Article

Navigating Challenges and Leveraging Technology: Experiences of Child Welfare Workers during the COVID-19 Pandemic

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Abstract: This qualitative study explores the experiences of child welfare workers during the COVID-19 pandemic through virtual interviews, focusing on the challenges and adaptations in their work and support systems. Participants reported significant difficulties in maintaining a healthy work–life balance, heightened stress, anxiety, and increased workloads due to sick leaves and burnout. This study highlights the dual role of technology as both a stressor and a crucial tool, with rapid integration posing challenges while also enabling continued support for children and families. Despite these challenges, workers demonstrated resilience and creativity, developing innovative solutions to navigate the new landscape. The findings underscore the importance of robust support systems, clear communication, and equitable access to technology. This study suggests integrating lessons learned during the pandemic into future child welfare practices to enhance resilience and adaptability in the face of future crises.

Keywords: child welfare workers; COVID-19 pandemic; work–life balance; technology integration; mental health; resilience and adaptability

1. Introduction

In late 2019, the world reluctantly accepted the reality of the COVID-19 pandemic, with media reporting on the widespread impact and disruption around the globe. Healthcare providers took on the medical challenges, while the social care aspect of the pandemic, not fully accredited to social work, was delicately managed by social work professionals worldwide [1]. What transpired within the field of social work since the start of the pandemic has transformed the profession, including child protection work [2]. In Canada, child welfare workers, mandated to promote the safety and well-being of children and their families, were significantly impacted by the new unplanned modifications brought on by the changing times and reinforced by the International Federation of Social Workers (IFSW) directives to meet the needs of the most vulnerable population of society [2]. As the pandemic unfolded, Fadel, in her morning edition of the 19 March 2020, podcast on National Public Radio (NPR), announced that child welfare services in the United States were facing challenges in maintaining services as usual and were "adapting by the hour" to reduce the impact of COVID-19 on families and children [3]. Fadel reported parents' frustration as they faced challenges to stay connected with their children and the slowdown of family courts [3].

This paper presents the qualitative findings from a larger mixed-method study that focused on two primary research questions related to child welfare services (CWS) during the COVID-19 pandemic. Firstly, it investigated how CWS adapted their procedures across various phases of engagement, including intake, ongoing case management, children's services, and foster care—an area that has received limited attention in the existing literature. Secondly, it explored strategies that were used to optimize CWS provision during the

pandemic to minimize harm to children and support families effectively. This study's findings have broader implications beyond the immediate context of the pandemic. Even as the pandemic receded, the changes in working practices prompted by COVID-19 continued to influence CWS delivery. Therefore, lessons learned during this period can inform ongoing services and preparedness for future crises. Additionally, insights gleaned from this study could catalyze positive changes within the child welfare system, benefiting children and families beyond the pandemic era.

The paper structure encompasses a comprehensive review of the relevant literature, a theoretical framework to deepen understanding of CWS dynamics during crises, an outline of the study methodology, a presentation of findings, a discussion of implications, and practical applications derived from the research outcomes. By following this structure, this paper provides a holistic examination of the topic, offering insights that can inform both theory and practice in the field of child welfare services.

2. Literature Review

This literature review highlights the changed nature of contact over the pandemic between child welfare workers and the children and families they supported, the challenges workers faced, and the impact these challenges had on workers. Elements that helped to reduce the impact of these disruptions are also examined.

2.1. Nature of Contact Disrupting Service Provision

In Ontario, the site for this research, a fundamental element of child protection work is face-to-face interactions with children receiving services. Frontline workers must see children during home visits and document their physical condition to prevent child maltreatment or abuse and to ensure that it does not go unnoticed [4]. However, the early stages of the COVID-19 pandemic brought complications to this requirement when many activities, including home visits, were suspended, and workers could not see children. Child welfare agencies struggled to maintain child safety as the top priority. Researchers report that as the COVID-19 pandemic changed from acute to chronic, many services, such as child protection assessments, foster care services, and visitations, were challenging to maintain and continue in their usual form [5,6]. It became challenging for child welfare services to ensure the safety of children while protecting workers and others from exposure to the COVID-19 virus. These contradictions made the Ontario provincial government reconsider contact guidelines for virtual visits with children and families [6]. In the United States, 18 states approved virtual contact, with Arizona, California, Minnesota, and Wisconsin preferring video contact over phone contact [6]. Another approach was also taken when Illinois, Massachusetts, and Ohio implemented a "point person approach" where one caseworker would visit all the children supported, rather than every case worker seeing their children independently. New Jersey created a volunteer, high-risk response team to conduct investigations and home visits [6]. These approaches minimized people's exposure to the virus while tending to vulnerable children and their families' health and safety needs.

Child welfare standards dictate a "child first approach" to its services, which allegedly was not the priority at the beginning of the pandemic, and the child welfare system's response to the pandemic was to meet the needs of the child welfare system rather than the needs of children and families [6]. For instance, all kinds of in-person contacts were suspended. As Fadel's podcast asserts, lockdown led to the elimination of face-to-face contact, the slowing down or, in some cases, shutting down of family courts, and allowing no access to services and visits, resulting in distress, isolation, and a sense of disconnect among all stakeholders [3]. Unprecedented circumstances of the pandemic carried with it a sense of uncertainty and an absence of protocols to respond to new situations where professionals and agencies worldwide were left to learn through trial and error [2,5,7]. Child welfare agencies soon realized that their services were essential, and they had to continue to be available for matters such as protection assessments and visits with high-risk individuals and biological families to meet the needs of their vulnerable clients [5]. This realization

led to new IFSW guidelines and protocols [2]. Services were re-evaluated, creating new pathways and creative solutions, such as innovative approaches to arranging visits for children whose family members were hospitalized, management of unique government COVID-19 funds, and working out logistics for video calls that presented new challenges for child welfare workers [5].

