Not The Heart Stuff: Early-Career Child Protection Social Workers And Preparation For Difficult Work

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ABSTRACT

Social work educators have been trying to understand how best to prepare social work students for the difficult aspects of social work practice for many years and there continues to be a need to improve social work education curriculum in relation to this issue. This article describes a study of Canadian early career child protection social workers, that is those who graduated from an accredited social work program less than two years ago, had less than two years of child protection practice experience, and were under the age of 30, and their perceptions of the challenges they have experienced in their practice along with their perceptions of how their social work education prepared them for these challenges. In this qualitative, Interpretive Description study, the intensity of the participants' experiences are compared to the depth of their educational preparation. Recommendations regarding social work curriculum development are discussed. The findings emphasize the need to build in-depth curriculum that is more consistent with the experiences of early career social workers.

Introduction

Social work educators have been asking how to best prepare social work students for practice for many years. One area that poses a particular challenge is preparing students for the emotional intensity of social work practice (Knight, 2010). It is the nature of social work practice that social workers are involved in challenging situations on a regular basis. As a social work educator, one of the authors often tells students that we, as social workers, stay in the room when everyone else wants to leave. Staying in the room means that social workers often experience negative emotional and physical impacts from their work, and this seems to be particularly true in relation to the exposure experienced by young and inexperienced social workers. (Adams et al., 2001; Devilly et al., 2008; Hamana, 2012; Jankowski, 2010). The qualitative analysis presented here is part of a larger project aimed at understanding how early career child protection social workers (defined as those with less than two years of post social work qualification experience in child protection and under the age of 30) experience trauma exposure and other challenges of their practice and how they find their way through the challenges of their work. In relation to the data reported on in this article, the participants were asked about their challenges in practice so far, and to consider how their social work education prepared them for these

challenges. While the participants did discuss positive aspects of their work, the focus of the research question was on the difficult aspects of their experiences. The negative impacts of their work that the participants described are reviewed and compared to their perceptions of how their social work education prepared them for the challenges of social work practice. A discussion of current social work curriculum literature in relation to trauma exposure and related practice challenges follows the analysis. This article concludes with a review of potential implications for social work education.

Literature Review

Indirect exposure to trauma is a predictable aspect of being a social worker and it is also predictable that social workers will be negatively impacted by this exposure (Bride, 2007). Indirect trauma as a general term refers to the impact of trauma one has not personally experienced (Bober & Regehr, 2006). Many researchers have explored the nature of indirect trauma experiences and the impacts on social workers and other helpers. This has resulted in a solid understanding of the impacts on social workers as a result of being present to the struggles of others, especially those working in the area of child protection (Nelson-Gardell and Harris, 2003). The literature consistently indicates that social workers and other helpers are vulnerable to intense negative impacts as a result of working with people who have experienced significant trauma.

In addition to impacts of indirect trauma**,** such as vicarious trauma and compassion fatigue**,** a wider range of potential harms to social workers and other helpers has been researched and discussed. Potential harms such as professional grief and loss, guilt and shame, moral distress, and harms caused by the organizations where social workers are employed have been considered and described as significant factors in the struggles experienced by social workers

and other helpers (Austin, et al., 2013; Collins, 2007; Gibson, 2014; Oliver, 2013; Strom-Gottfried & Mowbray, 2006). This wider understanding of potential harms is important to consider when attempting to understand the experiences of early career social workers and will be discussed in more detail later in this paper.

Early Career Child Protection Social Workers

In addition to the research related to the challenges of social work practice, there is a growing body of literature discussing the experiences of early career social workers as they enter practice. While most of the studies reviewed focused on early career social workers practicing in a variety of practice settings, Wilke et al. (2020) specifically examined occupational stress levels of early career child protection workers. The authors surveyed the case workers' (this term was used as opposed to social worker as not all participants were social workers) perceptions of their physical and mental health in six-month intervals over eighteen months of practice. The workers' description of their mental health worsened at each interval while their perceptions of their physical health initially deteriorated at the first review point but remained stable throughout the rest of the study. All participants in the Wilke et al. (2020) study declined in their physical and mental health throughout the eighteen months and no workers returned to their pre-child protection work functioning. Wilke et al.'s (2020) research complements another study which did not exclusively look at early career child protection workers but examined participants who worked in child protection. Some of these participants were early career child protection workers and they described almost immediate "horrific effects associated with their work" (Jankoski, 2010, p. 110). Workers reported that the stories they heard and their responses to the traumatic stories were the main cause of difficulty for early career social workers (Jankoski, 2010). Another study, conducted in the UK, focusing on the emotional impact of child protection work,

found that newly qualified social workers (NQSWs) doing child protection work "repeatedly referred to the emotional demands of the job and the stresses which this created . . . they reported having difficulty sleeping and often relied heavily on their partners to talk issues through" (Jack & Donnellan, 2010, p. 5). The NQSWs in Jack and Donnellan's study (2010) noted significant emotional impact from the intensity of the work, along with finding it difficult to resolve the differences between the ideal practice they had learned in their social work education and the realities of day-to-day practice. They also struggled with the demands of organizations they worked for: "without exception, it is these organizational pressures which resulted in the most irritation, frustration, and lack of satisfaction" (Jack & Donnellan, 2010, p. 8). These studies support the assertion that early career child protection workers are walking a particularly challenging path.

