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Good Helping Relationships in Child Welfare: Co-authored Stories of Success (SUMMARY REPORT)

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GOOD HELPING RELATIONSHIPS IN CHILD WELFARE:
CO-AUTHORED STORIES OF SUCCESS

EXECUTIVE SUMMARY

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Introduction

The research reported in this executive summary was part of a much larger project, the Partnerships for Children and Families Project, a five year (2000-2005) Community University Research Alliance (CURA) funded by the Social Sciences and Humanities Research Council. The following is a summary of a full-length research report with the same title. The full report can be accessed by contacting the Partnerships for Children and Families Project or it can be downloaded at no cost from www.wlu.ca/pcfproject.

This qualitative study involved an in-depth exploration of a small sample of worker and client perspectives on the development and impact of good helping relationships in child welfare. Cumulative psychotherapy research has led to the consensus that the quality of the helping relationship is one of the most important determinants of client outcome (Horvath & Symonds, 1991; Lambert & Bergin, 1994; Orlinsky, Grawe, & Parkes, 1994). Although most of this research has focussed on individual psychotherapy, there is evidence that the importance of relationship factors holds also for child welfare (Dore & Alexander, 1996; Drake, 1994; Maluccio, 1979; Shulman, 1978). In fact, there is evidence that relationship factors are central to the effectiveness of many diverse forms of professional and nonprofessional helping (Frank & Frank, 1991).

Most of the research on the helping relationship has been quantitative and geared toward determining the association between measures of the quality of the relationship (i.e., client-centered therapist-offered conditions or the more generic concept of therapeutic alliance) and client outcome. Although such research has been valuable in confirming the importance of relationship factors, it has not been helpful in developing knowledge about how good helping

relationships develop, what specific impacts they have, and how worker and client views of these issues are similar or different. This was the focus of this in-depth, qualitative study.

A more specific goal of this study relates to recent research that has documented the pervasiveness of negative interpersonal process in helping relationships. This has led to the insight that what often differentiates successful from unsuccessful helping endeavours is the ability to address and work through negative process and to repair the inevitable “ruptures” in the relationship (Binder & Strupp, 1997; Foreman & Marmar, 1984; Henry & Strupp, 1994; Safran & Muran, 2000; Strupp, 1980). Thus, this study endeavoured to explore common difficulties and strains in the helping relationship, how these are dealt with, and what impact this has on the process and outcome of the work.

Although the reason for this study’s focus on child welfare stemmed partly from the focus of the larger research project of which it is a part, there are other substantive reasons for this focus. First, child welfare work almost always involves challenges to the development and maintenance of good helping relationships. Thus, it affords opportunities to examine how contentious issues can be dealt with productively. Second, child welfare work is frequently viewed much differently than other more strictly “clinical” types of social work (i.e., individual, family, and group counselling). When the social control function of child welfare work is emphasized, there is a tendency to downplay the viability and importance of developing good helping relationships with parents. Although previous studies of child welfare have suggested the importance of relationship factors to client satisfaction and client outcomes (Dore & Alexander, 1996; Drake, 1994; Maluccio, 1979; Shulman, 1978), this study affords an opportunity for an in-depth examination of this issue.

Methodology

Sample Recruitment and Characteristics

The sample in this study consisted of six worker-client dyads drawn from two child welfare agencies in southwestern Ontario. A sample size of six dyads was deemed to be sufficient because this study involved the in-depth, qualitative analysis of multiple interviews for worker-client dyads (two individual interviews and one joint interview for each dyad participant).

The sample was recruited by sending a notice to workers in the two child welfare agencies explaining the focus and methodology of the study. Workers were encouraged to contact the researchers if their work over a minimum three month period with a recent ex-client (terminated within the last year) fit the study's sample criteria of having worked through some level of mistrust or conflict toward the establishment of a good helping relationship. The researchers conducted brief initial interviews (either in a small group at each agency or individually by telephone) with workers who volunteered for the study in order to screen for the suitability of the case and secure the workers' consent to the study's methodology. For each dyad deemed suitable, the client in question was contacted for her or his informed consent to participate in the study. Before such consent was sought, clients were asked if they would characterize the relationship they developed with their worker as "good". All clients contacted characterized their working relationship as good and all agreed to participate in the study. There were four female worker/female client dyads, one female worker/male client dyad, and one male worker/female client dyad in the sample.

The range in age for the workers was from 29 to 43 years, with a mean age of 35. The workers had been with their respective agencies for between two and nine years, with a mean employment tenure of four years. Five of the workers were in family service worker positions

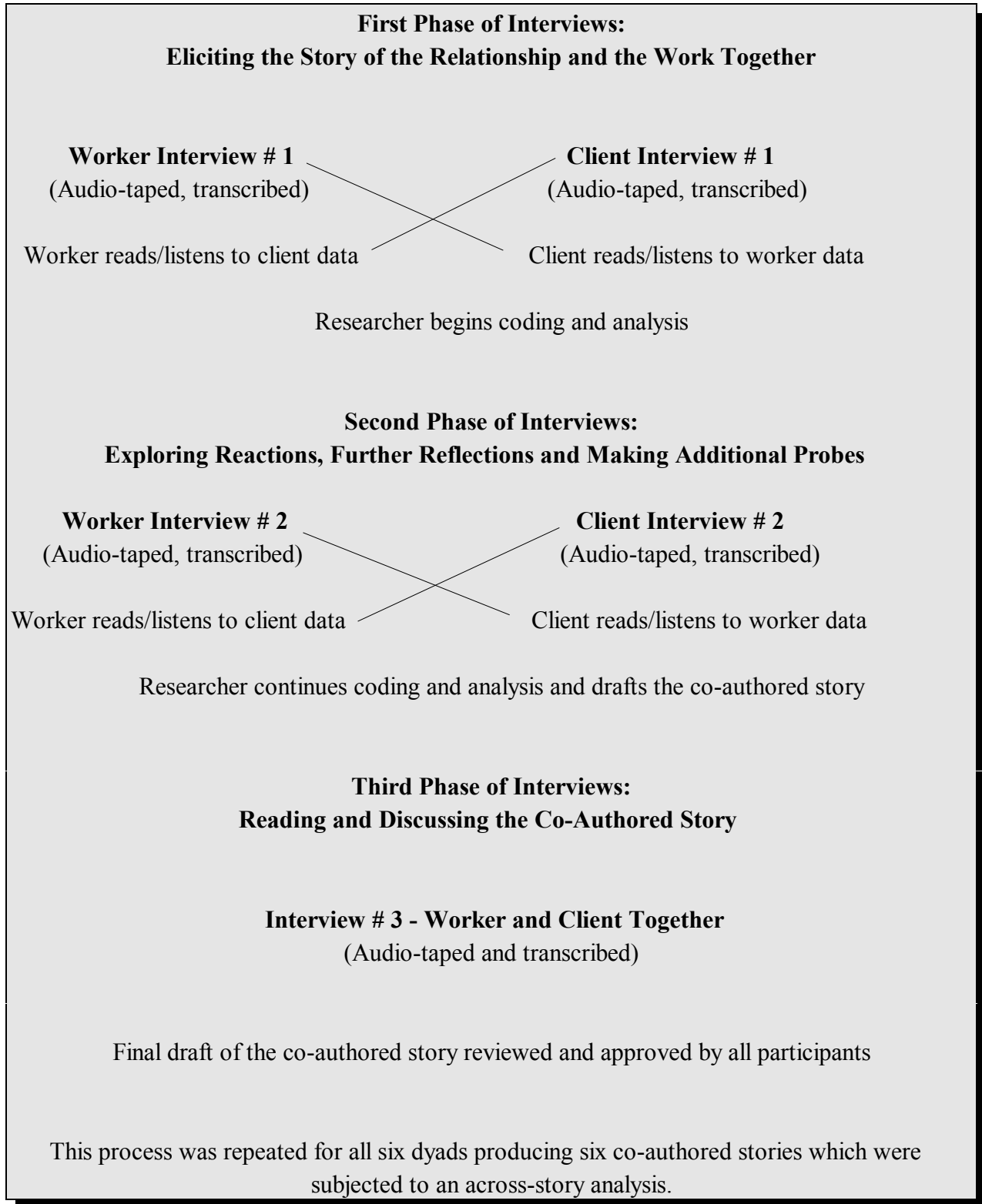
when they worked with their study client, while the other worker was a youth services worker. Three workers had Master of Social Work (MSW) degrees, whereas the other three had Bachelor of Arts (BA) degrees. Four of the workers were married or in common-law unions, one was separated, and one was divorced. Three workers had children of their own, while three did not. None of the workers were from racial or ethnic minority groups.

