

Child Welfare Worker Well-Being

Kristy (00:06):

Welcome and thank you for listening. I'm Kristy Piescher Director of Research and Evaluation at the Center for Advanced Studies in Child Welfare. Also known as CASCW. CASCW is a research and training center located in the school of Social Work at the University of Minnesota Twin Cities. Today, I'm speaking with Austin Griffiths from Western Kentucky University. We're going to hear more about his research on child welfare workforce wellbeing. Welcome Austin. Austin, can you start by introducing yourself and tell us how you became interested in conducting research around workforce wellbeing?

Austin (00:38):

Hey, Dr. Piescher it's certainly honor to be here today. I appreciate this opportunity to share a little bit about myself and what we're doing at Western Kentucky University and in Kentucky specifically, I hope you're doing well. We've known each other for a little while. This is certainly gonna be a fun opportunity. My passion for this work really began as a child welfare worker in Kentucky. In 2007, I was hired as a general services worker, working with children, working with adults, many investigations, ongoing case work all at the same time. So during those years of doing frontline service, I primarily worked in rural areas. And often I found that conducting investigations, working ongoing cases. This experience really affected me personally, professionally. It's really something that drives me to this day. I mean, it served me as a, or serves as a catalyst really to this research that I'm doing here at Western Kentucky University.

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After working at the state agency I got on at Western Kentucky University, but something was really cool while I was finishing my work at the state government working for DCS. I had this wonderful opportunity to be a stipend student. So I took advantage of an opportunity and I applied and was supported financially for federal money to be a stipend student where they helped to assist me by paying for my master of social work program. So I earned my Master of Social work in 2011 at Western Kentucky University, while working for the state government in child welfare. This is a great support that a lot of people are still doing today. So I started working at Western Kentucky University in 2013, obtained that position, still driven to help the workforce in some way, shape or form. I quickly started a PhD program in Social Work at the University of Kentucky, where I was connected with Dr.

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David Royse and some other wonderful faculty up the street in Lexington. I began to reconnect with the state government on research projects, primarily focused with workforce wellbeing, especially related to health implications on behalf of those, providing the services. Kristi I know that when I worked in frontline child welfare, there was just intense stress. There were things going on in behalf of myself and my colleagues and things that were just difficult. We were so focused on helping others. There's so many heroes and people out there every day, doing incredible work. I want to recognize them right now, but it's just difficult, right? It's challenging. Mm-hmm, <affirmative>, it's very stressful. So really wanted to look at the implications of this job on behalf of the health and wellness of the workers themselves, and really highlight that and really do something about it, really advocate and do something about that. So I've been a faculty member at Western since 2019, and I've continued down this path with excellent support of colleagues at Western Kentucky University.

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We continue to work in that area. We've had a funded research grant called the Kentucky Child Welfare Workforce Wellness Initiative. Something really cool we can talk about. It's an innovative project. It's happened for the last two years and it's the first study that's actually used biometric analytic technology to measure the presence of job stress in child welfare workers, pretty cool stuff, pretty sophisticated stuff, but, um, something that's really already making a difference. We delivered a custom design mindfulness based intervention as well to these workers, cuz we wanted to make sure that we offered something that would offset this stress. As we continue to advocate to alleviate job stress and provide strategies for reducing its recurrence. So all in all the thing that drives me is helping this workforce. They are such a key towards safe and healthy families and communities they're valued and we wanna do everything we can to assist them.

Kristy (04:57):

Absolutely. And as you mentioned, this study is incredibly novel in the child welfare field and actually in a lot of different fields, but in the child welfare field in particular, we have a whole bunch of research around workforce stability and turnover, but we know very little about how to help the workforce maintain their own wellbeing and what can be a really difficult line of work. So Austin, what were you actually hoping to learn when you started this study?

Austin (05:24):

That's a great question. And I think, um, we really wanted to identify the objective presence and the abundance of work related stress. So what that means is we know that it's really important when you, you ask folks, if they're experiencing stress, it's very, very important and not to discount that, but also having biometric data to really be able to show that often when you're interviewing folks or soliciting data on or feedback on behalf of individuals that are in the middle of crises or difficult times, there would be a lot of reasons why feedback or, um, personal, um, maybe subjective data and other means of collecting data around those topics would be maybe less than the optimal way to collect this type of information, especially when there's a huge gap. And especially when it's so important. So what we wanted to do was identify the presence of work related stress objectively using especially well known indicators, such as things like heart rate variability.