Early Career Social Workers

Other authors have examined the experiences of early career social workers working in a variety of settings. A study conducted in Australia by Stewart and Fielding (2002) examined the experiences of early career social workers in health care settings. These participants expressed unease regarding the support they received. Only 40% of the participants were receiving regular supervision and many participants expressed concern that the were expected to be ready to start practice without further training and support (Stewart & Fielding, 2022). These participants were concerned with appearing to be competent and worked to demonstrate what the authors referred to as "performative coping" in spite of intense personal concerns about their competency (Stewart & Fielding, 2022, p. 503). Connected to the idea of demonstrating competency before feeling competent, new social workers can experience significant pressure to show that they are ready for practice by taking on the characteristics of the more experienced social workers around

them. Newberry-Koroluk (2018) described the experiences of early career social workers from the perspective of being young and female. The participants in her study described feeling marginalized by more experienced social workers who were dismissive of their experiences and saw them as "little girls" who needed to "bitch up" to do their work effectively (p. 7).

In addition to issues of competency, early career social workers frequently describe experiences of moral distress which is defined as the conflict between what the social worker considers to be morally correct and what the social worker is required to do as part of their role (Oliver, 2013). A study of professional identity and early career social workers conducted by Hochman et al. (2022) noted that several participants "described how an idealized professional identity was constructed during their studies" (p. 9) which made it difficult to see themselves as competent and created "profound disappointment" (p. 9) as they were required to practice in ways that were not congruent with what they believed was good practice. While not labeled as moral distress in the article, Agllias (2010) describes the conflict early career social workers experienced between both the expectations they had of their practice and the realities of what they were required to do, and the difference between the standards of practice they were trained to perform and the quality of work they observed in other social workers. The participants in Agllias' study expected to see the more experienced social workers practice with high ethical standards and were shocked to frequently observe senior workers practicing in ways that were in direct conflict with the standards they had learned during their social work education (2010). Hochman et al. (2002) noted that early career social workers described two main challenges in their beginning practice: "emotional overload and the gap between organizational conditions and their perceptions of the profession during their studies" (Hochman et al., 2022). This experience could be understood as moral distress given the disconnect between how the participants wanted

to practice and how they were able to practice. The participants in Hochman et al.'s study noted that their social work training had not adequately prepared them for the challenges they experienced and had, in some ways, increased the difficulties through creating unrealistic expectations.

Along with the experiences of moral distress, organizational issues were described as a significant challenge for new career social workers which is consistent with the organizational issues described in the earlier discussion of early career child protection workers. In a mixed-methods evaluation of the experiences of early career social workers (graduates with two to six years of experience) in Ireland, Guerin et al. (2010) found that, while most participants felt that their expectations of the profession had been met overall, they experienced more stress than anticipated and found the professional expectations to be daunting. These workers noted they had far more negative experiences with the organizations they worked for than they had negative experiences with service users. Many of the same themes of negative experiences with organizations were expressed by early career child protection social workers practicing in California. Organizational issues were again identified, but in a more specific manner. Chenot et al. (2009) found that working in an organization with a passive defensive culture had a negative impact on the retention of early career social workers (defined as working one day to three years). Passive defensive cultures were defined by Chenot et al. as those that were concerned with following rules, assigning blame, and resisting change (2009), and early career social workers who experienced this type of organizational culture were more likely to leave their work than participants who did not experience this type of organizational culture.

While the organization itself was a barrier for many early career social workers, supervisory support was identified as having the most positive effect on intent to leave as

workers who received what they considered to be good supervision expressed less intent to leave (Chenot et al., 2009). Despite access to good quality supervision being identified as especially important for early career social workers, a lack of access to supervision was identified as an issue by participants in a 2022 study conducted by Hochman, et al. The authors noted that participants were dissatisfied with the organizations they worked for due, in part, to the lack of access to supervision and professional supports through their agency. Another study found that some early career social workers had both good experiences with supervision that they found to be very helpful, while others experienced minimal supervisory support (Cleveland et al., 2019). The participants in this study who received good supervision, described themselves as lucky in the context of seeing peers trying to manage without support.

The literature on early career social workers and the literature on early career child protection social workers describe a complex, challenging experience that is not easily navigated and one that requires support to navigate. The aim of the research study being reported on in this article was to understand the experiences of early career child protection social workers in relation to trauma exposure and other challenging aspects of their work and to understand the ways in which their social work education helped to prepare them for these challenges.

Methods

In-depth, one-on-one, semi-structured interviews were conducted with nine early career child protection social workers. In order to be considered early career child protection social workers for the purposes of this study, the participants needed to have less than two years of post social work diploma or baccalaureate degree experience with at least three months of practice experience, be under the age of 30, be currently practicing as a child protection social worker

who started their work within one year of completing an accredited social work program, and be a registered social worker in the province of Alberta, Canada.

