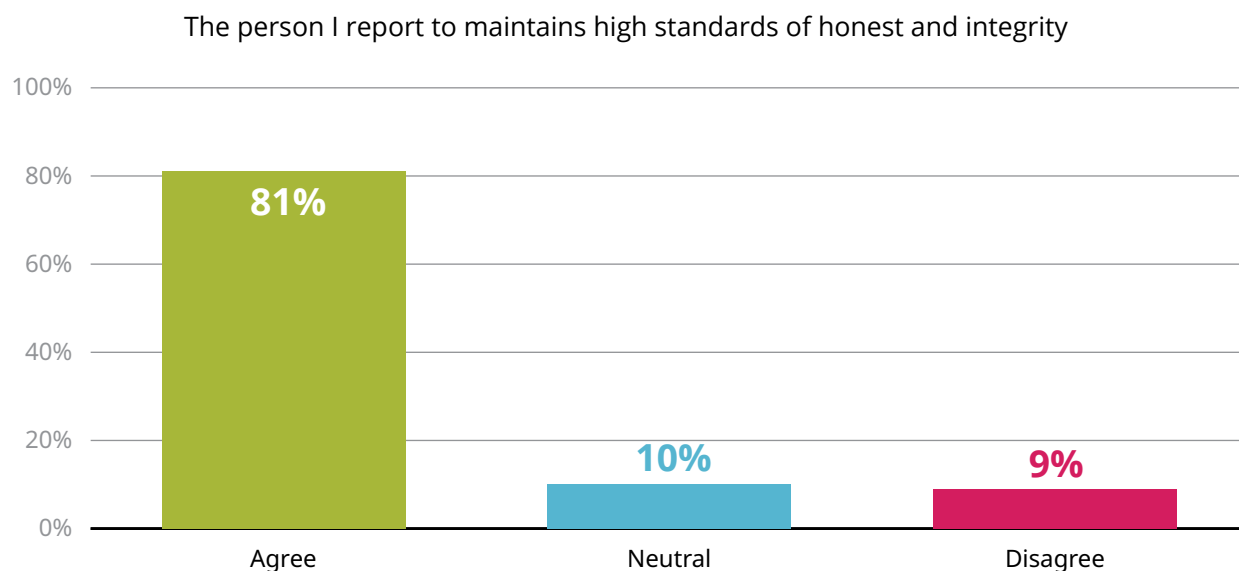
⁸⁴ "Supervisory level management" refers to the person you report to, which in the case of social workers would be team leaders.

Figure 13 Work Environment Survey (WES), 2024
MCFD Social Workers
Supervisor Support for Mental Health



Equally important, as indicated in Figure 14, the vast majority of social workers see their supervisors as having high standards of honesty and integrity.

Figure 14 Work Environment Survey (WES), 2024
MCFD Social Workers
Honesty and Integrity of Supervisors



Additional findings from the results of the WES survey for social workers that relate to their supervisors included:

- 71 per cent agreed with the statement: “The person I report to provides the guidance I need to do my job well” (15% were neutral and 15% disagreed)
- 79 per cent agreed with the statement: “I feel I am able to have a conversation with the person I report to when I need their perspective or advice” (10% were neutral and 11% disagreed)
- 75 per cent agreed with the statement: “The person I report to leads with an understanding of others’ perspectives” (12% were neutral and 13% disagreed)
- 82 per cent agreed with the statement: “The person I report to supports me and my co-workers in conducting our work in an ethical manner” (10% were neutral and 8% disagreed)
- 74 per cent agreed with the statement: “I am satisfied with the quality of supervision I receive” (12% were neutral and 16% disagreed)
- 63 per cent agreed with the statement: “Performance feedback from the person I report to helps me develop my career” (19% were neutral and 18% disagreed)

“My supervisor is fabulous and does the best she can. I also have the benefit of working with a great team of experienced staff – without that, there is no way I would still be working. With that said, we are drowning and no one can keep up.”

– MCFD Social Worker, 2024

It is noted that team leaders had similarly positive views of their own excluded management supervisors.⁸⁵

Although these are generally positive findings about the support offered by frontline supervisors, they are not universally positive and challenges before which are primarily connected to under-staffing and workload - are evident. A common concern raised in the narrative responses to the Representative’s survey and the focus groups was that team leaders are often too preoccupied with administrative tasks, responding to urgent situations, backfilling absent staff or vacant positions, and/or carrying caseloads themselves to be able to provide the degree of necessary mentorship, clinical guidance and psychological and emotional support to staff that they should. These constraints can lead to delays in decision-making, which in turn affects children and families, and to circumstances where supervisory support is reactive and must be sought out, rather than offered proactive. It was noted that these inordinate demands placed on team leaders affect their capacity to mentor and supervise new hires, negatively affecting staff retention.⁸⁶

“My supervisor is amazing, however, due to recruitment and retention and changes in management, she is constantly covering for others and stretched thin, just like us. Even amazing leaders have their limits.”

– MCFD Social Worker, 2024

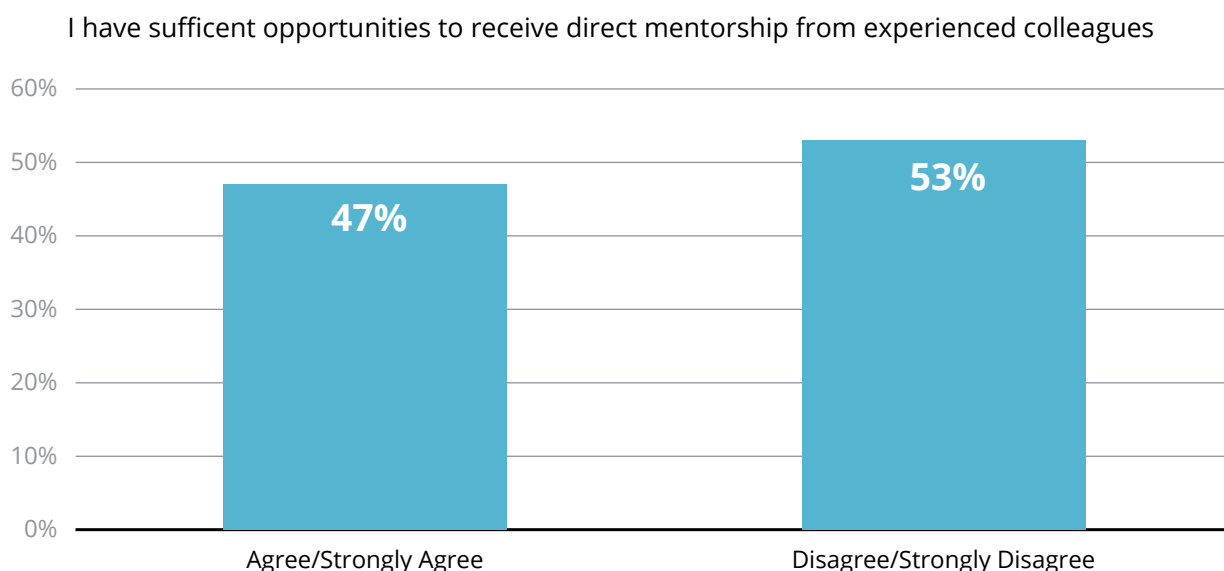
⁸⁵ The overall supervisory-level management score for team leaders was 74, which was nearly the same as the score of 75 for social workers.

⁸⁶ There were also complaints from some respondents about some supervisors, such as being seen as bullying, unsupportive, unduly bureaucratic or incompetent.

Mentoring occurs when an experienced and skilled staff person guides a less experienced worker to help them develop their skills and knowledge. These are typically informal arrangements. Responses to a question about mentorship in the Representative's survey were not nearly as positive as they were for team leaders, with more than half of respondents (53%) indicating that they

have not had sufficient opportunities to receive direct mentorship from experienced colleagues, as indicated in Figure 15. It was clear from the analysis and narrative responses that, again, these concerns are a byproduct of excessive workload such that prospective mentors do not have sufficient time and capacity to dedicate themselves to mentoring.

**Figure 15 Representative's Survey, 2024
Social Workers and Team Leaders
Access to Mentorship**



"The senior workers are running, running, running, so they are only able to answer questions quickly on their way out the door."

– MCFD Social Worker, 2024

"Without mentorship, I think we'll continue to lose the new staff that are being hired."

– MCFD Social Worker, 2024

As noted earlier, the ministry has taken some positive steps toward improving access to mentorship by establishing formal dedicated Senior Child Protection Worker positions whose duties include providing day to day mentoring and guidance for child protection workers.⁸⁷ This is, however, only a beginning step as there were only eight established positions in the province as of March 31, 2024. In the Representative's view, this promising practice should be scaled up and expanded across the ministry and eventually go beyond child protection to include all child welfare functions.

The support they receive from their colleagues is clearly very important to and welcomed by MCFD's child welfare social workers and stands out as perhaps the most positive aspect of their working circumstances. The Representative's survey asked social workers and team leaders to identify the top three things that are working well at MCFD. The top response was a sense of community amongst co-workers, including a culture of support, a respectful environment and opportunities to connect with one another. The survey also asked where social workers and team leaders get the greatest degree of satisfaction from their job from: a majority (55%) said it is the children, youth and families they work with, but the next most common (35%) was their colleagues.

"Thank goodness for my amazing team. I am so grateful for my supervisor and my colleagues who have been so supportive and helpful as I learn this job. This work can be difficult and it has been helpful to debrief with colleagues and my supervisor. We also celebrate the wins as a team. They are a big part of the reason that I enjoy my job."

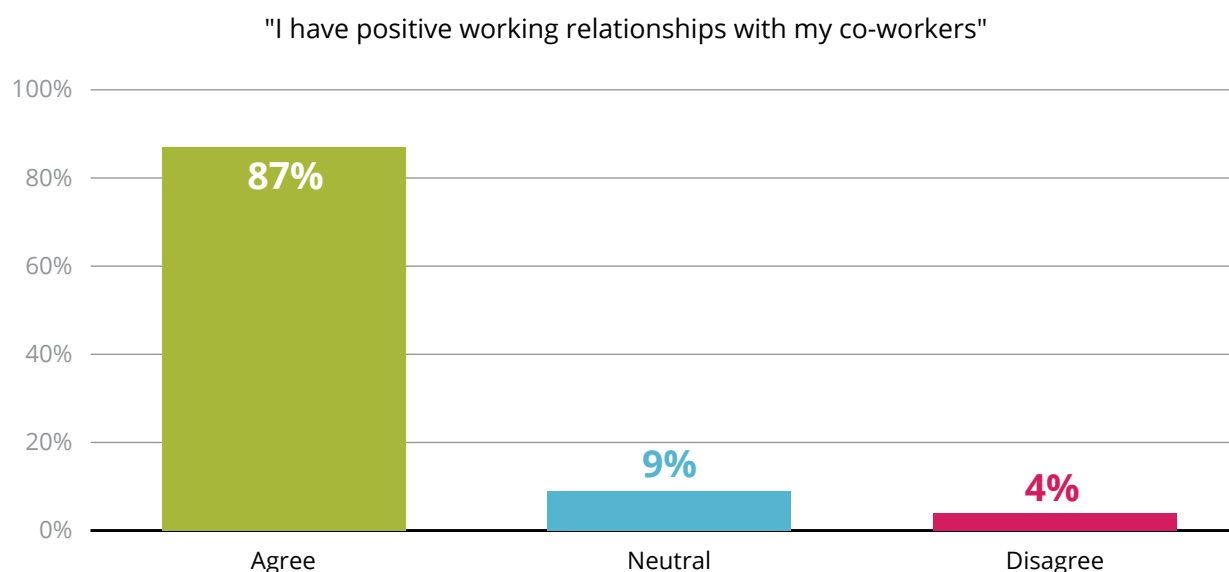
– MCFD Social Worker, 2024

These positive views of working together with their colleagues were also reflected in the WES survey results. For social workers, "teamwork" received the highest score amongst the eleven building block drivers, achieving the second highest ranking ("celebrate your successes") in the survey's rankings of scores.⁸⁸ As described in Figure 16, the vast majority (87%) of social workers agreed that they have positive working relationships with their co-workers.

⁸⁷ Job profile dated October 31, 2023, provided by MCFD.

⁸⁸ Team leaders had a similar, slightly higher score (81 versus 79) on the same dimension.

Figure 16 Work Environment Survey (WES), 2024
MCFD Social Workers
Co-Worker Relationships



The positive nature of these working relationships with colleagues was also reflected in responses to other questions from the WES survey:

- 80 per cent of social workers agreed with the statement: "When needed, members of my team help me get the job done" (13% were neutral and 6% disagreed)
- 75 per cent agreed with the statement: "Members of my team communicate effectively with each other" (15% were neutral and 10% disagreed)
- 78 per cent agreed with the statement: "I am treated respectfully at work" (12% were neutral and 9% disagreed).

These findings are encouraging. They suggest that there is a foundation of supervisory and collegial support at the field operational level that can provide a platform for moving forward to create improved working conditions for MCFD social workers as long as key issues such as staffing, workload and mental health supports for staff are appropriately addressed.

Supports for Good Practice

Child welfare social workers can only do their work efficiently and effectively to the extent that they have appropriate supports in place to assist their work, including technological, office and administrative supports, standards and policies that are clear and accessible, and community resources that are available in a timely manner to support children, youth and families. For example, if an information system is cumbersome and difficult to work with, the extra effort required to navigate that system unnecessarily erodes the scarce time a social worker might otherwise have available to dedicate to important relational work with children and families. The same is the case with standards and policies that need to be reviewed to address unfamiliar or unique circumstances if those standards and policies are not easily accessible and clear. And so too, it is the case with community resources if, for example, a resource social worker needs to spend an inordinate amount of time to find the right foster or staffed residential home fit for a young person in care amongst a scarcity of choices.

As will be detailed in this section, improvements are necessary in each of these areas.

Technological, Office and Administrative Supports

One of the building block drivers in the WES survey is “tools and workspace”, which canvasses respondents about the adequacy of the physical work environment, work safety processes, computer-based tools (hardware, software) and non-computer based tools (e.g., office equipment).

The WES score for MCFD as a whole for tools and workspace was second lowest amongst 29 ministries and organizations while the score for MCFD social workers (57) was even lower than the ministry score (63). The tools and workspace score for the WES survey of social workers fell into the second lowest category of scores (“focus on improvements”) and was at the tenth percentile as compared to BC Public Service as a whole, i.e., 90 per cent of the BC Public Service scored higher. There were considerable differences between social workers and the BC Public Service average on each of the measures of physical work environment (51 versus 69), work safety processes (66 versus 79), computer-based tools (61 versus 70) and non-computer-based tools (59 versus 70).

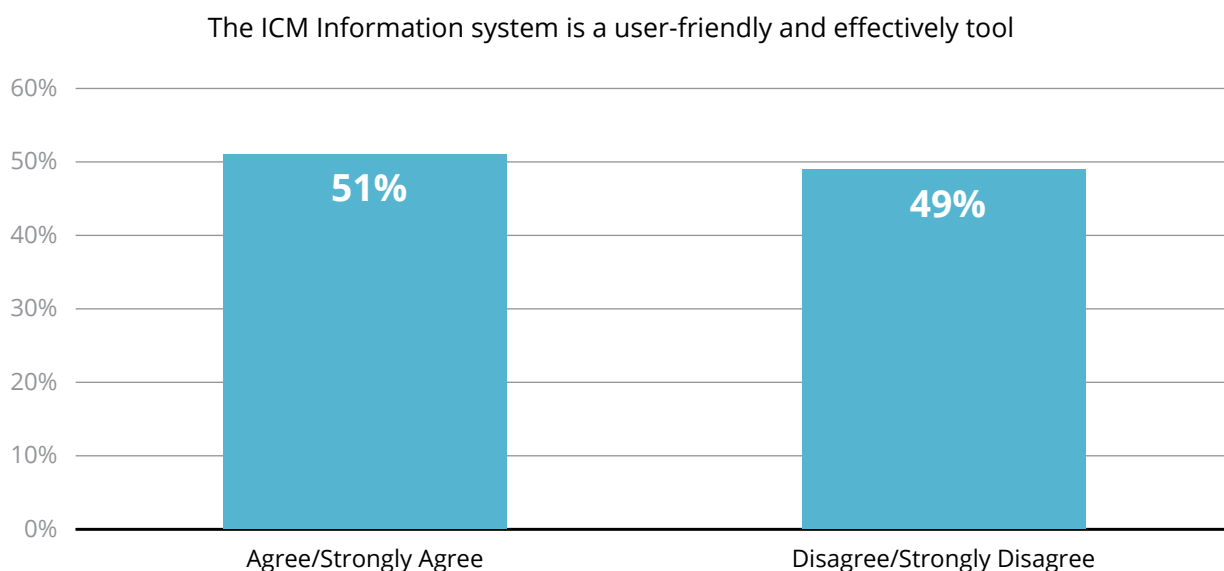
With one exception, these issues were not canvassed in the Representative’s survey, nor did they thematically emerge in the narrative comments and focus groups, although there was some commentary about how the physical office spaces for social workers in government buildings are stark and unwelcoming to children and families, especially as compared to the offices of ICFSAs. These are areas the ministry may wish to further explore in future.

The one exception in the Representative’s survey related to questions about computer-based tools. The ministry’s primary information system for child welfare workers is known as the Integrated Case Management (ICM) system, which has had a troubled history and has been the source of previous

concerns.⁸⁹ While it is known that there have been considerable efforts to improve the ICM system and there is a recognition the system has improved, it is evident that there are still significant concerns experienced by many field staff. As indicated in Figure 17, nearly half (49%) of social workers and team leaders do not agree that the ICM system is user-friendly and effective. The fact that nearly half of social workers and team leaders say that a key information system that is critical to effective case management is a not user friendly and effective tool is obvious cause for concern and follow up action.

Narrative and focus group comments about the ICM system included, for example, concerns that it is slow, not user-friendly, difficult to navigate, freezes, times out or shuts down resulting in lost information and duplication of effort, that some forms are not embedded in ICM, and that there is a lack of a training curriculum for new hires.

**Figure 17 Representative's Survey, 2024
Social Workers and Team Leaders
ICM Information System**



⁸⁹ See, Problem-plagued Integrated Case Management System Raises Safety Concerns for Vulnerable Children and Youth, <https://rcybc.ca/reports-and-publications/statements-and-news-releases/problem-plagued-integrated-case-management-system-raises-safety-concerns-for-vulnerable-children-and-youth/>. See also, British Columbia Government and Services Union. Choose Children: A case for Reinvesting in Child, Youth and Family Services in British Columbia. November, 2014. <https://d3n8a8pro7vhmx.cloudfront.net/bcgeu/pages/8901/attachments/original/1544481799/ChooseChildren.pdf?1544481799>

"ICM is not intuitive. It is archaic and so much time is lost inputting notes that are lost and you have to start again."

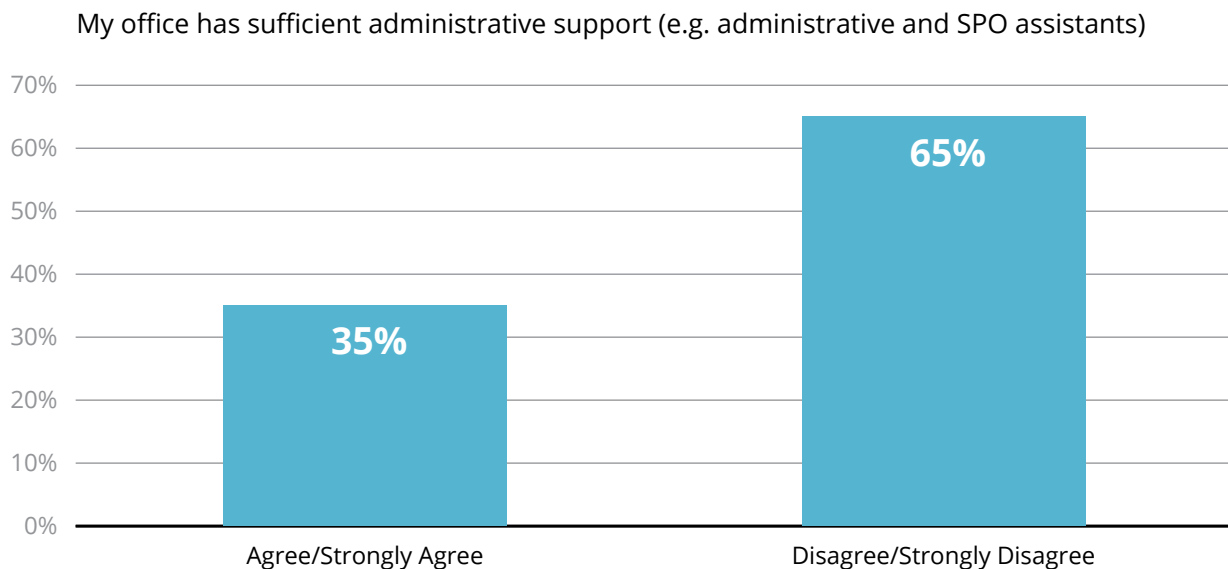
– MCFD Social Worker, 2024

The Representative's survey also asked about computer-based tools other than ICM. The responses were somewhat more positive than for ICM, although more than one-third (39%) of social workers and team leaders indicated that they did not agree that those tools are sufficient to support their work. There were a range of concerns that emerged through the narrative comments and focus groups including, for example, poor quality and slow equipment, inadequate computer storage space, a ministry intranet (iConnect)

that is difficult to navigate, a Help Desk that is not helpful, the need for better office and technological supports for persons with disabilities, the need for language translation programs and delays in accessing equipment for onboarding or replacement purposes.

Turning to administrative support services, as indicated in Figure 18, almost two-thirds (65%) of social workers and team leaders responding to the Representative's survey do not agree that their office has sufficient administrative supports, which include office managers and administrative assistants as well as social work assistants. The latter are paraprofessionals who assist social workers and relieve administrative burdens by, for example, gathering information, interviewing community collaterals, completing required documentation, and locating resources for clients.⁹⁰

Figure 18 Representative's Survey, 2024
Social Workers and Team Leaders
Sufficiency of Administrative Support



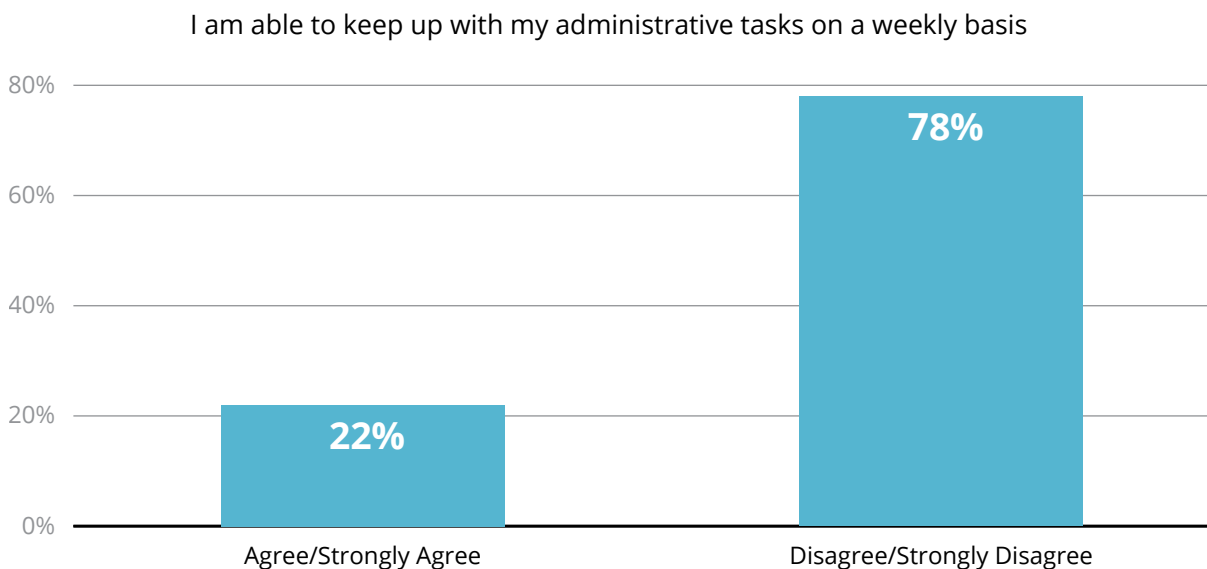
⁹⁰ <https://www2.gov.bc.ca/gov/content/careers-myhr/all-employees/pay-benefits/salaries/salarylookuptool/bcgeu-jobs/social-worker-assistant>

As with social workers themselves, the key theme relating to administrative support that emerged from the narrative responses to the Representative's survey and the focus groups was inadequate staffing. More specifically, the key issues that were identified were:

- inadequate staffing levels either due to insufficient allocation of positions and/or vacancies due to challenges with recruitment and retention, including inadequate compensation to incentivize recruitment and retention
- due to inadequate staffing, social workers are required to either make up the difference by completing administrative tasks that should otherwise be done by administrative staff or social work assistants, or simply not complete those administrative tasks
- a lack of training for administrative staff.

The combination of inadequate staffing of administrative support with under-staffing of social workers and heavy workloads means something must give, and it seems clear that the needs of children and families are obviously and appropriately given priority. Consequently, as indicated in Figure 19, the vast majority (78%) of social workers and team leaders say they are not able to keep up with administrative tasks on a weekly basis.

Figure 19 Representative's Survey, 2024
Social Workers and Team Leaders
Keeping Up with Administrative Tasks



“Our time needs to be protected and not wasted on endless, time-consuming clerical tasks. The best analogy is that, for example, the reason that nurses don’t make beds is because their employer sees their time as a limited valuable resource so they are essentially not allowed to waste this limited valuable resource. This is definitely not the case with child protection social workers – we are constantly inundated with tasks that don’t require a C6 delegated social worker....”

– MCFD Social Worker, 2024

“Social work requires people work and then administrative work. Social workers are often forced to choose addressing the people work first, resulting in administrative work being left behind or not completed.”