2.2. Challenges to Work Environment during the Pandemic

Changing from face-to-face to virtual contact posed new struggles and conditions under which workers were forced to perform their duties. For instance, many studies found that communication at work became an issue. The child welfare system faced challenges maintaining normal operations because of poor communication from various sources. Initial interruption in communication came when workers were prohibited from reporting to the office or going on home visits and only allowed phone contact with children, families, and colleagues [3,8,9]. While workers felt that proper and timely communication was crucial for effective operations under the strenuous pandemic conditions, the suspension of in-person contact made it difficult for professionals to promptly communicate pandemic-related information to each other and children and families [9]. The constant flow of ever-varying health-related information from health ministries, fluctuating work realities as some old processes were suspended, others continued, and new tasks brought in to meet the needs of service users added complexities to everyday changing realities that needed to be communicated [5,10]. Study participants expressed frustration and anxiety over information reaching them late and from several channels rather than one central location [10]. Workers testified to being perplexed as, at times, they faced a lag in timely communication, causing stress and making them feel less supported in their daily jobs and decision-making [5]. An additional area of concern for workers was that, traditionally, child abuse and maltreatment were reported to child welfare by schools. As the pandemic persisted, schools did not see children, and communications between schools and child welfare organizations became limited, causing workers to become concerned over children's safety and well-being [5,10].

Contradictions exist in the literature around reported workload during the pandemic. Australian researcher Roberts et al. highlight that some child welfare workers reported increased caseloads during the COVID-19 pandemic [7]. In contrast, Calcaterra and Landi's study demonstrates that the workload was somewhat lower than usual since there was reduced involvement by other organizations, such as schools and courts [5]. Miller et al. [11] support the lower workload argument and outline two factors they argue caused the lower workload: (1) reduced intake calls for child welfare services during the pandemic and (2) shifting from in-person to virtual work. It was, perhaps, a combination of all these challenges, uncertainty, reduced communication, anxiety about the safety of children on their caseloads, balancing work and homeschooling of children, changing directives, and concerns about personal and family health and safety that made the workload seem immense and overwhelming.

Workers were worried about workplace safety and the availability of personal protective equipment (PPE) [7]. The researchers added that while PPE made contact possible, it also hindered it. Further research notes that while PPEs made it possible to be closer to people, using masks made lipreading and reading facial expressions difficult [5]. Additionally, workers faced challenges with service users keeping their masks on, and staff using PPEs did not eliminate the workers' fears of infection and taking the virus back to their homes.

The way child protection workers documented contact with service users changed over the course of the pandemic. For example, at the onset of the pandemic, virtual contacts were logged in as face-to-face because virtual contacts were not an option in the charting system [6]. Other research documents confirm that child welfare workers expressed distress about spending more time asking people for COVID-19-related details, such as going through the screening process and documenting the results, increasing the time they had to spend on documentation [5,7].

Although initially, workers and families resisted the use of technology, the literature shows that it made child protection work possible [2,5,12]. Furthermore, Truell credits technology for transforming child welfare during the pandemic [2]. For instance, pre-pandemic, it was unimaginable for socio-psychological counseling to take place over the phone, for families to meet over Zoom, or for case conferences to happen virtually. Although virtual platforms such as Zoom became functional tools for professionals (e.g., easier to set meetings, have meetings with people from far distances and with more people, and among high-conflict individuals), workers experienced challenges in virtual meetings such as participants' lack of interest and preparation for the meeting and the absence of the informal part of the meeting, which created barriers to knowing each other and to build rapport [5]. One of the most significant challenges of the pandemic was the worsening and deepening of the social inequalities marginalized populations were already experiencing [8]. For instance, during the pandemic, there was a quick realization that not everyone had equal access to technology and that resources were limited to make technology available and affordable for low-income families [5]. Moreover, workers learned that not all could be accomplished remotely. For example, using games and stories with young children as information-gathering tools is valuable for in-person interactions, but involving young children in games and stories over virtual platforms was problematic. Even though technology provides the means to connect children, families, and child welfare workers, there are different opinions about the intimacy elements (sensory, visual, and emotional) of remote relationships [12]. Some social workers in Pink et al.'s study were concerned about the lack of intimacy in digital connections, while others reported that their communications with service users improved because the service users felt comfortable with the technology and were able to share more intimate information with them through photos and videos [12]. While some workers reported that communications were meaningful and more intimate than in-person contact, Calcaterra and Landi disagree and state that while seeing service users over virtual media made contact possible, the remote nature of work interfered with building rapport and helping social work relationships [5].

One study showed that the pandemic created unique situations challenging workers' skills and knowledge of ethical decision-making. That study concluded that social workers were constantly needing to make complex micro-decisions to balance the practice and ethical components of the decision-making process to prioritize the care, safety, and social justice needs of the most vulnerable while trying to balance organizational and self-care needs [8].