As one of the goals of this research was to make recommendations to improve the preparation of beginning social workers in relation to the difficult aspects of social work practice, selecting participants who are recent graduates allowed the researcher to consider the impact of the participants' social work education on their experience. Social workers practicing in child protection were selected, in part, because the researchers believed that these social workers would have been exposed to trauma through their work and would likely experience other challenges in their practice. Requiring that the participants be registered social workers meant that they had attended a recognized school of social work and had some degree of consistency in preparation for practice because these programs are all accredited by the same bodies. The age limit selected reflected the researchers' interest in understanding how age an experience relates to difficult social work practice. The participants in this study represented a partially homogenous sample who were be able to address the specific research questions identified in this project. The use of a homogeneous sample in qualitative research helps to focus the interviews and analysis towards the specific issue being studied (Palinkas et al, 2013). All nine participants were employed by Alberta Children's Services. Permission to interview these participants was provided by the participant and by the Ministry of Children's Services. These participants all attended their social work training in Alberta at different accredited universities.

Participants were recruited through a poster that was sent to the Ministry of Children's Services and to regional child protection offices. Managers and supervisors were asked to share the study details with those who might fit the criteria. Participants then contacted the researcher if they were interested in participating.

Of the nine participants in this research study, eight participants identified as female, and one participant identified as male. Gender neutral terms are used in the data analysis and discussion to avoid identifying the male participant's responses. Two participants were 23 years old, three participants were 24 years old, one participant was 25 years old, two participants were 26 years old, and one participant was 29 years old at the time of the interviews.

The participants had from six months to almost two years of experience in child protection work and they worked in a variety of roles. Five participants worked primarily in intervention casework, with two of those participants also carrying permanency files (permanency refers to working with children and youth who are in permanent care and the caseworker is looking for permanent placements). Two other participants worked only in permanency, one participant worked as a high-risk youth caseworker (which is a specialized role working with youth who require intensive supports), and one participant was in a trainee role (this is a developmental role which leads to a caseworker role). Of note, only two of these participants were carrying a full case load as most of the participants had not completed the required delegation training for new caseworkers in Alberta. This training is scheduled for one week per month for four months. Caseworkers are not able to do certain tasks, such as making a court application, until they have completed delegation training.

Ethics approval for this study was obtained through both the University of Alberta and MacEwan University as both institutions were involved. The interviews were conducted face to face by one of the authors. A semi-structured interview schedule was used as a starting point for these interviews. Participants were asked about the challenges of their practice and how they had been impacted by these challenges. They were later asked what in their social work education had prepared them for the hard parts of their work. These questions are the focus of this article as

not all aspects of the interview related to the issues discussed in this paper and will be reviewed in other writings. The interviews were recorded and subsequently transcribed by the same author who conducted the interviews. The transcripts were carefully reviewed by the transcriber and were then sent to all participants to ensure that the transcripts accurately reflected the interviews. Participants were offered support during the interviews and once the interview was completed. Each participant noted that they had access to support if needed and no one asked for additional support.

The data were analysed using Trauma Informed Practice (SAMHSA, 2014) as the theoretical framework along with Interpretive Description methodology (Thorne, 2016). Interpretive Description is a methodology with roots in the nursing field which ". . . straddles the chasm between objective neutrality and abject theorizing, extending a form of understanding that is of practical importance to the applied disciplines . . ." (Thorne, 2016, p. 29). Part of connecting Interpretive Description research to the practicalities of day-to-day work is to focus on research questions that are based on questions arising from practice situations. These questions tend to require both understanding of a phenomenon and analysis of the meaning of these experiences in order to be useful to practice (Thorne, 2016). The usefulness of the questions asked, and the methods used to analyse the data are found in the ". . . inherent value in careful and systematic analysis of a phenomenon and an equally pressing need for putting that analysis back in the context of the practice field with all of it's inherent social, political, and ideological complexities" (Thorne, 2016, p. 57). Asking questions that arise from the field is done in the hopes of documenting ". . . patterned and thematic insights derived from examples of an entity and to reconfigure what is found into a form that has the potential to shift the angle of vision with which one customarily considers it" (Thorne, 2016, p. 57).

Using interpretive description as the analytic methodology the researchers sought to find pattern and meaning in the data without using a rigid coding process. The data was reviewed multiple times before coding as "knowing your data means dwelling in it repeatedly and purposely and developing a relationship with it" (Thorne, 2016, p. 167). After the data was reviewed multiple times for the purpose of deepening the researchers' connection to the data, it was then reviewed in relation to the theoretical framework of trauma informed practice and sorted according to principles of 1) safety, 2) trust and transparency, 3) peer support, 4) collaboration and mutuality, 5) empowerment, voice and choice, and 6) cultural, historical and gender issues (SAMHSA, 2014). The data were subsequently considered in relation to the patterns that emerged and then the researcher considered the "below surface meanings" that assist in meaning-making that is relevant to the applied discipline being studied (Throne, 2016, p. 192). The patterns and underlying meaning together with conceptual analysis culminate in the findings of this study. Participants were sent a copy of all writing created with the interview data for their review.