Clients ranged in age from 17 to 45 years, with a mean age of 30. Four clients were single, one was separated, and one was divorced. Five of the clients had children (a 21 year-old female client did not—she had been an adolescent crown ward). Three clients had one child, one client had three children, and one client had four children (details of custody of the children are in the stories in the full report). Five clients were Caucasian, while one (the male client) was Aboriginal.

Procedures and Data Analysis

A series of semi-structured audio-taped interviews were conducted with each dyad (see Table 1). The worker and client in each dyad were interviewed individually twice, and then a third joint interview was conducted. The focus of these interviews was to elicit workers' and clients' stories of their work together, particularly with regard to how the working relationship developed and what impact it had. A key feature of the design was having each dyad participant read the transcript or listen to the audiotape of the other dyad participant's individual interviews, and then reflect on the other's views of the work together in subsequent interviews. This, along with the researchers' reviewing, reflecting on, and coding each interview prior to the next interview, resulted in stories and across-story themes that were truly co-authored, (by the worker, client, and researcher) and validated by each participant.

Table 1
Overview of the Interviewing and Data Analysis Process



Results and Discussion: Good Helping Relationships in the Child Welfare Context--Themes and Issues

Introduction

The co-authored story for each of the six worker-client dyads can be found in Appendix 1 of the full-length research report. In this executive summary we present the major themes related to the attributes of a good helping relationship in the child welfare context that emerged from the across-story analysis. The co-authored stories indicate that it is possible and important, although sometimes difficult, to establish and maintain good helping relationships in the child welfare context. The circumstances surrounding the work done by the participants represented in these stories are typical of child welfare work in general. The stories do not typify “easy” or straightforward cases. Two of the six stories concluded with the crown wardship of children. Three of the stories involved the application of temporary supervision orders. And one story involved working with an adolescent crown ward on an Extended Care and Maintenance (ECM) agreement. These workers were not blessed with more time, opportunity, or discretion than other child welfare workers. They worked within the same institutional environment, worked under the same mandates and legal requirements as other workers, and had the same stresses and time constraints. Yet these workers were able to develop and maintain positive helping relationships with the individuals and families with whom they were working. In the discussion below we will present our understanding with respect to why this was so.

These stories emphasize the importance of positive helping relationships and suggest that they are absolutely essential to good child welfare practice. Good helping relationships seem to be as essential to child welfare work as they are to counselling and psychotherapy and, in fact, evidence many of the same features, such as mutual liking, trust, and respect. They also evidence

several features that may be unique to the child welfare context, such as informal worker style, the mindful and judicious use of power, and the pushing of professional boundaries.

Ultimately, this study highlights the benefits of good helping relationships in the child welfare context. They benefit workers, parents, and children by increasing honest disclosures, creating climates of nurturance and support, generating the mutual ownership of service plans, improving worker and parent self-awareness, and, in several instances, increasing worker efficiency. This study shows that positive helping relationships can act as a salve in the raw, emotionally laden, and high-stakes child welfare arena. These stories speak about the life-changing impacts, and even healing, that a positive helping relationship can have on the individuals involved. As one of the parents in the study remarked:

I owe [my worker] my child. I really do. I owe her my whole life. Just being able to sit here and being able to function and not be on drugs or drinking . . . I wouldn't want to look down that road to where I might have been without F&CS (Family and Children's Services).

One worker noted:

Here I am an educated woman with a Master's degree. I grew up in a relatively sane family. I used to think to myself, "I would like to find a mentor, someone who can mentor me". What I found was that these women in the neighbourhood group, the client being one of them, have in fact become my mentors. This was a big eye-opener for me . . . They have so much adversity in their lives. But somehow they have it in them to rise to the occasion and make something of themselves and move along . . . They have been good role models for me in terms of [showing me] there is a potential for people to really wake up and shake their heads and make a difference.

Attributes of Good Helping Relationships in the Child Welfare Context

The following themes about attributes of good helping relationships in child welfare emerged from the analysis of stories and transcripts: mindful and judicious use of power,

humanism, mutual liking, mutual respect and honesty, trust, and going the extra mile/challenging professional boundaries. Each will be discussed in turn.

Mindful and Judicious Use of Power. In the child welfare context, workers and families do not share equal amounts of power. Child welfare workers, by virtue of their agency connection and their child protection role, are in positions of authority. They hold the power to assess parental “fitness,” enforce voluntary and involuntary care agreements, withhold ECM monies, and apprehend children, if necessary. However, these stories indicate that a power imbalance need not be a barrier to the establishment of a positive helping relationship if the power is openly acknowledged and addressed. The workers in this study were mindful of the power they held and thoroughly explained their reasons and justifications for exercising that power when they needed to do so. As one worker noted, “You realize too or hopefully realize that if we are making recommendations. . .that it is just not for the sake of us having the power, but that it realistically makes sense in the situation”. In other words, power should neither be flaunted nor denied but judiciously exercised.

These workers recognized that regardless of the antecedents leading to F&CS involvement, and the range of service options and degrees of intrusion, parents ultimately fear the worst--that their child will be apprehended. One parent admitted, “I was shocked...I wouldn’t open the door. I was terrified and thought, oh my god! They are going to take my child away”. In response, the worker observed:

What was really impressed upon me (in participating in this research) was how intrusive the worker-client relationship can be. I don’t think of myself as a scary person but with the authority piece I instill fear. I think I knew that but it was a good reminder in terms of how scary it is for someone when you come knocking on their door and they panic. They live like this all the time. That really was impressed upon me in terms of how difficult it is to be on the other end.

These workers emphasized that clear and direct communication about the reasons for F&CS involvement and clear explanations of agency expectations can help to alleviate parental fears. If child apprehension is a possibility, that needs to be explicitly stated upfront. If apprehension it is not being considered, that also needs to be stated upfront. Child apprehension, although necessary in some circumstances, is an extreme option. Parents need to be reassured when apprehension is not being considered so that they do not have an unrealistic fear dominate the working relationship. As one worker noted, being explicit involves:

...keeping in mind the difficulty clients have in working with us (F&CS) and not forgetting that even though I could have a good relationship I still have the big agency behind me and there is fear (associated with that), always remembering that and naming it because I know that there tends to be a lot of fears. It can be very reassuring to say, "That is not why I am here" (to apprehend your child). But if there is a concern I am not going to say it's not either. I will be honest. I think that is really, really important.