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This is something that's been used in medical research. Pretty cool. So my PhD's in social work. I'm certainly not a, not a medical doctor, but the cool thing about this is that we have an interdisciplinary team and we have a focus on collaborating with medical partners that can certainly contribute and guide us in that area, which is really, really beneficial. So this has never happened before with a child welfare population and this heart rate variability is a measure used to evaluate stress on physiological indicators. And again, there's a huge, solid body of medical research that shows that this heart rate variability is associated with really concerning outcomes. Things like poor health, chronic conditions, such as anxiety disorders, depression, cardiovascular diseases, diabetes. So heart rate variability is something we really wanted to get at and kind of use this as a key variable for assessment. And, uh, that's something that we've really focused on while we've been moving forward.

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So another thing that's really important, I think I wanna share with the audience is that while research is beginning to explore this, it's back to that piece about being self-reported. So really when you're looking at being able to build the knowledge base and improve our understanding and better measure outcomes, it's about building an objective database of kind of what exactly are these workers

experiencing. So not using only self-reported information about health. This is again not to discount individual perceptions, which are incredibly valuable, but these child welfare professionals are facing so much and they're giving so much back. It's just really important that we're using advanced analytic technology in an interdisciplinary approach. So, this is really good stuff, really excited about it. And I guess I wanted to say this as well, that it's not a secret that child welfare workers experience profound stress. Unfortunately this has happened for a while, right? I'm sure it's something that those of us that have worked in the field, certainly know, but the good thing about it is having evidence, having objective data is certainly a key step towards advocacy. And

[\(08:58\)](#):

that's kind of where we're going with this.

Kristy [\(09:01\)](#):

Absolutely. And knowing that you don't come from the medical field and trying to create something, that's actually looking at these biometric markers of stress, like that sounds really complex. So how did you actually go about setting that kind of a project up?

Austin [\(09:19\)](#):

Well, I guess I wanna start out by giving a shout out to our partners in this effort because we do have many wonderful partners and it's really something that's a testament to them and their, their passion, certainly for the, the families and children and the workforce. So with all that said, I wanna give a shout out to Kentucky's Cabinet for Health and Family Services, the Department for Community Based Services as well. Our state university partnership, also Life Skills and WKU. But most of all, I wanna give a shout out to the frontline child, welfare workers in Kentucky. And those that participated, I mean, just a huge shout out to them. I mean, this is something that took their time. They were passionate about being a part of it, but from the get go, they decided it was worth their time because they wanted to be a part about moving this forward.

[\(10:06\)](#):

So the question was, how do we go about setting it up? Well, we had an idea and the idea was if we could bring people together and bring agencies together where we could partner, we could leverage our resources, our time, our energy and our expertise, this interdisciplinary aspect, we could do something together that could be beneficial. And so that's what we've tried to do. I do think it's been really a beautiful collaboration and all these agencies that certainly worked together for the last couple years to truly prioritize these outstanding child welfare workers. It hasn't been easy, but we've been very diligent. Related to the study. Big picture, this is cool stuff, right? <laugh> Big picture these frontline workers and supervisors, the ones that wanted to participate, they were given what's called a first beat bodyguard two, you can check it out on Google or, you know, wherever you wanna check it out on you know

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that's pretty cool. And they were asked to wear it during a 72 hour window collection window systematically, right? So periodically they'd be wearing it for up to 72 hours. That's really cool. They would attach to their body through stickies, these electrodes stickies, which they would replace periodically. It's lightweight cloud-based evidence-based. There's a lot of science backing it. These things came from Finland. Pretty cool. Again, it tracks a lot of specific biometric indicators that are super relevant to this research. And on behalf of finding out more about the work related job stress that these workers are facing and helping us to prepare interventions and inform efforts for advocacy moving

forward. So with all that said, it's really been incredible. And we've learned a lot and not only about the physiological impact of this work, but about the process of engaging with the workforce. You know, this happened during COVID. Our research design was approved. It was actually submitted and approved maybe 10 days before COVID started. <laugh> true story. So we had to immediately flex there's a whole, there's a, maybe that's another podcast, but we learned a whole lot about the research process. And, these are valuable things that I hope our colleagues consider as they try to engage and support workers out in the field, especially when it comes to health initiatives and using technologies to support them in their work. So,

(12:42):

pretty cool.

Kristy (12:44):

It's very impressive. And as a researcher myself, I can't imagine what those data fields look like, but I imagine they ended up learning a lot about quite a few people over the course of your project and you must have had reams of data to analyze. So if you could try to maybe summarize what were some of the main takeaways from your research?