Results

One of the larger aims of this study was to try and understand how early career child protection social workers were impacted by their work. Throughout the data analysis process, it became very clear that, while there was a range of impacts that appeared to be connected to how long they had been practicing, all participants could describe a story or experience that had been very difficult and had an impact on them, both personally and professionally. The intensity of the stories and the impact on the social worker varied, but there were no participants who felt they had not been impacted by the experiences they have had as early career child protection workers.

Some of the patterns that emerged in relation to the challenges of their practice are detailed below.

Patterns in the Data in Relation to the Challenges of Their Work

Loss of Hope. A pervasive pattern in the interviews relating to thinking about the hard parts of their work so far was a loss of hope. This loss of hope was further connected to a lack of efficacy in their practice as they were struggling to see how they could have an impact in such difficult situations.

A participant discussed their struggle with watching a young Indigenous person experience loss of culture, connection to their family, and loss of identity. In spite of the worker's best efforts to find a kinship home, they had not been able to find a permanent family where the young person could be connected to all the things they had lost.

> I've been family finding on some files for, since I've had them, for like, a year or more and getting nowhere. And to me that just like, it almost like, takes away your hope...that you're going to be able to find something better for these kids or find somewhere where they can just be loved and nurtured and cared for as any other kid (P2).

The same participant**,** when talking about another young person who experienced sexual abuse and poor care**,** reflected on learning the realities of what you can do to help a child and acknowledged systemic issues.

> It's like a piece of this child is not ever going to be whole . . .but, I anticipate it's going to be a lifelong struggle for her. And to me that's really sad. To me that, that is impactful because I almost feel like the system just sets our kids up for failure . . . and sets them up for not necessarily a great future (P2).

Watching Patterns Repeat. Another participant relayed a story of a young person who was doing really well until a parent returned, and the young person was rejected by their kinship care provider as a result of the youth seeing their biological parent. The young person started to struggle with every aspect of their life and their future seemed less bright. The experience of watching the young person's life change so dramatically was hard for the worker as they had such high hopes.

> And so, it's just heartbreaking to be like, I think it's heartbreaking to see that cycle continue when I knew that it could have stopped with him…I did see a different opportunity. And I think he...it's heartbreaking because every time I meet with him, he's like, I'm like...do you know where you're going right now? And he's like, "yeah I'm on a pretty bad path and I want off," and I was like, I want off too buddy..." (P1).

The nature of client struggles meant that the participants were witness to people struggling to detach from cycles of struggle that have existed for many years. Many of the people being served by early career child protection workers are not able to find a way to exit the intensely damaging cycles they are caught in. For social workers, they may experience a loss of hope, and they may find it painful to see people stuck in dangerous places while feeling unable to help people effect change in their lives.

> It's discouraging - it feels really discouraging for me and I think that's the most difficult thing that I've observed, just because it feels like there's always a cycle it's really, really difficult to break …and so you kinda feel a bit, it feels to me sometimes a bit hopeless and it's like oh it just keeps going and going (P4).

Feeling Powerless. Connected to the experience of hopelessness, workers reported feeling powerless and that they were not able to do their jobs effectively.

> That's been the most frustrating part of it for me I think, just, it's hard, harder to kind of see the work you're doing reflected in the people you're working with and it's a lot easier to get in the train of thought of, I have to hit the steps and then move on to the next person. I'm trying to combat that is much as possible in the work that I'm doing (P4).

Poor Practice Around Them. Another pattern that emerged related to the challenge of seeing other workers practice in ways that were not consistent with what the participants expected or hoped for. They were often very discouraged by the quality of work being done by other child protection workers and supervisors. This participant is referring to a situation where a child was harmed by a parent during visitation, and they felt that other workers failed to protect this child.

> It is just very frustrating because I feel that, for some of them, it could have been addressed quicker and stuff could've been handled in a way that would not continue to have such an ongoing impact…yeah, the harm was allowed to be continued and I think part of it was lack of checking in by the supervisor to see what's going on in a file. But then also lack of insight by the caseworker for being like - oh it's fine - it happened like 10 years ago and it won't be an issue anymore without actually addressing the issues with that family (P3).

The pattern of being surprised and disappointed in the quality of work being done by other caseworkers was consistent throughout the interviews and reflected the challenge of the difference between what they learned as best practice in their social work education and what they saw happening. This participant is describing the pain of seeing others be unable to meet the needs of a child with significant trauma experiences.

> …and feeling like I couldn't help. Because there's all these other factors in the way that I can't control…because of the placement breakdown – you can't find a placement for her. And a lot of the things, a lot of her emotional dysregulation also came from not being able to have contact with mom. So, that really affected her behaviours and her emotions. Not being out to see mom because we couldn't facilitate it – contact – mom and children's services, just the history was awful (P8).

An Impossible Job. This sense of powerlessness continued into the discussion of the participants' worries about their ability to protect children from harms that they may or may not know about. They reflected on the impossibility of the jobs that they were given. For example, one participant discussed a situation where a parent died by suicide, and they had not identified the suicide risk before the parent's death. This participant experienced guilt, shame, grief, and loss as a result of this experience.