2.3. Impact on Workers

The literature acknowledges that pandemic persistence negatively impacted child welfare workers' psychological health [5,9,12,13]. For instance, child welfare workers reported anxiety [7], stress [8,11], anger [3], fear, and uncertainty [2,5–7]. Personal factors, such as age, sex, experience, and length of time working with the organization, were identified as relevant [7,11]. Marital status, work status (supervisory or non-supervisory positions), mental and physical health, financial stability, and sexual orientation also contributed to workers' psychological distress [11]. Older workers, married, in supervisory roles, in better health, financially stable, and heterosexual were less distressed during the pandemic. Miller et al. found that 46.4% of their study sample experienced mild to severe distress due to factors such as homeschooling (of their children), economic uncertainties, and work issues related to the pandemic [11].

Professional factors that increased stress among child welfare workers included workload [2,7,11], documentation and reporting [6], use of technology [2], distress caused by concerns over personal protection equipment, and COVID-19-related training [7]. Professional stressors also included simultaneously trying to meet work needs and supporting their children's homeschooling [7]. Since licensed placement agencies suspended intakes and new foster care recruitments were halted [10], workers found it difficult to secure safe placements for children. Workers reported experiencing challenges arranging respite care

and accessing resources, such as care for foster children during quarantine periods if the children or the foster parent were sick, adding extra stress to their work [10].

Child welfare workers experienced stress, anxiety, and frustration as they experienced situations requiring them to rethink solutions quickly and be flexible and innovative in their practices [5]. While child welfare workers were expected to be empathetic and build trusting relationships, it caused them stress and burnout, influencing their decision to leave their jobs [7]. Reporting a positive correlation between pandemic-related activities and elevated psychological distress, Ben-Ezra and Hamama-Raz cite testimonies of workers describing their lack of control over the pandemic and working conditions, decreased social (formal and informal) support, and challenges due to the remote nature of risk assessments [9]. These conditions are reported to increase workers' isolation and strain (emotionally and physically), which interfered with their ability to make client-focused and ethical decisions [9].

2.4. Factors Promoting Workers' Well-Being

In their examination of factors that minimize pandemic distress, Roberts et al. conclude that workers' stress levels were reduced when they perceived that their workplace responded appropriately to their individual and work needs [7]. Workers responded to anxiety reduction when they received adequate support from their supervisors around the changing nature of work during the COVID-19 pandemic. Support from family members around caring for home and professional issues also significantly reduced workers' stress. Roberts et al. also noted that smaller team sizes, informal support, and satisfaction with leadership reduced stress [7]. Calcaterra and Landi suggested that child protection workers found relief as families supported by child welfare began to rely on themselves instead of depending on frontline workers to address all their issues. Calcaterra and Landi also concluded that child protection social workers found virtual platforms beneficial as they facilitated greater participation, saved time, and reduced stress [5].

Due to an increase in COVID-19-related stressors, the need to effectively support agency workers in their individual, family, and work lives only grew. Therefore, researchers recommend that it is significant that child welfare agencies understand and address workers' unique needs during disasters and change working conditions to promote resilient behaviors [13]. Goldfarb et al. identify three resilience sources to measure worker's resilient behavior in personal, family, and career situations: (1) health-related sources (diet, emotional regulation); (2) coping-related sources (creativity and meaning); and (3) socio-structural sources (feelings of belonging and accessibility to services) [13].

Along with organizational support, research shows that social workers find creative ways of establishing self-help resources. For instance, Cabiati discusses a "Social Workers Helping Each Other" initiative launched in Northern Italy during the first week of the COVID-19 pandemic [14]. Members of this group were responsible for establishing group norms. They shared information about three main categories: practical and organizational issues; social work methodological and ethical issues; and personal and emotional issues. The initiative focused on practitioners staying resilient and mutually supportive during the COVID-19 pandemic. Members helped each other by sharing information and personal experiences, feelings, and views on various issues and suggesting solutions to best address the challenges of the pandemic. Researchers reflect that during tough pandemic times, child welfare professionals stayed dedicated to serving the vulnerable and responded ethically to new dilemmas while striving to find fluid solutions in the best interest of the service users [2,14]. One study concludes a direct correlation between workers' unmet needs and their distress level, meaning that social workers who reported a greater number of unmet needs reported more psychological distress than those who reported fewer unmet needs [13].

The literature review affirms that the COVID-19 pandemic dramatically affected the child welfare system and ultimately impacted child welfare workers personally and professionally. Truell writes that the pandemic has given the social work profession a new

height where dedicated professionals were and continued to think out of the ordinary to establish new services and programs such as hotlines, WhatsApp, Zoom connections, and educational tools, such as webinars, to keep everyone informed [2].

3. Theoretical Framework

The COVID-19 pandemic has highlighted the growing role of technology in child welfare work. Technological changes, such as remote work and digital meetings, have become more prevalent and have fundamentally altered how child welfare workers built relationships and connected with clients. This shift can be analyzed using an ecological model to understand the interplay between technology and various social systems.