– MCFD Social Worker, 2024

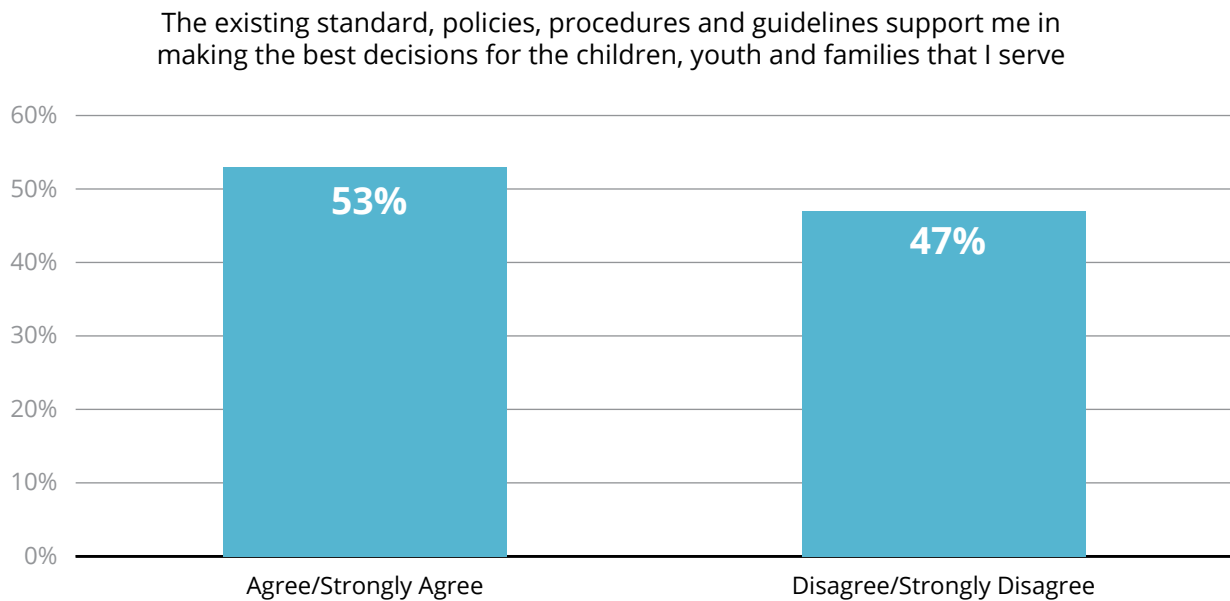
Standards and Policies

Standards, policies, procedures and guidelines (“standards and policies”) prescribe the expectations of an organization or service area and give guidance to staff about how to implement those expectations, thereby providing a basis for consistent decision-making and operations or more simply put, they tell staff what they should do and how they should do it.

MCFD’s child welfare services have a daunting amount of direction and guidance in the form of legislation, regulation, standards, policies, practice directives, practice guidelines, protocols between MCFD and other organizations, handbooks, guides, and information sheets across the spectrum of different child welfare functions.

As Figure 20 indicates, there are mixed views amongst social workers and team leaders about child welfare standards and policies: slightly more than half (53%) of social workers and team leaders agree that existing standards and policies support them in making the best decisions for the children, youth and families that they serve, however, nearly half (47%) disagree. Again, the fact that nearly half of social workers and team leaders say that the key sources of guidance and decision making they are provided do not support them in making the best decisions for children and families is obvious cause for concern and follow up action.

Figure 20 Representative's Survey, 2024
Social Workers and Team Leaders
Standards and Policies



The Representative's survey also asked whether child welfare staff can find information about standards and policies and have the time to do so when they need that information. Similar to the divided perspectives about the utility of standards and policies, slightly more than half of social workers and team leaders agreed that they could find them and had time to access them but nearly half (46%) disagreed.

There was a greater degree of consensus about the adequacy of training when new policy is issued. As described previously in Figure 9, the vast majority (73%) of social workers and team leaders do not agree that they are provided adequate training and sufficient opportunity to understand new standards and policies.

"I pride myself in having a strong knowledge of policies, procedures, guidelines and standards because I need to know them in my role in leadership. I know where to find this information, although the intranet does not make it very quick and easy to find at times. I am finding it increasingly difficult to stay on top of all the amendments because they are happening so quickly and sometimes without much notification or explanation. I am struggling to find time to review all of these while managing frontline work. When I think of frontline social workers, I can see they do not have the time to review policy."

– MCFD Social Worker, 2024

Analysis of the narrative comments from the Representative's survey and focus groups painted a picture of a workforce overwhelmed with workload demands and by an overwhelming volume of standards and policies that are subject to frequent changes, and a consequent inability to be able to keep up as they should. Examples of key concerns about standards and policies that emerged from analysis of the narrative comments from the Representative's survey and focus groups included:

- the sheer volume of the information
- the search engine on the ministry's intranet (IConnect) is difficult to navigate with too frequent missing links
- the frequency of changes, described as "too difficult for one person to keep up", especially in the context of heavy workloads where priority must be given to addressing the needs of children, youth and families
- the inability to comply with policy and standards due to heavy workloads and the associated stress in trying to do so
- a lack of timeliness insofar as policy changes are typically sent out by email to team leaders and line staff at the same time without opportunity for team leaders to prepare and assist staff to understand and implement those changes
- standards and policies are perceived by some to reflect the needs of the employer, not the needs of families or the best interests of children
- standards and policies are perceived by some to be colonial and rigid, trying to fit children and families into "ticky boxes" instead of creating policy to enable responsiveness to individual circumstances that are often unique and complex
- a lack of consultation with field staff in the development of new standards and policies, resulting in difficulties with real world application
- despite their being common standards and policies, there are perceived inconsistent practices across offices and areas of the province.

"I don't think sending out a link to a giant PDF policy means we have learned it. No one has time to read them."

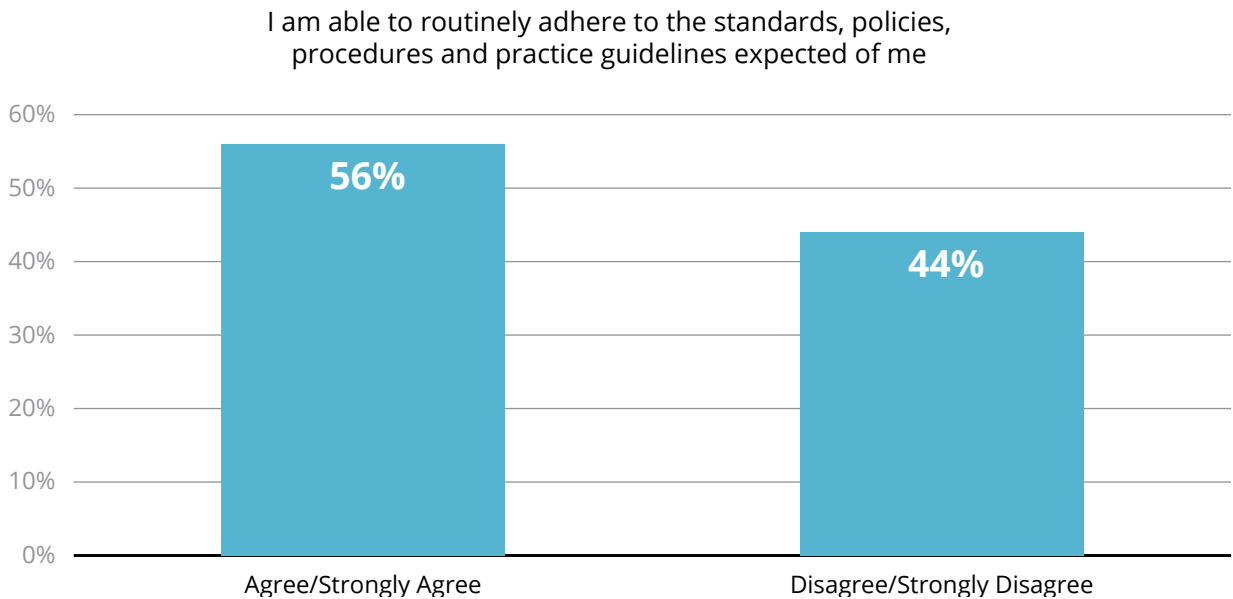
– MCFD Social Worker, 2024

"Not every child's circumstance will fit nicely into a policy, procedure or practice guideline and there needs to be flexibility to stray from these when it is about best serving a child."

– MCFD Social Worker, 2024

The issue of social workers' capacity, or lack thereof, to comply with standards and policies was thoroughly canvassed in *Part One* of this report, which summarized a series of ministry practice audits over the course of several years that described significant degrees of non-compliance. That incapacity is affirmed and appears to remain the case to a substantial degree: as described in Figure 21, a substantial proportion (44%) of social workers and team leaders do not agree that they are able to routinely adhere to standards and policies. While, as noted above, there are significant concerns about, for example, the dissemination and training associated with new standards and policies, it was overwhelmingly clear from analysis of the narrative responses to the Representative's survey and focus groups that this ongoing lack of compliance is not due to a lack of knowledge but rather to one crucial issue: understaffing and excessive workload.

Figure 21 Representative’s Survey, 2024
Social Workers and Team Leaders
Ability to Comply with Standards and Policies



Community Support Resources

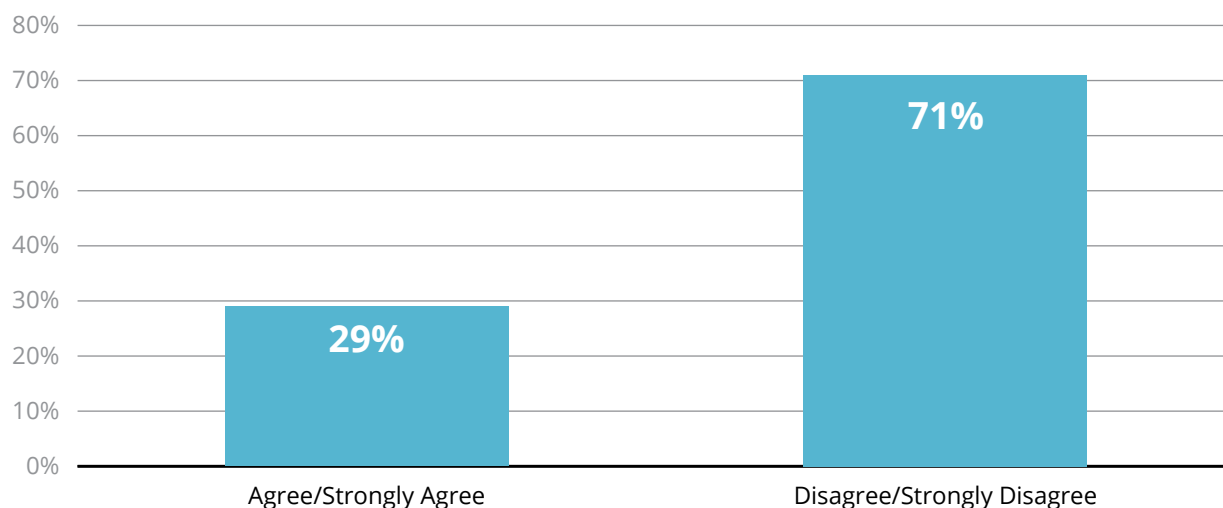
The availability of community support resources for children and families such as parent education, family preservation programs, mental health and addictions services, respite care, and so on, affect both the workload of social workers and, most importantly, the effectiveness of their work. If these services are not available in a timely way, or at all, then social workers must spend more time making multiple referrals to agencies and/or, perhaps more commonly, making do with less than adequate substitute services.

As reported in *Part One* of this report, the vast majority (77%) of social workers and team leaders responding to the

Representative’s survey reported that they do not have timely access to the range of family and community support resources to effectively meet the needs of the children, youth and families on their caseload. Recalling the significant over-involvement in the child welfare system in the lives of Indigenous children and families described earlier (Figure 9), social workers and team leaders expressed similar views about community support services for Indigenous children and families: as indicated in Figure 22, 71 per cent do not agree that they have timely access to the necessary range of culturally appropriate family and community support services to meet the needs of Indigenous children, youth and families on their caseloads.

Figure 22 Representative's Survey, 2024
Social Workers and Team Leaders
Community Support Services for Indigenous Families

In my geographic area I have timely access to the necessary range of culturally appropriate family and community support services to meet the needs of Indigenous children, youth, and their families, on my caseload



MCFD does not have a roster of Elders. One was hired, however only one team had access to the Elder.

– MCFD Social Worker, 2024

Analysis of narrative responses to the Representative's survey and the focus groups indicated that these concerns about the adequacy of access apply to the full gamut of services for children, youth and families, from assessment services for young children through to staffed residential and tertiary care for youth with complex needs, a list of types of community resources that would be far too long to detail in this report. Suffice to say that the following key themes emerged in relation to all services to children, youth and families that are accessed or needed by child welfare social workers:

- inadequate access to an appropriate range of culturally appropriate services for Indigenous children, youth and families
- similar concerns with respect to services to multi-cultural families
- lengthy waitlists for virtually all services
- particular lack of access for services in the North and rural and remote communities
- insufficient foster home and staffed residential care placements
- when services are available, the quality of services delivered by community-based agencies are affected by staff recruitment and retention challenges.

There is a necessary and deserving focus on supporting Indigenous young people and families but there are a lot of other cultures represented in the fabric of MCFD and we neglect to serve them in culturally appropriate and safe ways.

– MCFD Social Worker, 2024

We do not have the support or resources to best support our children, youth or families.... We are ticking boxes on ICM....

– MCFD Social Worker, 2024

The wait times for services for Indigenous families alone is abhorrent. We tell parents they need to complete services before we will return a child to their care and then send them to services where they are waitlisted for months. This is bad for the children, bad for families and bad for the community overall.

– MCFD Social Worker, 2024

Workload and Caseload

As noted in *Part One* of this report, workload – which is integrally tied to the issue of the inadequacy of staffing – emerged as the single most crucial issue in the Representative’s online survey of social workers and team leaders, focus groups and community consultations. Since that report thoroughly canvassed the issue of workload, it will not be repeated here in detail. Instead, there will be a summary of the key findings from *Part One*, followed by a presentation of additional information learned since that time.

I am currently doing the work of at least 2.5 people. It’s untenable. Phone calls don’t get returned, notes don’t get entered, Family plans and Care plans don’t get written. Deadlines are missed. It is impossible.

– MCFD Social Worker, 2024

The key points and findings from *Part One* of this report in respect of workload, caseload and staffing include:

- The challenges associated with excessive child welfare social worker workload and under-staffing have been thoroughly documented and well known to MCFD senior officials, ministers, and successive governments for decades, by way of several external reviews and reports since the Gove report in 1995.
- Over the past 15 years, the child in care caseload has decreased in step with equivalent increases in the out-of-care options caseload such that the combination of the two populations has been consistently stable. Moreover, child welfare intakes increased and then stabilized over the same period. These data suggests that the associated workload has not decreased over that time period.
- While caseload can be a rough proxy measure of effort required, workload – the time required to complete prescribed tasks – is a far better indicator of the demands on the capacity of a social worker to carry out safe and effective child welfare practice.
- The ministry engaged a consulting company to create a reliable analytical tool for child protection services (child protection, guardianship, resources) that would estimate the resources necessary (i.e., staffing) to meet service levels, the current resources available and the gap between them. The Child Protection Workload Model was developed in 2019, which found that there was a huge gap of 636 full time equivalent (FTE) additional staff required to achieve 85 per cent compliance with child protection practice standards, i.e., there is empirical validation of significant levels of under-staffing and consequent excessive workload. There has not been an appreciable increase in child welfare social worker staffing levels between the time of the measurement of this significant shortfall in staffing positions (2020) and March 31, 2024.⁹¹ The workload measurement tool was abandoned by the ministry in 2021.

⁹¹ As reported in *Part One* of this report, the headcount of line social workers on March 31, 2020 was 1,758 and 1,764 on March 31, 2024. The headcount includes social workers described as child protection, child protection multi (generalists), resource, child and family, and child welfare team leaders. Administrative support are not included nor are adoptions social workers and adoptions team leaders, given their distinctive specialist roles. (The number of adoptions social workers and team leaders remained stable through that period.) Data also does not include CYSN social workers, which is discussed below.

- The ministry previously produced regular reports about teams that were staffed at 50 per cent or less, the last of which was for July 2022. That report indicated there were 46 child welfare teams across the province that were staffed at 50 per cent or less, not just in rural communities, but in almost every service delivery area in the province. This means staff in those understaffed offices were each carrying at least double caseloads. The ministry no longer produces these reports.
- While there is not data specific to social workers, available data for the ministry as a whole indicated staff exit rates that are nearly 50 per cent higher than the BC Public Service average.
- Similarly, data has indicated staff sick leave rates for the ministry as a whole that are substantially greater than the BC Public Service, and the ministry has acknowledged that stress and workload contribute to these higher rates.
- Over three-quarters (81%) of social workers and team leaders responding to the Representative's 2024 online survey disagreed (32%) or strongly disagreed (49%) that their workload permits them to effectively support the children, youth, and families on their caseload. More than two-thirds (68%) of MCFD managers shared the views of the social workers and team leaders.
- The Representative's survey also found that there was overwhelming consensus (87%) that there is not adequate coverage of leaves to adequately backfill coverage to meet the needs of children and families on their caseloads, which adds to workload. A substantial proportion – 44 per cent – reported that they are not able to routinely adhere to the standards, policies, procedures, and practice guidelines expected of them.
- Social workers and team leaders were also asked to identify the top three issues where there was greatest need for improvement so there would be better assurances of quality services to children, youth and families. Workload was overwhelmingly the first choice; it was also overwhelmingly ranked as the number one area for improvement by MCFD child welfare managers.
- A thematic analysis of the workforce capacity component of the RCY's 2024 community engagement sessions found that workload and caseload was the most prominent theme, with participants commenting that social worker caseloads were too high, stretching them too thin, and not enabling them to deliver quality work and make adequate time for the children and families they serve.

As a Team Leader (TL) I have had to carry a caseload in order to save my staff from burnout. I am unable to effectively complete frontline work or my TL tasks as I get spread too thin. Staff's caseloads are extremely high, and it becomes difficult to stay on top of timelines.

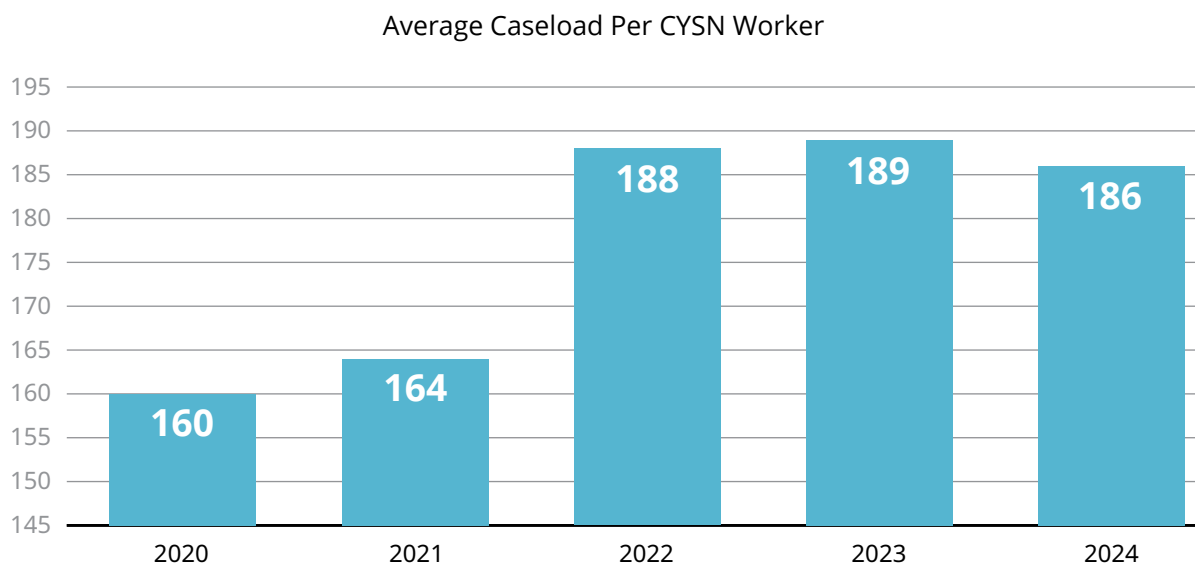
– MCFD Social Worker, 2024

With respect to additional information that has come to light since *Part One* of this report was released, the unchanged social worker staffing levels described above did not include CYSN social workers because they are differently situated. CYSN social workers carry extraordinarily and unacceptably high caseloads, far greater than, for example, guardianship workers, due to the different duties and expectations. As well, the caseload/workload of CYSN social workers is not principally governed by the *CFCSA* but rather through the administration of various programs for children and youth with support

needs such as autism funding and medical benefits. CYSN social workers were also not included in the Child Protection Workload Model described above. Further, unlike other child welfare social workers, there was a 29 per cent increase in CYSN social worker staffing between 2019 and 2024, from 147 to 189.

To assess the impact of this increase in staffing, the Representative requested the average caseload of CYSN social workers, which is described in Figure 23 and which indicates a substantive (16%) increase in average caseload between 2019 and 2024. In short, increases in new CYSN cases entering the system have outpaced increases in staffing, such that the workload of CYSN social workers has increased in recent years.

Figure 23 Average CYSN Social Worker Caseloads



Over 200 cases is far too many. I literally don't know half the people on my caseload.

– MCFD Social Worker, 2024

Thematic analysis of the narrative responses to the Representative's survey of social workers and team leaders indicated that workload and caseload was the second most common theme (next to organizational culture and management) and a dominant theme in the focus groups. These responses describe

how the combination of understaffing and lack of backfill for leaves creates excessive workload which in turn affects virtually every aspect of the daily working circumstances of social workers and team leaders. Excessive workload:

- undermines the capacity of social workers to meet the needs of children, youth and families on their caseload
- undermines their capacity to fully comply with standards and policies, and to complete required administrative tasks

- undermines the capacity of team leaders and senior staff to mentor new hires and in some circumstances forces the choice of new hires being assigned work that they are not yet well prepared to take on
- interferes with the capacity to participate in or interrupts professional development
- leads to stress, burnout, excessive sick leave, low morale and early exits
- persistent excessive workload contributes to a perception of a ministry and its senior management that is seen by many field staff to be uncaring, indifferent or incapable.

There comes a point where everyone in the office is looking for a way out, applying elsewhere or going back to school. If this continues, we're going to be in an even bigger conundrum.

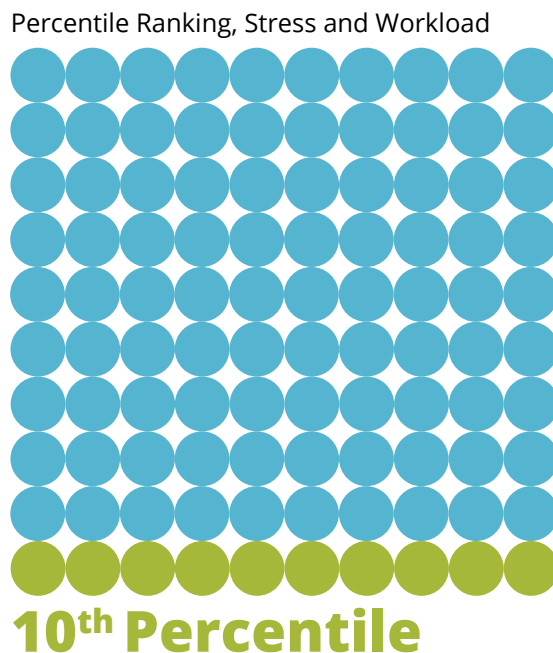
– MCFD Social Worker, 2024

Caseloads need to not only be looked at in terms of numbers, but also the complexities of the families we are working with. Often caseload numbers are high, and the needs are even higher, leading to a triage mode which leads to an inability to support children, youth and families.

– MCFD Social Worker, 2024

Turning to the WES scores for social workers, that survey does not include a building block driver involving workload alone but rather one that combines stress and workload, which underscores the direct connection between workload and stress. The WES scores for MCFD as a whole was the second lowest amongst the 29 ministries and organizations surveyed, while the score for social workers (52) for stress and workload was even lower than the score for the ministry as a whole (59). As indicated in Figure 24, MCFD social workers' ranking on stress and workload within the BC Public Service as a whole was at the tenth percentile, i.e., 90 per cent of the BC Public Service scored better. Team leaders were slightly worse, ranking at the ninth percentile. The absolute score for stress and workload for both was at the lowest category of scores ("understand your challenges") on the WES survey.

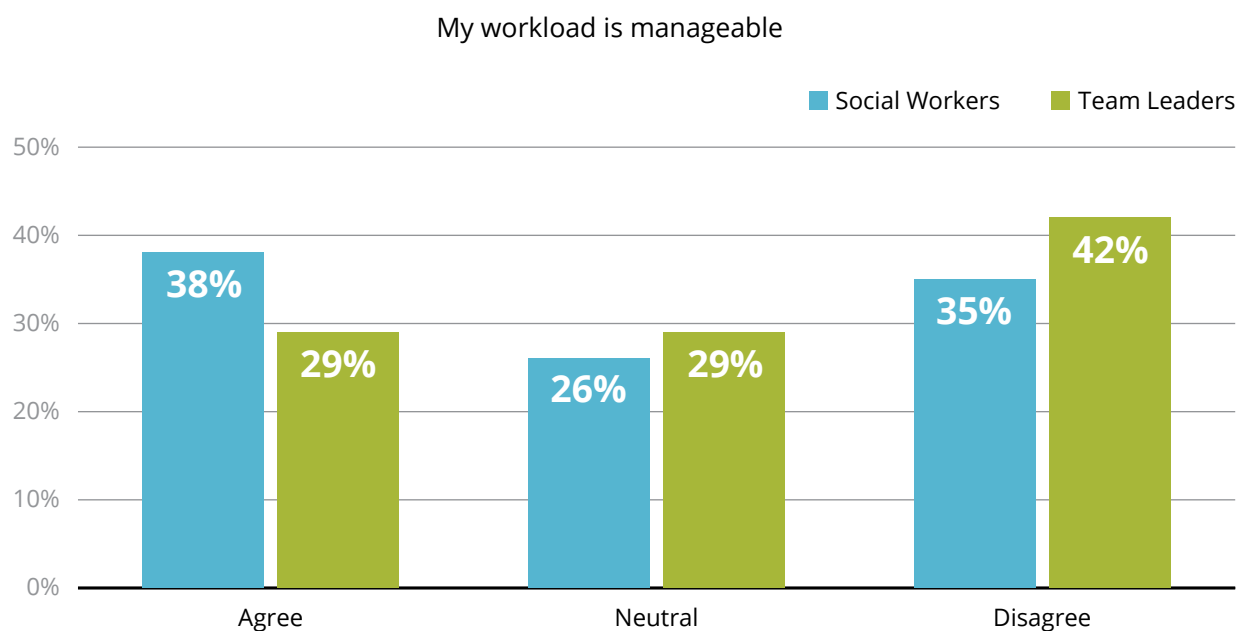
Figure 24 Work Environment Survey (WES), 2024
Social Workers
Stress and Workload



The responses of social workers to a specific question about workload in the WES survey was, however, somewhat mixed. As indicated in Figure 25, a slight plurality (38%) of social workers agreed with the statement that their workload is manageable with a similar

proportion (35%) disagreeing and 23 per cent neutral. Social worker's score on this measure (48) was well below the BC Public Service average (61). A significant proportion (42%) of team leaders disagreed that their workload is manageable.