> …we were working so hard with mom and dad as a couple and dad was presenting as really depressed, like super suicidal like, we're doing all those suicide interventions and then we get the call out one day and the mom's the one who killed herself…and we didn't know! Because we were so focused on dad and was like mom was the classic like, didn't say anything, just worked, head to the ground...didn't say...and dad was like, like he was like I feel like I should just die sometimes, like maybe it would be better. So, we never saw the, never saw the signs of mom. And I was just like...we had no idea and literally the week before we did suicidal interventions with dad...so, I think that that has been a super traumatic experience. (P1)

Many participants talked about the impossibility of keeping children and youth safe, even though their job was all about protecting children.

> Yeah, because you, you have kids come into care because, like you said, you want better for them…and then, we end up with kids getting abused all the time. And I had, you know a worker, a seasoned worker that was doing a training um, one day and, and say, you know kids are going to die in care… and, and she's, yeah, and I, and I know it happens but to like, hear it and be like, why is that okay? Like, why are we going to have kids die in care (P4)?

These are a few examples of the patterns of challenges the participants described. The participants all described complex challenges relating to trauma exposure, grief and loss, hopelessness, powerlessness, and the general emotional intensity of the work they were doing. Concerns regarding the organization they worked for, the nature of the work they were doing, and how others perceived them were also raised in the interviews. The participants also described significant negative impacts on their physical and emotional selves as result of these challenges. For example, participants described crying every day (P2, P7), experiencing sleep disruptions (P6), having intrusive thoughts about work during non-work hours (P7, P8), and feeling overwhelmed physically and emotionally (P6, P7, P8). One participant described how the worries permeated their day. “I noticed that, and just maybe waking up in the morning and feeling like a weight on my back. Oh, I hope nothing bad happens with this kid. I hope that she has a good day.” (P81) Another participant described a similar impact in relation to losing a client to suicide, “how do we keep doing the work every day with this grief cloud over on the side that might come in any time?” (P6) While the experiences and impacts described by the participants in this study were significant and deserve attention, the participants also described having many supports around them to help mitigate the impact of this work and they further described experiencing positive impacts from their work.

Educational Preparation for the Challenging Aspects of Social Work Practice.

When asked how they felt their education had prepared them for the challenges they have experienced in their work, almost all of the participants noted that they did not feel their social work education prepared them for the intensity of the challenges they had faced so far in their child protection social work practice. The following patterns and underlying meaning were identified within the concerns expressed by the participants:

Too Much Focus on Theory. Several participants noted that the programs they attended were very focused on theory in general and did not focus on applying these theories to practice in a way that was consistent with front-line, non-clinical, social work roles. For one participant, this focus on theory represented a disconnect for them, especially in relation to the difficult work they are now doing.

> I think, my social work schooling and training was very much like, here are some theories, here are some roads you can go down, here are the people who have started social work.... but not the heart stuff. I don't think they taught you really well about like, how do you handle when a kid confesses that he did A, B and C?…or, how do you talk to a kid about, how do you talk to a kid who's doing sex work or being sexually exploited...about like, how you can ask your Johns to use protection. (P1)

This participant felt that they would have liked to talk about the 'hard parts' of social work before starting their practice, including the emotional impact of the types of conversations they described above. Their professors were described as often being uncomfortable discussing highly emotional issues, and this participant did not learn ways to manage the impact of difficult work.

Self-Care Discussions in Social Work Education. The idea of self-care came up in numerous interviews as self-care is often presented as the only way to manage the challenges

faced by social workers in practice. This participant is responding to a question regarding how much they learned about trauma exposure in their social work education.

> I think we did. I think when I like, read about, like taking that trauma on...and like, being exposed to it and like feeling down but the other traumas and being like, re-triggered through other people's trauma. I think that's definitely talk about in, that was talked about in both my degrees...but I don't think that they emphasized it as much as they should have. Yeah, [laughs] just a reminder, this is going to be hard for you… but self-care!" (P1)

As was reflected in the comment above, the most consistent message in the interviews was in relation to the depth of the conversation around self-care. Some participants felt that they had a good, beginning knowledge of self-care from their social work education and they noticed that some older workers had not been given the chance to learn about self-care.

> I think, you know, I think the one really good thing that they instilled in, in us in my program was self care. We talked a lot about self care um, and that's something that I, you know, we see workers that maybe they've never been taught about self care, or vicarious trauma, or all of those things. You know, I have a co-worker here who's been in a, been with children's services for 15 years, I think, and she came up to me one day and she's just like, "Oh, like, vicarious trauma . . . I just learned about it and blah blah blah and all that stuff." And I was like, oh...I didn't realize that education had changed that much. Um, that those aren't even things that would be, like, in your programs when you do them, because to me, those are like, so, those were so deeply instilled in us like, yes, like this can happen, so when this does happen what do you do. Right? So, I feel like the education piece taught me that foundational knowledge. (P2)

Other participants noted that, while they had discussed self-care in their classes, the discussion was either too limited or not practical enough**:** “we didn't touch on it too much. Like, we, I think we touched on it in like one course...one module and it was like, okay these are things that can happen, and it's like, okay, the burnout stuff, right, and... the changing of world view” (P2). Another perspective was that the discussion of self-care was not meaningful.