Ecological systems theory, initially developed by Urie Bronfenbrenner, focuses on understanding how different systems interact with individuals and influence their behavior [15]. This model, particularly within the social sciences, posits that behavior is both influenced by and influences the social environment [16]. The theory delineates several systems, starting with the microsystem, which includes close relationships like family interactions, social networks, and work groups. The mesosystem builds upon the microsystem, encompassing connections between these entities, such as family and school interactions. The ecosystem consists of larger social networks or systems that indirectly affect the individual, while the macrosystem contains cultural ideologies and beliefs that shape the other systems [16]. McLeroy et al. expanded on Bronfenbrenner's work by applying the ecological framework to health promotion programs, emphasizing the importance of considering the social environment as an influencing factor [16]. This framework has also been applied in social work practice, as it translates well across micro, mezzo, and macro levels [17,18].

Ecological frameworks have been utilized across multiple disciplines, including public health, violence prevention, post-secondary education, and preventive healthcare [19]. The recent literature has begun to explore the impacts of the COVID-19 pandemic through an ecological lens. For instance, Magruder et al. examined the effects of the pandemic on workers' public and private lives [18], while Rajkumar et al. used ecological models to study the psychological impact of quarantine [20]. However, fewer studies have focused on the long-term societal impacts of the pandemic. By using an ecological framework to examine technological changes and impacts, especially in child welfare work, we can gain a deeper understanding of the risks and benefits associated with the new reality. The pandemic has accelerated the integration of technology into daily life and work, making it a significant factor in various social systems. Analyzing technology's role through the social–ecological model allows us to comprehend its impact on society comprehensively.

The shift to online environments during the COVID-19 pandemic has influenced major support systems to remain online, thereby enhancing engagement with a larger audience. Though we recognize its limitations, technology has the potential to expand the support network that child and youth support workers provide. By thoughtfully applying and understanding the influence of technology, we can enhance its value. Understanding technology's impact at each level of the ecological model provides crucial insights into how to maintain a healthy balance for individual workers and optimize its benefits for child welfare organizations, workers, and clients.

4. Materials and Methods

This study used a mixed methods approach, incorporating both quantitative and qualitative data collection. This approach is typically employed to generate rich insights from participants that might be missed when using a single method. Given the vast and rich data gathered from the qualitative interviews, these findings are reported here, while the quantitative results are presented separately [21,22]. Additionally, the combined findings from both methods will be examined.

The researchers collaborated closely with a research advisory group (RAG) from a partner agency in Southwest Ontario. The RAG played a crucial role in various stages of the

research process. Firstly, the RAG vetted the interview questions, ensuring their relevance and appropriateness for the agency's context, which included intake, ongoing services, and foster care work, particularly considering the challenges posed by the COVID-19 pandemic. The RAG was instrumental in promoting this study and aiding in participant recruitment, thereby facilitating a robust data collection process. The RAG's involvement helped to strengthen the relationship between the researchers and the partner agency, enhancing the overall quality and relevance of this research. Despite this study's modest scale, the collaboration with this sufficiently large agency provided significant depth and breadth to this research. This approach was essential for comprehensively understanding the complexities of adaptations in child welfare procedures during the pandemic. These adaptations spanned various aspects of child protection services, including intake, ongoing case management, children's services, and foster care. This study aimed to uncover strategies employed to minimize harm to children and support families during this challenging period, thereby offering valuable insights into the efficacy of these adaptations [23]. Ethics approval was sought and provided by the ethics committee of the university of the researchers. Additionally, the Director of Child Welfare Services, where the data were gathered, sent a letter of support to the noted ethics review committee to show their approval of this study.

4.1. Data Gathering

We collected qualitative data through virtual interviews (all via Zoom) with eight participants ($n = 8$). A purposive sampling strategy was employed, with inclusion criteria requiring participants to be (1) aged 18 years and older and (2) possessing managerial, supervisory, or children services worker experience. Despite the small sample size, we achieved saturation through systematic in-depth interviews, ensuring comprehensive exploration and clarification as needed. This aligns with Guest's assertion that key thematic ideas often emerge by the sixth interview [24].

Potential participants were identified, and consent was obtained via email prior to conducting the virtual interviews. All interviews were scheduled at times convenient for the participants. During the interviews, participants were asked to share their experiences working with families during the COVID-19 pandemic. All participants were extensively experienced in the child welfare field, ensuring a rich and relevant data set. Below is a summary of the participants' profiles.

4.2. Participant Demographics and Profiles

This study involved a total of eight participants. Among them, five held managerial or supervisory positions, while three were frontline workers. In terms of gender distribution, five participants identified as female, one as male, and two did not self-identify their gender.

Regarding their educational backgrounds, two participants held Bachelor of Arts degrees, whereas the remaining six had completed their graduate studies with a Master of Social Work degree. All participants identified as White and had over ten years of experience in the child welfare field, specifically in areas such as intake, ongoing/family services, and children's services (see Table 1).

Table 1. Summary of Participants' Profiles—($n = 8$).

Participant ID	Position	Gender	Education	Ethnicity	Experience (Years)
1	Manager	Female	MSW	White	15
2	Supervisor	Female	MSW	White	12
3	Frontline	Female	BA	White	10
4	Manager	Non-identified	MSW	White	20
5	Supervisor	Female	MSW	White	18
6	Frontline	Male	MSW	White	14
7	Frontline	Non-identified	BA	White	11
8	Manager	Female	MSW	White	13

To acknowledge their contribution to this study, each participant received an honorarium of Canadian $50.

This detailed demographic and professional information provides a comprehensive understanding of the participants' backgrounds, enhancing the relevance of the qualitative data collected.