A mother recalled:

She reassured me that F&CS doesn't just come in and snatch your kids away first thing. You know F&CS is not all bad and that if you work together then you can basically - everything will be okay.

Several workers noted that they dealt with the power imbalance by consciously trying to mitigate its potentially damaging effects on the helping relationship. These workers understood that the fear associated with their power can make it hard for parents to listen and actively engage with the worker. Workers admitted that the power imbalance can also impinge on their willingness and ability to remain open and receptive, and to actively listen to parents. Hence these workers were mindful of their power but tried not to have that power prevent them from listening to the parent, or the parent listening to them. Below, is one example:

There are a few things that are key and one is that when you go in, are you starting with your own agenda - "This is what we expect," or are you genuinely listening to somebody. Are you listening to what they have to say and validating it? Are you

pointing out some of the good things? Are you being honest about why you are involved and what your role is? I think naming things up front is important to show people, but also your attitude. Are you going in there like, “I am the all powerful being and this is what you are expected to do for us” or are you going in there and saying, “Tell me about you and your situation. This is what I know. This is what I don’t know”. So when you first met someone you need to be genuine and not go in there as overpowering.

A worker’s power can increase a parent’s defensiveness, which ultimately works against the establishment of a positive working relationship. All of the clients involved in this study acknowledged that child welfare workers were involved in their lives for legitimate reasons. Many admitted that they were embarrassed and disappointed with themselves and their situations when their workers first became involved. If the worker then came in heavy handed, the client found it exceedingly difficult to be forthcoming and admit to current difficulties for fear of their children being apprehended or being further shamed or judged:

Interviewer: How should an F&CS worker deal with the power imbalance in their relationships with you?

Mom: Well . . . listen to us . . . work with us, not against us . . . it puts us on the defensive. I mean a lot of us already have mother’s guilt . . . I carry a lot of guilt around on my shoulders . . . I have this parental guilt and F&CS are great at piling it on higher . . . A lot of F&CS workers are judgmental. We don’t like to be judged. Like for me, I live with the harshest judge of all, which is myself..Even the way they talk to you. You know, like you are an idiot and you know nothing. I had a worker once who told me, “We know you just do not want your kid anyway. This (having son placed in a foster home) is an easy way out for you. You just do not want to parent your child”. You know I had enough guilt over my inability to parent my child without someone telling me this. It was like, “You have no clue lady!”

The stories in this study suggest that power needs to be put in its rightful place. Although the power influences helping relationships in the child welfare context, it should never be the sole defining characteristic. Having the power to assess parental fitness, for example, need not prevent a worker from simultaneously observing parental strengths and demonstrating care and

compassion. If a worker came in with an attitude of support and receptiveness, client defensiveness was reduced and the relationship was less adversarial. In the quotation below, a mother describes how a worker put her power and authority aside to openly acknowledge the mother's love and care for her children:

Interviewer: I guess some of the ways that she (went beyond judgement) was in her belief that you cared for your kids. She never believed that you didn't care for your kids.

Mom: I hope she - she must have been sincere if she said it. I certainly hope so because it is true.

Interviewer: Did it surprise you that she felt that way?

Mom: Hearing it from an F&CS worker? Absolutely! . . . because they don't need to say that. They are not there to say that...I knew that. But nobody verbalized it. I was relieved when she said it after feeling so judged, that somebody did finally come along and give me a break. For me that was huge.

The mom later recounted, "She recognized some of the beauty in me too, which made me feel good. I wasn't just an awful drunk".

Power imbalances are intrinsic to most helping relationships, and are not unique to the child welfare context. For example, in psychotherapy the therapist is usually considered the "expert," the one providing the help, and the "client" is the non-expert, the one requiring help. In psychotherapy, however, the power imbalance is usually softened by the client's voluntary engagement with the worker and his or her ability to terminate the relationship. Voluntary engagement and termination are seldom realities in the child welfare context, yet these stories also suggest that a softening of power helps advance a positive helping relationship. Ultimately, it is the manner in which the power is exercised, specifically the worker's attitude and "style of telling the truth," that makes the difference. As one parent recalled:

Mom: I didn't like to hear the truth. But that wasn't her that was the way things were.

Interviewer: Did you like her style of telling the truth?

Mom: Oh yeah. Like she wasn't condescending or, "I am the worker and you are the client and this is how you are going to do it and you don't have a choice".

Two mothers compared the attitudes and "style of telling the truth" of the workers with whom they had positive relationships to those of previous workers with whom they did not. One mother noted:

My first worker was not honest with me at all. She said, "I will take your kid and blah, blah, blah". I am thinking, "Over my dead body". There is no way. Come in my house and show attitude with me and see where you are going to get because it is just rude. They have the higher power but that (rudeness) is enough to make anybody crazy. They can come in and tell me what I need to do but they don't have to threaten every time they come.

By comparison, this mom described her next worker (the worker who participated in this study) as "kind," "polite," and "comforting". The mom made specific reference to the worker's voice, which she described as "kind" and "soft".

Another mother recalled:

My impression (of my first F&CS worker) was not very good. He was just very short (with me). I felt like he was just calling and he just believed everything that he was told. Like I guess when someone calls and reports anything, he then had to call me. I felt he believed everything that whoever called had said. He believed that person and that was it. There was no ifs ands or buts and he was going to come here and he was going to investigate me and find something wrong...he came in and he sat down and he said he wanted to go over some things. He told me the reason why he was here...he just wasn't listening to anything I said. He wasn't having any of it.

By comparison, this mom felt listened to by her next worker (the worker participating in this study):

I felt like she was going to listen to what I was going to say. I had a chance to explain everything...and once things were explained I felt that things were going along better.

In both of these examples, the “good” workers wielded the same amount of power and shared the identical child safety and parenting concerns as their predecessors. Yet their attitudes and approaches were markedly different. Whereas the initial workers were perceived as rude, overpowering, condescending, and closed minded, the “good” workers were perceived as “good listeners,” “kind,” and “comforting”.

In conclusion, helping relationships in the child welfare context will always evidence power imbalances. However, these stories suggest that when workers openly acknowledge their power, mindfully and judiciously exercise it, soften their attitudes and approach, and refuse to have their power dominate the relationship, their power need not be a barrier in the establishment of a good helping relationship.

Humanism. These stories reveal that one of the primary factors contributing to a good helping relationship is a deeply humanistic style of working. These workers were able to take off their professional masks and relate to their clients on a person-to-person level, albeit with a professional focus. These workers talked and dressed in a manner that decreased professional distance. They interacted comfortably and authentically. They talked to their clients about things other than child welfare concerns and as a result got to know their clients more personally, while simultaneously revealing aspects of themselves. Clients developed an understanding of their workers as individuals who had life experiences not unlike their own. Without revealing specifics to their clients, these workers were able to communicate that they knew what it was like, for example, to be a single parent, to be divorced, to have lived through pain and loss, and to have hopes and dreams that transcend current life circumstances. The following client quotes illustrate the humanism displayed by these workers:

That is the one thing that I really like about her (the worker). It doesn't matter who you are. She has her job but she is very human about it. There are so many of them (child welfare workers) that are just so by the book that there is no room for feelings. And we need the human contact.

She treated me like a person who needs help instead of treating me like a single mother ...a bad parent. (She treated me) like a person with a child who needs help...like what I said and what I thought matters.

There were times that we would sit down and talk and I would feel like I was rambling on sometimes, not letting her go...at times I would be dying to say stuff. I felt really listened to. I didn't feel like I was being put up with or professionally listened to.