Austin (13:05):

Yeah, absolutely. It's a, this, this is cool. It's another good question. So I guess the best way I can frame it is we're still right in the middle of data analysis. There is so much that we can learn on behalf of the effort from the agency and the workforce from contributing. I will say this, again it's not surprising to me or others. The findings reveal that these folks were con that these folks were experiencing chronic profound, significant job stress, um, not all of them, but for the most part, this was consistent. The great thing about it is that we have data supporting this. They have had significant turnover, lots of things happening in the state at this time. And throughout this research study, this is not a secret. This is not unique to Kentucky. And I want to recognize Kentucky for standing up and saying, we want to own this.

(14:04):

And we want to be in front of this. And we're thrilled to be a partner in this work so they're hiding from it. They're excited to be out there in front of this stuff. So with that being said, these folks are heroes and we're collecting data and we're partnering with them in this effort. So there is certainly stress. There's a lot going on. We've collected information about sleep quality. We've collected information about stress on behalf of heart rate variability. We've collected information about, you know, biometric indicators about steps, everything from oxygen levels, to all this really advanced stuff that we just haven't even got into yet. We also collected a number of subjective measures as well. So we can compare subjective versus objective, which again, some of the stuff we haven't got into it's cool. And this happened over time with multiple different cohorts.

(14:57):

One of the things that I will say, which I think is really neat is each time that these individuals will participate in these biometric 72 hour screenings after each week, we would provide them with a lifestyle assessment. This was great Kristy because the individuals would voice to us, thank you so much, cuz this really enlightened me. They would receive a really comprehensive report on what happened physiologically in their body, over the course of those 72 hours from the time that they put that device on their body to the time that they took it off. It would show for example, at one o'clock on a Tuesday, they would insert information in their electronic journal. I went to a court hearing and my heart rate

went up to a certain level or I participated in a mindfulness session and my heart rate went down to a certain level.

[\(15:52\)](#):

It would give indicators on R M S S D, which is a certain, another physiological variable, which is so very important. So it would provide quantitative indicators on quality of sleep and all these other sophisticated things. The point I'm trying to say is the individuals that participated not only were contributing to the greater good, but they were also made well aware of what was happening inside of their own body. These are things that were, I don't wanna say unintended consequences, but these are certainly beneficial aspects of this research design that we can build off of as we prepare health and wellness initiatives, because these are intentional, these are strategic. And these are things that we found to be very, very much well received on behalf of the workforce. I mean, you're, you're finding out exactly what's going on with your body in ways that you can strategize to keep the good things happening or be aware when the bad things or the difficult things or the challenging things are, are coming about.

[\(16:47\)](#):

Um, so I really wanted to share that. I thought that was really cool, especially when you're talking about decades of challenges with things like high turnover rates and the related impact, negative impact on families and children. That's the thing is we've got, uh, workers and people that really want to be here and they wanna do great fabulous work and they do that. But it's a difficult thing when you feel this stress and you're not sleeping and there's a, there's a challenge on your own, on your own body. That probably makes it to a point where you have a decision to make. So what we wanna do is we want to get out there, we want to advocate and we want to continue to partner to make this stuff better.

Kristy [\(17:26\)](#):

Austin that sounds amazing. I mean, I think about myself and my own work life and how enlightening that would be to know what are my triggers and how can I kind of reduce those stresses just in my everyday life. So I imagine that the child welfare workers benefited from having that information themselves.

[\(17:44\)](#):

I do wanna circle back to something you said a little bit earlier, and I imagine that there was a, a range of responses in terms of, you know, how workers experienced and supervisors experienced those stressors. But you did say that there were some workers that were experiencing kind of profound and chronic stresses over time. And I'm just wondering, like, what does that mean? What does that actually look like when you see it in the data?

Austin [\(18:11\)](#):

Well, that's a, that's a great question. Now this is pilot data and this is, this is really an exploratory study cuz it hasn't been done before. Um, we also recognize the limitations because there's only so many folks that were involved. Besides that, right, as a researcher, we wanna recognize the limitations. However, this is really innovative stuff and it's really good and it's a great place to start, but you're talking about a pattern of data that for example says that even when this, this is, this is deep here, but the data would show for example, person one, maybe they have an average of five hours of sleep per night over the number of months that they're involved. But

over those five hours, their body only goes into a state of recovery for like 85 minutes out of those five hours. So what I'm trying to tell you is we did this over time.