4.3. Data Analysis

To ensure our study was aligned with the theoretical framework of social ecology and addressed the research questions comprehensively, we followed a structured data analysis approach involving four key steps. First, all virtual interviews were transcribed verbatim by a professional transcription company. To ensure research rigor and accuracy, the transcripts were then shared with the participants for member-checking. This allowed participants to confirm the accuracy of the transcriptions and provide any necessary clarifications. Second, each member of the research team individually completed a line-by-line open coding of every transcript. This process helped each team member to become deeply familiar with the data, identifying initial codes and patterns independently. Third, the research team engaged in a collaborative analysis through a series of virtual and face-to-face meetings. During these sessions, we collectively analyzed the individually generated codes. This collaborative effort facilitated a consensual understanding of the participants' narratives and resulted in the identification of key themes. Group discussions and debates were integral to this process, helping us to avoid potential biases stemming from the first three authors' prior child welfare work experiences. To ensure confidentiality, we use numbers to anonymize the participants' identities, numbering them from one to eight.

Lastly, we conducted a comparative analysis, placing the study results within the context of the relevant literature. This step highlights the specific adaptations in CWS during the pandemic, providing a broader understanding of our findings.

4.4. Study Limitations

Our study's scope was limited to a single child welfare agency in Ontario, Canada, which may not represent the experiences of other child protection staff in different regions or agencies. Despite this limitation, our study adds valuable insights into the changes and adaptations that occurred in CWS during the pandemic, based on the experiences of managers and workers from the agency studied.

To address this limitation and enhance the understanding of CWS during the pandemic, future studies should include multiple agencies. This broader approach would provide a more comprehensive view of the different service areas within child welfare, particularly as we move toward the end of the COVID-19 pandemic and the increased use of technology in social services. By expanding the scope of this research, we can better understand the diverse impacts and adaptations across various child welfare contexts, ultimately informing more effective and inclusive programming and practices in the field.

5. Findings

The study findings identify four major themes emerging from the experiences of child welfare workers during the COVID-19 pandemic: (1) challenges of working from home; (2) increased workload; (3) strained relationship with community partners; and (4) the adoption of creative solutions to compensate for unique experiences. We include some of the more salient comments made by participants as representative comments, but each theme was addressed by all participants and has, thus, led to theme identification. Each of these four findings and the associated sub-theme are discussed in this section. To conclude this section, workers' own suggestions for improvement are highlighted.

5.1. Challenges of Working from Home

The narratives presented by participants revealed various downsides of remote work and the impact this had on them and their practice. Isolation was a sub-theme discussed

by all participants. Participant 8 creatively compared working from home to "working in silos". At home, workers were set apart from their coworkers. Although communication still happened, it was not comparable to in-person connections. Participant 1 described the in-person interactions as critical in a case worker's life. Participant 3 added to this by stating, "It's not the same having conversations through a computer". It is clear that the type of communication matters, and working from home makes it difficult to foster the necessary meaningful connections and relationships that develop from in-person connections.

The technology utilized through working from home makes it possible for a constant line of communication to be available. As we now know, virtual communication is typically not the preferred method of contact for most individuals. As such, this technology-driven open access can be overwhelming for many workers. Participant 3 reiterated early sentiments during the pandemic that "the ways that people connect with each other because it's so vast right now through Teams, Zoom, texting all over the place. It's really hard to keep up and it's exhausting to be honest". The term *exhausting* cannot be overstated, as most participants noted exhaustion. The participants discussed "always being available 'through technology' whether through call, text, or other platforms such as Zoom and Teams" (Participant 4). Clients become comfortable utilizing these methods and may abuse them. For workers, this means extended workdays, as "work can continue indefinitely as long as individuals have access to you" (Participant 5). Indeed, "even the idea that one is available in this manner is stressful" (Participant 6).

Another downside of the virtual connection mentioned by participants is the barriers it created for certain people. To engage virtually one must have access to technology and services (Wi-Fi, data, SMS). One must also possess the capacity to engage online, and learning barriers can make this difficult. Participant 8 expanded on this by stating, "Yes they have free Wi-Fi but that free Wi-Fi isn't necessarily at places where everybody can attend". Participant 2 emphasized struggles with technology as a huge barrier impacting families. However, their agency was able to provide devices to families by using additional funding to support this need, as noted by participants 3, 4, and 6. Other barriers received less attention. Those using technology must also possess some form of technical skills to manage the various platforms. For example, service users with developmental needs and learning challenges had difficulty with virtual communication and programs. Participant 3 spoke of young clients with developmental needs and other challenges who found it difficult to focus in a virtual setting. Participant 1 described young parents who required hands-on support because of learning difficulties, which was challenging to provide virtually. Participant 1 stated, "Just kind of hearing about it and seeing it on a screen doesn't resonate". Participants 8 and 5 also noted the exacerbation of cultural barriers because of virtual programming. Participant 8 stated, "I think cultural diversity and just even meeting the youth's cultural needs . . . for some of my kids in foster care, really wasn't done because of that virtual platform. I think some kids grew tired of it and I think sometimes would just say no to it because they just didn't want one more thing virtual". Participant 5 added to this by reiterating, "It would just be even more likely to have misunderstandings with regard to race, ethnicity, and culture when you're working through all of these barriers". In addition to these barriers, maintaining privacy was a challenge. Participant 8 mentioned how, while being virtual, you could not monitor who was within ear range at times when having to take meetings in your car, home, or other locations and who may be within ear range of the service user as well. It is evident that virtual connections presented challenges not only for workers but service users as well.