Figure 25 Work Environment Survey (WES), 2024
Social Workers and Team Leaders
Workload is Manageable



Finally, 42 per cent of social workers disagreed with the statement, “My work unit is well supported during times of change”, with 35 per cent agreeing and 25 per cent neutral. In contrast, 46 per cent agreed with the statement, “I have support at work to provide

a high level of service”, with 33 per cent disagreeing and 22 per cent neutral. This may be a reflection of the support MCFD social workers say they enjoy from their colleagues and team leaders, as was discussed earlier in this report.

Health and Wellness

Since *Part One* of this report canvassed the issue of the health and wellness of MCFD social workers and team leaders in considerable detail, those details will not be repeated here. Instead, there will be a summary of the key findings from *Part One*, followed by a presentation of additional information learned since that time.

It seems burnout is inevitable.

– MCFD Social Worker, 2024

Part One of this report revealed deeply concerning findings about the health and wellness of social workers and team leaders, which included:

- Almost all of the significant reports about child welfare services over the past three decades highlight concerns about the health and wellness of social workers, in particular work-related stress, burnout and turnover.
- Research in Canada has shown that burnout, compassion fatigue and post-traumatic stress are common amongst child welfare social workers.⁹²
- To assess the degree of stress experienced by MCFD child welfare social workers and team leaders, the Representative's online survey incorporated six questions from the Mental Health Commission of Canada's Guarding Minds survey – the Stress Satisfaction Scan – which is a screening measure that offers a snapshot of employee stress and satisfaction.⁹³
- Results from the Stress Satisfaction Scan indicated social workers and team leaders experience extraordinarily high levels of stress: an overwhelming proportion (88%) said that in the last six months too much time pressure at work has caused them worry, “nerves” or stress, while an even greater proportion (90%) agree that in the last six months they have experienced worry, “nerves” or stress from mental fatigue at work.
- Only one of four mediating factors – supervisor support – emerged as a significant contributor to the mitigation of stress: more than two-thirds (69%) agreed that their supervisor supports them in getting their job done.
- The majority of social workers and team leaders (60%) say that they are not provided with the necessary supports such as debrief, counselling, and mental health supports to help them deal with stress and vicarious trauma.
- Although data specific to child welfare social workers is not available, MCFD as a whole has a much higher rate of sick leave than the average in the BC Public Service and staff turnover.
- Recognizing the direct connection between workload and stress, when asked in the Representative's survey to rank the three most important areas in need of improvement, social workers and team leaders identified workload as the first priority, but stress and satisfaction as the next most frequent first choice; as well, workplace stress and satisfaction was their most frequent second priority.

⁹² See, https://www.casw-acts.ca/files/documents/CASW_Child_Welfare_Report_-_2018.pdf

⁹³ See, Understanding their Stress Satisfaction Scan, <https://www.workplacestrategiesformentalhealth.com/resources/understanding-the-stress-satisfaction-scan>

The pile up of work paired with the guilt of not being more available to people is really tough to deal with psychologically, day in and day out.

– MCFD Social Worker, 2024

If they (social workers) are stressed out due to an inordinate amount of work, they will just leave. You can only stretch them so long.

– MCFD Social Worker, 2024

I love this job and I feel it is a privilege to be able to do this work. However, with starting to see how much the years of this work is impacting my mental health, with little support available to address it, it makes me wonder if it is a healthy choice for me to continue in this field or to start exploring another role.

– MCFD Social Worker, 2024

Analysis of the narrative responses to the Representative's survey and the focus group discussions identified several issues for social workers and team leaders in relation to the stresses experienced by them, including:

- vicarious trauma from repeated exposure to the traumatic experiences of children, youth and families
- guilt and/or anxiety from children, youth and their families on their caseload not receiving the services they need due to excessive workload and/or a lack of sufficient resource support
- similar feelings of guilt and/or anxiety arising from taking time off for leave, sick leave, or professional development knowing that children and families on their caseload will not get the support they need due to inadequate backfill
- the constant worry and fear that something terrible may happen to someone on their caseload and that individual workers, not an inadequate system, will be blamed
- cumulative stress and mental exhaustion from constantly coping with excessive workload and scrambling to address crisis situations
- fear and anxiety from workplace harassment or threats from some clients or their associates.

Workload causes nerves and stress for me, even after hours, and I can find it hard to shut off. My colleagues are supportive as they feel the same, along with my supervisor. Mental health supports through our workplace counselling are ineffective, in my opinion. I've tried them and was told after one session by a counsellor that I was being taken off her caseload for "triage" purposes.

– MCFD Social Worker, 2024

As noted earlier, the WES survey has a

building block driver that combines stress and workload. The score for stress and workload for MCFD as a whole was the second lowest amongst the 29 ministries and agencies surveyed. Similarly, the smaller cohort of MCFD social workers' ranking on stress and workload within the BC Public Service as a whole was at the tenth percentile, i.e., 90 per cent of the BC Public Service scored better.

The questions in the WES survey associated with this building block driver solely relate to workload and, somewhat surprisingly, do not include direct questions about stress or mental health such as are found in the Stress Satisfaction Scan referenced earlier. While workload is obviously an important factor in employee stress, it is not the sole factor, especially with social workers and team leaders given that, as noted above, research in Canada and elsewhere has shown that burnout, compassion fatigue and post-traumatic stress are common amongst child welfare social workers. In short, it is not solely the quantity of work but also the nature of the work that can lead to stress, in particular the vicarious trauma that can arise from that work.

The research showing the high levels of burnout, compassion fatigue and post-traumatic stress amongst social workers in Canada and elsewhere, together with the findings of the Stress Satisfaction Scan and the incomplete canvassing of the vital issue of stress and mental health of social workers through the WES survey, underscore the need for the ministry to develop a means to periodically assess the mental health and well-being of its social worker workforce. In an example of responsiveness to *Part One* of this report, the ministry advises that it is planning to administer the Mental Health Commission's full Guarding Minds Survey bi-annually, on alternating years from the WES survey. These bi-annual surveys will be helpful in measuring progress in improving the working circumstances of social workers and team

leaders as well as targeting support resources to areas where they are needed most.

While the WES survey does not directly ask respondents about their own stress levels or mental well-being, it does ask about supervisor support for mental health. Recalling Figure 13, the vast majority (76%) of social workers agree that their supervisors (i.e., team leaders) promotes their mental health and well-being in the workplace.⁹⁴

While supervisor support for mental health and well-being is obviously an important component of workplace wellness, resources need be available to enhance that support. The primary responsibility for provision of mental health and counselling support services to MCFD social workers and all government employees rests with the BC Public Service Agency and its contracted service provider, TELUS Health. There are several programs available, including:

- The Employee and Family Assistance Services (EFAS) provides unlimited counselling services.
- Care Navigators work to understand the needs of the individual and recommend relevant and clinically meaningful care.
- The Cumulative Stress Management Program (CSMP) assists high-exposure teams that encounter direct or indirect traumatic stress in their roles, which has Lite (2 sessions) and Intensive (6 sessions) versions.
- Trauma Assist is a program administered by a specialized network of counsellors selected for their expertise for providing evidence-based care to treat trauma.

⁹⁴ Amongst team leaders, 74% agreed that their supervisor promotes mental health and well-being in the workplace, while the BC Public Service average was 80%.

- Depression Care is a new clinical support program for clients experiencing moderate to severe symptoms of depression, anxiety, or chronic stress.
- AbilitiCBT is a new digital, therapist-guided, cognitive behavioural therapy program offering mental health support via self-directed modules that can be accessed online and includes programs for anxiety, depression, pain, insomnia, grief and loss, social anxiety, trauma and more.
- Critical Incident Response is a specialized professional response to a workplace crisis, a traumatic event or employee victimization which can also affect co-workers, witnesses, and investigators.
- Health and well being workshops.⁹⁵

Further, workers can draw upon extended health benefits for government employees which include the service fees of a recognized social worker, registered clinical psychologist or counsellor payable to a maximum of \$750/year.

Data is not available about the extent to which MCFD social workers utilize the above-noted services and appropriately so, given the confidentiality of these services.⁹⁶

In 2020, MCFD has also established a Peer Outreach Support Team (“P2P”) in South Vancouver Island, which was established to address a perceived gap in the early intervention and support services available to MCFD and ICFSA employees who have experienced a one-time traumatic or stressful work-related event such as the death of a child or youth, a violent incident or threats

or assaults against staff. P2P responders are staff from the ministry who volunteer and are formally trained in, for example, diffusing and debriefing critical incidents.⁹⁷ This program has not yet been evaluated and remains available only on the South Island.

We deserve the right to have access to mental health support similar to First Responders and it is time we are recognized as First Responders. we aren't just exposed to a person's trauma at the time of injury – we are mandated to continue to try and support that traumatized individual while also working through our own vicarious trauma.

– MCFD Social Worker, 2024

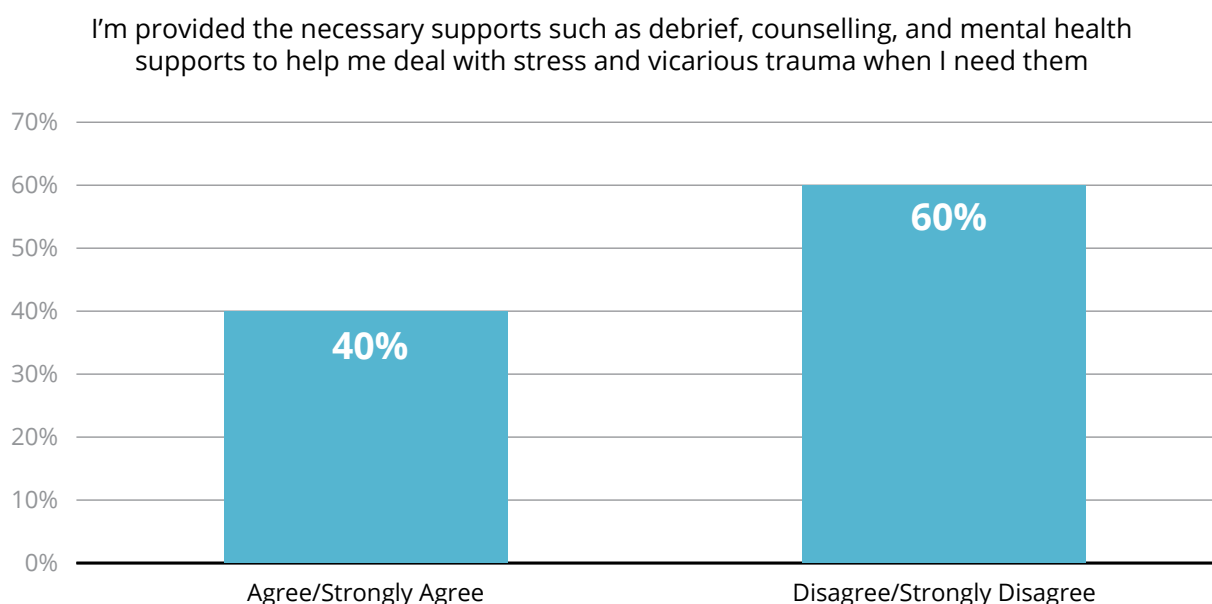
Although the slate of support resources described above may appear to be fulsome, as is indicated in Figure 25, a substantial majority (60%) of social workers and team leaders nonetheless say they are not provided the necessary supports such as debrief, counselling and mental health supports to help them deal with stress and vicarious trauma when they need those supports. This is deeply concerning given the evidence of very high levels of stress experienced by social workers and team leaders.

⁹⁵ See, <https://www2.gov.bc.ca/gov/content/careers-myhr/all-employees/health-safety-and-sick-leave-resources/health/mental>

⁹⁶ There is some very limited data available respecting the Cumulative Stress Management and Critical Incident Response programs, however, these data are not disaggregated to social workers only and would not provide a comprehensive picture of the utilization of the full gamut of support resources.

⁹⁷ *South Island Peer Outreach Support Team “P2P” Terms of Reference*, July 28, 2020; Updated May 25, 2022. Internal MCFD document.

Figure 25 Representative's Survey, 2024
Social Workers and Team Leaders
Support Services for Mental Well-being



For a workplace that supports families and children we do not support workers who have families.

– MCFD Social Worker, 2024

Analysis of the narrative comments from the Representative's survey and the focus groups illuminated some of the concerns about these supports, including that they are seen to be too limited, insufficient, not accessible in a timely way, ineffective, or not attuned to the unique nature of child welfare work. Several respondents commented that social workers should be seen as and have the same supports as First Responders (e.g., police, fire, paramedics), should have mandatory monthly debriefing sessions, and that there should be more flexibility in what constitutes wellness supports so they include, for example, Indigenous cultural practices.

A step toward First Responder recognition was

taken in April 2024 with the announcement from the Ministry of Labour regarding the addition of 11 new occupations, including social workers, to the mental health presumption under the *Workers Compensation Act*. A presumption under that legislation means that, for the purposes of a claim, if a worker is employed in one of the specified occupations and develops a disorder that is recognized as being associated with that occupation (such as post-traumatic stress disorder) then the condition is presumed to have been due to the nature of their work, unless the contrary is proved. In short, the presumption provides greater assurance of approval of a claim.

There is a dissonance between the fulsome list of mental health support resources for staff described above and the views of a substantial majority of social workers and team leaders that available resources do not meet their needs. This is a difficult area to assess due to a lack of information about, for example, how

often help is needed, how often it is sought (and if not, why not), the response time, and the nature and adequacy of the services provided. Nonetheless, these are important questions for the ministry to seek answers to so that appropriate steps can be taken to improve access to support services and to the quality of those services.

In December 2023 the ministry drafted a first Child and Family Services Sector Workforce Plan, which addresses both the ministry and contracted agencies' workforces. As well, MCFD is in the course of drafting and finalizing a Workforce Plan specific to the ministry workforce.⁹⁸ The Representative is pleased to see that a component of that plan includes (unspecified) improvements to mental health supports to employees. Going forward, what is needed is a translation of those good intentions into a funded action plan that implements specific measures.

It is noted that in 2022, the BC Public Service committed to take steps to adopt the [National Standard of Canada for Psychological Health and Safety in the Workplace](#).⁹⁹ By any measure, child welfare social workers are not working in psychologically healthy and safe circumstances.

⁹⁸ MCFD communication, December 20, 2024.

⁹⁹ See, <https://www2.gov.bc.ca/gov/content/careers-myhr/all-employees/health-safety-and-sick-leave-resources/health/mental>. The National Standard can be found at <https://mentalhealthcommission.ca/national-standard/>

How the Ministry is Experienced and Seen

Broadly speaking, there is a dichotomy in how child welfare staff experience and perceive their organization at the local service delivery level versus the organization as a whole, as well as how they perceive the ministry's local-level (team leader) leadership versus executive-level leadership. For example, at the local level the WES survey indicates that a substantial majority of child welfare social workers have positive relationships with their co-workers (87%), get help from their team when needed (80%), feel they are suitable for their jobs (85%), find their work meaningful (82%), and, as the Representative's survey found, get the greatest degree of satisfaction from the children, youth and families they work with. As noted previously, the WES survey of social workers also reported a positive score (75) for supervisory-level management (i.e., team leaders) and found that social workers have positive views of their team leaders on a variety of fronts such as support for their mental health (76%) and honesty and integrity (81%). These WES findings also align with findings from the Representative's survey.

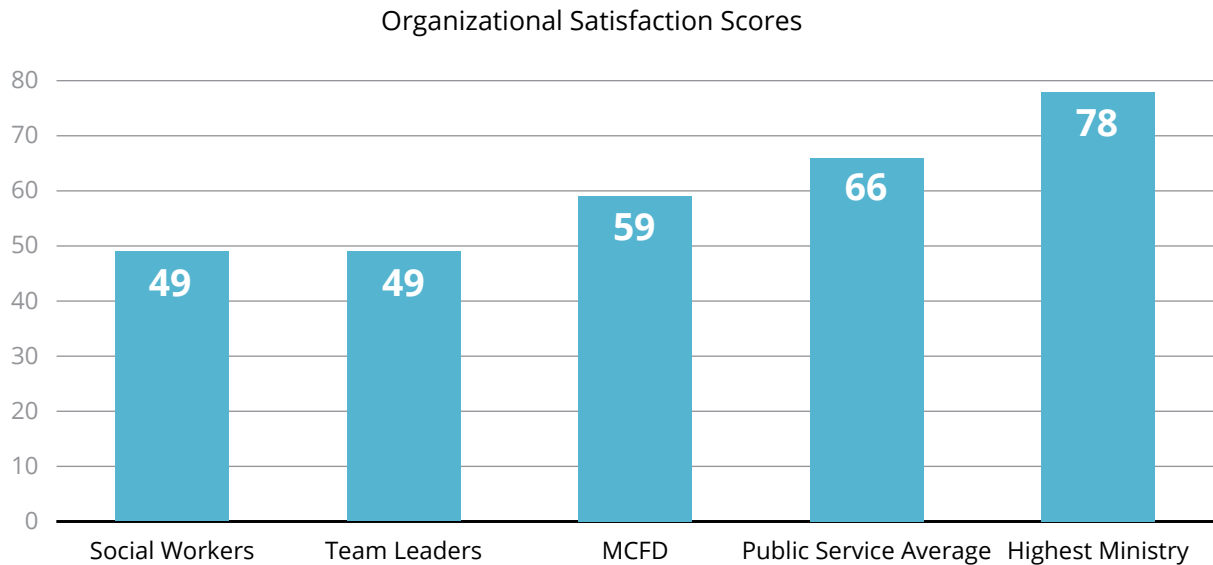
There are, however, very different experiences and perceptions when child welfare social workers step outside of these local, day-to-day relational experiences and are asked about their organization and executive leadership. The 2024 WES survey results indicate that MCFD scored the lowest amongst 29 ministries and organizations surveyed on the overall engagement dimension of "Organization Satisfaction", with that score falling in lowest category of scores ("understand your challenges"). As Figure 27 indicates, the WES scores for both social workers and team leaders for organization satisfaction were even lower than the low MCFD score for the whole ministry, and far below both the BC Public Service average and the highest ministry score.¹⁰⁰

A community leader once said to me that MCFD was held together by the TL's (team leaders) who are holding on by a thread because there is no mental health or other support for them to do their job. If she only knew how true that is.

– MCFD Social Worker, 2024

¹⁰⁰ THE WES survey reported results for 29 ministries and organizations, with some of the organizations being quite small (e.g., Environmental Assessment office). To make comparisons fairer, only the highest score amongst government ministries, excluding other smaller government organizations, are shown.

**Figure 27 Work Environment Survey (WES), 2024
Organization Satisfaction**



Only 35 per cent of social workers and 32 per cent of team leaders agreed with the WES survey statement, “I am satisfied with my organization”, as compared to the BC Public Service average of 62 per cent.

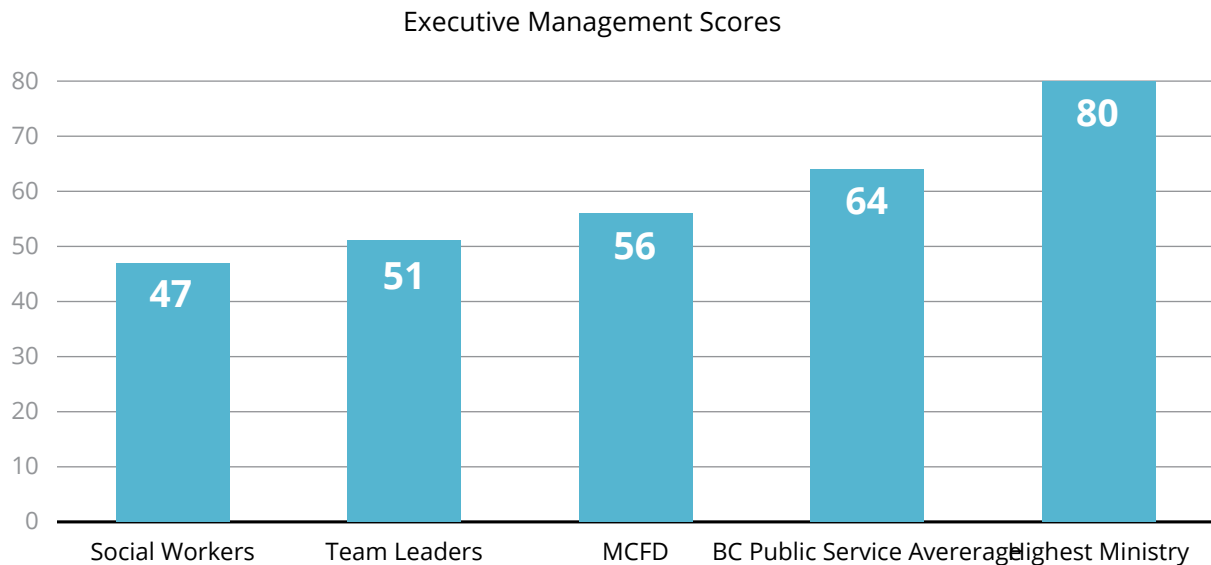
I feel supported by my colleagues and supervisors, however, I feel that upper management does not have a realistic view of the problems and challenges workers are presently coping with and their response is not realistic or helpful. Their decisions are pushing people out the door.

– MCFD Social Worker, 2024

There are similar WES results for the dimension of “Executive Management”. Again, the 2024 WES survey results indicate that MCFD scored the lowest¹⁰¹ amongst 29 ministries and organizations surveyed on the dimension of executive management, with that score falling in lowest category of scores (“understand your challenges”). As Figure 28 indicates, the WES scores for both social workers and team leaders for executive management were even lower than the low MCFD score for the whole ministry, and again far below the BC Public Service average and the highest ministry score.

¹⁰¹ Tied with one other ministry.

**Figure 28 Work Environment Survey (WES), 2024
Executive-Level Management**



It is notable that there are vast differences between social workers' scores for supervisory-level management (75) and their scores for executive-level management (47).

As to specific questions in WES survey related to executive-level management:

- 35 per cent of social workers agreed with the statement, "I have confidence in the executives of my organization" as compared to 62 per cent in the BC Public Service (30% were neutral and 35% disagreed)
- 31 per cent of social workers agreed with the statement, "Executives in my organization follow through with their commitments", as compared to 58 per cent in the BC Public Service (33% were neutral and 35% disagreed)
- 32 per cent of social workers agreed with the statement, "Essential information flows effectively from executives to staff" as compared to 52 per cent in the BC Public Service (28% were neutral and 41% disagreed)
- 36 per cent of social workers agreed with the statement, "Executives in my organization communicate decisions in a timely manner" as compared to 59 per cent in the BC Public Service (29% were neutral and 35% disagreed)
- 48 per cent of social workers agreed with the statement, "Executives in my organization act ethically" as compared to 73 per cent in the BC Public Service (30% were neutral and 21% disagreed).

As Figure 29 indicates, there was a similar lack of confidence expressed in the Representative's survey: 71 per cent of social workers and team leaders did not agree with the statement, "I have confidence in the Executive leadership (DM/ADM¹⁰²) in MCFD". Social workers and team leaders expressed greater confidence (53%) in the management

of their Service Delivery Area (akin to a region) albeit nearly half (47%) did not have that confidence. In contrast, however, the vast majority (93%) of child welfare excluded managers agreed or strongly agreed that they have confidence in the management of their specific service delivery area while 59 per cent expressed confidence in the ministry's executive leadership.

¹⁰² "DM/ADM" means: Deputy Minister/Assistant Deputy Minister

**Figure 29 Representative's Survey, 2024
Social Workers and Team Leaders
Confidence in Leadership**



On another of the WES survey drivers that is related to executive management, the 2024 results indicate that MCFD scored the lowest¹⁰³ amongst 29 ministries and organizations surveyed on "Vision, Mission and Goals", with that score falling in the lowest category of scores ("understand your challenges"). The WES scores for both social workers and team leaders (both 52) were even lower than the low MCFD score for the whole ministry (59),

¹⁰³ Tied with one other ministry.

and far below the BC Public Service average (67) and the highest ministry score (77). More specifically, only 39 per cent of social workers agreed that the vision, mission and goals of their organization are communicated well and only 39 per cent agreed that they "feel connected" to the organization's vision, mission and goals.

As described in the meta-analysis in Appendix C, the experiences and perceptions of the ministry and its senior management

received the greatest number of comments in response to the Representative's survey of social workers and team leaders. Survey respondents reported that the Ministry is seen to be motivated more by a fear of possible complaints rather than by best practice or the desire to deliver high quality services to children and families. There is a common perception that the ministry is seen to be risk averse rather than working in the best interests of children. Many feel that the onus is on frontline workers to fix what are actually systemic issues. There is a perceived mentality of "keep your head down, don't speak up, and protect management." This mentality, in combination with the perception that the Ministry is "top-heavy", and that executive leadership appear to be very far removed from the realities of those who work on the frontline, results in ongoing feelings of frustration and distress.

High caseloads, lack of understanding and direction, and lack of feeling like higher ups care causes the most stress and dissatisfaction.