In the dialogue below between the second author and one of the research participants, the mom acknowledges that her worker's ability to be "real" moderated the pain and powerlessness she had expected would accompany her working relationship with a child welfare worker:

Interviewer: You had that first meeting [with your worker]. You got some answers, you had a good impression of (her). Did this first meeting go as expected?

Mom: No. No.

Interviewer: You expected?

Mom: I expected more pain because that was usually what I got from (F&CS).

Interviewer: Pain in the form of how you expected the worker to act?

Mom: Yes. These people are controlling me and my children's lives...and that hurts. When it is somebody else that is going to take over your fate and my kid's life and their whole future lies in my hands but I am powerless over these people and the court, and the court sides with them it seems to me.

Interviewer: But you didn't feel that way in your first meeting with (your worker) though?

Mom: Oh, it was still on my mind but I knew maybe this one is real. This person is actually real...Maybe she has a child or two herself.

Although the relationship that developed was between an F&CS worker and a client, there was another dimension, the relationship between one mother and another. The client had accurately perceived during the first interview that her worker was also a mother. During a subsequent meeting the worker was paged about a medical emergency pertaining to her own daughter, who rather ironically, had the same name as the client's daughter. The worker and the client were in the midst of talking about possible long term placement for the client's daughter, which understandably was difficult and painful for the client. Upon receiving the call about her own daughter, the worker felt a combination of stress and anxiety pertaining to her own child and also a desire to be professional and refocus on the conversation she was having with the client. The client, despite her own grief reached out to the worker and encouraged her to go and attend to her daughter. The worker feared she had been grossly insensitive. Yet the client responded in such a supportive manner. The worker recalled:

Looking back, I know that was probably really difficult for (Mom) because here we are talking about something really important to her and I had to leave. She was so wonderful. She said, "No, go". She was really wonderful and you know I felt terrible about that because it was a terrible thing (to leave during such an important conversation).

According to the mom:

You know I felt bad for her. I mean, what are you going to do? Her child was in the hospital. I told her, "Go". No, she was not being insensitive at all . . . I had no problem with her leaving.

It needs to be explicitly stated that workers need not be parents to develop good helping relationships. In fact, only three of the six workers who participated in the study were parents. However, it is important to be "real" and authentic. The workers who were parents were able to connect to their clients using that shared experience. The workers who were not parents were able to connect using other shared experiences:

I put myself in the place of the person I am working with...I go to where they are, where their head space is. And I think I do that really well. Although I cannot identify with being a mother and losing my child, I have also experienced painful situations in my life and have given up things and have let go of people in my life. That can be painful.

In all cases, the workers were able to reach into themselves, their own life experiences, and use them to connect as one human being connecting to another. For example, in one of the dyads, the worker who was twice as old as the young mom tried to remember what life was like for her when she was of the same age. The client recalled:

I think that's why I liked (worker) because she used to take trips back down memory lane and...she'd really relate to how I am now. She was great. She was a very comfortable worker...I think (worker) had the most influence on me by letting me know little tidbits of information about her own life to let me know that she was a person who deals with things herself. That was easy for me to relate to because she opened up and said, "Well, hey, everyone has to deal with crazy things once in a while". Knowing that she didn't have the perfect life and that she had been through things was really helpful to know. She may be a F&CS worker but she has had a couple of knocks too.

A humanistic style of working helped "clients" feel normal. As one youth-in-care noted:

He (worker) said he wanted me to feel normal...He talked about examples (from his work and life) that made me feel less like - he made it more personal, and that was a good thing.

Many of the comments made by these workers evidenced their sincere desire to normalize rather than "otherize" parents. For example, when a worker investigated an allegation about her client being an unfit mother because she went out drinking, once she ascertained that the mom had arranged appropriate child care, she reassured her client that, "Moms have a right to go out and have a few drinks with friends. If they get a sitter, that is okay. That is my point of view".

Another worker received a complaint about a parent who had mouldy bread in his fridge. Once the worker ascertained that there was appropriate food in the house, she said: "I just wanted to laugh. Who doesn't have things go mouldy in their fridge once in awhile?" One worker observed,

“I think having my own children also helped. Often I watch my kids play in the backyard through the kitchen window. Does that mean I am failing to provide adequate supervision. Does that make me a bad mom?”

Parents appreciated it when workers demonstrated their care and concern for them in matters not specifically related to the child welfare concerns. For example, when workers expressed interest and concern for their daily living realities and stresses, parents interpreted this as care for them as individuals:

She brought me clothes...She bought me Christmas presents. It was really great. It showed that she wasn't there just for F&CS. It showed she had a heart and that she does care.

These stories also speak to the untidiness of being “real”. Human relationships are seldom black and white. True feelings and emotions cannot be turned on and off. For the workers in these stories, their ability to be “real” left them open and vulnerable to feeling both the highs and the lows of their clients’ lives. Several of the workers admitted they cried with parents. Others talked about feeling “distressed,” “devastated,” losing sleep, and worrying:

I put my arm around her sometimes. I joked with her. When she was feeling sad or when she cried, I listened to her tears.

My heart broke for her. I was really worried about her physically and emotionally. I was concerned for her.

Just watching her go through the process of finally signing the piece of paper (the crown wardship application). That was hard. That was hard for me to see. I was heavy inside. I felt really heavy.

Clients also felt for their workers and at times were even protective of them:

I am not sure if seeing her cry maybe prohibited me at times from being sad and expressing emotion. Because when I am in pain, we are both in pain. What good is this? Although I don't know if I ever thought about it. I know I was saddened to see her sad and again I respected her being able to express it. You know? I'd rather that than some cold-nose bitch that's never had a child. That's why it

comes back to her being a real person. I think more so than some of the people I met from the agency.

Although these parents were both appreciative and disquieted by their worker's care and concern for them, they concluded that having a worker be "real" was ultimately the best:

I miss (worker). There should be more like her...you need more people like that, that can help or be supportive rather than be judgmental and critical. You do not want someone who is judgmental and critical going in and scooping up your kids. You need someone with a heart.

Mutual Liking (Interpersonal Attractiveness). Although as helping professionals we can at times naively assume, or perhaps ideally hope, we can work with any and all people, research suggests otherwise. Sue and Sue (2003) argue that helping professionals who are of similar background (e.g., cultural, socioeconomic, religious) and share similar values and attitudes with the individuals they serve, are viewed as more capable, trustworthy, and interpersonally "attractive" than workers that do not share these characteristics. According to Sue and Sue (2003), interpersonal attractiveness between workers and clients is important in establishing a good helping relationship. Likewise, this study also suggests that positive helping relationships in child welfare evidence commonalities between worker and client and mutual liking or "attractiveness".

Several of the workers and clients noted that they liked each other almost immediately due to such things as a shared sense of humour, similar work backgrounds, common life experiences, views of the world, and approaches to work. Others noted that they grew to appreciate and like each other more and more as their relationship deepened and matured. As one worker articulated:

I think we are attracted to people whether they be clients or friends that we share something with. One of the things I loved about (mom) was her sense of humour, which I think I have too.

This mom also made note of the shared sense of humour and the worker's ability to put her at ease:

We got closer (over time) to the point now where I can joke with her. You know in the back of my mind sometimes, I think, "She is a worker so I have got to be careful what I say"...You know because sometimes you can say some things jokingly but people will respond by the book, right, "You can't do that"...and it is being at ease with a person like that. You know because some days you are stressed out as a parent...and you need to vent.