[\(19:09\)](#):

It's a longitudinal study and we were, so it was so crystal clear that even when individuals were sleeping, they were never achieving a restorative state of recovery. This is, this is pretty advanced stuff. It doesn't mean everyone. It certainly means the majority. It means we have a lot to learn and we have a lot to do so. I, I think that that's a good place to start on that behalf when you're talking about 24 hour biometric feedback, learning about the human body. I mean, you, you know, as well as I do, this is incredibly important work, but I remember some of the most difficult times where, when we were low staff and we'd have to work, you know, that 24 hour being on call wouldn't come around every fifth week, it'd come around every third week and we were always on call. And so it's really difficult being on call all the time and on call all the time and on call all the time. And these things will come up in these physiological indicators where people can't shut down and they can't recover. And by the time there's a green color, once the body gets in recover or restorative state, I'm looking at it right now when we're talking

<laugh>. But by the time these individuals would start to recover, it's time to wake up again. Does that make sense?

Kristy [\(20:26\)](#):

Yeah. So stress during the day, when we think about being stressed right in our normal kind of day to day activities. But then when we think about, you know, the, the catch phrase tends to be that work life balance and rest and recovery and you know, all of those things that we've tried to help people achieve, it seems like even in that kind of downtime, people are still engaging

Austin [\(20:52\)](#):

in some of the stressful activities, even when they're not at work, doing the work itself.

[\(20:58\)](#):

It's true.

Kristy [\(20:59\)](#):

So if the workforce is, you know, in general experiencing some of this chronic or sustained high levels of stress without the levels of recovery that we would want for people, what do we, what do we do about that? Like what can be done?

Austin [\(21:16\)](#):

I think research needs to be done. I'm an evidence informed person, right? I think we need to start by getting out in the field and doing quality quality research. And I hope that and I know that people are doing that, but I think moving towards objective measures and things of that nature is certainly appropriate and needed. I think we need to do it together. I feel really strongly about interdisciplinary approaches. Very, very much so, as far as that, I think we also need to tell this story. This is one of the reasons why I was excited to have an opportunity to get on this podcast. I know that the individuals that were a part of this study, I told them I was gonna tell their story. And that's what I intend to do. It's not

enough just to ask individuals to participate and go somewhere, write it in a research paper and hope that someone reads it.

[\(22:10\)](#):

It's not enough. Mm-hmm <affirmative>, especially for people like me, I'm driven to make sure that we share this information. It is understood and it moves somebody cause it moves me. Cause I remember those days working in the field. So with all that said, we need to tell this story because this is reality. And, and further, these people are heroes, right? Much of this experience about working in child welfare is really left out of sight. And out of mind. Now there's some reasons confidentiality and other things, but these folks do great work. So I think there needs to be some light shined on this behalf. But it doesn't need to be something that we're hiding from. I think we need to own it, recognize it, support it and put resources in that place. What an opportunity we have, because we should, it should be crystal clear that there is a significant cost to this work if things don't change.

[\(23:09\)](#):

There's a cost on families. There's financial cost. There's a cost on the workforce and we're already seeing it objectively with this health data. Second, I think that there really needs to be a change in culture. It's quite difficult, but it's pretty obvious. I work at a university, very privileged and fortunate to work at the university that I love. We need to start with. You know, not only assisting and thoroughly supporting all the individuals that are there, but thinking about this next generation too. We need agencies, leadership and personnel onboard. Child Welfare workers are professionals that perform the most important job. But the fact of the matter is they should never have to sacrifice their own health to perform their job duties ever. Right? Mm-hmm <affirmative> no one should, no one should. And it shouldn't be overlooked. Third. I think this has always been not only entrenched in research, but this is my experience too.

[\(24:10\)](#):

And this is something that I'm just very focused on is that these workers are tasked or expected to complete unreasonable. They have unreasonable expectations, which is what it is. They're tasked with unreasonable expectations, literature research. You can, you can frame that, however you wanna frame it, but it's just unreasonable and unmanageable as far as that. So this is a problem. It's not a secret, but these well intended folks think about yourself, whoever is listening to this. I mean, how long could you stay in something like that? The great thing is people are dedicated to this work. They want to help. They wanna do stuff and they are doing that stuff. So what we need to do is we need to certainly advocate, recognize, support. These folks need to be right at the center front and center of decisions, right? There's some stuff about, um, "not about us without us" and things of that nature.

[\(25:04\)](#):

Like that's what I'm talking about. I guess my thought would be big picture. It's about upstream thinking rather than putting bandaids on things and stuff of that nature. Preventative measures, preventative programs, preventative research, preventative resource allocation. Prevention is key. I understand that sometimes it's harder to sell people on prevention. I don't wanna get onto a philosophical argument, but some folks, you know, sometimes it's harder to, measure prevention, but we need to be involved with upstream thinking or what would be called, like seeking to solve problems before they begin. I do think research like this certainly justifies the expenditure allocation of resources, more staff, pay raises flexibility and shifts a whole lot of other things we could talk the rest of the day about that. But if nothing else, there is certainly data that cannot be ignored about the cost on the human body of doing this work.