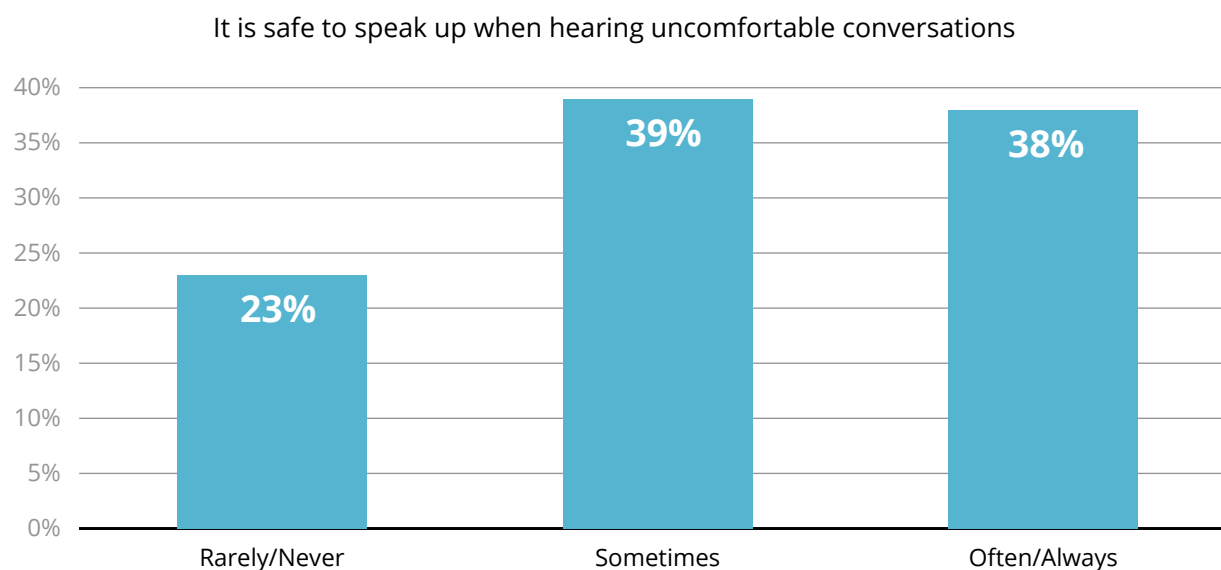
– MCFD Social Worker, 2024

Additionally, survey respondents reported that the ministry is seen to prioritize speed and efficiency over careful, detailed and quality work; cutting corners and closing files faster is seen by many as yielding praise from management. In their view not enough attention is paid to the high rate of staff vacancies, which respondents felt should be a priority issue for management to address, while the burden of under-staffing is carried by frontline workers.

As noted in *Part One* of this report, another recurring theme that emerged through the surveys, focus groups and community engagements is the "culture of fear" experienced by many social workers and team leaders. This culture of fear has different facets: a fear of not being able to help the children and families they serve due to lack of time and resources; a fear that children and families may even suffer harm due to the inadequacies of the system of services; a fear of negative consequences for themselves from their superiors if they speak up, the fear that they may suffer consequences if children experience harm or that they too may find themselves in the public crosshairs of a tragedy that has captured media attention. There were frequent comments about a "toxic culture" in the ministry.

This culture of fear may also be reflected in feelings of safety. As Figure 30 indicates, 23 per cent of social workers and team leaders say that never or rarely is it safe for them to speak up when having uncomfortable conversations and a further 39 per cent say they only feel safe to do so sometimes.

Figure 30 Representative's Survey, 2024
Social Workers and Team Leaders
Safety to Speak Up



As a result of the notoriety that flows from tragic cases when children have been injured or died as well as the many reports and reviews over the decades (e.g., see Appendix A) that have attracted media attention and coloured public perceptions, together with the recurring narrative of working conditions that are crisis-driven and highly stressful, MCFD child welfare services is not generally seen as an attractive place to work and stay working. As noted in *Part One* of this report, this view was evident throughout the narrative responses to the survey, focus groups and community engagements where, for example, participants indicated that students in post-secondary child welfare programs are reluctant to seek out practicum placements or employment with MCFD, an issue that was also identified in the ministry's own 2023 consultations with post-secondary institutions offering programs such as social worker or child and youth care degrees.

The public hears when things go wrong but they don't ever hear about the social worker that spends the day with a youth packing their belongings in which their mother died or the social worker that spends hours trying to identify funding that may help a family get the support they need to stick together.

– MCFD Social Worker, 2024

It is evident that these perceptions spill over and affect MCFD child welfare social workers. When social workers and team leaders were asked in the Representative's survey if they are proud to tell people they work for MCFD, nearly two-thirds (64%) said they were not proud to say so. This appears to even affect social workers' views more generally about their experiences as public servants. For example, on the 2024 WES survey:

- 31 per cent of social workers agreed with the statement, "Overall, I feel valued as a BC Public Service employee", as compared to 58 per cent for the BC Public Service as a whole who agreed.
- 37 per cent of social workers agreed with the statement, "I would recommend the BC Public Service as a great employer to work for", as compared 65 per cent in the BC Public Service as a whole who agreed.

When people ask me what I do for work, I really don't really tell them, or I'll tell them I work with children.

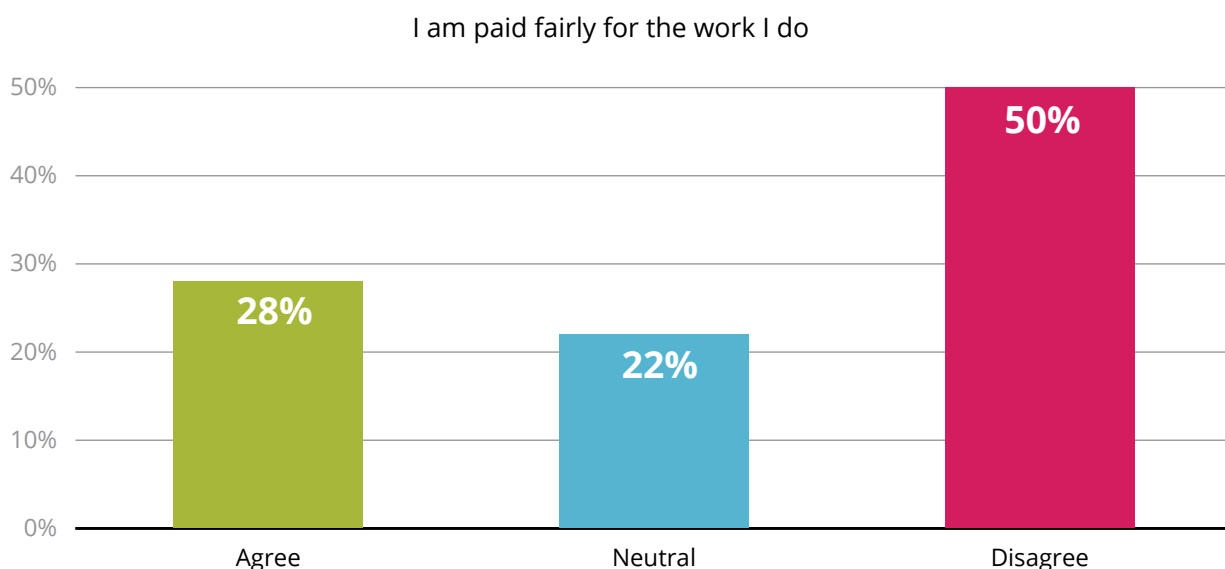
– MCFD Social Worker, 2024

Other Matters

Several additional issues and perspectives respecting workforce capacity were raised in the narrative responses to the Representative's survey, focus groups and community consultations, far too many to detail in this report. Two additional matters were raised with some frequency, however, which also align with findings from the 2024 WES survey and which deserve attention: pay and benefits, and staffing practices.

It is not surprising that in a period of high inflation and escalating housing costs that pay and benefits would be identified as an area of significant concern by social workers, however, the extent of that concern is pronounced. As described in Figure 31, responses from the 2024 WES survey indicate that half of MCFD social workers do not agree that they are paid fairly for the work they do; only slightly more than one-quarter (28%) expressly agreed they are paid fairly.

Figure 31 Work Environment Survey (WES), 2024
Social Workers
Compensation



A low score for the “Pay and Benefits” driver on the 2024 WES survey was common across the BC Public Service, however, the overall score for MCFD child welfare social workers (42) was well below the BC Public Service average (49) and was the second lowest score compared to 29 ministries and public service organizations. Analysis of the narrative comments from the Representative’s survey indicates that concerns about compensation are not solely related to salary but included frequent comments about overtime pay being denied even though workers may still do that (unpaid) overtime to keep up, not being compensated for providing onboarding and mentoring support to new hires and younger staff, as well as perceived unfairness arising from some child welfare social workers (child protection) receiving greater compensation than others who have different but similarly challenging roles.

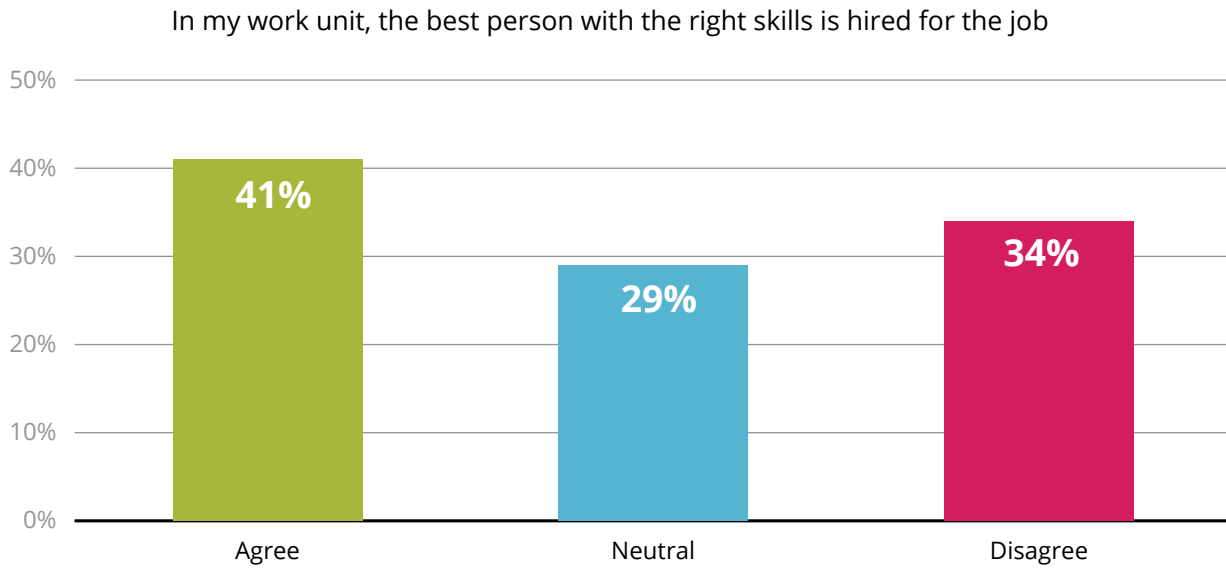
Compensation is properly the subject of negotiations between the employer and the BCGEU, which are now underway. That said, it is incumbent on the Representative to put the safety and best interests of vulnerable children and families first. As detailed in *Part One* of this report, there is a significant degree of under-staffing and ongoing challenges to recruitment and retention of MCFD social workers that put the safety and well being of vulnerable children and families at risk. Compensation can be a significant factor, albeit not the only factor, in better supporting recruitment and retention. In this regard, the Representative notes that in 2023 the

provincial government implemented a \$10,000 per annum recruitment and retention incentive for another group of employees whose play an important role in safeguarding public safety, correctional officers and sheriffs.¹⁰⁴ This begs the question: is the safety and well being of vulnerable children, youth and families not worth similar consideration? The Representative obviously thinks so.

Concern about staffing practices also emerged, unsolicited, in the narrative comments on the Representative’s survey and in the focus groups. There were many comments that the posting and hiring process for promotional positions is not seen to be transparent and fair, and that favorites, less suitable or inexperienced candidates are selected. These concerns appear to be reflected to some extent in the WES survey results, which indicate that the score for the driver “Staffing Practices” for social workers (50) was in the lowest category of scores (“understand your challenges”), well below the BC Public Service average (63) and the lowest score compared to 29 ministries and public service organizations surveyed. As an example, Figure 32 indicates that only 41 per cent of social workers expressly agreed that the best person with the right skills is hired for the job in their work unit, as compared to 61 per cent across the BC Public Service as a whole.

¹⁰⁴ https://www.bcgeu.ca/recruitment_and_retention_incentive_pay#:~:text=This%20incentive%20will%20be%20paid,and%20amount%20of%20the%20payment.

Figure 32 Work Environment Survey (WES), 2024
Social Workers
Staffing Practices



Details of the concerns about staffing practices were not gathered and are beyond the scope of this report. This is an area, at

least with respect to perceptions, that may warrant further inquiry by the ministry.

Concluding Remarks and Recommendations

Part One and *Part Two* of this report have marshalled a great deal of evidence from previous reports and analyses related to MCFD's child welfare workforce, the Representative's own 2024 quantitative survey of MCFD social workers, analysis of a voluminous amount of narrative comments from that survey, focus groups, community consultations, government's 2024 Work Environment Survey of that workforce, and analysis of MCFD data and other relevant information. The evidence is overwhelming that the MCFD's child welfare social worker workforce is in a state of crisis.

In the Representative's view, much of this state of affairs relates to the chronic understaffing and consequent excessive workload experienced by the child welfare services stream of the ministry. As noted in *Part One* of this report, the ministry appears to be caught in an unfortunate cycle: chronic understaffing leads to chronic excessive workload; chronic excessive workload leads to undue stress, low morale, elevated rates of sick leave and greater rates of staff exits which place additional burdens on the remaining staff backfilling leaves and vacancies, thereby exacerbating workload and stress. And so the cycle continues. These circumstances have created an unhealthy work environment characterized by undue stress, burnout and fear which, together with the notoriety attached to high profile tragic incidents, has eroded the reputation of the ministry and its attractiveness as a place to work and to stay working.

But it is more than workload alone. Child welfare social workers are not given the tools and supports they need to best support children and families, such as sufficient onboarding, training, and professional development support, administrative and

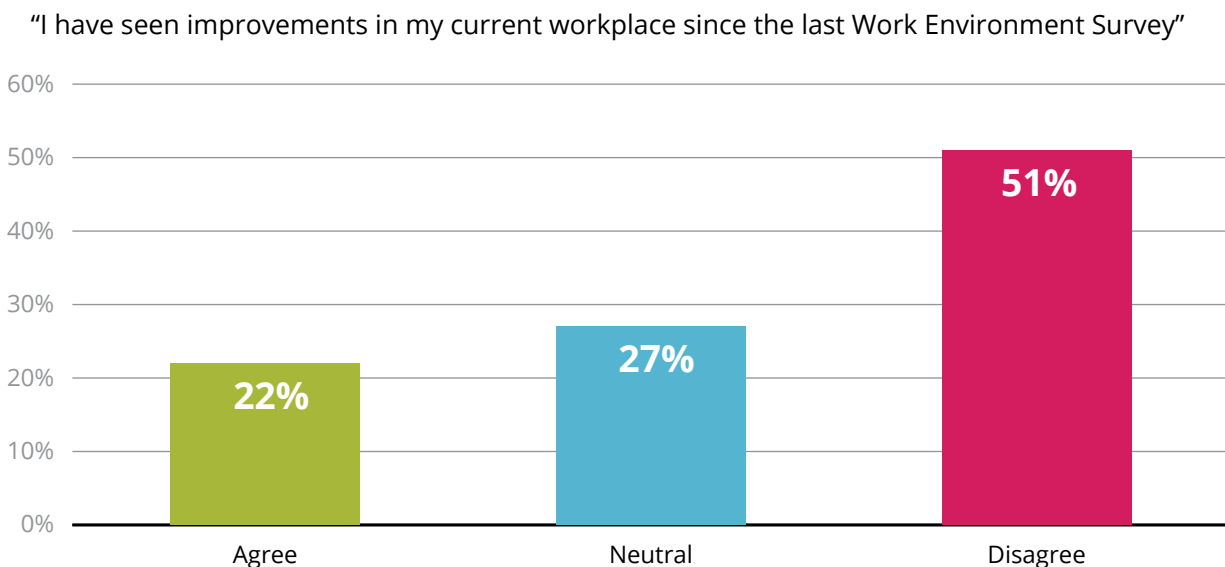
technological supports, timely access to a fulsome array of culturally appropriate community resources to better support their work with children and families, nor adequate health and wellness supports such as debriefing, peer to-peer, counselling and mental health supports.

Part One of this report identified a number of steps the ministry has taken over the past several years to address these circumstances' such as centralizing intake and screening, establishing a provincial mobile response team, expanding qualifications to enhance recruitment, and so on. The results from this review indicate, however, that these initiatives have not apparently made a material difference in the circumstances of MCFD's child welfare social workers. In fact, as indicated in Figure 33, when social workers were asked on the 2024 WES survey whether they had seen improvements since the previous WES survey, which was two years earlier and in the wake of the pandemic, more than half (51%) did not agree – only 22 per cent of MCFD social workers agreed they had seen improvements over the previous two years, which contrasts sharply with 54 per cent of the BC Public Service who agreed.

I have worked for the ministry for 16 years and this is the worst I have seen it in relation to workload expectations.

– MCFD Social Worker, 2024

Figure 33 Work Environment Survey (WES), 2024
Social Workers
Changes Since Last WES Survey



"I used to love my job, really love my job. People would ask me how I could do this difficult work and I responded that it was challenging but also deeply rewarding. I hope that the answers on this survey are used to truly impact change. Great workers are being broken by burnout, management disrespect, and constant swimming in a toxic pool. The families that we signed up to serve are suffering because we aren't showing up the way we want to for them. I never thought this would happen to me. I am an extremely positive person, I have excellent self-care practices and yet I am here. The families we serve deserve better and so do we. Please don't let this exercise be another lip service action plan that has no effect. There are already too many of those."

– MCFD Social Worker, 2024

This report has also shown that there are considerable strengths to build on, in particular, the meaningfulness of the work and the value social workers experience from helping others, the support of their colleagues, and the support of their supervisors.

It will likely take a decade of committed efforts, with the resources to support those efforts, to fully remedy these unacceptable circumstances. There is no time to wait to start those efforts.

The Representative recommends:

Qualifications and Oversight:

1. MCFD to conduct a review of the expanded educational credentials for new social worker hires, with a view to assessing the appropriateness of some currently included credentials and placing less focus on the type of degree *per se* but instead a more finely tuned assessment of the courses that are relevant to child and family services that make up that degree, including, as necessary, prior learning assessments to recognize knowledge and skills in child and family services gained by way of previous experience and training.

Review to be completed by March 31, 2026.

2. MCFD to conduct a comprehensive review and assessment of the onboarding training program for new social worker hires which examines issues such as the adequacy of training, skill development, work experiences while undergoing training, trainee and supervisor satisfaction, client satisfaction, and employee retention, with comparisons between new hires with preferred versus expanded credentials and including the appropriate assignment of case responsibilities while undergoing training. For clarity, this review should identify how the onboarding training program should be revised to adapt to the changing nature of the incoming workforce and of changes in the jurisdictional landscape and help, on an individualized basis, to fill in identified gaps in incoming knowledge and skills amongst new hires.

Review to be completed by December 31, 2025.

3. MCFD to develop and implement a plan to require mandatory registration of all ministry child welfare workers with an independent professional regulatory body.

For greater certainty, this recommendation is limited to MCFD child welfare workers: in keeping with the rights of Indigenous peoples to choose their own path, Indigenous Child and Family and Service Agencies and indigenous Governing Bodies resuming jurisdiction over child and family services retain the discretion to decide for themselves whether they will require their employees to be registered with an independent professional regulatory body.

Legislation respecting the mandatory professional regulation of MCFD child welfare workers to be in place by June 30, 2026 and establishment or expansion of the regulatory body (or bodies) to be in place by April 1, 2027, with mandatory registration proceeding once established.

Staffing:

4. MCFD to develop and implement social worker workload measurement tools across the spectrum of child welfare functions to determine required staffing levels, publicly posting the required and actual staffing levels at the provincial, service delivery area and local service area levels at least annually.

Workload measurement tools to be developed and implemented by April 1, 2026.

Results of the workload measurement tools, in comparison to actual staffing levels, to first be publicly posted by April 30, 2026 and annually thereafter.

5. MCFD to work with central government agencies to secure sufficient annual funding from those central agencies so MCFD is able to support required staffing levels, as determined by the workload measurement tools.

Additional estimated interim annual funding to be allocated by central government agencies April 1, 2025 and thereafter allocated annually in accordance with the staffing levels required by the workload measurement tools.

Health and Wellness:

6. MCFD, in collaboration with the BC Public Service Agency, to develop and implement a robust plan to better support the health and wellness of child welfare staff and mitigate the effects of stress, vicarious trauma and burnout by implementing a comprehensive and proactive system of debriefing, peer to-peer, counselling and mental health supports.

Plan to be developed by April 1, 2026 and begin implementation thereafter.

7. MCFD to bi-annually measure progress in improving the health and well-being of child welfare social workers by conducting and analyzing an anonymized, voluntary survey of child welfare social workers such as by way of the Mental Health Commission of Canada's Guarding Minds survey or similar instrument.

First survey to be implemented before March 31, 2026 to establish a baseline measurement and bi-annually thereafter.

Recruitment and Retention:

8. MCFD, in consultation with central government agencies and the BCGEU, champion the implementation of more robust compensation incentives to better support the recruitment and retention of child welfare social workers across all job functions and roles.

Enhanced compensation measures to be brought into force with implementation of the next negotiated Main Agreement with the BCGEU in 2025.

9. MCFD to develop and implement a plan to more proactively reach out to and engage colleges and universities to better support the recruitment of students to child welfare practice positions in MCFD.

Plan to be developed by September 1, 2025 and implemented thereafter.

Training and Professional Development:

10. MCFD to enhance training and clinical and case management support for social workers in relation to working with Indigenous children, families, and communities, in particular to support staff to better understand and apply changes in practice expectations arising from changes in federal and provincial legislation, and changes in relationships and dynamics arising during the transition to Indigenous Governing Bodies resuming jurisdiction over child and family services.

Plan to be developed by October 31, 2025, and implemented thereafter.

11. MCFD to recognize and encourage staff participation in local Indigenous ceremony and cultural events as a key component of professional development.

Policy to be developed and implemented by April 1, 2025.

12. MCFD to conduct a review, which includes consultations with field staff, of training and professional development with a view to enhancing programs for child welfare staff that are in-person and which focus on skill building and practice improvements that will better assist staff to achieve positive outcomes for children and families.

Review to be completed by October 31, 2025, with program offerings to be implemented thereafter.

Leadership and Mentorship:

13. MCFD to develop and implement a dedicated training program to enhance child welfare team leader competencies, with a particular focus on clinical supervision, health and wellness, staff engagement, respectful workplace, and fair treatment.

Training program to be developed by October 31, 2025 and implemented thereafter.

14. MCFD to fully implement province-wide Senior Leader positions comprised of experienced and expert child welfare staff who are provided appropriate compensation and reduced caseloads, to offer mentorship and clinical support to both newly hired and regular staff.

The number of Senior Leader positions required to be identified by October 31, 2025 and implemented incrementally over a three year period, beginning April 1, 2026.

Experiences and Perceptions of the Ministry (formerly Ministry Culture):

15. The Ministry of Children and Family Development to commit to refrain from direct or indirect criticism or blaming of child welfare social workers in circumstances where there are known systemic inadequacies.

Effective upon the date of release of this report.

16. MCFD to ensure that quality assurance mechanisms such as audits and provincial director reviews be complemented by consideration of the context in which staff are working, including critical factors such as local workload/caseload, leaves and backfill, supporting resources and clinical supervision and oversight.

Quality assurance mechanisms to be reviewed and adjusted by January 1, 2026.

Human Resource Metrics:

17. MCFD, in collaboration with the BC Public Service Agency, to take steps to improve human resources analytics and planning capability by, for example:
 - routinely disaggregating and analyzing current human resources data, including government's Workplace Environment Survey (WES) across ministry streams (i.e., child welfare, CYMH, CYSN, and YJ) and specific position types within service streams (e.g., child protection, adoptions).
 - routinely gathering and analyzing local office staffing levels (i.e., occupancy versus allocation).
 - routinely conducting and analyzing the reasons for departure (by type of worker and duration of employment) and the results of staff exit interviews across and within ministry service streams.
 - routinely collecting and analyzing training and professional development participation.
 - centrally collecting and analyzing Step 3 Appendix 4 workload reports

MCFD to develop a plan for incremental improvements in human resources metrics by March 31, 2025, and implement that plan thereafter.

Appendix A

Summary Review of Previous Reports Relating to Workforce Capacity

The child welfare system in B.C. has been the subject of several external reviews, often in response to media and political reactions to a tragic death of a child. Significant concerns about the capacity of the social worker workforce and consequent recommendations for remedial measures has been a recurring theme for the past three decades, as summarized below.¹⁰⁵

The 1995 report of the public inquiry into the tragic death of Matthew Vaudreuil – known as the Gove report¹⁰⁶ – led to a considerable number of recommendations for systemic reform of the child welfare system. Significant concerns about social worker workforce capacity was a key theme, including for example: recruitment and retention; professional qualifications and training; caseload and workload; organizational culture and reputation; clinical supervision; support and resources; and oversight and quality assurance. Child protection social workers were described as overburdened and having “crippling” caseloads, which prioritize excessive documentation over client interaction and exacerbate worker stress and diminish morale. Gove also called for all social workers to be regulated by a statutorily mandated self-governing professional body, an issue that remains current today.

Ten years later, another public inquiry known as the Hughes Review¹⁰⁷ had a primary focus on external and internal oversight and accountability as well as the needs for organizational stability and clarity of direction. That review also identified key concerns about social worker workforce capacity, in particular, recruitment and retention of social workers, the need for greater diversity through recruitment of Indigenous staff, and training. The report broadly recommended that government provide sufficient funding for staffing and training to support its newer approaches to child protection work.¹⁰⁸

A 2008 investigation by RCY into the deaths of four children in the North region found the basic elements of child welfare work were not consistently carried out to the level required by the ministry’s service standards, which was attributable to inexperienced social workers, staff turnover and high caseloads, insufficient supervision, and ineffective training.¹⁰⁹ A comprehensive recruitment and retention plan for human resources in the child-serving system in the North region was recommended.

¹⁰⁵ Only major reports have been selected. There are additional reports, in particular by RCY, that identify concerns around aspects of social worker workforce capacity.

¹⁰⁶ Thomas Gove. *Matthew’s Story: Report of the Gove Inquiry into Child Protection*, (Volume 1). Vancouver, B.C.: Province of British Columbia (B.C.), 1995.

¹⁰⁷ Ted Hughes, *BC Children and Youth Review* (Victoria, British Columbia: Province of British Columbia, 2006). retrieved at: <https://cwrp.ca/sites/default/files/publications/en/BC-HuguesReviewReport.pdf>

¹⁰⁸ Hughes, *BC Children and Youth Review*, recommendation 42, 101.