There is evidence in these stories that commonalities helped workers and clients establish rapport:

Maybe being female and working with a female was a good match for her. I think we had a commonality. She works at (a grocery store) and I used to work (at the same grocery store) so we had that in common and we could talk about that.

I grew up in a culture very much like the neighbourhood (where the mom lives)...the shift for me comes very easily because it is a world that I grew up in. It makes it real for me.

She was blunt too and I am extremely blunt person so that worked out well.

I liked (mom). She is a bit of a fire cracker. She is fairly opinionated, which I like.

Even though these stories suggest that mutual "attractiveness" can be one of the qualities of a good helping relationship, several workers noted that they had a responsibility to work with all people, even those they may not be "fond of". Perhaps there is an ease that accompanies the development of a positive helping relationship when mutual "attractiveness" exists. But this does not excuse workers from trying just as hard, or perhaps even harder, to develop positive relationships with those to whom they are less attracted:

It is easier when you like somebody. There is no question. It is a given. But I have cases right now where I am not particularly fond of the people. But in the end, it is about me saying, "Ok, he or she is difficult to work with but, " I remind myself, "You need to be fair. You need to be objective, and you need to be respectful". Even when I don't get along with the person, when he or she pushes

my buttons, I always come back to those same things. I remind myself, “I have just taken this life from this woman. I have taken her kids. Her partner is no longer in the picture and I have been a large part of that through a court order. Why would she like me? What in God’s name would make her like me after I have done that?” I have to keep reminding myself of that. Then I say to myself, “Look, in all that, how can I continue to work with her to make sure that I meet her basic needs too”...and try to work through the opposition because she has a right to that.

Mutual Respect and Honesty. Mutual “attractiveness” may help to facilitate positive relationships but the presence of mutual respect and honesty demarcates good relationships from poor ones. As one worker noted:

I think what made the relationship work is that I respected him and he knew it. Even when he had his falls and the things he couldn’t do, I hoped to believe that the bottom line is...that I had known him long enough and he knew I respected him enough that I could be forthright and I think that is kind of why the relationship worked...Respect and honesty, I think they are the two main ingredients that kept the relationship going.

A mom recalled:

She made it specifically clear that she was not there to take my child. She said, “I just want you to do this stuff and if you do it then your daughter will remain in your care. If you don’t do it then...” She laid everything out straight on the line, which was really good. She was completely honest with me and that is what I need.

Not only did these workers indicate they respected their clients but their assertions were supported by clients’ accounts of feeling respected. At times workers overtly expressed their respect, at other times they conveyed their respect through their actions and their attitudes. Likewise, in the audiotapes and transcripts collected as part of this study, workers revealed obvious respect in their words, tone, and descriptions. For example, one worker frequently used adjectives like “intelligent,” “fascinating,” “motivated,” “creative,” and “insightful” to refer to the dad she had worked with. The following quote provides another example of this:

I give a lot of credit to (mom) for that. I give a lot of credit to any parent who can finally come to a place and say, "I love my son so much I have to give him up so that he, so that we can work on the best interests for him". And to get to that place - I mean, I am not a mother, but it must be an incredibly painful place to go. To know that, that what is happening in the home with him was not working - that maybe another option might work for him. And to be able to let go but still be part of his life, I give her a lot of credit. I give her the big chunk of credit. That was a pretty difficult thing to do.

In general, this study highlights the need for the direct conveyance of respect both in words and in actions. As one worker reflected:

I have learned from participating in this project that I will do this more ongoing, say, "You are doing well" . . . I never really came out and said "I think you are doing well". I never really gave her my opinions about her concerns. But I think I did convey my respect for her ongoing.

These stories suggest an association between the respect and honesty of workers and clients. More specifically, when honesty and respect are modelled by a worker, the client's respect for the worker and the likelihood of the client being honest increase. Likewise when workers are disrespectful and dishonest, clients' respect for the worker decreases, as does the likelihood of honest disclosure. For example, a mom offered the following reflections:

She (worker) clarified things by telling me the guidelines and stuff I had to do. My previous worker hadn't told me anything. She didn't even tell me what she was there for. I was very dishonest with her too...if she wasn't going to be honest with me I wasn't going to be honest with her.

She (worker) was really honest and that is why everything worked out the way it did. Because if she hadn't been honest with me it would have been like, "Oh well, I am not going to cooperate with you because you are not being honest with me".

Honest disclosures, although an element of any good helping relationship, are crucial in the child welfare context. This point cannot be over stressed. Without honest client disclosure, workers are functioning with one hand tied behind their backs; workers can lack the assurance of a child's safety, a parent's fitness, and the satisfaction of service requirements. They can be left

to wrongly judge, for example, why a mom didn't follow through on a service plan, or they can misunderstand behaviour because of being under informed or misinformed about the extent of pain or the difficulties in a client's life. Without workers' disclosure, parents are left wondering what "evidence" has been collected against them. From each side, worries and fears contaminate the relationship. Yet honest disclosures are extremely risky, especially for clients. Much is at stake. We can learn much from the positive relationships represented in this study about the importance and facilitation of honest disclosures.

As mentioned above, workers can increase client honesty by being honest themselves. The workers need to set the tone, as they have the power and thus, have less at stake. Worker honesty, then, can begin with the clear presentation of concerns and expectations coupled with the acknowledgement of strengths and a conveyance of respect. Listening to and validating a client's accounts and experiences when they are revealed also encourages client honesty. A worker's reaction to client disclosure is critical. If a client feels judged or punished, future disclosures will be less forthcoming. As one worker noted:

I am pretty good at getting a youth to tell me that they are doing drugs and what they are doing. I am not angry with them if they are doing it. A lot of them are fearful of how someone will react when they tell them. If you can get them to believe that you are not angry and that you just want to know because you care about them and you want to be able to help them and give them some options...when she was able to start to feel comfortable to be able to tell me about the drug use, I had really been trying hard to get her to believe that by her telling me these things I could get a different perspective and then we could make some changes.

A mother recalled:

I found it easy to be open with her. I felt like no matter what I said to her it was going to be OK because she would help me no matter what. Like she wasn't there to judge.

Many of the workers in this study viewed client disclosures as indicative of a good helping relationship. The youth worker quoted above thought the youth's disclosure about drug use suggested the youth trusted him, and also that this disclosure demonstrated her desire and ability to deal with the problem. The worker hypothesized that youth are often reluctant to disclose drug use because it can lead to a termination of ECM monies. But when workers respond punitively, everyone loses. The youth buries the drug problem and doesn't get appropriate help. The worker is less informed about the youth's needs. The relationship suffers as honest disclosures decrease.

The stories in this study impressed upon us the incredible risks clients, especially parents, take when self-disclosing. The stakes are extremely high. They risk shame and judgement, a loss of control, further supervision, and ultimately, custody of children. However, when disclosures did occur and workers responded favourably, the experience for these parents was positive, and for one parent in particular, nothing short of grace. A dad recollected:

After eight years of not drinking and being an active member of A.A. and publishing stories and giving motivational talks and being a guest speaker here and there and all that stuff...I fell off the wagon myself...My biggest ally was my worker. She stood there and I was crying and saying, "Oh no, I'm going to lose my kid"...I was all drunk and (the worker) stood right there in the middle of my filthy place. I said, "Can you believe that a happy child once played in this place" and she said, "He will again and he will again. You have had a relapse. It is not the end of the world". It was like, "Holy shit!" These were the first people I thought would turn on me and scoop (son) from me...But (worker) stuck up for me and encouraged me and said right in the middle of all that, "You will make it again". I am used to people dropping me like a fly when (I relapsed)...but worker stuck up for me.