> Because I know, some people felt like self-care has just become a buzzword. Everyone just relates it to pour yourself a glass of wine and just sitting in front of the TV and turning off. Or just glazing off to whatever trash TV show you’re watching. But I mean, yeah, I think it kinda became – using maybe the word self-care has been connected to like a cheesy way of saying just take care of yourself. Recognize your warning signs - have your people to recognize your warning signs as well and don’t isolate yourself when you are struggling. I think that’s what self-care encompasses but I don’t know if that’s exactly explained in the most thorough/best way. And I think also, self-care – it’s easy to joke about - to be lighthearted about it but I think if we break it down a little bit more, people will get it more. Because if you can joke about – because people joke about oh, I’m just gonna grab a glass of wine and just sit back in your tub. And yes, it’s a great way to do self-care but why is it the best for you - what is it about that particular activity…what need is it meeting? Is it for you to turn off all of the voices that you hear from work and just be with yourself and to reflect to yourself and just have time to read a book or whatever. These things are intentional. It’s not just because. Do you see what I’m saying? (P8).

Another concern expressed by the participants was being taught the idea that vicarious trauma and compassion fatigue can be avoided by doing self-care.

> Vicarious trauma, that was the big one, I think that we talked about. over the other one? There was another one that I totally forgot about. Compassion fatigue? That one…we talked about those ones. How we can get them and how to the impact us and how to avoid getting it - which is next to impossible. (P3)

The idea that self-care needed to be taught in practical ways and meaningful ways was reflected by several participants.

> We talked and talked and talked about self-care. "It's so important, develop a self-care routine", but I think it's so much different when you're working full time and you're in it. And you have this responsibility on your shoulders. And I definitely had to re-figure that out (P9).

> Self-care being talked about so much in class – it takes on a different meaning maybe now that I'm doing this. There's a difference between self-care in school and talking about it versus how I am going to actually take care of myself (P6).

> We always joke, we always talk about self-care, right? [laughs] but they don't teach you like, the reason why you do it…I don't think that they teach you the reasons why you do it or like, the methods that are like, what self-care actually is and like, how to do it in a healthy, functioning way to do your whole body. Your whole self then. (P1)

One participant reflected on a specific task that was given to them in field placement that helped them to do self-care that was meaningful to them.

> I remember in my third-year practicum, it was part of my learning contract to take the last half hour – or part of my agreement to take the last half hour the day to do something self-care-wise. So that was meaningful. Because it was hours spent, time spent that was

> meaningful. Even just like half an hour a day where I didn't – I would appreciate that now (P7).

Another participant talked about the reflective, mindful practice strategies used in their social work education that assisted them in developing skills to depersonalize and compartmentalize the stories they were hearing.

> More for me I think is that reflection piece that we did so often in school that really kind of has helped me compartmentalize those traumatic stories that I hear. And just to be mindful of – that's not your story – it's something that happened to someone else and that's terrible but in the end of the day it's not my story to carry. And how do I help others who experienced that story feel that way at the end of the day too. You can move on from this – you're a person and you can have a beautiful life afterwards. (P5)

Although most participants described their understanding of self-care as limited, a few noted that students often don't believe that they will experience challenges themselves and that might be part of not learning enough about self-care.

> I think there was enough. I think there was more a matter of me not taking it seriously. All a lot of things that were taught I didn't think of them as important things for me. Maybe this is a bad example but things like strict boundary setting where your phone is off at the end of the day – I can probably handle working a bit later and being on call. But experiencing it over time – more duration – I realize that stuff is really important and if I keep going like I am with flimsy boundaries around how much I can work I might get burnt out. And that was kind of like I was feeling about going to counselling those are lot of the feelings that I had – I think the information was there, but I didn't choose to internalize it or utilize it then. I didn't feel like it was really applicable to me and I'm not

> sure why that was. It might be a bit of a cultural thing, like I can handle it. I just think that I am fine - but it is super important. (P4)
>
> I know sometimes, some of us too would be like – oh they're just talking about this on and on. And they're going on and on and on about it. I think it's going to be fine. We're going to be fine. And then we are actually thrown into the field and you're actually doing your work – it kind of just comes up out of nowhere. Where these are things that you really recognize until it explodes. So, I think that, I mean, obviously at school – tell the profs please keep talking about it and please just be persistent about and consistent about talking about it. We're not gonna take it seriously until it actually happens to us [Laughs]. It's unfortunate but it's true. Then we can think back to the time where our teachers were talking about it and you're like oh now I can relate. Now I see where they're coming from. (P8)

In relation to the need for greater depth in the discussion of how to respond to the challenges of social work practice, participants noted that the discussions they had experienced were too limited and that other challenges of practice should be included. For example, "I would say that peer relationship piece, not really talked about at all. And perhaps that's more of a workplace specific thing, I don't know" (P9).

Another participant noted that the topic of attempting to engage in high-quality social work practice while working in a system that does not always support that type of practice was not discussed in their social work education.