¹⁰⁹ Representative for Children and Youth. *Amanda, Savannah, Rowen and Serena: From Loss to Learning*, April 2008. https://rcybc.ca/wp-content/uploads/2019/07/amanda_savannah_et_al_0.pdf

A 2013 report by the RCY found that only 5 per cent of the files of children in continuing care that were audited fully complied with ministry standards respecting plans for their care and, amongst other matters, recommended that MCFD develop and implement a detailed resourcing plan, including additional funding and staffing support, to meet the level of practice required for improving assessment and planning.¹¹⁰

Another RCY report in 2014 identified chronic social worker staffing shortages leading to unsustainable workloads and an inability to adhere to practice standards, recruitment and retention issues, and inadequate training, supervision, and mentoring.¹¹¹ Amongst other matters, it was recommended that MCFD undertake a comprehensive assessment of staffing, workload and safety challenges and develop a plan to address identified issues.

In 2014, the (then) BC Government and Services Employees' Union (BCGEU) released a report about workforce capacity in the broad child, youth and family services sector provided or funded by MCFD, the (then) Ministry of Social Development and Social Innovation (MSDSI) and community-based social services agencies. The report was informed by 3418 responses to an online survey and fourteen community meetings involving 412 sector workers.¹¹² The report identified the "five failures" of the service systems: caseload and workload management, chronic understaffing and

staffing management, occupational health and safety, Integrated Case Management (ICM) software and technological failures, and training and professional development. Some of the key issues identified included: insurmountable workloads profoundly affecting staff morale; workload related stress and burnout; the need for frequent coverage of other workers' caseloads due to unfilled vacancies or long-term absences without backfill; and poor worker retention and high turnover. Recommendations included: increase funding to child, youth and family services in the short and long term to address staffing; fill current vacancies and create a comprehensive, transparent, and accountable staffing strategy; address occupational health and safety issues; review or replace ICM and invest in new technological resources; and review and redesign training and professional development investments.

Government responded positively to this report by announcing on the same day of the report's release, a commitment to hire 200 new social worker positions, to establish a mobile response team of social workers to support hard-to-recruit and rural and remote communities, and centralization of child protection screening and intake.¹¹³

A complementary report by the BCGEU in 2015 employed the same methodology but focused exclusively on child welfare services to Indigenous children, youth and families provided directly by MCFD and through Indigenous Child and Family Services Agencies.¹¹⁴ With respect to workforce capacity, that report found similar issues

¹¹⁰ Representative for Children and Youth. *Much More than Paperwork: Proper Planning Essential to Better Lives for B.C.'s Children in Care*, March 2013. https://rcybc.ca/wp-content/uploads/2019/05/much_more_than.pdf

¹¹¹ Representative for Children and Youth. *Lost in the Shadows: How a Lack of Help Meant a Loss of Hope for One First Nations Girl*, February 2014. https://rcybc.ca/wp-content/uploads/2019/05/rcy_lost-in-the-shadows_forweb_17feb.pdf

¹¹² British Columbia Government and Services Union. *Choose Children: A case for Reinvesting in Child, Youth and Family Services in British Columbia*. November, 2014. <https://d3n8a8pro7vhm.cloudfront.net/bcgeu/pages/8901/attachments/original/1544481799/Choose-Children.pdf?1544481799>

¹¹³ Ministry of Children and Family Development. *New staff, streamlined services to benefit at risk kids*, November 6, 2014. <https://news.gov.bc.ca/releases/2014CFD0031-001685>

¹¹⁴ British Columbia Government and Services Employees' Union. *Closing the circle: a case for reinvesting in Aboriginal child, youth and family services in British Columbia*, October 2015. https://d3n8a8pro7vhm.cloudfront.net/bcgeu/pages/3463/attachments/original/1606344614/Closing_the_Circle_Report_FINAL.pdf?1606344614

in relation to working conditions, health and safety, and recruitment and retention, noting that child, youth and family workers ranked workload as their number one issue. Their workloads were described as being characterized by complexity, staffing shortages, lack of cultural awareness and knowledge, and insufficient allocation of time for cultural activities and community trust building.

RCY's 2015 report *The Thin Front Line*¹¹⁵ about the workloads of child protection workers and their capacity to comply with ministry standards and policies, involved a literature review, analysis of MCFD data, budgeting and staffing information, an audit of case files, and interviews with social workers and team leaders. The report documented excessive workloads, worker shortages and recruitment lags, a lack of backfill for absences, and a widespread inability of staff to comply with the ministry's own standards and policies. In the latter regard, the report stated:

*The RCY's audit of MCFD offices found that many reports of child safety concerns were not addressed within the time frames set out by ministry standards and, in some cases, no response at all could be found in the ministry's paper or electronic files.*¹¹⁶

The report also stated:

The Representative's review found that child protection workers deal with extremely heavy workloads caused by a steady stream of incoming reports of child safety concerns. The impact of heavy workloads is made worse by a lack of coverage for vacancies, vacations, and short- and long-term leaves, problems with

*recruitment and retention – particularly in rural and remote areas – and problems with supervision and mentorship. In recent years, the complexity and performance expectations of child protection work have also increased dramatically.*¹¹⁷

Another 2015 external report that was commissioned by the ministry – known as the Plecas Report – reported that in respect of social worker workforce capacity:

Front line social workers, Team Leaders and Regional management staff express consistent concerns about their challenges:

- *Their inability to meet standards because they have too much work*
- *The lack of coverage for holidays, sick leaves, vacancies, and maternity leaves, leaving caseloads vacant*
- *Increasing complexity of cases*
- *Inadequate training both externally and internally*
- *Inability to attract experienced social workers to front line positions leading to consistent understaffing, particularly in the rural areas*
- *A widespread and significant change fatigue*¹¹⁸

In relation to staffing, Plecas commented that he thought the BCGEU's recommendation for three hundred additional positions was likely correct and recommended a workload

¹¹⁵ Representative for Children and Youth, *The Thin Front Line: MCFD staffing crunch leaves social workers over-burdened, B.C. children under-protected*, October 2015. https://rcybc.ca/wp-content/uploads/2019/05/rcy-thinfrontline-oct2015-final_revised.pdf.

¹¹⁶ *Thin Front Line*, p.2

¹¹⁷ *Thin Front Line*, p.2

¹¹⁸ Ministry of Children and Family Development. *Plecas Review, Part One: Decision Time A review of policy, practice and legislation of child welfare in BC in relation to a judicial decision in the J.P. case*. December 4, 2015, p.1. <https://www2.gov.bc.ca/assets/gov/family-and-social-supports/services-supports-for-parents-with-young-children/reporting-monitoring/00-public-ministry-reports/plecas-report-part-one.pdf>

measurement instrument be developed to inform staffing needs.¹¹⁹

Finally, in 2016, the provincial government's Special Advisor on Indigenous Children in Care submitted a report that addressed a myriad of issues, such as access to justice, the fiscal relationships and responsibilities of federal and provincial governments, prevention services, reunification and permanency planning, and so on. Citing the BCGEU report's "alarming picture of the child welfare system" and the subsequent commitment to hire 200 new social workers, the Special Advisor recommended recruitment of Indigenous staff, placement of those staff in First Nations communities, funding for at least an additional 92 social worker and support workers serving First Nations communities, funding for a child and family liaison and youth advocate for every First Nation, and an increase in front-line staff positions working with Métis children and families.¹²⁰

¹¹⁹ MCFD, *Plecas Review*, 21.

¹²⁰ Province of British Columbia. *Indigenous Resilience, Connectedness and Reunification – From Root Causes to Root Solutions*, November 2016. Recommendations 1 and 2, pages 83-84. <https://fns.bc.ca/wp-content/uploads/2017/01/Final-Report-of-Grand-Chief-Ed-John-re-Indig-Child-Welfare-in-BC-November-2016.pdf>.

Appendix B

RCY Workforce Capacity Survey 2024

Overview

Background

This survey is part of a larger review by the Representative for Children and Youth (RCY) of workforce capacity of child welfare social workers employed by the Ministry of Children and Family Development (MCFD), which in turn is part of a larger systemic review by RCY of the child welfare system in B.C. The purpose of the survey was to obtain information from social workers and their team leaders (supervisors) directly about their views and experiences on a variety of topics related to workforce capacity. A similar survey was also conducted with relevant MCFD managers, as well as a series of focus group conversations on the same topics with a random sample of social workers and team leaders who were invited to participate.

Methodology

This survey was developed through an iterative process between RCY staff, RCY consultants, and a consultation group comprised of MCFD social workers, RCY staff and RCY consultants. The survey design was informed by other similar surveys conducted in the past by the provincial government, RCY and the BC General Employees' Union (BCGEU), as well as surveys from other jurisdictions.

Aside from questions about demographics of the respondents, the survey addressed ten topic areas and comprised 45 questions that respondents were asked to choose one option that best aligns with their view, on a Likert scale from very strongly agree to very strongly disagree. There was provision for respondents

to add open ended narrative comments at the end of each topic area and at the end of the survey.

In the interest of giving respondents greater assurances of confidentiality, the survey was distributed to MCFD social workers and team leaders directly by the BCGEU, which endorsed the survey and encouraged members to complete. Advance notice of the survey was also sent to MCFD staff by email from the Provincial Director of Child Welfare and the Assistant Deputy Minister responsible for the Service Delivery Division of MCFD. That communication indicated that the ministry supported the survey and permitted staff to complete it during work hours.

The Representative is grateful to the BCGEU and the senior management of MCFD for their support for the survey.

Social workers, and their team leaders, who were invited to participate in the survey included those who work for MCFD in the child welfare system, specifically in the areas of: intake/investigations, family services, guardianship, resources, youth services, adoptions, children and youth with support needs (CYSN), generalists and other specialists.

The survey was open for three weeks, from April 19 to May 3, 2024.

The survey of managers was adapted from the social workers survey and was distributed directly through MCFD. Managers included senior staff excluded from the union who

are responsible for the management and oversight, or management support to, social workers and team leaders, such as Directors of Operations, Directors of Practice, Practice Consultants, etc. In the manager survey, the first several sections related to managers' views about the circumstances of line social workers in their area of responsibility, both geographically and functionally, not for the entire province. Respondents were asked to answer questions about how they generally or predominately see the circumstances of that group, i.e., generally speaking. The latter sections of the survey, such as those relating to working with Indigenous peoples, workplace stress and satisfaction, and organizational culture and direction – were about their personal experiences or views as an excluded staff member. These differences were clarified by how the questions were framed.

The survey of managers was open for three weeks from April 23 to May 7, 2024.

Response Rates

Overall, a total of 739 fully and partially completed survey responses were included in the analysis; 644 surveys were fully completed and 95 were partially completed. This represents about 40 per cent of the MCFD social worker and team leader workforce. Since there is reason to believe that the survey may not have reached all social workers and team leaders, the response rate may have been greater than 40 per cent.

For the managers' survey, 57 fully and partially completed survey responses were included in the analysis; 46 surveys were fully completed and 11 partially completed. Again, this represents about 40 per cent of eligible respondents.¹²¹

¹²¹ There were an additional 230 social worker and 13 manager surveys that were less than one per cent complete and excluded.

Findings

Findings are presented below, organized by survey section. While the demographics section appeared at the end of the survey, the demographic findings are presented first here to give some context to the findings.

For all analyses, the data were analyzed first including “don't know” and “not applicable” responses, and then subsequently analyzed again excluding these responses, which were very few in number. The data presented in this report exclude “don't know” and “not applicable” responses. However, there are a few questions for which there were an appreciable percentage of “don't know” responses and those have been noted in the narrative.

Findings from the managers' survey are presented only when they differed substantially from the results of the social workers' survey. Across almost all areas of the survey, managers typically expressed more positive views of the circumstances of social workers than social workers themselves.

Charts and tables detailing responses to every question on both the surveys are posted as an addendum on the RCY website.

A summary meta-analysis of qualitative analyses of additional narrative content from the surveys can be found in [Appendix C](#) to this report.

Demographics

Among the respondents, all of the different types of social worker positions at MCFD were represented, with the three most common positions being team leader, family services, and intake/investigation. Most respondents were experienced social workers, with 52 per cent having worked at MCFD for 11 years or more. In terms of education, the vast majority (84%) hold an MCFD preferred undergraduate degree for social workers, i.e., social work, child and youth care, educational counselling, or counselling psychology. Regarding ethnic identity, the vast majority are non-Indigenous (82%), and of those, 13 per cent identified as racialized. For the Indigenous respondents (8% of the total), 58 per cent identified as First Nations.

Almost two-thirds of respondents (63%) work in either an urban/suburban work location or in a major town centre. Finally, each Service Delivery Area was represented among the respondents, with the highest percentage of responses coming from Vancouver Island and Vancouver Coastal.

As expected, managers had worked at MCFD for longer (91% had worked at MCFD for 11 years or longer). More managers than social workers hold degrees other than the MCFD preferred degrees, with 67% holding an MCFD preferred degree and 30% holding another type of degree.

The ethnic breakdown was approximately the same for managers as for social workers, however, among the Indigenous respondents (3), more were Métis than First Nations. Among the non-Indigenous respondents, only 8% identified as racialized. While a significant number of manager respondents (22%) chose not to share the Service Delivery Area where they work, there was representation from all the Service Delivery Areas, except Okanagan West Kootenay.

Training and Professional Development

Overview – Onboarding New Staff, Time for Training and Training on Complex Needs:

Overall, training and professional development in these three areas was reported to be insufficient by social workers and team leaders.

Approximately three-quarters of social workers and team leaders indicated that newly hired staff are not provided sufficient onboarding, initial training, mentorship and supervision. The same proportion of social workers and team leaders also indicated that they are not provided with coverage and uninterrupted time to focus on learning. The same holds true for training to effectively address the unique needs and circumstances of children and youth with complex needs, with only slightly more than one-third agreeing that they have had sufficient training in this area.

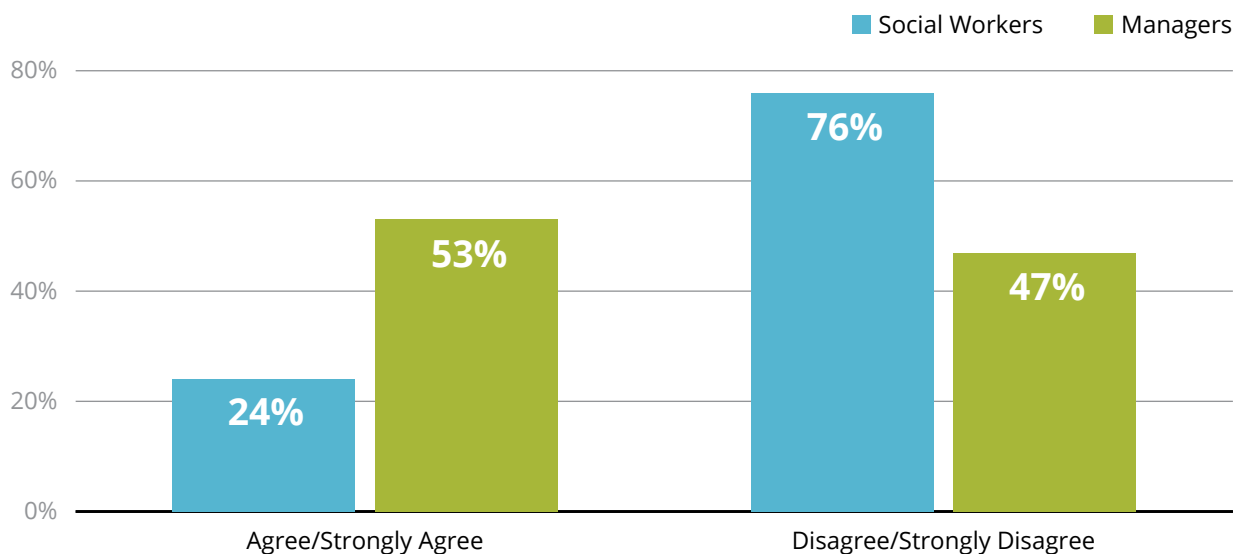
Managers had a more positive view of both the sufficiency of onboarding, initial training, mentorship and supervision for new staff, as well as time and coverage for staff to focus on learning. For both of these areas, approximately half of managers agreed or strongly agreed that what is provided is sufficient.

More detailed findings below:

- As shown in Figure 1 on the following page, the great majority (76%) of social workers and team leaders disagree or strongly disagree that newly hired staff are provided sufficient onboarding, initial training, mentorship and supervision to ensure they are effectively able to carry out their work.
- By contrast, only 47% of managers disagree or strongly disagree with this statement.

Figure 1.

Newly hired staff are provided sufficient onboarding, initial training, mentorship and supervision to ensure they are able to effectively carry out their work



- The great majority (76%) of social workers and team leaders also disagree or strongly disagree that when they want to engage in training opportunities, they are provided with coverage and uninterrupted time to focus on learning.
- By contrast, only 55% of managers disagree or strongly disagree with this statement.
- Just under two-thirds of social workers and team leaders (65%) disagree or strongly disagree that they have had sufficient training to effectively address the unique needs and circumstances of children and youth with complex needs.

Overview – Working with Indigenous Peoples:

Social workers and team leaders were divided on their opinions about their awareness and training specifically regarding the new Federal Act (*An Act Respecting First Nations, Inuit, and Métis children, youth and families*) and emerging First Nations and Métis jurisdiction, although the great majority of these respondents

indicated that they feel they are sufficiently culturally aware and attuned to be able to work effectively with the Indigenous children, youth and families on their caseload.

Again, managers had a more positive view. While just over half of social workers and team leaders agreed or strongly agreed that they have sufficient information about and training in how to work with and apply the new Federal Act, over two-thirds of managers agreed or strongly agreed that the social workers in their area of responsibility have sufficient information about and training in this area. Additionally, when asked about their own awareness and training in these two areas, the strong majority of managers agreed or strongly agreed on both (training and information on Federal Act and emerging jurisdiction).

More detailed findings below:

- Most (75%) social workers and team leaders agree or strongly agree that they have the cultural awareness and attunement necessary to be able to work effectively

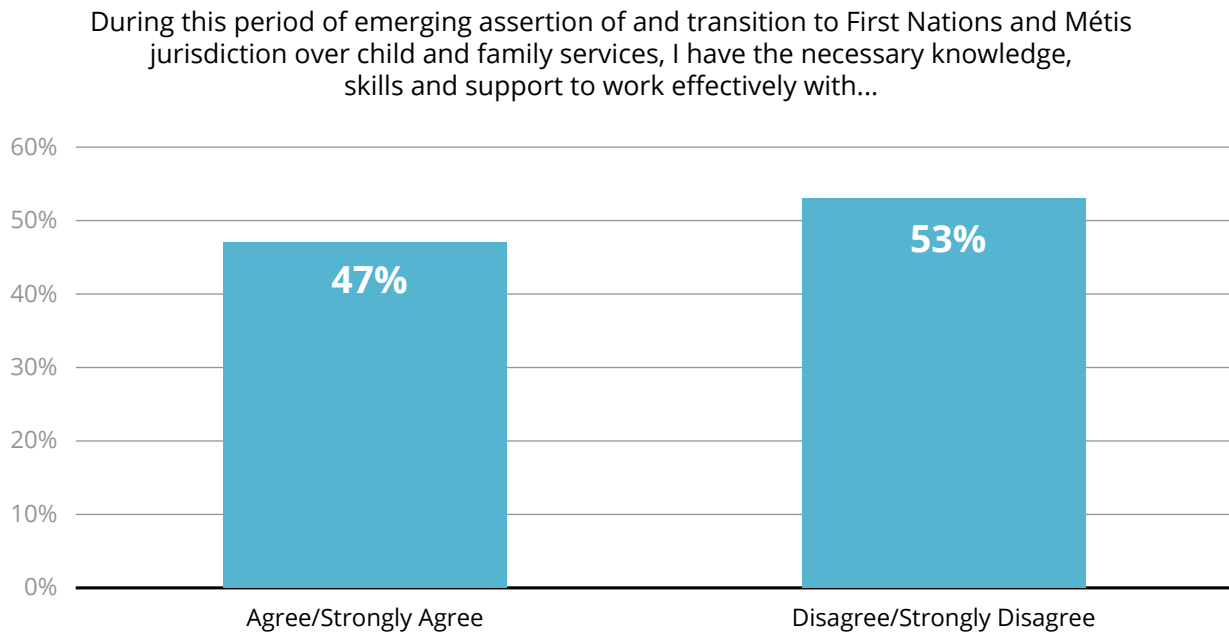
with the Indigenous children, youth and families on their caseload.

- A slightly lower percentage of managers (69%) agreed or strongly agreed that the social workers in their area of responsibility have the cultural attunement and awareness to be able to work effectively with the Indigenous children, youth and families on their caseload.
- Social workers and team leaders are divided on whether or not they have sufficient information about and training in how to work with and apply the federal government's *An Act respecting First Nations, Inuit, and Métis children, youth and families* and the provincial government's related amendments to the CFCSA so they can work effectively with Indigenous

children, youth and families, and their communities.

- 53 per cent agree or strongly agree that they do (70% of managers agree or strongly agree that social workers do)
- As shown in Figure 2 below, social workers and team leaders are also divided on the following: "During this period of emerging assertion of and transition to First Nations and Métis jurisdiction over child and family services, I have the necessary knowledge, skills and support to work effectively with Indigenous children, youth and families, and their communities."
- 47% agree or strongly agree that they do, while 53% disagree or strongly disagree.

Figure 2. Social Workers and Team Leaders



The managers' survey also asked about the managers' personal experiences of being informed and prepared to work with Indigenous partners and communities. Managers had much more positive views than social workers and team leaders:

- 91 per cent of managers agreed or strongly agreed that they have been given sufficient information about and training in how to work with and apply the federal government's *An Act respecting First Nations, Inuit, and Métis children, youth and families* and the provincial government's related amendments to the CFCSA so they can work effectively with Indigenous partners and communities.
- 79 per cent of managers agreed or strongly agreed that during this period of emerging assertion of and transition to First Nations and Métis jurisdiction over child and family services, they have the necessary knowledge, skills and support to work effectively with Indigenous partners and communities.

Standards, Policies, Procedures and Practice Guidelines

Overview:

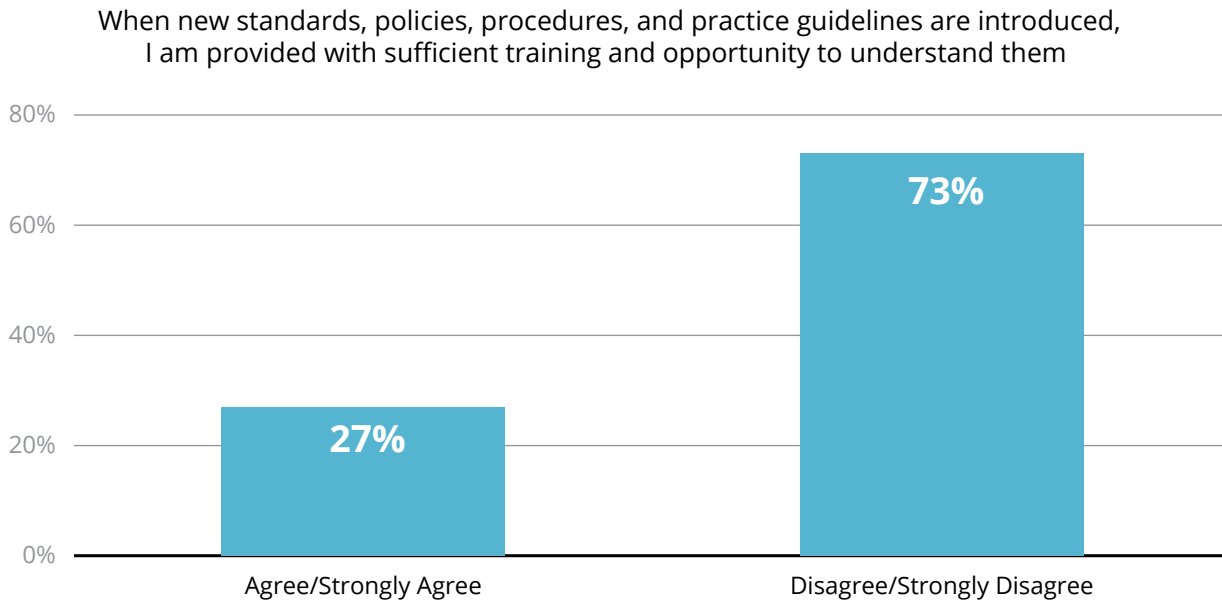
Feedback from social workers and team leaders about standards, policies, procedures and practice guidelines (standards and policies) was mixed. The greatest area of reported challenge relates to training and opportunities to understand new standards and policies. Other than this, respondents were generally split on questions related to

knowing where to find information, having the time to do so, and being able to adhere to the standards and policies. Respondents were also divided on whether or not standards and policies supported them in making the best decisions for the children, youth and families that they serve. Regarding quality assurance, while a slight majority disagreed that these mechanisms support ongoing learning and practice improvement, it is also interesting to note that a significant percentage of social workers and team leaders answered "don't know" to this question.

Findings from the managers' survey show that managers have a more positive view with most (over three-quarters) agree or strongly agree that existing standards and policies support the social workers in their area of responsibility in making the best decisions for the children, youth and families they serve.

More detailed findings below:

- More social workers and team leaders agree or strongly agree (54%) than disagree or strongly disagree (46%) that when they need to find information on relevant standards and policies, they know where to find the information and have the time to do so.
- As shown in Figure 3 on the following page, when new standards and policies are introduced, the majority of social workers and team leaders disagree or strongly disagree (73%) that they are provided with sufficient training and opportunity to understand them.

Figure 3. Social Workers and Team Leaders

- More social workers and team leaders agree or strongly agree (56%) than disagree or strongly disagree (44%) that they are able to routinely adhere to the standards and policies expected of them.
- Social workers and team leaders are divided on whether the existing standards and policies support them in making the best decisions for the children, youth and families that they serve:
 - 53 per cent agree or strongly agree while 47 per cent disagree or strongly disagree
 - By contrast, 82 per cent of managers agree or strongly agree that existing standards and policies support social workers in making the best decisions for the children, youth and families that they serve.
- Nearly two-thirds of social workers and team leaders (64%) disagree or strongly disagree that quality assurance mechanisms in MCFD support ongoing learning and practice improvement. 36 per cent agree or strongly agreed that they do. (In the original analysis, 14% responded “don’t know” to this question.)
- For managers, fewer (53%) disagree or strongly disagree that quality assurance mechanisms in MCFD support ongoing learning and practice improvement while 47 per cent agree or strongly agree that they do.