The worker talked about her supportive response to the father's relapse. She said:

I had known him for a little while and I knew he cared for his son. He was making improvements...he was making a real effort. Also the length of time that he had been sober - that was a big chunk of time to be sober. He talked a lot about where he had come from and the fact of him having an apartment and a son, it was like a miracle to him...I knew he had it in him to (come back from the relapse)...I really thought he was good for his son...(Dad) turned himself around really quickly. It

took a day or two to make it through the relapse and then he was ready to battle, “I want my son back”. So we set up supervised visits. You know the relapse was horrific considering all the sobriety that he had...He was very cooperative. He was prepared to do what he needed to do. He saw how he had broken down. He knew why he had relapsed. He had stopped using his support systems. He thought he could do it on his own. So he had a really good plan of how he was going to get back on track. He had insight into what was going on.

Another factor which attributed to the worker’s positive response was the father’s foresight. Even though he relapsed, he had the presence of mind and ability to think first about his son. He did not relapse in his son’s presence but when the son was away on a weekend visit with his mother. This story reveals, better than our words can, how utterly essential a positive response to client disclosures can be. A father stopped living in fear. A child remained in the home. Help was offered and accepted. A worker was reassured.

Trust. Unfortunately as social workers, we tend to think about “trust issues” in helping relationships as rooted in the client’s inability to trust. This inability to trust, we surmise, stems from the client’s history of having trust violated. It is assumed that workers and child welfare agencies are inherently trustworthy. “No so!”, claim the moms, dad and youth represented in these stories. All of the clients represented here report having been lied to, threatened, or manipulated by child welfare workers in the past. One mother reported that a child welfare worker had told her: “Sign these papers or else your child will go to the furthest group home in the province”. Another mom claimed her worker kept reminding her, “I have a baby seat in my car and I can take your daughter right now if I wanted to”. These clients had workers who had not followed through with things that they had promised to do, who had not returned phone calls when they said they would, who did not arrive on time for appointments, and who did not fully reveal who had access to information. One of the common characteristics of the workers in our sample was their trustworthiness.

This research told us some important things about how trust is established and maintained in the helping relationship. First, trust comes from a care and concern for (and knowledge of) the entire person, not just the parenting concern. Certainly the story above attests to this fact. The worker knew the dad's history, his five years of sobriety, his achievements, and hence could trust he would pull through.

Second, trust takes time. Relationships need to be established and tested before trust can develop. Trust is ultimately a hopeful stance. A client trusts or hopes a worker will act in a certain way based on his or her past actions. Likewise, a worker trusts/hopes a client will act in a certain way based on their past actions. In order for trust to develop, there needs to be a past or a history of relating with one another on which to build hope. As one mother indicated:

This is not a long relationship and for me to develop any sort of trust, it takes me a long, long time. But with her - I trusted her judgement because I got the right answers...I got some answers where I wasn't getting them from my kids' workers. Or she would direct me at least or mention it to (kids' workers)...so I could get the answers I needed.

Third, trust is not established through some slick social work intervention but through constant slogging and consistent (often repetitious) behaviour. Examples of this include: returning phone calls, arriving to appointments on time, and completing tasks as promised. A youth indicated that her trust of her worker was rooted in his timely delivery of her ECM cheque:

These things are not trivial. It's like the hand that feeds you pretty much. If I hadn't had that contact with him constantly, I probably would not have trusted him because he would never have met the needs that I had so what would my trust of him be based on? What would he have ever done to show me that he was (trustworthy)?

Fourth, trust is increased when the substance of what a worker says is validated by another source; for example, when what the worker says is consistent with what other helping

professionals have said, or is consistent with the client's experience, or through time proves to be accurate. One client noted:

(The worker) and I developed a bit of a rapport over the phone. Any concerns that I had I went directly to her. At one point there was a circle of people I could approach but like I said, I kept getting different answers from different people. So it got that the more answers I got from her the more I realized, "Yeah, that is the way it is. This is the truth". So now I am building more and more trust in what she's telling me...She seems to know her stuff. She is educated...and experienced.

Fifth, trust, as one worker observed, develops through a lot of "talking back and forth."

Workers need to constantly check and recheck with clients to confirm that what was said was understood. These stories suggest that misunderstandings happen on both sides. Workers can misunderstand clients and clients can misunderstand workers. The onus, however, is on the worker to ensure that misunderstandings are sorted out. Several ways in which this can be done include: debriefings between workers and clients after meetings and case conferences, scrupulous note taking on behalf of both parties, phone calls, and, for important meetings, the presence of a third party who can act as a second set of ears and eyes. One worker indicated that she encourages her clients to get second opinions and to seek legal counsel. Several clients in the study recalled past workers getting defensive and even angry when they did any of these things. As one mother argued, "When parents are uninformed they (F&CS) can bully you. If you don't know your rights, you can't say anything". If trust is to be developed, clients need to be informed and understood. In our view, workers should not consider actions taken by clients to increase their knowledge of the process and to obtain outside support as personal affronts or evidence of client mistrust, but rather as a healthy effort toward the establishment of a trusting and productive working relationship. One worker said:

It was a lot of talking back and forth, giving her all the information I could and being really clear with her...I would always consult with her and let her know what

was going on. If we had any (case conferences)...she would always bring along a community member for support, which I completely supported because I think that is a really good way to do business. So she would bring someone along with her and if she didn't get something then after the meeting we would talk about it and say, "Well, OK here is my take on what happened at this case conference". So again, a lot, a lot of communication back and forth making sure she understood everything and got the help. If you are in a room full of professionals around a table, it can be a really intimidating process, so I think it intimidated her sometimes. So I always wanted to make sure that she had some support with her and that she got all the information accurately when we were done.

Finally, and closely connected to the previous point, is the need for workers to understand and sensitively inquire about client realities, specifically around circumstances which on initial inspection "appear" to be acts of distrust or defiance. One worker discovered that what appeared to be distrust was in fact a mom's independent nature and her desire to exercise as much control as possible over her own life. Another worker became aware that a dad's avoidance was in fact shame about his living environment and housekeeping abilities, and in another instance, avoidance was attributable to a lack of a telephone. A good example from one of the co-authored stories concerns a mom who was not making it to all of her scheduled access visits with her children. It was initially inferred that her failure to make these visits was indicative of her neglectfulness as a parent and her inability to meet her children's needs and service requirements. However, through some gentle probing by the worker, the mother revealed that these visits were extremely painful because they reminded her of her loss, and her absence in her children's lives. She said it would take her days to recover from these visits and at times she didn't have the strength to bear them. It was also revealed that upon several occasions the visits didn't occur because of an F&CS mix-up. This refrain was echoed by another client who indicated that paper work confirming her compliance with some agency expectations never made it into her file. Another mom in our sample indicated that her lack of money meant that she was unable to comply with an agency

requirement that she purchase some safety features for her home. When workers understood these realities, they could place a client's behaviour within a context that was ultimately more favourable, resulting in decreased defensiveness decreased and increased trust.