Working from home, however, was not an entirely negative experience. Participants discussed the benefits of virtual work that were not possible when working from an office. Virtual connections also allowed for a level of flexibility not previously possible. This was noted by participants in relation to flexibility with departures from visitations (allowing for virtual and flexible opportunities to connect). Participant 8 stated:

> I think it gave us tremendous opportunity to be able to have many more connections being virtual. An example is that I was running to go and see one of

my youths. I had to pull over. I had to testify in court, which was virtual, and then I was halfway there and then I could go and see them and get so many more things done.

The flexibility created by virtual work increased efficiency. Participant 4 described how virtual connections meant more regular support was available for clients once their agency had arranged to obtain devices for clients.

Despite the advantages, the mental health concerns brought about by remote work cannot be ignored. As mentioned previously, technology created the illusion that workers were constantly available. Back-to-back meetings became the expected norm. For some participants, this provoked anxiety as they felt pressured to respond to the influx of messages. In this way, work–life balance was strained as "there is absolutely no leaving the office now" (Participant 3). Participant 3 went on to confess that they found meetings on Zoom and Teams even more exhausting than attending in-person meetings, as did most other participants, perhaps because there was no informal personal contact in virtual meetings as in-person meetings. For all participants, burnout became a very real experience. Work-from-home fatigue, coupled with anxiety induced by the pandemic and stress resulting from staff shortages, made for a challenging/near impossible work environment for child welfare workers. Their mental health suffered for the sake of supporting children and their families. One participant described losing sleep due to their stress because of the risk present to a child on their caseload (Participant 4). All participants described experiencing anxiety because of the risk of contracting the rampant infectious disease as they continued their duties. All noted fear of the unknown and a general fear of COVID-19. As mentioned previously, due to the isolating nature of virtual work, peer support—much valued in child welfare service—was limited for all participants. Additionally, professional support was also limited. Access to therapy was challenging during these unprecedented times for all. Our findings are clear that working from home had more negative effects on workers than positive.

5.2. Increased Workload

Throughout the pandemic, caseloads became increasingly harder to manage, with new guidelines and screening protocols that created more paperwork and made meeting deadlines more difficult. Participant 6 highlighted the tremendous workload increase because daily routines were disrupted, and COVID-19 screening two hours before meeting with clients was made mandatory. Meetings also became more difficult to schedule because of the increased workload. Participant 5 described frustration at the lack of flexibility in timelines and how missing deadlines "created another layer of paperwork, digital paperwork, where we would have to be writing documents to justify why we're not meeting certain deadlines". Additionally, interruptions to scheduling, such as a missed doctor appointment because of COVID-19, also had to be documented. Participant 8 described the need for an "ongoing conversation" to make sure that all the details of missed appointments were "clearly documented for the review and so that people can look into the file and see that the conversation has been had". When additional paperwork was added to multiple aspects of daily caseloads, deadlines became even harder to manage and more overwhelming for workers.

The higher and unpredictable rate of sick leaves because of COVID-19 complicated balancing caseloads and work. Participant 2 shared how the worry of failing a screening test or contracting COVID-19 increased, in part, because this meant caseloads for other workers increased. They talked about "the stress and difficulty on all of the workers because of the balancing of everybody's caseload". Work became unstable, as not only were cases being passed between workers, but workers were being passed between supervisors as well, making it "very easy for things to fall through the cracks" (Participant 5). With the unpredictability of the virus, workers had to rely on one another to pick up missed work; however, this created larger and more challenging workloads for all staff.

While sick leaves created larger workloads, the turnover rate among child welfare workers increased, given the stress and fear surrounding COVID-19. Participant 6 highlighted medical and stress leave and working from home as two major reasons for the high turnover rate, which also increased the workload of the remaining staff. Participant 4 discussed the impact of the shortages, noting, "When there's a leave you 'gapping' that position. You don't get that position filled, and so those additional responsibilities go on to the other workers and that creates additional pressure and stress on them". Filling positions and keeping them filled became harder, resulting in teams handling more cases than they were equipped for. Some teams had to stop taking on files. Participant 3 shared how staff shortages impacted workloads to the point where workers could not take on additional work or provide additional support for cases. This became particularly problematic when a worker who was intimately familiar with a child and the case contracted COVID-19 (Participant 4). Participant 5 shared about a time when they were asked to take on 12 files at once and described the workload as "unsustainable". Workers were unable to properly support and assess individual cases. In feeling unable to provide adequate support, workers needed to step away. Some coworkers felt burnt out, "disengage[d]", and took time off to "regenerate and then be able to help the people that we're supporting" (Participant 8). Turnover rates and increased workloads developed into a vicious cycle that made it harder for staff to provide support and care without stretching themselves extremely thin.