Caseload/Workload

Overview:

This section of the survey recorded the highest levels of “strong” responses. Together, the responses to the three questions in this section indicate that social workers and team leaders do not believe that their workloads permit them to do effective work and also do not believe that there is adequate coverage when they go on leave. Nearly all respondents indicated that they are required to cover the caseloads of others when they are on leave or when their offices are understaffed.

The findings from the managers’ survey validate the findings from the survey of social workers, with only a slightly lower percentage of managers disagreeing or strongly

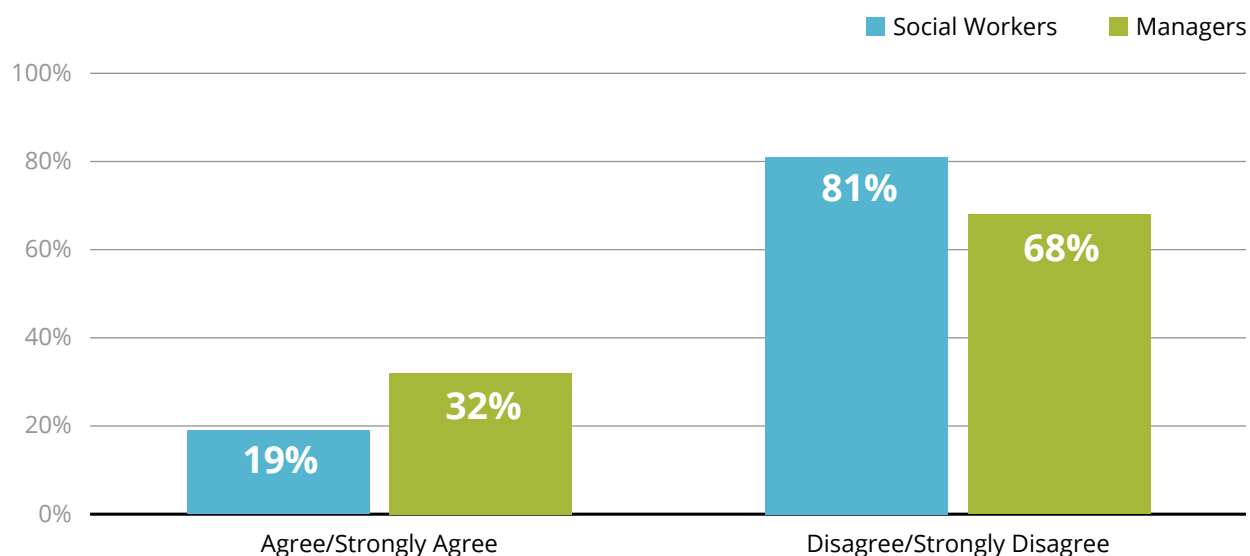
disagreeing that the workloads of social workers in their area of responsibility permit them to effectively support the children, youth and families on their caseloads.

More detailed findings below:

- As shown in Figure 4 below, over three-quarters (81%) of social workers and team leaders disagree (32%) or **strongly disagree (49%)** that their workload permits them to effectively support the children, youth and families on their caseload.
- By comparison, 68 per cent of managers disagree (41%) or strongly disagree (27%) that the workloads of social workers in their area of responsibility permit them to effectively support the children, youth and families on their caseloads.

Figure 4.

My workload/the workload of social workers in my area of responsibility permits me/them to effectively support the children, youth and families on my/their caseload



- Almost all (98%) social workers and team leaders indicated that they are required to help cover the caseloads of others when they are on leave or when the office is understaffed (in addition to their regular caseload).
- 87 per cent of social workers and team leaders disagreed (30%) or **strongly disagreed (57%)** that there is adequate coverage to meet the needs of the children, youth and families on their caseload when they go on leave.

Technological and Office Supports

Overview:

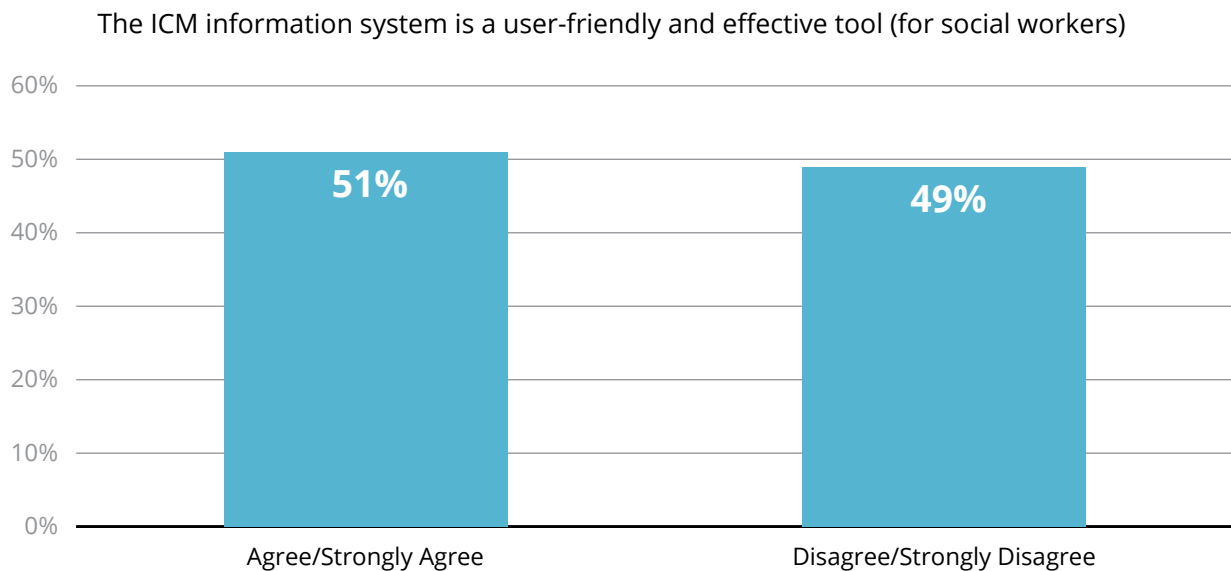
Data in this section suggest that while over three-quarters of social workers and team leaders indicated that they are not able to keep up with their administrative work, technology and computer-based tools are not as significant a barrier to completion of this work as the lack of sufficient office assistant supports. (By contrast, more than half of managers agreed or strongly agreed that the

social workers in their area of responsibility have sufficient office supports.)

More detailed findings below:

- As shown below in Figure 5, social workers and team leaders are divided on whether the ICM is a user-friendly and effective tool.
 - 51 per cent agree or strongly agree while 49% disagree or strongly disagree

Figure 5. Social Workers and Team Leaders



- When asked about computer-based tools other than the ICM, nearly two-thirds (62%) of social workers and team leaders agreed or strongly agreed that the ones they have access to are sufficient to support their work, while 38% disagreed or strongly disagreed.
- Just over three quarters (78%) of social workers and team leaders disagreed or strongly disagreed that they are able to keep up with their administrative work on a weekly basis.
- Almost two-thirds (65%) of social workers and team leaders disagreed or strongly disagreed that their office has sufficient assistant supports.
 - By contrast, only 44% of managers disagreed or strongly disagreed that the social workers in their area of responsibility have sufficient office supports, while 56 per cent said that they did.

Family/Community Support Resources

Overview:

The vast majority of social workers and team leaders report that there is a lack of timely access to necessary family and community support resources; they similarly report lack of timely access to culturally appropriate resources to meet the needs of Indigenous children and youth and their families.

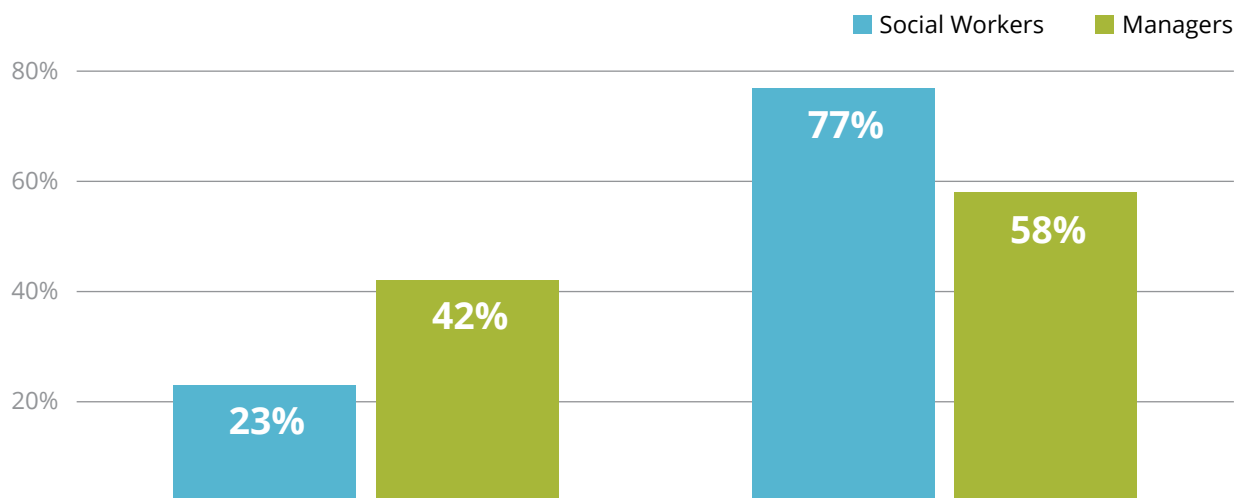
A majority of managers also report a lack of timely access to family and community support resources, albeit to a lesser degree than social workers and team leaders.

More detailed findings below:

- As shown in Figure 6 below, just over three-quarters (77%) of social workers and team leaders disagree or strongly disagree that in their geographic area they have timely access to the necessary range of family and community support resources to effectively meet the needs of their clients.
- By contrast, fewer but nonetheless a majority (58%) of managers disagree or strongly disagree that in their geographic area social workers have timely access to the necessary range of family and community support resources to effectively meet the needs of their clients.

Figure 6

In my geographic area, I/social workers have timely access to the necessary range of family/community support resources to effectively meet the needs of children, youth and families on my/their caseload



- A similar percentage of social workers and team leaders (71%) said the same regarding culturally appropriate resources to meet the needs of Indigenous children and youth, and their families.

Supervision and Mentorship

Overview:

Overall, the clear majority of social workers report that they have access to their direct supervisors as well as practice support, expertise and guidance from others. There is less agreement on opportunities to receive direct mentorship from experienced colleagues, with 52 per cent disagreeing that this is the case.

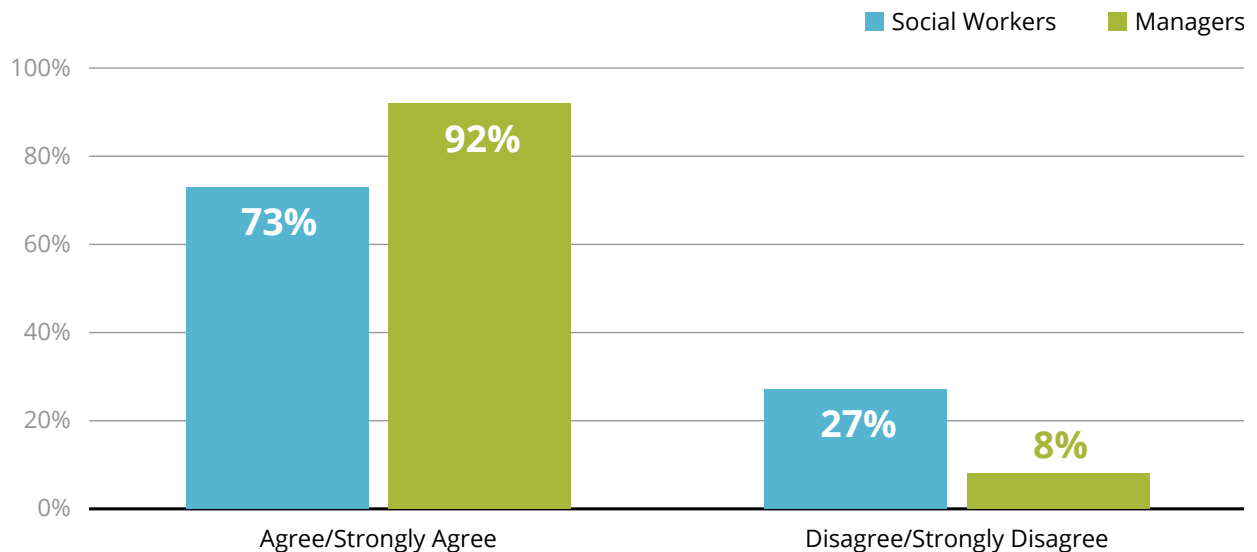
Findings from the managers' survey support the findings from the social workers survey, and an even greater majority of managers report that social workers in their area of responsibility have timely access to their direct supervisors and practice support, expertise and guidance.

More detailed findings below:

- As shown in Figure 7 below, almost three-quarters (73%) of social workers and team leaders agree or strongly agree that they are able to access their direct supervisors in a timely manner, so they receive advice and guidance when they need it.
- For managers, this number increased to 92 per cent of respondents agreeing or strongly agreeing that social workers in their area of responsibility are able to access their direct supervisors in a timely manner.

Figure 7

I/social workers in my area of responsibility am/are able to access my/their direct supervisor in a timely manner so that I/they receive guidance and advice when needed



- Responses were divided on the degree to which social workers and team leaders have sufficient opportunities to receive direct mentorship from experienced colleagues.
 - 48 per cent agree or strongly agree that they do while 52 per cent disagree or strongly disagree that they do
- Just over two-thirds (69%) of social workers and team leaders agree or strongly agree that they are able to access practice support, expertise and guidance when they need it from either their direct supervisor, experienced colleague or practice consultant.
- For managers, this number increased to 85 per cent of respondents agreeing or strongly agreeing that social workers in their area of responsibility are able to access practice support, expertise and guidance when they need it from either their direct supervisor, experienced colleagues or a practice consultant.

Workplace Stress and Satisfaction

The Workplace Stress and Satisfaction section of the survey was divided into two parts. The first part was a Workplace Stress and Satisfaction Scan, and the second part asked some additional questions about support and morale.

Stress Satisfaction Scan:

The first six questions in this section are a [Stress Satisfaction Scan](#) taken from the Mental Health Commission's Guarding Minds survey, which can be scored as a measure of employee stress and psychological safety. Of the six questions, two are indicators of levels of stress and four are indicators of mitigating or mediating factors.

Overview – Social Workers and Team Leaders:

The findings from these scan questions show that social workers and team leaders are experiencing extraordinarily high levels of stress. Demand (too much time pressure) and effort (mental fatigue) are significant stressors to the respondents, and the most effective mediation to this stress is supervisor support. Notably, 88 per cent agree (57% strongly agree) that in the last six months too much time pressure at work has caused them worry, “nerves” or stress, and 90 per cent agree (61% strongly agree) that in the last six months they have experienced worry, “nerves” or stress from mental fatigue at work.

Turning to the mediating or mitigating factors, while almost half of the social workers and team leaders agree that they are satisfied with the amount of involvement they have in decisions that affect their work (control as a satisfier), only slightly over one-third feel that they are well rewarded in terms of praise and recognition (reward as a satisfier). It is also important to note that stress is not being substantially mediated by fairness and respect, with only 48 per cent of respondents agreeing or strongly agreeing that they are satisfied with the fairness and respect that they receive on the job. Importantly, more than two-thirds (69%) report their supervisor supports them in getting their work done.

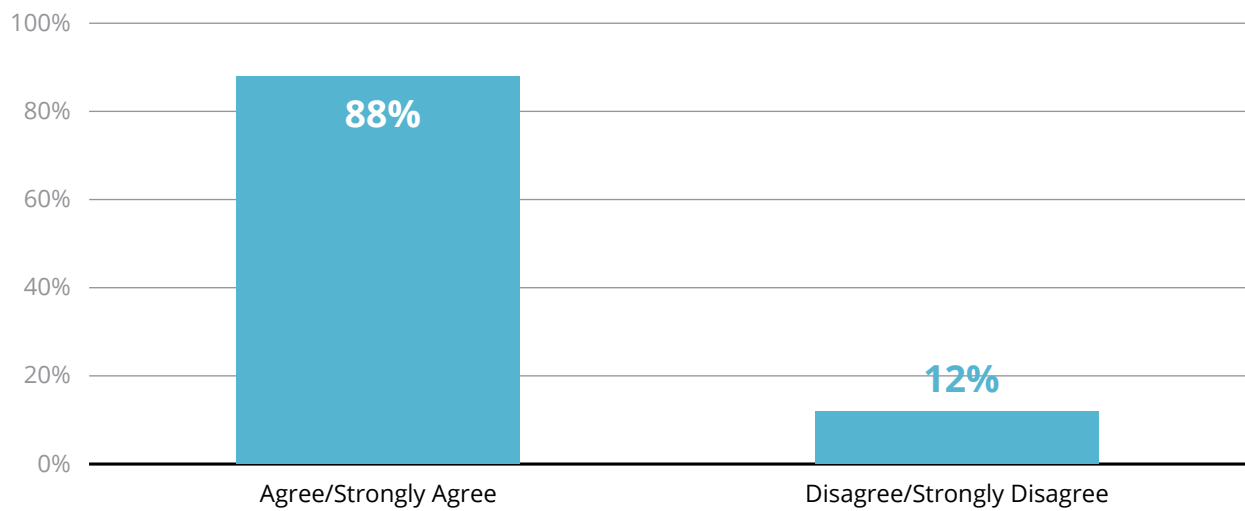
Detailed Results of the Stress Satisfaction Scan – Social Workers and Team Leaders:

- In the last six months, too much time pressure at work has caused me worry, “nerves”, or stress (Figure 8) (demand as a stressor) – **88 per cent of social workers and team leaders agree that demand has caused them worry, nerves or stress**

Strongly Agree	57%
Agree	31%
Disagree	11%
Strongly Disagree	1%

Figure 8

In the last six months, too much time pressure at work has caused me worry, "nerves", or stress

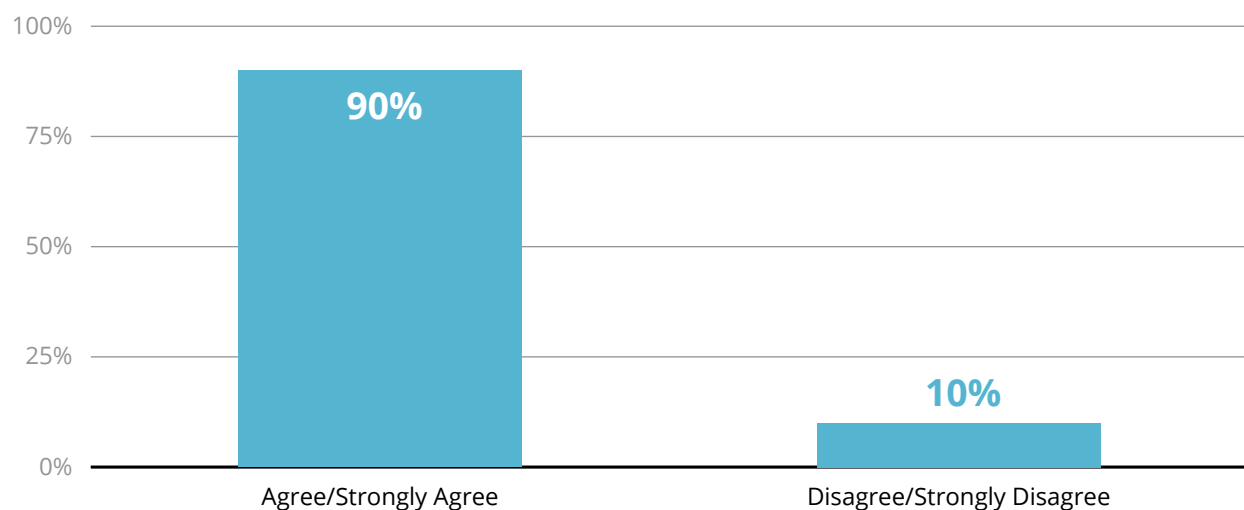


- In the last six months, I have experienced worry, "nerves", or stress from mental fatigue at work (Figure 9) (effort as a stressor) – **90 per cent of social workers and team leaders agree that effort/mental fatigue has cause them worry, nerves or stress**

Strongly Agree	61%
Agree	29%
Disagree	9%
Strongly Disagree	1%

Figure 9

In the last six months, I have experienced worry, "nerves", or stress from mental fatigue at work



- I am satisfied with the amount of involvement I have in decisions that affect my work (control as a satisfier) – **55 per cent of social workers and team leaders disagree that they are satisfied**

Strongly Agree	4%
Agree	41%
Disagree	41%
Strongly Disagree	14%

- I feel I am well rewarded (in terms of praise and recognition) for the level of effort I put out for my job (reward as a satisfier) – **64 per cent of social workers and team leaders disagree they are well rewarded**

Strongly Agree	6%
Agree	30%
Disagree	36%
Strongly Disagree	28%

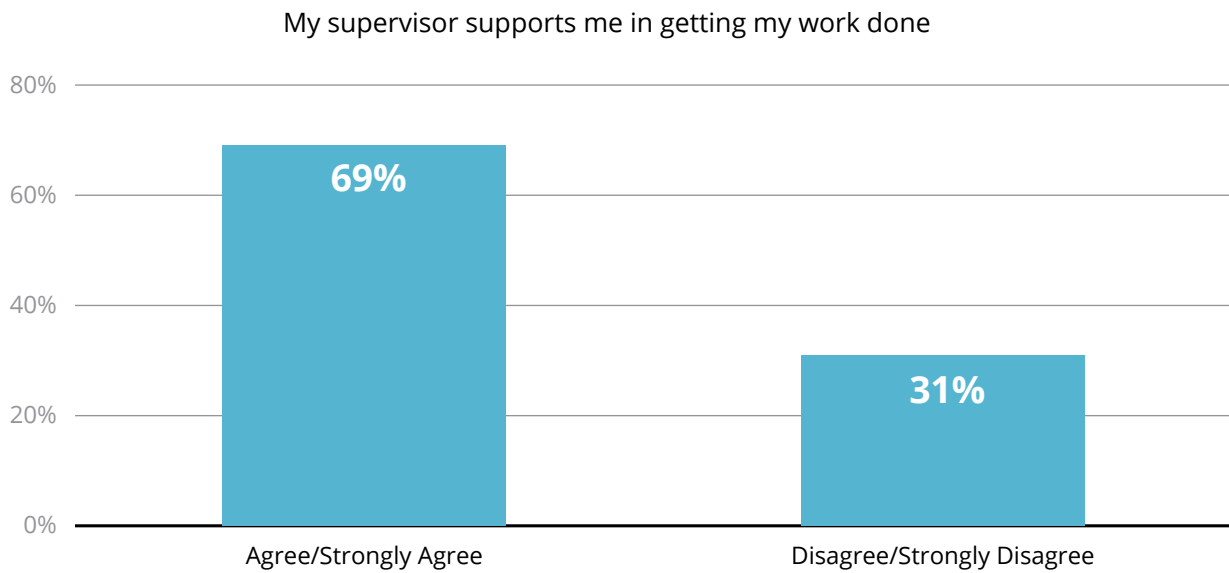
- I am satisfied with the fairness and respect I receive on the job (fairness and respect as stress mediators) – ***Slightly more than half (52%) of social workers and team leaders disagree that they are satisfied with the fairness and respect they receive***

Strongly Agree	5%
Agree	43%
Disagree	33%
Strongly Disagree	19%

- My supervisor supports me in getting my work done (Figure 10) (supervisory support as a stress mediator) – 69 per cent of social workers and team leaders agree that their supervisor supports them in getting their job done.

Strongly Agree	14%
Agree	55%
Disagree	22%
Strongly Disagree	9%

Figure 10



Overview – Managers:

For managers, the data from these scan questions show that they are also experiencing high levels of stress which is more effectively mediated than it is for social workers by a number of factors including fairness and respect, supervisor support and involvement in decisions that affect their work. While manager stress is more effectively mediated or mitigated, the stress that managers are experiencing appears to be only slightly less extreme than social workers.

For managers, 85 per cent agree (39% strongly agree) that in the last six months too much time pressure at work has caused them worry, “nerves” or stress, and 84% agree (43% strongly agree) that in the last six months they have experienced worry, “nerves” or stress from mental fatigue at work.

More managers than social workers are satisfied with the amount of involvement they have in decisions that affect their work (76% agree or strongly agree), and more managers than social workers also feel they are well rewarded in terms of praise and recognition (67% agree or strongly agree). For managers, stress is mediated to a greater extent by fairness and respect than it is for social workers, with 83 per cent of managers agreeing or strongly agreeing that they are satisfied with the fairness and respect they receive on the job. In addition, stress is substantially mediated by supervisor support, with 83 per cent of managers agreeing or strongly agreeing that their supervisor supports them in getting their work done.

Detailed Results of the Stress Satisfaction Scan – Managers:

- In the last six months, too much time pressure at work has caused me worry, “nerves”, or stress (demand as a stressor) – **85 per cent of managers agree that demand has caused them worry, nerves or stress**

Strongly Agree	39%
Agree	46%
Disagree	13%
Strongly Disagree	2%

- In the last six months, I have experienced worry, “nerves”, or stress from mental fatigue at work (effort as a stressor) – **84 per cent of managers agree that effort/mental fatigue has cause them worry, nerves or stress**

Strongly Agree	43%
Agree	41%
Disagree	15%
Strongly Disagree	0%

- I am satisfied with the amount of involvement I have in decisions that affect my work (control as a satisfier) – **76 per cent of managers agree that they are satisfied**

Strongly Agree	26%
Agree	50%
Disagree	17%
Strongly Disagree	7%

- I feel I am well rewarded (in terms of praise and recognition) for the level of effort I put out for my job (reward as a satisfier) – **67 per cent of managers agree that they are well rewarded**

Strongly Agree	13%
Agree	54%
Disagree	26%
Strongly Disagree	7%

- I am satisfied with the fairness and respect I receive on the job (fairness and respect as stress mediators) – **83 per cent of managers agree that they are satisfied with the fairness and respect they receive**

Strongly Agree	22%
Agree	61%
Disagree	13%
Strongly Disagree	4%

- My supervisor supports me in getting my work done (supervisory support as a stress mediator) – **83 per cent of managers agree that their supervisor supports them in getting their job done**

Strongly Agree	26%
Agree	57%
Disagree	15%
Strongly Disagree	2%

Additional Workplace Stress and Satisfaction Questions

Overview:

The majority of social workers and team leaders do not feel that they are provided with necessary supports to help them deal with stress and vicarious trauma. Additionally, most do not describe their work unit's morale as positive or high. Finally, the majority get their greatest degree of satisfaction in their job from either the children, youth and families they serve, or from their colleagues.