Going the Extra Mile/Challenging Professional Boundaries. The workers in our sample took the time to do the "extras" that helped build the relationship (e.g., calling for no reason except to see how things are going, taking clients for a coffee, dropping by a client's house on the way home from work, attending the funeral of a client's mother on a Saturday, dropping off Christmas presents for a family over the Christmas holidays, and writing a letter of concern and support). The workers noted that these "extras" were the more enjoyable aspects of their child welfare work. One worker called it "good social work" compared to the other aspects of her job which she considered "messy social work". There was a theme here that "good social work" was an "extra" but well worth the time. One mom recalled:

She (worker) met me a couple of weeks later (after mom had gone to court to relinquish custody of her son) and we met for coffee. She just wanted to tell me how impressed she was that I was able to do that for my son because not too many people would...But you know how many social workers really would take that extra five minutes out just to let somebody know that - to give them that validation...I don't think they are supposed to do that (workers taking clients out for lunch or coffee) but it is important. You know even if it is the end and your case is finally closed, it is to have closure...But it is almost like, "Oh no, you shouldn't be mixing". Cuz, you know, here it is again, the client and the worker they shouldn't be getting too close, and that is bad. Like I think the roles need to be bent a bit.

These stories suggest that in good helping relationships workers go the extra mile, often pushing, stretching, or challenging professional boundaries. The workers in our sample swam in muddy waters as they strove for consistency between agency expectations and mandates, their own *modus operandi*, and their human capacity to feel and act. Clients noticed and appreciated these efforts and struggles, as evidenced in the following quotations:

She came to my house and I don't think she needed to. When she offered to drive (to a destination 1 ½ hours out of her catchment area) I thought, "Oh!" That surprised me because it was my belief that the case could have been transferred...I thought it was decent of her to come.

He (worker) goes out on a limb to the point where he gives you chances to the point where he has gotten in trouble for it...I don't know the exact details but I know he has gone way out on limbs for people and trusted that they were going to do something...and they have screwed him over and made him look like an idiot, and he has gotten into trouble at work. I think that is the best quality about him, that probably is the reason why so many of us are going to college and university or having normal lives. He goes out on limbs he is not supposed to go out on and I think that is a positive thing about how he does things.

Several workers in our sample credited their supervisors for encouraging them to stretch professional boundaries. These workers felt they benefited from having a supervisor who was willing to talk things over with them and was prepared to support new and creative ways of working. One worker remarked:

I had a really good supervisor so the relationship was good with my supervisor so that is going to make a difference too because she trusts my judgement...she genuinely cares about people and puts children first but also I had a good relationship with her so she would trust my opinions and judgements, so that is key too.

Exemplary Worker-Client Relationships as the Exception Versus the Rule in Child Welfare

Our key purpose in interviewing worker and client dyads was to provide insight into the development and maintenance of good helping relationships. As we coded and analysed data, and co-authored the accompanying stories, a question continued to frequent our thoughts and conversations. How typical were the relationships in our select sample? When we began this project, we were cognizant that barriers existed to the establishment of positive helping relationships that were unique to the child welfare context. Yet the workers and clients in our sample were able to transcend or work around many of these barriers. How many others are able to do the same? We believe the relationships in this study are indeed exemplary and represent the

“exception” versus the “rule”. This is not to say we think that most worker-client relationships in child welfare are “bad”. Although there is no doubt that some child welfare clients, including those in our sample, have had terrible experiences with some workers (we will support this with examples from our data), it is likely that the experience of many clients is somewhere in between this and the exceptionally good relationships portrayed in our sample. Before considering data to support our belief that our sample’s good relationships represent the “exception” versus the “rule,” it is important to offer a few words of caution.

The co-authorship study was not designed for comparative analysis. The data we have concerns positive relationships only. It was not collected with the intention of providing points of contrast between “good” and “bad” helping relationships. Had that been our intention we may have sought to co-author “stories of failure” in addition to our “stories of success”. We may also have asked the workers and clients in our sample pointed questions about their previous working relationships. Aside from ethical concerns about gathering such data, we were limited by the central feature of our research design, which was the sharing of stories between workers and clients, and a joint interview. Nevertheless, we soon discovered that points of contrast emerged from our current data set, which led us to surmise that the relationships in our study were indeed exemplary.

Comparison of “Sample” Workers With Clients’ Accounts of Other F&CS Workers. All six clients in these dyads had previous involvement with F&CS. All six had worked with other F&CS workers in the past. The number of previous relationships ranged from 1 (in two instances) to more than 30 (in one instance). Since it is rare for F&CS workers to have opportunities to compare their working style and relationships with those of their co-workers (due to time constraints and independent case loads), the clients in these stories, in many respects, were

the experts. They had interacted with numerous workers and thus had the opportunity to compare worker styles and attitudes, and the quality of the helping relationships.

One mother indicated that she had experienced previous workers to be “unfair”. They had made it hard for her to have visits with her children. She was “judged,” and made to feel like a “nothing” and a “shit for a mother”. By comparison, the “good” worker did not make the client feel judged. She gave her clear information about rules and expectations and facilitated visitations. Whereas her previous workers were described as “controlling” and “uncaring,” this worker was “real,” “down-to-earth,” and “caring”:

She seemed genuine. She wasn't just there to do her job. She was doing her job professionally, which a lot of (F&CS workers) don't. I get the impression anyway that they don't give a shit. They think we are not human beings. She was a compassionate person.

A father, whose family had been involved with F&CS for three generations, most of it deemed negative, admitted to being deeply wounded by these past involvements. In contrast, his relationship with this worker was not only positive but also reparative and healing. It allowed him to reconsider his negative stance toward the F&CS. Here are some quotations from clients specifically comparing their previous workers with the worker who participated in the study:

He (initial worker) basically made it sound like if I didn't sign the papers there would be more problems. I thought automatically that if I didn't sign them, they could take my (child away)...She (worker involved in the study) didn't treat me like I was nothing.

She made me realize that she wasn't there to take (my son) away. She wasn't here to make my life more difficult but she was here to help with (my son) and that's the one thing that I never understood from the beginning with the other guy.

(My previous worker) threatened me saying, “Sign these papers or I will send your son to the furthest group home in the province”...Really (worker involved in the study) was very supportive. You know compared to (the previous worker), who threatened me and had accused me of being an unfit parent and that I didn't love my kid, I just didn't want him.

I felt she wasn't judging me and she wasn't looking down on me like (my previous worker) had done.

A few of the workers in our sample had a vague sense that their relationships with clients were less contentious than those of their co-workers. One worker admitted that he is considered "unorthodox" and less reactive than his colleagues. He has been told that he has had more "successes". Another worker was surprised when a colleague, overhearing her talk to a client in the hallway, complimented her on the ease and naturalness of the conversation. She was told that her style of communicating was enviable. Another worker noted:

It seems I have better experience, for the most part, with people. Like I can probably count on my hands just the stonewalled ones - the individuals I have not been able to work with very well. I know that is not always the experience. I don't know if it is just a natural personality thing - I really think it is the respect, the respect and openness.

It should also be noted that in several instances, the workers we interviewed had been identified by their co-workers and supervisors as "exceptional" workers. Although anecdotal, a comment we heard from several supervisors and managers at F&CS was that we had successfully recruited "some of the best" workers employed at their agencies. This is certainly not to say that these were the only "good" workers at these agencies. Other workers had been referred to us and met the inclusion criteria but couldn't participate due to unexpected work load demands, family issues, and other extenuating circumstances.