5.3. *"Tug of War": Relationship with Community Partners*

The relationship between some child welfare agencies and their community partners became strained under the new stress of the pandemic. A lack of cohesion and unity was evident among the various groups, making it difficult to rely on community partners for support. The slow and staggered return to in-person services made it challenging and frustrating to direct clients to additional resources and services. Participant 6 highlighted the frustration workers felt for their clients, noting how families needed services urgently, yet there was no timeline as to when services would open up. While workers recognized that this was the nature of the pandemic; yet, they had deep concerns about the struggles that their clients were experiencing and were concerned that problems would escalate if services were not provided; for example, participant 6 noted, "The family really needs this service. When are they going to open-up face-to-face?" Another area of tension with community partners was in relation to resources. According to Participant 1, resources were protected by some community workers so that they were not shared among service providers. Participant 5 saw a similar pattern, "And food banks too . . . there's a lot of policies in place that limit the frequency that they(clients) can go . . . the policies were there to sort of police. . . protect the resource from being 'exploited' by the service users". This caused tension at some community meetings although the various parties were supposedly "on the same team" (Participant 1).

Despite this, the agencies' quick return to in-person services helped to mend the rift with community partners. Participant 6 stated:

> I think our community partners and other agencies knew that our workers were still seeing families in person [laughs] during the pandemic. So, I think that that was helpful too and we were able to provide them updates, cause a lot of other agencies and organisations in the community weren't seeing clients in person, like counsellors.

5.4. *Creative Solutions*

Our findings show that it is possible for partnerships to be strengthened during difficult times and highlight the importance of relationships between community partners and child welfare workers in supporting communities. Participant 6 attributed strong communication to their successful relationship with community partners. Going forward, communication will be an essential component that must be adopted by child welfare

agencies and their community partners to form relationships that serve the best interests of families and children in care.

It can be challenging to communicate effectively in a virtual setting. Technology was difficult to navigate during the pandemic. However, as Participant 6 did, all other participants also used creative solutions to address challenges in communication, although often limited to within their agency setting. As mentioned previously, workers relied heavily on technology, and limited access to it was highlighted as a major setback even though the agency was able to provide devices to clients, as noted by all participants. Participants also had positive stories to share regarding technological solutions. Participant 8 stated, "One of my friends also ran a virtual pride celebration, so all of our kids got together, and they all made a craft over Zoom. So just even doing it together but being separate I thought was a great idea". Participant 5 believed that "the video approach" was extremely helpful as there were circumstances where a check-in or administrative support was needed, and technology made it more comfortable for clients than a CAS worker visit in their home would be. In instances where in-person visits were preferred, creative solutions emerged in which outdoor spaces were used to adhere to social distancing regulations. Participant 7 stated that, "When the weather was warm, we just kind of met in the backyard. We've met in parks. You just ended up carrying a chair in your car so that you could meet with the families". Child welfare workers went above and beyond to create accessible environments that met the various needs of their clients.

6. Discussion

Using the ecological systems model, the findings point to how technology changed and influenced the nature of child welfare work, beginning with the challenges of maintaining a healthy work/life balance, especially when working from home. Stress, anxiety, frustration, and other mental health struggles were noted by all participants. Our findings support similar conclusions as other studies noted in the literature review earlier [7–9]. Many of the participants highlighted higher workloads and caseloads during the pandemic, attributing this to more sick leaves, long-term leaves, and burnout. While some scholars, such as Roberts et al. [7], report similar findings, others note that caseloads decreased given fewer referrals, particularly from schools as these were closed during the pandemic [5,11]. Despite this discrepancy in the literature, our information supports the finding that workers were stressed by the changing nature of responses during the pandemic, the constant virtual availability, back-to-back virtual meetings, lack of clear protocols for intervention, the changing nature of protocols, ballooning caseloads due to sick leaves, and home-related issues such as homeschooling their children and the unavailability of child care for their children while they worked, even if their work was online.

The core of the ecological system model in terms of the environment influencing human activity is best demonstrated by the creative solutions workers developed to effectively support children and families during the pandemic. Creating programs, altering meetings to fit COVID-19 guidelines, and maintaining contact with parents and community support were crucial. Despite challenges and stressors brought on by the pandemic, understanding the advantages and disadvantages faced by workers during the pandemic can highlight areas in the child welfare world where workers need additional support. Additionally, addressing the ripple effect of change that is still affecting child welfare workers and the system is important. Recognizing and supporting workers through the demands that come with the upheaval of an entire system will be instrumental in remedying the mental health challenges faced by many workers.

6.1. The Impact of Technology

All eight participants discussed the impact technology had on their work, whether it was the frustration it engendered, the job satisfaction it created, or the new realities of child welfare work carried out with technology. Technology added new challenges, especially in work/life balance, where working from home caused lines between work and non-work to

blur (see [7]). It also created opportunities to support families better and gave workers new tools and abilities. Internal structures have shifted to become more reliant on technology, with working from home becoming more accepted and meetings being conducted over Teams or Zoom. Many systems beyond child welfare have also become heavily reliant on technology, with working from home becoming popular in many fields of work, as well as online booking, appointments, and interviews, all becoming the new norm for many fields. Society has become reliant on the continuous use and evolution of technology, and social work familiarizing itself with technology can open the door to seeing it as the invaluable tool it is.

As technology has become ingrained in social systems, understanding the impact that the pandemic had on the role technology plays in society will allow social work to adapt to a new normal that has been solidifying post-pandemic. Looking at technology as a system through an ecological framework allows us to understand the influence technology had on people and social systems throughout the pandemic, as evinced by the large changes technology created in the personal and professional lives of the participants. It also allows us to note the influence people have had on technology, mainly in creating a social system of norms and values in the online world. Indeed, participants in our study shared the changes to communication norms online as opposed to in-person communication norms.