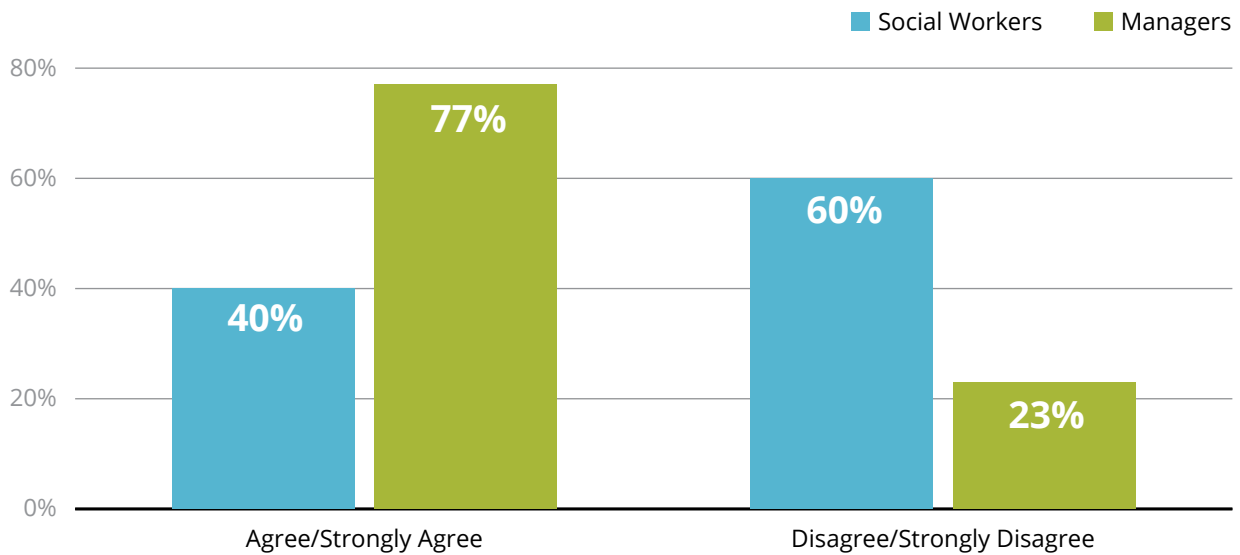
Most managers (over three-quarters) reported that they are provided with the necessary supports to help them deal with stress and vicarious trauma. Managers also have a much more positive view of work unit morale, with almost three-quarters agreeing or strongly agreeing that their unit's morale is positive or high. Managers get their greatest degree of satisfaction in their job from the staff and colleagues they work with.

More detailed findings below:

- As shown in Figure 11 on the following page, the majority of social workers and team leaders (60%) disagree or strongly disagree that they are provided with the necessary supports such as debrief, counselling, and mental health supports to help them deal with stress and vicarious trauma.
- Conversely, 77 per cent of managers agree or strongly agree that they are provided with the necessary supports to help them deal with stress and vicarious trauma.

Figure 11

I'm provided the necessary supports such as debrief, counselling, and mental health supports to help me deal with stress and vicarious trauma when I need them



- Only 39 per cent of social workers and team leaders agreed or strongly agreed that they would describe their work unit's morale as positive or high, while 61 per cent disagreed or strongly disagreed.
 - Conversely, 73 per cent of managers agree or strongly agree that their work unit's morale is positive or high.
- When asked where they get the greatest degree of satisfaction in their job from, social workers and team leaders answered as follows:
 - Children, youth and families I work with (55%)
 - My colleagues (35%)
 - Other (9%)
- The support I receive from my organization (1%)
 - For managers, the responses looked different:
 - Staff and colleagues I work with (69%)
 - Children, youth and families I work with/for (18%)
 - Other (13%)

Workplace Culture

Overview:

In general, responses by social workers and team leaders to the questions on workplace culture (defined as the location you spend the majority of time working on a daily basis) are positive. Noteworthy data include the sense of trust that respondents feel in fulfilling the duties of their role, and the lack of judgment experienced for “not knowing”.

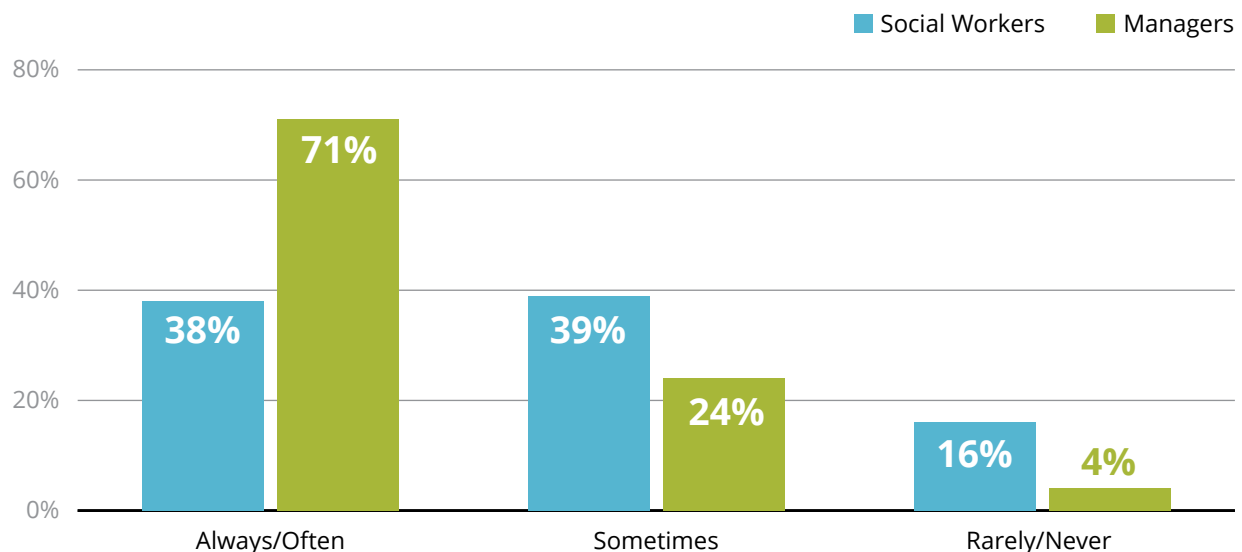
Overall, the findings from the managers’ survey supported the findings of the social workers survey on workplace culture, with managers having even more positive views of workplace culture for the social workers in their area of responsibility than the social workers themselves. The one area where the findings differed related to whether it is safe to speak up at work when having uncomfortable conversations, with managers having a much higher perception of safety than social workers.

More detailed findings below:

- Almost three-quarters (71%) of social workers and team leaders disagree or strongly disagree that if a mistake is made on their team it is often held against the person.
 - This number increased to 98 per cent of managers disagreeing or strongly disagreeing that if a mistake is made by staff in their area of responsibility, it is often held against them.
- Over three-quarters (80%) of social workers and team leaders agree or strongly agree that when they are unsure what to do in their work, they know that they can go to their supervisor or colleagues, and they will not be judged or dismissed for not knowing.
 - 96 per cent of managers agree or strongly agree that this is the case for social workers in their area of responsibility.
- Two-thirds (66%) of social workers and team leaders agree or strongly agree that their unique skills and talents are valued and utilized.
 - 92 per cent of managers agree or strongly agree that the unique skills and talents of social workers in their area of responsibility are valued and utilized.
- As shown in Figure 12 on the following page, when asked if it is safe to speak up at work when having uncomfortable conversations, 38 per cent of social workers and team leaders said “always” or “often”, 39 per cent said “sometimes” and 16 per cent said “rarely”.
 - Respondents to the managers’ survey responded differently, with 71 per cent saying “always” or “often”, 24 per cent saying “sometimes”, and 4 per cent saying “rarely” or “never”.

Figure 12

It is safe (for social workers in my area of responsibility) to speak up at work when having uncomfortable conversations



- The strong majority (88%) of social workers and team leaders said that they are trusted to fulfill the duties of their role.

Organizational Culture and Direction

Overview:

Generally speaking, social workers and team leaders report a lack of confidence in the leadership and direction of MCFD. While more social workers and team leaders have confidence in the leadership of their specific service delivery area, it is still fewer than half of all respondents. Additionally, only slightly more than a third of social workers and team leaders are proud to tell people they work for MCFD while only about half still imagine themselves working at MCFD in the future. Notably, this section saw an increase in the percentage of “don’t know” responses.

Overall, managers report more positive views on the organizational culture and direction of MCFD. More than two-thirds agree or strongly agree that they are proud to tell people they work for MCFD, and the majority have confidence in the executive leadership of MCFD.

More detailed findings below:

- Nearly two-thirds of social workers and team leaders (64%) disagreed or strongly disagreed that MCFD has established and implemented a good balance between family support services and protection/safety intervention. (In the original analysis, 10 per cent responded “don’t know” to this question)
- For managers, a majority (57%) agree or strongly agree that MCFD has established and implemented a good balance between family support services and protection/safety intervention.

- Responses from social workers and team leaders were almost evenly split to the question, “when I think several years in the future, I envision myself working at MCFD”

- 51 per cent agree or strongly agree while 49 per cent disagree or strongly disagree

(In the original analysis, 16 per cent responded “don’t know”)

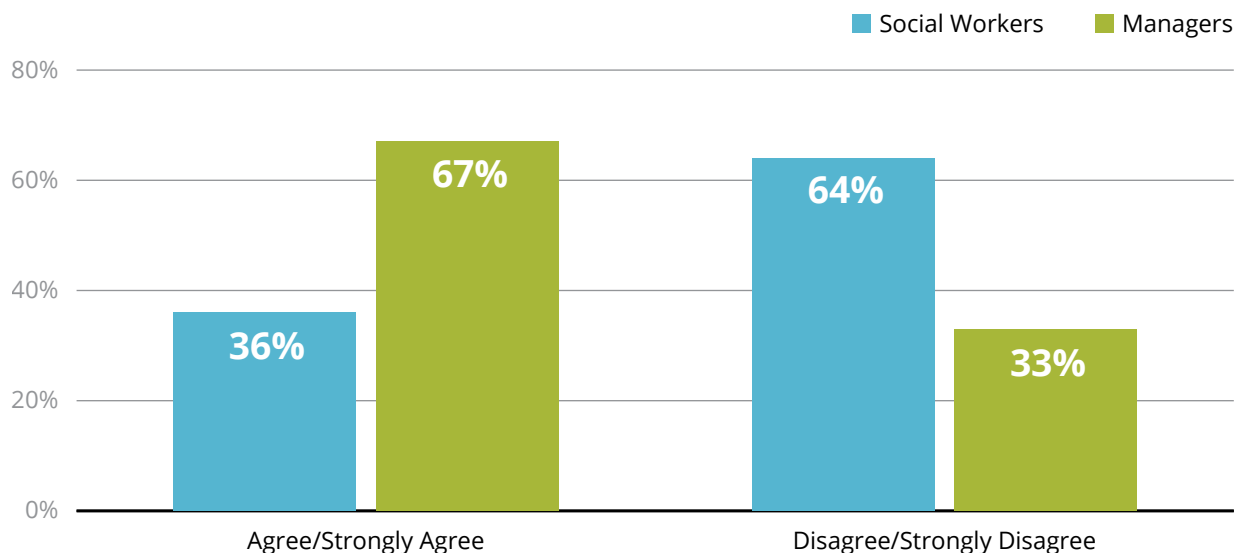
- For managers, more than three-quarters (77%) envision themselves working at MCFD in the future, while only 23 per cent do not. (In the original analysis, 20 per cent responded “don’t know”).
- More than two-thirds (71%) of social workers and team leaders disagree or strongly disagree that they have confidence in the Executive Leadership in MCFD. (In the original analysis, 22 per cent said they didn’t know.)
- Responses differed amongst managers as a majority (59%) agree or strongly agree that they have confidence in the

Executive Leadership in MCFD. (In the original analysis, 26% responded “don’t know”).

- More social workers and team leaders have confidence in the management of their specific service delivery area (48% agree or strongly agree) than in the Executive Leadership of MCFD, however a slight majority of respondents do not have confidence (52% disagree or strongly disagree).
- For managers, the vast majority (93%) agree or strongly agree that they have confidence in the management of their specific service delivery area.
- As shown in Figure 13 below, almost two-thirds (64%) of social workers and team leaders disagree or strongly disagree that they are proud to tell people they work for MCFD. (10% “don’t know” and only 4% strongly agreed)
- Conversely, two-thirds (67%) of managers agree that they are proud to tell people they work for MCFD (11% responded “don’t know” in the original analysis).

Figure 13

I am proud to tell people I work for MCFD



What Could be Improved and What is Working Well

Overview:

The majority of social workers and team leaders (55%) ranked caseload/workload as the number one area (and 17% ranked it as number two) where there is greatest need for improvement so that there would be better assurance of consistent quality services to children, youth and their families. Other highly ranked areas included workplace stress and satisfaction, training and professional development, and supervision and mentorship. Caseload/workload was also ranked as the number one area for improvement by the highest percentage of managers (48%).

What Could be Improved:

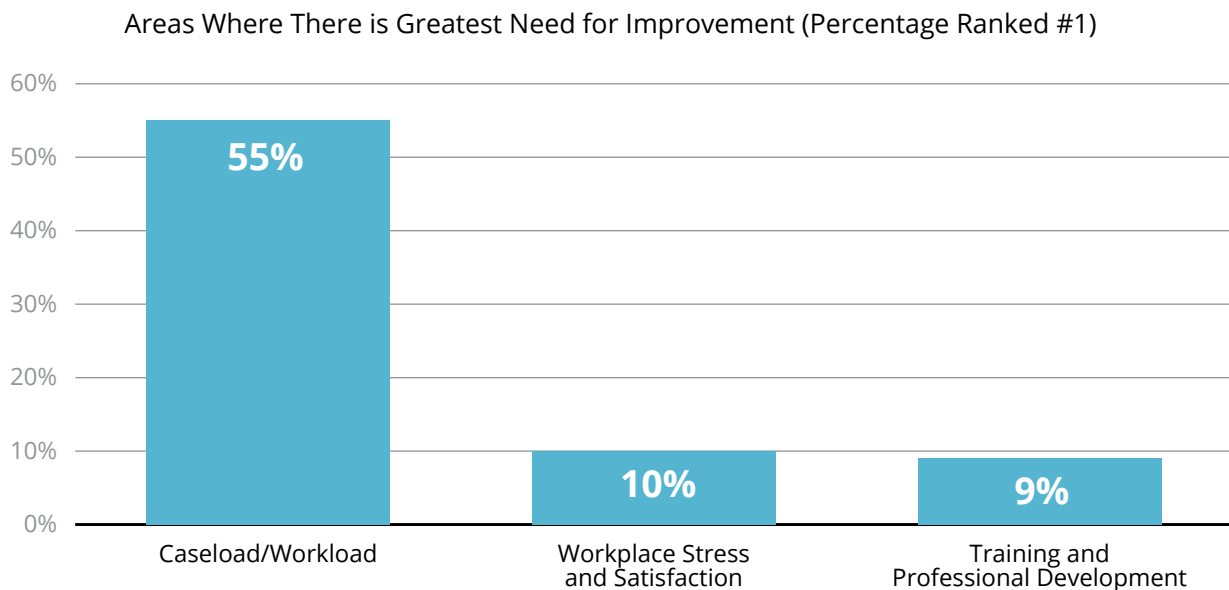
Here are the top three areas ranked #1 by social workers and team leaders (see Figure 14):

- Caseload/Workload – 55%
- Workplace Stress and Satisfaction – 10%
- Training and Professional Development – 9%

Here are the top three areas ranked #1 for managers:

- Caseload/Workload – 48%
- Supervision and Mentorship – 11%
- Organizational Culture and Direction – 11%

Figure 14. Social Workers and Team Leaders



Appendix C

RCY Workforce Capacity Survey 2024

Meta-Analysis of Open-Ended Survey Comments

Background

This report is part of a larger review by the Representative for Children and Youth of BC (RCY) of workforce capacity of child welfare social workers employed by the Ministry of Children and Family Development (MCFD), which in turn is part of a larger systemic review by RCY of the child welfare system in B.C.

This report is a meta-analysis of qualitative survey data gathered through a Workforce Capacity Survey conducted by the RCY in April/May 2024. The purpose of the survey was to obtain information from social workers and their team leaders (supervisors) directly about their views and experiences on a variety of topics related to workforce capacity. A similar survey was also conducted with relevant MCFD managers, as well as a series of focus group conversations on the same topics with a random sample of social workers and team leaders who were invited to participate. This report covers qualitative data from the social worker and team leader survey only.

The initial results of the workforce capacity study were published in a report titled *“No Time to Wait: A Review of MCFD’s Child Welfare Workforce (Part One)”* in July 2024. That report was a companion to RCY’s investigation into the death of a child and accompanying systemic review of the child welfare system in B.C., *“Don’t Look Away – How one boy’s story has the power to shift a system of care for children and youth.”* Part Two of *No Time to Wait: A Review of MCFD’s Child Welfare Workforce* will be published in late Winter 2025.

Methodology

General Survey Methodology

The Workforce Capacity survey was developed through an iterative process between RCY staff, RCY consultants, and a consultation group of MCFD social workers, RCY staff and RCY consultants. The survey design was informed by other similar surveys conducted in the past by the provincial government, RCY and the BC General Employees’ Union (BCGEU), as well as surveys from other jurisdictions.

Aside from questions about demographics of the respondents, the survey addressed ten topic areas and comprised 45 questions in which respondents were asked to choose one option that best aligns with their view, on a Likert scale from very strongly agree to very strongly disagree. There was provision for respondents to add open-ended narrative comments at the end of each topic area and at the end of the survey.

In the interest of giving respondents greater assurances of confidentiality, the survey was distributed to MCFD social workers and team leaders directly by the BCGEU, which endorsed the survey and encouraged members to complete. Advance notice of the survey was also sent to MCFD staff by email from the Provincial Director of Child Welfare and the Assistant Deputy Minister responsible for the Service Delivery Division of MCFD. That communication indicated that the ministry supported the survey and permitted staff to complete it during work hours.

The Representative is grateful to the BCGEU and the senior management of MCFD for their support for the survey.

Social workers, and their team leaders, who were invited to participate in the survey included those who work for MCFD in the child welfare system, specifically in the areas of: intake/investigations, family services, guardianship, resources, youth services, adoptions, children and youth with support needs (CYSN), generalists and other specialists.

The survey was open for three weeks, from April 19 to May 3, 2024.

A total of 739 surveys were submitted by social workers and team leaders, which represents approximately 40 per cent of the applicable MCFD staff.

As mentioned previously, key results from the quantitative (closed-ended) survey questions were included in the *No Time to Wait* report published in July 2024.

Methodology: Meta-Analysis

In order to prioritize sharing of the survey results in the *No Time to Wait* report, the analysis of the survey data has been conducted in stages. First, quantitative survey data was analyzed - the majority of which is shared in Part One of the *No Time to Wait* report. In that report some initial qualitative findings are shared as well, but a full and comprehensive analysis had not yet been completed at the time that report was published. As the title of the report implies, there was no time to wait, and the Representative wanted to share this information as quickly as possible. Therefore, the qualitative survey data analysis represents the second stage of analysis.

Completing this meta-analysis has been a two-step process.

Step One. Individual analyses were prepared for each of the survey sections where there was an option to enter an open-ended narrative response. These sections included:

- Caseload and Workload
- Workplace Stress and Satisfaction
- Supervision and Mentorship
- Training and Professional Development
- Standards, Policies, Procedures and Practices
- Office and Technological Support
- Workplace Culture
- Family/Community Support Resources
- Organizational Culture and Direction

Each of these individual analyses began with a deductive thematic analysis based on the key factors relating to the workforce capacity of MCFD's child welfare social workers, including:

- Recruitment and retention of staff, with particular attention to rural communities
- Diversity and inclusion, with particular attention to Indigenous representation
- Qualifications, onboarding, training and professional development
- Standards, policies, procedures, practice guidelines and quality assurance to support good practice
- Caseloads and workload
- Managing leave and backfill needs

- Availability of effective tools and resources to support good practice, including administrative/technological supports and supporting family and community resources
- Supervision, mentoring and practice support, with particular attention to supports and guidance when working with Indigenous families and communities
- Worker and workplace health and psychological safety
- Staff/ministry organizational design, culture, and management

In these individual analyses, responses were reviewed and coded for their relevance to each of the themes. It is important to note that the structure of the survey influenced the frequency of responses on various topics. More specifically, some key factors were the same as a survey section, i.e., caseloads and workload, contributing at least in part to a greater number of responses on those topics, when compared with a topic such as diversity and inclusion, which did not have its own survey section. Counts were included indicating the number of responses that were relevant to each factor or theme. Some individual responses were counted more than once to account for overlapping themes within responses. For each theme, a narrative summary of the key findings was presented, followed by quotes from the respondents that illustrate the findings in the summary.

Following the deductive thematic analysis, an inductive thematic analysis was also conducted. These inductive themes were grounded in the data and fall outside of the ten factors identified for this study. There were some common inductive themes across the individual analyses, and some that were unique to a particular theme or analysis.

In addition to the list of analyses above, the following analyses were also completed:

- Working with Indigenous families, children and communities – a review of comments across all sections related to this topic
- Top Three Training or Professional Development Needs – an analysis of the comments in response to the question “The top three areas in which I need additional training or professional development in order to provide effective support to the children, youth and families on my caseload are...”
- What is Working Well at MCFD – an analysis of the comments in response to the question “What are the top three things that are working well at MCFD?”
- Anything Else – an analysis of the comments in response to the question “Is there anything else you would like to share?”

For these four analyses, inductive content analysis was employed, allowing the themes to emerge from the data.

Step Two. Following the completion of the above thirteen individual analyses, the meta-analysis was conducted. This meta-analysis draws on both the deductive and inductive themes, attempting to provide as fulsome a picture as possible of issues related to workforce capacity. After analyzing each topic individually, the analysis draws conclusions about workforce capacity based on the findings of the meta-analysis.

Findings

The findings are presented below, organized by key workforce capacity factors. Findings from three of the additional analyses (Working with Indigenous children, families and communities, Top Three Training or Professional Development Needs, and Anything Else) have been integrated into the workforce capacity factors sections and the findings from What is Working Well at MCFD are presented at the end of the Findings section. The sections for the key workforce capacity factors are presented from most frequent comments to least frequent. The counts of responses for these factors can be found in Appendix One.

One necessary note on terminology relates to the use of the terms “management”, “supervisors” and “leadership”. These terms are used somewhat interchangeably in this report to reflect what respondents said, while recognizing that each means something specific within the context of MCFD. The language used by respondents has been largely left as it appears in their responses, and it is not always possible to determine from those responses exactly which group is being referenced. Where it is possible to be clearer and more specific, the report does so.

It is important to point out that the findings of the qualitative data tend to be even more markedly negative than the quantitative survey findings. While both present a picture of the MCFD social worker workforce in a state of crisis, the qualitative data tend to speak to the most severe circumstances. Research on surveys, particularly employee surveys, has found what is called a “negativity bias” where dissatisfied employees are more likely to provide comments than their more satisfied counterparts.¹²² This means that these findings

likely represent the opinions of members of the MCFD workforce who are most dissatisfied with their situation.

Overall, these findings highlight several tensions with not all respondents agreeing on the central issues or the solutions to existing problems. In addition, it is not possible to completely disentangle all the factors and examine each one without looking at the whole picture. So, while the findings are presented per factor, interrelations are pointed out and referenced between sections. The conclusion at the end of this report attempts to make sense of the findings as a whole.

Staff/ministry organizational culture and management

This section addressing the culture in the Ministry and the experience of survey respondents with Ministry leadership and management received the greatest number of comments. Survey respondents report that the Ministry is seen to be motivated to act out of fear of possible complaints and is not driven by best practice or the desire to deliver high quality services to children and families. There is a perception that there is political interference in the practices and climate at MCFD and because of this, MCFD is seen to orient itself to be risk averse as opposed to working in the best interest of children. Respondents feel that the onus is on frontline workers to fix what are actually systemic issues. There is a mentality of “keep your head down, don’t speak up, and protect management.” This mentality, in combination with the perception that the Ministry is “top-heavy”, and that executive leadership appear to be very far removed from the realities of those who work on the frontline results in ongoing feelings of frustration and distress.

Additionally, survey respondents reported that the culture of the Ministry prioritizes speed and efficiency over careful, detailed

¹²² Poncheri, R. M., Lindberg, J. T., Thompson, L. F., & Surface, E. A. (2008). A Comment on Employee Surveys: Negativity Bias in Open-Ended Responses. *Organizational Research Methods*, 11(3), 614-630. <https://doi.org/10.1177/1094428106295504>

and quality work; cutting corners and closing files faster is seen by many as yielding praise from management. In their view not enough attention is paid to the high rate of staff vacancies, which respondents felt should be a priority issue for management to address, while the burden of this situation is carried by workers.

Survey respondents shared their opinion that the quality of Ministry leadership has diminished over the years due to high turnover and lack of leadership experience among those that are hired. Many respondents also said that wages are too low and do not reflect the actual work being done in certain positions or account for inflation. Additionally, respondents shared that the performance review process is unsatisfactory or non-existent, with no opportunity to provide feedback on team leads or other management-level staff.

Genuine relationships with peers and the families they work with and witnessing positive impacts on children, families and communities were often cited as the only source of workplace satisfaction. Survey respondents shared that the direct support received from colleagues is what enables people to do their work and is the main retention mechanism in the Ministry. Any efforts to improve morale, such as team-building activities, would be appreciated. This low morale is compounded by a sense that workers don't want to share publicly that they work at MCFD, and when they do share this information the response they often receive is upsetting. Survey respondents reported that they feel the public does not understand their work. The experience of working at the Ministry is too much for some, and when people make the choice to leave the Ministry, they experience a sense of grief and loss of giving up their calling in order to preserve their own well-being.

“Knee jerk reactions to tragic events that occur in our workplace are difficult to deal with. Especially when some tragedies could have been prevented if leadership had listened to staff concerns in the years previous.”

– MCFD Social Worker, 2024

Caseloads and Workload

Second only to organizational culture and management, the topic of caseloads and workload received a very high number of responses. These responses emphasized that carrying a high caseload impacts all other areas of workforce capacity and contributes greatly to overall stress. Beyond the sheer numbers of cases that workers are responsible for the complexity of those caseloads is a critical issue. In addition to the increasing complexity of cases, there is also additional and complex work required for files involving court proceedings. Survey respondents reported that high caseloads prevent the delivery of quality service and inhibit sufficient face to face time with clients. Staff shared that they experience a constant inner battle between passion for the work and the feeling of being overloaded, and that this tension leads to a loss of job and personal satisfaction.