[\(26:08\)](#):

So I think that it's one of those things that's really important about upstream thinking as opposed to trying to solve problems after they've already occurred. And I will say something else, which I think is really cool. Right now at Western Kentucky University Dean Tania Basta is leading a really cool initiative in our college where staff members are able to use one hour of their workday to engage in a wellness activity, paid time. They're currently evaluating this to see its benefit. It's pretty cool. So kudos to Dean Basta on this. It's a wonderful opportunity here. Certainly it's an interdisciplinary focus and there are really cool things that may become of that. But these are certainly opportunities of engaging folks and giving them an opportunity to do things that will benefit them because we know that a healthier workforce means a healthier community.

Kristy ([27:03](#)):

Absolutely. And that's a way to really mirror and kind of walk the walk, you know, what you really want to see out in the workforce. How are you doing that in your own life? So I think Austin, from a research perspective, it seems like you've taken a really critical step towards helping us understand what's happening within the workforce and their experience. And you've also given us a lot of things to consider in terms of how we might make some change. But is there something that we might wanna focus on in the short-term that maybe all of us who are listening to this podcast could consider moving forward?

Austin ([27:40](#)):

Well, I guess I'll just stay with the thing that drives me and to me, it's really all about advocacy. I always tell my students that evidence leads to effective advocacy. So if my students listen to this, it won't be anything they've never heard before.

Austin ([27:56](#)):

But it does. I believe it does. And that was the key from the very initial phase of this. Talking to folks like yourself several years ago and moving from where we were at to where we're going, it's about evidence leading to advocacy. So I believe that people, everyone can do something. I believe that. So improving the science and the knowledge base will certainly help us to move forward. But there's other strategies, immediate strategies such as like awareness campaigns, disseminating knowledge, researchers, people that are interdisciplinary aspects, you know, working towards evidence based health and wellness interventions, you know, creating policies. There's so many other things that we can do, but we all have a part in it. Recognizing that workers are worth it, that these individuals are doing a job that they're driven to do. And there are many other individuals that may, I don't know, not. So it's really important that we kind of recognize that these folks are really special. They're really appreciated. And from the get go, it's all about advocacy. So I really, really strong and really feel very, very, I guess, um, passionate about that, that when I left the child welfare agency in 2013 and I started working at the university, it's be, it's literally because I wanted to make a difference for the workforce and I'm gonna stay there. I'm gonna keep doing what I can. So there's opportunities for, like we said, you

know, pay raises, support, preventative services, training, student loan assistance. There are so many different things that we can do. But I will say that child welfare belongs to all of us. Be heard, be supportive and do your part to advocate.

Kristy ([29:45](#)):

Absolutely. Well Austin, as you know, our audience is largely the child welfare workforce. And we hope along with supervisors, managers, administrators, and sometimes even policy makers. If our audience heard nothing else from this podcast, except for one last statement, what would you actually want them to hear?

Austin ([30:07](#)):

Ooh, the takeaway, huh?

Kristy ([30:08](#)):

The big takeaway.

Austin ([30:09](#)):

The big takeaway. There was a commissioner named Eric Clark with the state of Kentucky and he used to say child welfare belongs to all of us. And I agree. So the big takeaways, child welfare belongs to all of us. Child welfare does not belong to the four, five individuals in a rural county in Minnesota that are doing what they can to serve children in their area. Doesn't belong. It's they're not respond. There's not five people in a rural county in Hart county, Kentucky where I used to work that are responsible, it belongs to all of us. So to answer your question, I would say the child welfare belongs to all of us. We all have something that we can do to contribute to improving the lives of families and children. We all have a responsibility and an obligation to improve our communities. I leave you with this. I wanna challenge you to think of a way that you can use what you've heard today to advocate and to make a difference.

Kristy ([31:11](#)):

I think that's a great note to end on and I just wanna thank you again for talking with me and with our podcast subscribers today. For folks who are interested links to resources from Dr. Griffiths, that he provided can be found in the show notes. So again, Austin, thank you so much and we appreciate your time.

Austin ([31:31](#)):

Thank you very much.

([31:34](#)): This podcast was supported in part by a grant from the Minnesota Department of Human Services, Children and Family Services Division.