

THE FLORIDA STUDY OF
PROFESSIONALS FOR

SAFE FAMILIES



CONTACT US

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EXPLORING THE PHYSICAL AND EMOTIONAL HEALTH OF EARLY-CAREER CHILD WELFARE WORKERS

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BACKGROUND

Child welfare and other mental health service providers often experience their own behavioral health issues that can impact their work. One recent study of over 6,000 licensed clinical social workers found that about half identified some type of current behavioral health concern such as depression or anxiety.¹ Additionally, up to 50% of child welfare workers will experience secondary traumatic stress as a consequence of working with traumatized children² and stress is significantly related to turnover intentions.³ In one study, child welfare workers reported developing unhealthy habits or physical health problems due to job stress, including fatigue, weight gain, and high blood pressure, consequences that were more frequent among those with less time on the job compared to those with longer job tenures.⁴

METHODS

The Florida Study of Professional for Safe Families is a longitudinal study of newly-hired child welfare workers recruited during pre-service training. Participants were surveyed during training (baseline) and every 6-months thereafter. Data for this analysis were taken from Wave 1 (baseline) through Wave 4 (18-months), and examine changes in four indicators of workers' self-reported physical and behavioral health over the first 18 months of employment. The sample is a cohort of 597 child welfare workers who provided responses at each of the four waves of data collection. Participants were asked about perceptions of their physical health and mental health (categorized into excellent/very good or not). Workers also responded to two scales—one focusing on current feelings of psychological distress (e.g., feeling so sad that nothing could cheer you up) and a second focusing on current experiences of sleep disturbances (e.g., nearly every night taking two hours or more to fall asleep). Frequencies and percentages were calculated to determine changes across waves. Chi square tests and repeated measures ANOVA were conducted to evaluate statistical significance.

RESULTS

Figures 1 and 2 show that all measures of physical and behavioral health worsened over the first 12-months of employment with the largest changes seen in the first six months. However, after 12-months, different patterns emerge. For example, compare to baseline, the percentage of people indicating their physical health was excellent or very good was significantly lower for the first 12-months of employment, but then remained about the same at the 18-month period. This pattern was the same for workers' experiences of sleep disturbances. Psychological distress was significantly higher at 6-months compared to baseline, stayed about the same by 12-months, and then significantly increased again at 18-months. Perception of mental health stands out, as the percentage of respondents indicating excellent or very good mental health worsened steadily at every wave starting at 72.5% at wave 1 and decreasing to 46.5% by wave 4, a notable 36% decline. Finally, although declines in most indicators of physical and mental health appeared to stabilize by 18-months, none returned to baseline levels of functioning.

Figure 1. Perception of Physical & Mental Health Status

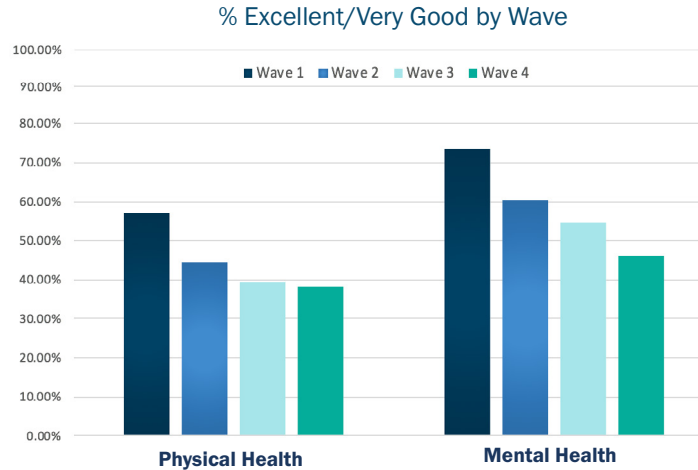
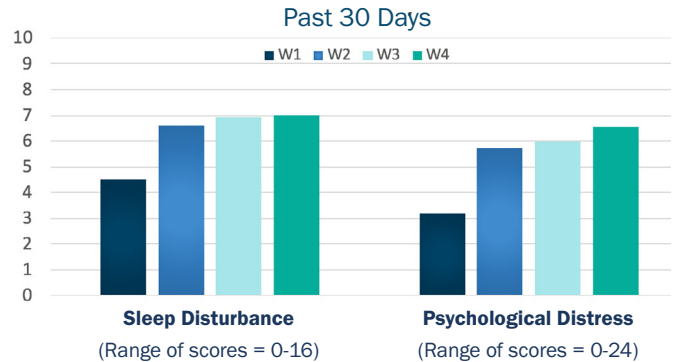


Figure 2. Other Behavioral Health Indicators



IMPLICATIONS

Agencies must have a robust plan to address the physical and psychological sequelae of child welfare casework as health consequences begin early in a worker's tenure. Several implications can be drawn from these findings:

- Training curricula and on-boarding processes should include education and skill-development for newly-hired workers to create individualized self-care plans for responding to the stresses of child welfare work.
- While the physical and mental health of all workers is important, the negative changes reported in the first 6-12 months of employment are notable and deserve extra attention. This includes insuring that supervisors can anticipate and supportively respond to workers' stress as they transition from pre-service training into independent casework.
- Employee assistance programs should be visible and active to proactively encourage worker self-care strategies.
- Agency leadership should examine how prominently self-care is woven into the organizational culture.

¹ Straussner, S. L. A., Senreich, E., & Steen, J. T. (2018). Wounded healers: A multistate study of licensed clinical social workers' behavioral health problems. *Social Work*, 63, 125-133.

² National Child Traumatic Stress Network. (2011). Secondary traumatic stress: A fact sheet for child-serving professionals. Retrieved from <https://www.nctsn.org/resources/secondary-traumatic-stress-fact-sheet-child-serving-professionals>

³ Kim, H., & Kao, D. (2014). A meta-analysis of turnover intention predictors among US child welfare workers. *Children and Youth Services Review*, 47, 214-223.

⁴ Griffiths, A., Royse, D., & Walker, R. (2018). Stress among child protective service workers: Self-reported health consequences. *Children and Youth Services Review*, 90, 46-53.

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