High caseloads and workloads are exacerbated for many by what are seen to be ineffective or in some cases the complete lack of office and technological supports as administrative work ends up consuming a significant portion of workers' time. Some reported examples of this include constant issues with technology not working as expected or breaking down, lack of time to input data, and lack of time to learn how to use new systems.

Responses indicated that caseloads and workload often prevent staff from being able to participate in training and professional development and also prevent staff from being able to keep up with changes to standards and policies, etc. For supervisory staff who also carry a caseload, providing supervision and mentorship on top of having a caseload is infeasible and overwhelming; the two functions were described as at odds with each other.

Finally, when speaking specifically about working with Indigenous children, youth, families and communities, survey respondents shared that the absence of meaningful supports from leadership when working in Indigenous communities compounds workload challenges, as well as resulting in negative impacts on those communities.

“The rural Indigenous community I work in is incredibly understaffed and the expectations from management are extremely high. Not only is there a lack of physical/logistical support but there is a significant lack of emotional support and understanding for those taking on an extra workload (and a significant backlash when staff prioritize their own well-being). This inevitably led to significant burnout for me.”

– MCFD Social Worker, 2024

Availability of effective tools and resources to support good practice

This section covers both community resources as well as technological and other office-based supports for workers. In terms of community resources, survey respondents indicated that there are four main scenarios that they encounter:

- 1) resources/services exist in the community but are hard to access
- 2) resources/services exist but due to turnover, staff shortages, and lack of properly trained staff they are not delivered
- 3) lack of enough resources/services or types of resources/services that are needed
- 4) lack of resources/services overall.

In general, survey respondents reported a lack of community resources which is especially acute in remote communities, the North in particular, and is further exacerbated by travel barriers.

There are certain types of services and supports that respondents indicated are severely lacking, including: services for men, support for addressing violence, mental health and substance use services for youth, adequate housing supports for youth and families, and counselling for children under 12.

Survey respondents also shared that there are increasing administrative requirements to access community resources, and the lack of administrative support to fulfill these requirements takes away from staff's ability to focus on service to families. Some staff also said they are further challenged by managers who often can't help identify community resources as they have not worked on the frontline in a very long time, or possibly never.

This lack of awareness among management concerning scarcity of resources in the community is evidenced by lack of adequate funding for support service contracts, in the opinion of survey respondents.

For Indigenous children, youth and families respondents said there are additional unique challenges, such as:

- Lack of access to culturally appropriate services which is further challenged by geographical access
- Lack of services in remote areas and long waiting lists in urban areas.

On top of these challenges, there are complex dynamics at play between the services and supports provided by Indigenous communities and the Ministry. Survey respondents noted tensions between those services offered and the ministry's practices and approach to child protection. Often representatives from Indigenous communities are not able to meet MCFD processes and timelines for providing support to families.

Regarding technological and other office-based supports for workers, staff reported a number of challenges, including:

- ICM is slow, not user-friendly, disorganized, and "an overall disaster"
- It is challenging to access information related to standards and policies, etc. on iConnect
- In general, technology is poor quality and unreliable
- Helpdesk is not helpful

"What are the options when we don't have the resources available to families, youth and children – we keep their children because they don't have the opportunity to care for their mental health and wellness."

– MCFD Social Worker, 2024

Qualifications, onboarding, training and professional development

When examining this theme, the responses highlighted tensions between different perspectives on the same issue or different perceived causes or solutions to some of the challenges identified.

To begin, the major barrier to accessing any training or professional development opportunities is the lack of time that respondents have due to their high workloads. Survey respondents reported that it is often management who end up being able to pursue training opportunities because they have the capacity in their schedule. The tension highlighted here is that while many respondents shared that there is a need for management to have certain training in order to be more effective in their jobs, there is also the perception that management "hog" training opportunities for themselves, rather than passing them on to their staff. Even given this perception that management have access to more training opportunities, staff in supervisory positions reported feeling frustrated because they don't have adequate time to apply what they learn in training through mentorship. And staff report feeling frustrated and often feeling like they know more than their team leaders. This goes along with a perception that training for management is insufficient. Pulling apart the tensions inherent in these survey responses, it appears that nobody, neither staff nor

management, is satisfied with their ability to participate in training due to workload. Additionally, staff would like their supervisors to be more highly trained, but not at the cost of taking away potential opportunities for staff themselves to participate in training.

When staff are actually able to access training, respondents report flaws and challenges with that training. Many survey respondents shared their dislike for online training (which is the primary mode in which training is delivered in MCFD; no doubt an effort to make training more accessible and cost-effective). Beyond preferring in-person training, an overwhelming number of respondents explicitly mentioned the inefficacy of the currently available online training. Online training was repeatedly noted to be a barrier to meaningful learning and engagement among attendees. The self-paced format and inability to network and build relationships were cited as additional challenges. The strength of the responses and calls for hands-on in-person training are a testament to the acute difference the format of the training makes for staff who are already navigating a complex and difficult work environment.

Other challenges reported by survey respondents regarding training include:

- The lack of consistency in terms of in-person professional development training that is offered across the province. While most MCFD in-house training is offered online, many professional development training opportunities are located in urban centres, making it more challenging for those working in rural and remote areas to access those trainings.
- Training is often reactive in nature, responding to a specific incident or crisis, rather than based on a global look at what workers need.
- The need for higher quality training provided by experts outside of MCFD

In terms of mentoring, experienced staff reported feeling stretched too thin to effectively mentor new staff, even if they would like to. Respondents shared that the mandatory requirement for frontline staff to mentor new hires is meaningless because they don't have the capacity and the expectation to do so causes additional stress, burnout and grievances. Additionally, several comments related to the balance between training and learning on the job. There is a tension here, with some asserting that learning on the job is preferable, but that learning needs to be complemented with mentorship and additional supports.

On questions of training specifically related to working with Indigenous children, youth, families and communities, many of the comments focused on the lack of follow-through on the training that does exist, and the need for that training to move beyond surface-level material. Some also commented that it is experience rather than training that supports staff to develop competencies in this area.

Survey respondents highlighted the onus that appears to be placed on Indigenous communities to educate MCFD workers regarding how to best support and work with them. The need to address this dynamic echoed calls for new hires to be equipped with a necessary level of cultural competency to ensure that the learning curves of staff are not occurring at the expense of the well-being of Indigenous communities and families.

Top Three Training Needs

As part of the survey section on Training and Professional Development, respondents were asked about the top three areas in which they needed additional training or professional development in order to provide effective support to the children, youth and families on their caseload. This question invited respondents to write in their answers, no list of options was provided.

The most common response was training on working with children and youth with specific support needs, such as FASD, ASD/ Autism, ADHD and other neurodiversities. People are seeking training on assessment tools, modalities of intervention, and tools to support families.

The second most common response was training on information, supports and issues concerning Indigenous children, youth, families and communities. There was a very long list of specific types of training that people are seeking, a few examples include information regarding jurisdiction of Indigenous nations and communities, local Indigenous/First Nation customs, traditions, protocols, relations and histories, and Indigenous worldviews.

The third most common response was mental health. This is again a wide-ranging subject, but requests included supporting parents with complex/escalating mental health, treatment options/planning for different mental health needs, and understanding specific mental illnesses such as eating disorders, addictions, and PTSD.

For all three of these categories, and for others as well, survey respondents expressed a preference for trainers or experts from outside of MCFD, as well as generally better quality training than is currently being offered.

“There are lots of learning opportunities and trainings through MCFD however, when I have signed up for a training, it is usually virtually and I am often interrupted during the training for consults or other urgent work. There are ways that I could mitigate some interruptions, I would then be neglecting my team when they need me. My learning style is also not overly conducive to virtual learning. This issue is exaggerated when with my time being so stretched and constantly in a state of crisis.”

– MCFD Social Worker, 2024

Supervision, mentoring and practice support

Many of the comments in this section mirrored themes from earlier sections on training and professional development and caseload/workload. In general, survey respondents report a huge amount of variance in the quality of and access to supervision and mentoring depending on the person filling the supervisory role. Many frontline workers report a lack of access to supervision and support, and a lack of consistency in that access, which often delays work with families. This can be made even more difficult when staff and their supervisor are not in the same location or working remotely. Frontline workers also report that team leaders are stretched too thin and must carry caseloads as well. This impacts the quality and availability of supervision they can provide.

Beyond concerns about access and quality, some of the specific challenges with supervision and mentorship include:

- Lack of debriefing opportunities following critical incidents
- Being targeted for vocalizing concerns
- Dismissal of social workers' past work experiences
- Lack of trust.

Survey respondents also shared that often support is reactive, or by request, instead of proactive, so that the onus falls on staff to track down their supervisor. Some respondents said that supervision is sometimes punitive in nature instead of supportive.

"I have not had a consistent supervisor, nor an identified mentor as a new hire. Even when I had a consistent supervisor, my supervisor was often covering for other teams and was stretched then so I really have never felt like I've had the appropriate support or supervision and often feel I am scrambling to find someone to support me or consult with, even when emergencies come up."

– MCFD Social Worker, 2024

Worker and workplace health and psychological safety

As detailed in previous sections, survey respondents report high levels of burnout due to heavy workloads and lack of support. As one respondent put it, "burnout feels inevitable." When framed in terms of workplace health and psychological safety the comments speak to a workplace that does not prioritize the health and safety of its employees.

Many workers report experiencing anxiety and guilt for taking time off. This leads to people working while sick or unwell to avoid either burdening their colleagues or returning to an even more unmanageable workload. Survey respondents also reported being "gaslit" by leadership into blaming themselves for their own poor health. Additionally, survey respondents shared that work-life balance is non-existent and that it is impossible to disconnect after work hours, especially in small and remote communities.

Another prevalent theme in the survey responses was that competency and a strong work ethic are rewarded with additional work. Often harder files are given to more experienced workers without consideration of the additional pressure and stress. On a related note, many survey respondents reported experiencing guilt due to subpar work. Because of the pressure, workers shared that they feel they must compromise their work ethic and morals and that they live in constant fear of something terrible happening to the children on their caseload. This dissonance between personal values and organizational practice is particularly marked when it comes to supporting Indigenous children, youth, families and communities; there is a sense for many that the Ministry is "all talk" when they say that they will

support Indigenous children. These feelings of compromise and dissonance are exacerbated by the perception that if something goes wrong it is blamed on the individual worker and not on the system.

The comments also reflected a high level of frustration with the benefits package offered to workers, combined with an attitude of “just get over it” when a critical incident occurs. Some expressed the belief that they should have the same supports as first responders given the nature of their work. The Employee Assistance Program was described as limited in its ability to support workers, and many respondents reported that they often end up paying for necessary supports out of their own pocket (which further compounds financial stress).

Many of the survey respondents also said that everything they shared in their responses to this survey has been reported before and this information is common knowledge in the Ministry, yet nothing changes. Over time it appears that people are less likely to speak up, due in part to frustration with the lack of change, and due also to the fact that most people who commented said they do not feel safe at work. This lack of safety is attributed to the fear of repercussions when speaking up, and to the “toxic workplace.” There are those who describe a positive experience with workplace health and safety, however those respondents also described themselves as “lucky,” indicating that the prevailing culture is the one described by the majority of the respondents.

There are also additional safety concerns for workers related to their client-facing work. Workers are sometimes harassed on social media by their clients or families of their clients, with their names being disclosed publicly. Survey respondents also reported that many workers report experiencing violence and/or threats near their workplace location, particularly in remote communities.

These acts of violence and other threats further compound the feelings of pressure, fear and frustration.

“The pile up of work paired with the guilt of not being able to be more available to people is really tough to deal with psychologically, day in and day out.”

– MCFD Social Worker, 2024

Recruitment and Retention of Staff

According to the survey responses, MCFD has both a recruitment and a retention problem. Staff shared that chronic staffing shortages at all levels make it impossible to meet the demands of the job and create a tension between getting work done and doing it well. Staffing shortages are also a key driver of stress, which in turn leads to burnout.

The most frequently mentioned issues on the topic of recruitment and retention include the lack of sufficient and equitable compensation as well as the challenges of expanded hiring credentials. Taking these one at a time, staff shared that they are not compensated when they are covering more than one position, which feels inequitable, and that in general, they believe that sufficient compensation would support both retention and recruitment. On the topic of expanded hiring credentials, which is a recruitment strategy of MCFD, some survey respondents shared that new staff are less ready for their roles and require more onboarding and support, which is currently not available. On the positive side, some survey responses also indicated that staff who are now eligible to be hired under the expanded hiring credentials policy are generally more in tune with the complexities and needs of families today, and this strength could be better capitalized upon.

Other challenges related to recruitment and retention include lengthy hiring processes (meaning that often people have found another job before they are offered a position with MCFD), a perception that it is difficult to move up within the ministry, and the experience shared by some that when senior level staff leave their positions it exacerbates the stress of other staff. Importantly, survey responses also indicated that a primary retention factor can be a person's immediate supervisor and team if those relationships are positive.

"Caseloads are too high. We are all exhausted. We need incentives to retain staff. Otherwise, the children we serve will never get proper care."

– MCFD Social Worker, 2024

Standards, policies, procedures, practice guidelines and quality assurance

The survey responses in this area speak to a disconnect between the work of frontline staff and the requirements of MCFD management and administration. If staff prioritize administrative work over in-person work that can reflect negatively on MCFD's reputation with their clients. Respondents shared their belief that standards and policies, etc. reflect the needs of the employer (MCFD), not the needs of families or the best interest of children. Keeping up with and adhering to standards and policies, etc. often falls down the priority list because staff believe that administrative or paperwork cannot and should not be prioritized at the same level as in-person work. Survey respondents shared that office-based tasks could be done by administrative staff if there was an adequate level of support. In addition, requests to use overtime to catch up on paperwork are most often denied, according to survey

respondents, and this results in staff working uncompensated overtime to catch up on these tasks, further contributing to burnout and poor morale.

The information flow regarding standards and policies, etc., particularly changes or new standards and policies, etc., was characterized as poor by survey respondents. Staff shared that management often receives new information at the same time as their staff, resulting in an inability to support staff in understanding the new information. Often these changes or new policies are rolled out via email without any formal training, and staff shared that it is known that people are unable to keep up with their email. Survey respondents shared that policy changes occur too often, and it is "impossible to keep up"; at the same time, however, there is also the belief by many that more change is needed. In addition, the search engine to navigate and access policies was described by many as poor."

As mentioned in the section above on training, new policies are often viewed as reactive and survey respondents shared that compliance becomes more of a priority after a critical incident. Responses also indicated that frontline staff are not typically consulted or involved in changes to policies, and that there is a lack of effective feedback mechanisms.

"I do not have the time to find or read policy. I continually ask my senior colleagues questions that I don't have the time to find the answer to. Policies and procedures do not align with frontline work. There is a disconnect between what the policy expects and the uniqueness of individual families."

– MCFD Social Worker, 2024

Managing Leave and Backfill Needs

Issues related to coverage, backfill and leaves were reported to further exacerbate the issue of high workloads and caseloads. As survey respondents shared, workers are not given a choice in providing coverage for their colleagues, even when they voice that they are unable to manage it. This coverage work is not reflected in caseload numbers, because the cases are not officially transferred and reassigned, nevertheless, the covering worker is expected to complete the work. Staff also asserted that if they are doing more work than their role, or covering additional positions, they must be compensated for this additional work. Survey respondents reported that essentially only emergencies are dealt with through coverage, and other non-emergency casework tends to halt until the person returns from leave, which creates a risk for families and results in inadequate service.

Some staff shared they are often pushed to work while they are sick or questioned as to why they are taking sick leave. Because of the stress associated with taking leave and the lack of coverage, the return from leave can often be as stress-inducing as the initial reason for taking leave in the first place. Sometimes people choose not to take vacation because their caseload won't be covered adequately, and they will be even further behind when they return to work. Managers also struggles with unsustainable workloads and often accumulate a backlog of vacation time which they then take all at once without adequate coverage. All these factors contribute to poor morale and cause difficulty in maintaining consistent practice.

"There is never coverage when we are away or on a leave unless that means piling the extra work on the backs of your team members who are already stretched to the max and beyond. I hate to even take a sick day to get well because it just puts me behind. At MCFD if you do a good job you get to do several others' jobs as well!"

– MCFD Social Worker, 2024

Diversity and Inclusion

On the theme of diversity and inclusion, one of the key issues highlighted by survey respondents relates to the section on recruitment and retention. Multiple survey respondents shared the perception that retention issues are affected by favoritism, racism and discrimination and that staff choose to leave the Ministry because of these experiences or perceptions. This is compounded by (and/or is a contributing factor to) the lack of representation of racialized and Indigenous people in higher level positions within the Ministry.

Respondents also shared that there is a lack of culturally appropriate or culturally competent practice and policy in the Ministry. Two examples shared were: culturally appropriate wellness practices for staff such as attending a sweat lodge are not supported through staff benefit packages and the behavioral competencies evaluated during hiring processes are not culturally sensitive. Some respondents also shared that staff with visible and invisible disabilities don't always have access to appropriate technology and office supports.

Many survey respondents also shared their experience that work with Indigenous families and communities is not recognized or valued, and that there is a lack of alignment between stated goals of the Ministry (i.e., decolonization) and practice. This misalignment affects staff directly but also affects the families being served. Respondents further reported that rigid policies within the Ministry perpetuate systemic barriers that prevent staff from upholding culturally appropriate values and practices when working with children, youth, families and communities.

“There is a lack of concerted effort to identify racialized staff and identify their career goals and develop them to help address the lack of propositional representation in higher paying and/or leadership positions. This extends into the executive and non-union roles. This creates a child welfare system that does not appear safe, or welcoming of diversity or set up to maximize diverse voices.”

– MCFD Social Worker, 2024

What is Working Well

In addition to being asked what needs improvement at the Ministry (see No Time to Wait Report for the responses to this question), survey respondents were asked “What are the top three things that are working well at MCFD?”

The top response was a *sense of community with co-workers/peers/colleagues*. This included responses such as a culture of support, respectful environment and opportunities to connect.

The second most common response was *direct supervision and support*, including availability of supervisors, knowledgeable leadership and leadership with experience.

The third most common response was *flexibility*, which included responses such as flex days, working from home, and time to take personal appointments. Even though some of these comments appear to conflict with the majority of the responses presented in the report, it is important to reflect these positive experiences as well.

“The people who are in this work are, for the most part, passionate and highly motivated to transform lives. We have to figure out how to keep good people.”

– MCFD Social Worker, 2024

Conclusion

There is a clear and difficult picture painted by the open-ended survey comments. Those who took the time to add these comments are pleading for change in order to be able to do the work that they feel called to do. In every area this survey covered, there is urgent work to be done to strengthen and bolster the capacity of the MCFD workforce. Survey respondents were clear that this information has been shared with RCY and MCFD before, but no action has been taken.

There are systemic and compounding issues to address, most significantly the culture of the Ministry as a whole, which, according to survey respondents, is a culture of fear and reactivity, and one that is seen as acting to protect its senior staff and does not always hold the best interest of the children it is serving at the centre of its actions. This culture supports the development of standards and policies to protect itself, rather than listening

to those on the front line and reducing caseloads and workload in order to support the complexities of the situations faced by the children, youth and families that the Ministry serves.

These challenges are exacerbated by the lack of resources being supplied to the Ministry (i.e., funding), and, in the opinion of the survey respondents, the resources that do flow to the Ministry are not always used to support direct casework, rather they are used to add layers of management, which does not help to reduce caseloads or add community resources. This is a systemic issue which sits at the feet of government and cannot be addressed by MCFD alone. To reduce caseloads and make more community support resources available (particularly for Indigenous children, youth and families), as well as address recruitment and retention issues, additional funding and different application of that funding will be required.

Beyond funding, survey respondents were clear that they do not have access to the training and professional development they need, nor the necessary supervision and mentoring support. This challenge is partly a result of the overwhelming workloads, which do not leave time to participate in training or for supervisory sessions, but it is also a result of the nature of the training being offered, and the fact that supervisors themselves are overwhelmed, often carrying their own caseloads, and often with little more experience than the workers themselves (although this is highly variable between supervisors and across the province).

Based on these findings, it is clear the workforce is in a state of crisis, and perhaps the only reason the situation is not more severe is the responsibility and moral imperative that workers feel to serve their clients. Relying on this work ethic is not sustainable, as is evidenced by the number of staff who take extended leaves or leave the Ministry altogether due to burnout. The culture and resourcing of the Ministry must be addressed to sustain, grow and strengthen the capacity of the MCFD workforce.

Meta-Analysis Appendix

Below are the counts of responses per key workforce capacity factor.

Workforce Capacity Factor	Response Count
Staff/Ministry Organizational Culture and Management	1118
Caseloads and Workload	886
Availability of Effective Tools and Resources to Support Good Practice	879
Qualifications, Onboarding, Training and Professional Development	759
Supervision, Mentoring and Practice Support	670
Worker and Workplace Health and Psychological Safety	583
Recruitment and Retention of Staff	513
Standards, Policies, Procedures, Practice Guidelines and Quality Assurance	410
Managing Leave and Backfill Needs	366
Diversity and Inclusion	94

Appendix D

Percentile Ranks and Scores of MCFD Social Workers and Team Leaders

2024 Work Engagement Survey (WES)¹²³

	Social Workers		Team Leaders	
	Percentile	Score	Percentile	Score
Engagement	10	58	10	59
Engagement Characteristics				
BC Public Service Commitment	9	59	10	59
Job Satisfaction	16	64	9	65
Organization Satisfaction	8	49	8	49
Building Block Drivers				
Empowerment	10	61	16	65
Stress and Workload	10	52	9	52
Job Suitability	47	78	67	81
Vision, Mission & Goals	11	52	12	53
Teamwork	19	79	27	81
Tools & Workspace	10	57	17	60
Recognition	15	56	18	58
Professional Development	11	58	11	58
Pay & Benefits	24	42	19	40
Staffing Practices	10	50	22	57
Respectful Environment	11	71	26	77
Management Practices				
Executive-Level Management	11	47	17	51
Supervisory-level Management	23	75	19	75

¹²³ Comparisons are with the broader BC Public Services. To explain, a rank of the 10th percentile on overall Engagement for social workers means a very low comparative score, i.e., 90 per cent of the remainder of the BC Public Services work units have higher/better scores. There are five categories of scores, which are described (euphemistically), from lowest to highest:

- “understand your challenges” (54 points or lower)
- “focus on improvements” (55 to 64)
- “leverage your strengths” (65 to 74)
- “celebrate your successes” (75 to 84)
- “model your achievements” (85 or higher)

Appendix E

On the Need for Improved Human Resource Metrics

MCFD is a large ministry comprised of about 4,900 employees,¹²⁴ less than half of whom are child welfare social workers and team leaders.¹²⁵ The ministry's primary service streams are: child welfare; children and youth with support needs (CYSN); child and youth mental health (CYMH); and youth justice, all of which are overseen by management and corporate support services and supported by administrative support services.¹²⁶ These service streams have different types of professional staff: social workers in child welfare; clinical social workers/counsellors, nurses and psychologists in CYMH; a mix of field CYSN social workers and administrative staff in CYSN services (including Specialized Provincial Services¹²⁷); and youth probation officers, youth custody and youth forensic psychiatric staff in youth justice services.

Staff in these service streams have different qualifications and training, are subject to different professional regulatory bodies (or not at all), operate under different legislative frameworks and policies and procedures, and have different roles and responsibilities. Moreover, staff in these service streams are situated differently: child welfare staff are typically unable to limit their workload whereas CYMH clinicians can triage cases and

do limit their workload by establishing waitlists for less urgent services. CYSN social workers have extraordinarily high caseloads, typically in the hundreds,¹²⁸ whereas youth justice staff have light workloads.¹²⁹ In short, these are in many respects different *workforces* that are distinct in their circumstances and needs, and which require focused attention.

With the decades long history of ongoing issues such as excessive workloads, recruitment and retention and stress and burnout, one would expect that MCFD would routinely gather detailed human resource information about child welfare social workers and different types of social workers (e.g., intake and investigations, resources, team leaders). For example, do child welfare social workers have higher rates of sick leave than other types of workers in the ministry or in the broader public service, or do intake/investigations specialists have higher sick leave rates than, say, adoption social workers? While the ministry can provide aggregated sick leave rates for all ministry staff, due to limitations of the information system that data is not disaggregated according to service stream and position types within those service streams.

¹²⁴ 4,893 employees as of December 2023. Workforce Briefing to RCY, January 2024.

¹²⁵ MCFD reports a headcount as of March 31, 2024 of 2016 child welfare (1764), adoptions (63) and CYSN (189) social workers and team leaders.

¹²⁶ The ministry lists Adoptions as a separate service stream from child welfare, as well as Early Years services, the latter of which is overwhelmingly contracted through agencies.

¹²⁷ These services, such as Autism Funding and Medical Benefits are principally transactional, except Provincial Deaf and Hard of Hearing Services.

¹²⁸ For example, information received from MCFD on July 2, 2024 indicates the provincial average caseload for CYSN workers in June 2024 was 187.

¹²⁹ See, Representative for Children and Youth, *Missed Opportunities: A review of the use of youth justice resources*, January 2024. <https://rcybc.ca/wp-content/uploads/2024/01/RCY-Missed-Opportunities-Jan2024-1.pdf>

The ministry also does not routinely collect and analyze other key data about the circumstances of child welfare social workers that one would expect. For example, the ministry does not consistently conduct, aggregate and analyze exit interviews of child welfare social workers (or other workers) leaving the ministry, which could provide a wealth of important information about their reasons for doing so and their perspectives on working conditions.

While the collective agreement with the BCGEU provides for a procedure for staff to formally identify workload issues – known as Appendix 4 – the ministry does not centrally collect and analyze those reports to ascertain frequency, trends, and the nature and location of the workload issues.

As will be detailed in the next section, the ministry formerly produced reports on staff teams that were critically understaffed at 50 per cent or less of staffed capacity, but no longer does so. Moreover, the ministry does not regularly monitor the number and allocations of unstaffed child welfare positions and could not produce a report on the same.

This lack of data not only limited the information available for this review but far more importantly limits the ministry's capacity to identify key issues, develop informed workforce strategies, and track and monitor progress in addressing those issues.

Another crucial metric that is currently missing is a workload measurement tool.

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