> …child welfare is an inherently oppressive system, right, however it is an oppressive system that is necessary because we haven't addressed the underlying issues that cause

> children to be at risk so we can't really do anything and you also can't really address the root causes of it, but we also can't leave children at risk. (P3)

Many participants identified hypocrisy in schools of social work that talk about self-care but create an environment in which it is difficult to engage in self-care.

> …most of the professors that I dealt with in social work talked about self care, but did we talk about what is the reality of actually being able to practice…not really. Because, like, even in the education piece, you'd have some professors that would overload you with work, and I'm like, they talk about self-care but they're certainly not allowing us any time. (P2)

> But I don't know, I guess the biggest hypocrisy if you would call it that – because I just remember how I felt when I was in it. We are in social work where everyone preaches self-care but the way the program is designed in a lot of ways did not foster us to be able to do that (P7).

The idea of self-care and how to best engage in self-care and model self-care was represented in a complex way by the study participants.

Discussion

There are many challenges presented when considering how best to structure educational processes for future social workers who are almost certain to experience impacts because of doing difficult work. The participants in this study helped to bring forward some important ideas. They identified vicarious trauma and self-care as the primary discussion topics in their social work education regarding both the potential negative impacts of their future work and ways to address those impacts; however, their descriptions of their experiences told a different story with respect to the breadth of challenges that new workers will face in their work that were not

covered in their social work education. The participants identified loss of hope, grief and loss experiences, negative organizational issues, peer struggles, conflict between how they want to practice and how they are able to practice and struggles with being part of a system that can be harmful to people. They talked about harmful impacts and struggles to feel safe within an organization that is not trauma-informed with respect to staff members. Their experiences reflect the complexity of the work that child protection social workers are being asked to do, and their descriptions of their preparation did not reflect this complexity. They had mixed feelings about the education that they had received with respect to the challenges they ultimately face in the profession, with some feeling that they had gained useful knowledge and skills and others feeling that the discussion of these issues while in social work school was superficial and not very helpful in practice.

The experiences described by the participants in this study mirrors many of the experiences that were described in other research such as moral conflict (Agllias, 2010) as discussed in the literature review earlier in this paper, but their descriptions of their social work education preparation indicated curriculum that either ignored predictable issues or suggested only self-care as a response to the negative impacts of their future practice. The gap between the needs the participants described and the preparation they received was stark, particularly with respect to the depth and breadth of experience compared to the surface level discussions in their social work education.

Current Social Work Curriculum in Relation to Preparation for Trauma Exposure and Challenging Work

Current baccalaureate and master level social work education curriculum standards in Canada are set by the Canadian Association for Social Work Education (CASWE), which is the

accrediting body for degree level social work education in Canada. The existing curriculum standards, which were set in 2021, include a wide range of essential educational elements but does not address either the need for social work students to gain an understanding of trauma and trauma impacts or the need to learn about the impact of indirect trauma on social workers (Canadian Association for Social Work Education, 2021). The established standards also do not discuss or require courses related to the general challenges of relational practice or organizational issues. This is also the case for curriculum standards in England and Australia (Social Work England, 2021; Australian Association of Social Workers, 2020).

In the USA, social work programs are similarly accredited by the Council for Social Work Education. In their 2022 standards, they reference self-care in the ethics section: "Social workers take measures to care for themselves professionally and personally, understanding that self-care is paramount for competent and ethical social work practice" (Council on Social Work Education, 2022, p. 8) but there are no specific standards set regarding self-care in the social work curriculum.

Despite the lack of specific accreditation standards, several writers have suggested a link between the struggles of early career social workers and gaps in the preparatory process for social workers (Finklestein et al., 2015; Nelson-Gardell & Harris, 2003; Newell & MacNeil, 2010; Michalopoulos & Aparicio, 2012). These authors have called for the inclusion of trauma exposure response and other challenges in the social work curriculum to better prepare new workers for the realities of practice. They also suggested that new social workers should have access to continuing education opportunities related to impact of trauma exposure response for social workers.

Several schools of social work have either reviewed their curriculum to consider how they are including the challenges of social work practice or have begun to pilot specific modules aimed at addressing these challenges. Much of this discussion has been focused on developing the ability to engage in self-care. A review of social work programs in Spain found that students identified the need for formal self-care learning opportunities, but self-care was not formally added to the curriculum (Anleu-Hernandez & Puig-Cruells, 2022). These authors advocated for both the inclusion of self-care in social work training, and for more training for social work educators so that they are able to deliver this curriculum effectively. Much of the course work that has been created and written about focuses on learning about self-care and developing good self-care practices. As an example, Lewis & King (2019) developed a self-care module for social work students that was integrated into existing curriculum. Students reportedly found the modules helpful in gaining knowledge of self-care. The authors recommended that the module last for at least four weeks and that the knowledge and skills also be taught to those who were supervising students in field placement to further support skill and knowledge development. Another project saw the use of one assignment to both assess social work students' use of self-care strategies and support students to learn self-care strategies from fellow students (Mirick, 2022). The author found that students improved their understanding of what self-care is and how to apply it to their lives, while recommending an expanded inclusion of the topic of self-care in the curriculum.