6.1.1. Negative Impact of Technology

In this study, ecological influences are also apparent in the workers' emotions. Some were overwhelmed with the new technology and the sudden need to switch daily tasks and entire systems online. Goldfarb et al.'s study finds a direct correlation between workers' unmet needs and their distress levels, notably social workers, who reported higher unmet needs that increased psychological distress compared to those who reported lower unmet needs [13]. Similarly, many of our participants who shared feelings of unmet needs noted more struggles than those who noted good communication and helpful supervisors or coworkers. Lorai et al. [10] highlighted the frustration of inadequate communication through technology, which was a frustration shared by all our participants. Although technology has the potential to be an integral tool, the speed at which it became the primary tool for communication left many gaps.

With technology impacting multiple social systems, such as work and family life, technology use was not only influenced by the demands of the pandemic; it influenced and interacted with multiple social systems to impact the lives of workers. Understanding the impact technology has had through an ecological framework allows us to understand the range and importance of technology's influence. Though participants noted other stressors, none had the same impact on social work practice as technology. The waves of negative emotions experienced during the pandemic highlight the difficulty of this time, and adjusting to new technology has been an additional stress for workers.

While participants have noted issues and frustrations surrounding a new ecological adjustment to technology, by using these difficulties, social workers may be able to navigate future challenges. The presence of technology throughout CWS means that social workers must learn from the challenges its use poses and set up a better system in which to support workers and families through technology. If technology is meant to support and aid workers in assisting families and communities, learning opportunities and support networks for implementation are needed.

6.1.2. The Positive Impact of Technology

Although the pandemic highlighted many stressors and strains on child welfare workers, many workers also shared insightful experiences and moments of the pandemic, especially regarding the solutions and new programs that were created out of necessity. While the literature on this topic is focused on the negative stressors that the pandemic placed on workers [18], Truell is an exception in that he highlights the importance of

technology and supports the idea that the technology introduced throughout the pandemic has transformed child welfare [2].

Technology has the power to further the abilities of child welfare workers. Creativity throughout the pandemic was highlighted by our participants in the programs and the support they were able to offer. These strategies offer opportunities to create lasting impacts within communities. Despite the hurdle of navigating technology as a creative solution, participants shared experiences of connection and community made possible by access to technology, paralleling the literature on technology and child welfare [2,5,12].

Child welfare workers were tasked with supporting children and families at a distance. Their dedication, commitment to service, and search for creative solutions, often with the help of technology, helped them to continue their work under challenging and unprecedented circumstances. Similarly, researchers have found that during the pandemic, child welfare professionals stayed dedicated to serving the vulnerable and responded ethically to new dilemmas while striving to find fluid solutions in the best interest of the service users [2,14]. The creativity in finding solutions throughout the pandemic highlights the dedication required by child welfare workers to consistently provide services to their community regardless of the realities of the outside world. Reflecting on the strategies developed during the pandemic, using technology as a necessary tool and providing and connecting families with technology will allow child welfare workers and communities to stay connected and maintain essential support.

Technology can be a tool that allows workers to maintain contact, provide support to those feeling isolated, and connect families and children to wider communities and support services. The solutions and strategies developed by workers throughout the pandemic can be applied and integrated into child welfare support in the long term. Understanding and using technology will allow workers to balance the positive and negative aspects of technology more productively and beneficially for both workers and communities.

Although technology can be a beneficial tool, understanding the disparities in accessibility must be tackled within child welfare policy and practice, creating programs that support access to technology. While technology and access to the internet may be viewed as a necessity, with the drive to insert technology into mainstream support services even beyond child welfare, access to secure technology is becoming increasingly important. Recognizing that technology plays a large role in social systems means accepting the importance of providing technological access and support for both workers and families in the child welfare system.

7. Conclusions

The findings from our qualitative study shed light on the multifaceted challenges and opportunities faced by child welfare workers during the pandemic. From an ecological systems model, technological change is continuing to shape child welfare work and other sectors. The major shift that began with the abrupt transition to remote work, the increased workloads and shifting protocols, and the blurring of boundaries between personal and professional life exacerbating stress, anxiety, and other mental health issues means that addressing the role of technology is vital.

Technology emerged as both a significant stressor and a vital tool. While the rapid integration of technology posed difficulties, it also offered new avenues for connection and support. The reliance on virtual platforms like Teams and Zoom facilitated continuity in service delivery, even as it demanded adjustments and adaptations. Workers demonstrated remarkable resilience and creativity, developing innovative solutions to continue supporting children and families. Recognizing the dual impact of technology—its potential to both burden and benefit—provides crucial insights for future practices.

The pandemic underscored the necessity of robust support systems and clear communication channels to mitigate stress and improve worker well-being. Addressing unmet needs and ensuring adequate training and resources for technological tools can enhance

the efficacy and sustainability of child welfare services. Moreover, acknowledging the disparities in technology access is critical for equitable service delivery.

As we move forward, integrating the lessons learned during the pandemic into child welfare policies and practices is essential. Embracing the positive changes brought by technology while addressing its challenges can strengthen the support provided to both workers and the families they serve. By fostering a balanced approach that leverages technology's benefits and mitigates its drawbacks, we can build a more resilient and adaptive child welfare system equipped to navigate future crises.

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