Other writers have discussed the issue of teaching students to manage the challenges of social work practice from a broader frame. Bressi (2023) reported on the development of a self-care module that was delivered to students in a Master of Social Work program. While the author used the term self-care, she expanded the definition of self-care to include meaning making and

learning emotional regulation skills which presented a deeper learning opportunity for students. While the module appeared to be helpful for students, the need to expand the learning was identified**,** as was the need to develop contextual supports in field placements to continue the learning. Iacono (2017) also identified the importance of including self-compassion (the ability to direct the compassion shown to others toward oneself) in social work education as a key skill that helps to support beginning social workers**,** but there was no specific curriculum developed.

One approach to social work education that has allowed for a wider discussion of the challenging aspects of social work practice has focused on building resilience in future practitioners. Resilience is a term that is used in the physical sciences to refer to the "quality of a material or an ecosystem" (Ungar, 2012, p. 13) meaning that the material or ecosystem can recover from stressors and return to its previous state. Social scientists have used this term for over thirty years as a representation of an individual's ability to "recover from exposure to chronic and acute stress" (Ungar, 2012, p. 13). This concept has been used in social work curriculum development to consider the personal qualities and capacities to manage difficult situations (Kinman & Grant, 2011). Much of the social work resilience literature has been developed in the United Kingdom and the curriculum is centred on building individual capacity to manage difficult work (Hitchcock et al., 2020). A scoping review of social work resilience education found a theme within the existing literature of the importance of including content regarding building professional resilience in social work curriculum (Hitchcock et al., 2020). This particular approach to addressing the challenges of social work practice for students and early career social workers has been criticized for the tendency to "emphasise the responsibility of the student to acquire the latent capacities and attributes and demonstrate their improved psychological functioning and resilience to educators" (Hitchcock et al., 2020, p. 2373). The

inclusion of contextual and intersectional influences on resilience along with learning how to manage these influences was recommended by the authors to mitigate the focus on individual capacity (Hitchcock et al., 2020).

Application to Social Work Curriculum

There are many issues to be considered when thinking about how to take these learnings into future curriculum development. Analysis of the data collected for this study indicates the issues faced by early career child protection social workers are complex. It seems appropriate to consider educational responses that acknowledge this complexity, and that help develop knowledge and skills to assist early career social workers in navigating this complexity.

As noted in the literature review, many writers have called for in-depth, complex discussion of the realities of social work practice in social work education (Finklestein et al., 2015; Nelson-Gardell & Harris, 2003; Newell & MacNeil, 2010; Michalopoulos & Aparicio, 2012,). The data gathered in this study supports this call as the early career child protection workers found themselves entering into exceptionally challenging work feeling unprepared for the challenging emotional aspects – or the "heart stuff" as noted by a participant. While this study is small and the results cannot be generalized to all social work preparation, it may be useful to consider these learnings in relation to social work curriculum. Possible areas of exploration include supporting social work educators to be able to not only discuss the emotional aspects of practice in depth, but to also be comfortable critically reflecting on and educating about difficult issues. In addition, it seems important to better connect social work education with social work practice and to support students in developing skills to manage predictable challenges. Other areas to consider would be the negative and positive impacts of trauma exposure, professional grief and loss experiences, experiences of guilt and shame, organizational

challenges, difficult work environments, and moral distress. While schools of social work cannot address the specific challenging contexts in which early career social workers practice, they can consider supporting students to develop the knowledge and skills to better manage difficult work environments.

The participants noted that it is often difficult to fully understand the potential impact of their work before they have entered the field. This finding indicates the need for on-going learning with respect to the challenges of social work practice and the need for opportunities to process difficult experiences as they arise. This is beyond the scope of preparatory social work education and moves into the area of continuing professional development. However, given that the participants in this study described strong responses to their work early in their careers, it may be important to offer this type of professional development and mentorship soon after social workers begin their careers.

With respect to providing adequate preparation for the challenging aspects of social work practice, social work educators should consider the ethical implications of preparing students for difficult work. The predictable nature of the challenges early career social workers face may mean that social work educators have an ethical responsibility to do their best to help social work student develop the knowledge and skills to understand and manage these challenges.

Limitations and future research

This study has focused specifically on the experiences of a small group of early career child protection social workers, and as such has some limitations. The small sample size, while allowing for depth, does limit the generalisability of the study. The study's focus on child protection social workers is also a limitation since not all early career social workers will have the same intensity of experience so soon in their work.

Future research could include expanding this research to early career social workers who are not practising in child protection. Another logical next step is to adapt social work education curriculum to reflect these findings by developing of an in-depth full course focused on addressing difficult aspects of social work practice followed by a structured evaluation process.

Conclusion

This article has described the experiences of early career child protection social workers as they enter social work practice. Their experiences were compared to their social work education and significant gaps between the intensity and complexity of the participants' experiences and the depth of their social work education were found. While the participants found aspects of their social work education helpful, they also identified the need for curriculum that reflects the realities of social work practice and helps students to understand potential challenges and to develop skills to manage these challenges. The perspectives of the participants in this research study reflect the need to expand and deepen social work curriculum in relation to the predictable challenges of social work practice.

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Notes on contributor

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