Other research findings about child welfare clients' service experiences. More compelling evidence to suggest that good helping relationships of the type exemplified in this study are the exception versus the rule in child welfare comes from other research that has been conducted. A recent review of research on the experiences of clients with a broad array of social services, which included a review of 26 studies of child welfare services, documented that

negative experiences with child welfare workers are not uncommon (Fine, Palmer, & Coady, 2001). Furthermore, two other studies that are part of the Partnerships for Children and Families Project suggest that poor helping relationships in child welfare are not unusual. Maiter, Palmer, and Manji's (2003) study had a larger sample (n = 61) of child welfare clients drawn from the same two agencies as this study's sample. They found that clients talked of negative relationships with child welfare workers with about the same frequency as they talked about positive relationships. Harvey, Mandell, Stalker, and Frensch (2003) conducted a workplace study of four family and children's service agencies in southern Ontario. In a sample of over 200 direct service workers (intake, family service, and children's service workers), they found that 36% scored in the high range on a depersonalization scale, indicating "an unfeeling and impersonal response towards recipients of one's service" (Harvey et al., 2003, p. 28-29). Only 33% of direct service workers scored in the low range on this depersonalization scale. Although scores on this scale indicate worker attitudes versus actual behaviour, the prevalence of such depersonalized attitudes toward clients fits with the anecdotal reports from clients in this study and the evidence from other studies cited above. Thus, it is our belief that there is ample evidence to support the contention that negative worker-client relationships are not uncommon in child welfare. Although good helping relationships are probably also not uncommon, they are not the "rule," and the type of emotionally close, supportive relationships exemplified in this study are most likely the "exception". These contentions should come as no surprise given the special challenges inherent in child welfare work—to which we now turn our attention.

The child welfare setting can work against the establishment of good helping relationships. Our contention that poor helping relationships are not uncommon and that good helping relationships of the nature and calibre represented in this study are the exception in child

welfare begs the question, “Why is this so?”. It can certainly be said that child welfare work provides many challenges to the development and maintenance of good helping relationships. There are many reasons why this is so. First, child welfare workers serve as agents of the state and exercise a social control function in their efforts to protect the rights of children and ensure their safety. Relationships between workers and families are often “mandated relationships.” Child welfare workers’ involvement with families often begins with intrusion and is maintained through the application of formal and legal agreements. When the social control function of the child welfare worker is emphasized, there can be a tendency to downplay the viability and importance of developing a good relationship. Why put effort into developing a good helping relationship when clients are initially “resistant” and one does not need to rely on the cooperation and good will (and free will) of clients because one has the legal machinery to enforce access and the power to intrude?

Second, child welfare work is difficult work. Workers and clients are joined in matters that are primal--the care and protection of children and the potential separation of children from their parents. Parents may be reluctant to develop positive relationships with workers who have the authority to judge their abilities and “fitness” as a parent, and may in fact “take their children away”? As one parent in the study opined, getting along with your F&CS worker can be “like sleeping with the enemy”.

Third, child welfare work is stressful. Caseloads are high and time is limited. Good relationships can take time and effort. The legal requirements, record keeping, and form filling that are part and parcel of child welfare work can get in the way of worker spontaneity and discretion. Workers may have good intentions when it comes to developing positive relationships

with parents but it can all lead to frustration and disappointment if they don't have the time or opportunity to follow up on their good intentions.

Fourth, there is a rigidity that one could easily fall into in child welfare work. Tasks such as "assessing risk," "gathering evidence," and determining "parental fitness" can reduce helping relationships to fact-finding missions. Workers, required to follow set protocols, often think about and record their work using the familiar terms and categories of the child welfare system. This can leave workers with little room for spontaneity and discretion. Time constraints and workload demands can promote an efficiency which can also stand in the way of a good relationship. For example, one worker noted:

I felt I would have liked to have given him more, like when he had a lot of parenting questions, to have like two hour talks and give him extra supports. But in child welfare our time is just so...you don't have any.

In contrast, human relationships, both personal and professional, are matters of the heart. They do not follow a procedure manual or a time line.

Fifth, the intrusiveness of the child welfare system can also stand in the way of positive helping relationships. Ironically, the intrusion can, at times, elevate stress and fear in the home to the extent that the likelihood of the abuse and neglect of children is increased. As one mom recounted:

I hated them (F&CS). I wanted to blow up their whole office. I really did. I think it was mainly because of that stupid first worker (the intake worker). Like she drove me crazy. I couldn't believe it. I couldn't believe how F&CS would push somebody to the point that they were incapable of looking after their own child because the F&CS was making me mental like having to deal with all the stuff I had to do...I was not only terrified of them but I wasn't too proud of them being there either.

Worrying about having to lose your child every day is not putting you in a stable mind. I am doing all this today but they are going to yank her away tomorrow for nothing? It was so stressful...I think that F&CS (workers) need to be more like

(my worker) and just relax and be honest. Because if you aren't, you will make people go nuts.

The “good cop, bad cop” scenario played out by family service workers and intake workers is yet another way in which the child welfare setting can work against good helping relationships. The intake worker seems to be thrust into the “bad cop” role as the one who must investigate allegations within a tight time frame. Knowing that his or her involvement will be short-term provides the intake worker with little opportunity or incentive for developing a good relationship. Often, family service workers inherit from intake workers clients who are upset with the agency and service agreements that neither they nor the clients are invested in. Family service workers can feel like they never start relationships fresh and at times inherit a mess. Here are a two of the comments made by workers in our sample referring to this problem:

That is an unfortunate thing for me when I am the ongoing worker--I don't have any chance to establish the goals with the client and the client is in the same kind of position.

I have had this experience as well where I have had to come in after another worker who hasn't done so well with the client and that is tough because you have to undo some stuff that has been done.

What Accounts for the Development of an Exemplary Relationship

The co-authored stories and the across-story themes in this study offer some suggestions as to why the workers in our select sample were able to develop very positive helping relationships despite the “forces” working against them. These workers had the ability to relate well to people. They had good intuition, social skills, and self-esteem. They had an informal style and a way of being that encouraged connection. They related to clients as people--as interesting, worthy individuals who merited respect, understanding, and empathy. As one mom noted about her worker, “I think a lot of it is her. It is her attitude and her compassion”. Another mom

observed, “When (worker) is there, we can kick back. She can put us at ease and she is not threatening.” A worker observed:

I think it comes from being at ease with me. I am at ease with who I am. I know that is a process, well that is a journey that you have until you are dead. But I am conscious of that. I have worked hard on building my own self-esteem and I have worked hard on the spiritual side of me and I continue to do so. I think what happens over time is that when you are comfortable in your own skin, I think people pick up on that. When you are comfortable in your own skin, I think you become real. Basically then, what you see is what you get...I don't have to impress anybody. I don't have to be something that I am not, and if I screw up, I am prepared to own it.

The following transcript excerpt provides another example:

Interviewer: I wanted to ask you about a couple of times when she (client) commented on your meetings. She said things like you would discuss supervision (of her children) but it wasn't like you were drilling her with questions. She said it was more like sitting and talking with a friend and having small talk and normal conversations at times. She was very positive about that.

Worker: Yeah. I am glad about that. I didn't know I would be getting that feedback. That is just my style...There is probably a reason why I'm able to work with clients and it is turning out positive.

Most of these workers had a strong presence about them, a way of being that seemed authentic and true. Clients perceived them as “real” and genuine. Part of what appeared to come naturally was an ability to focus on the matter at hand, to be present and engaging with a client and not appear distracted by other things. For example, when clients talked, these workers were open and receptive. They didn't just appear to be listening--they were listening. One worker suggested that what allowed her to have that presence was her good time management skills. She was an efficient worker and a “good organizer”. She told us:

The job is very, very stressful. We have way more things to do than hours. I am a good organizer so I am able to be very efficient with my time. I think because I don't have as much pressures that way as some other workers have, I seem able to keep up better. I think this plays into the relationship with a client because if I have only a half hour to spend with someone because I have this or that piling up, I

am not going to have the same patience level with the person I am working with. I would rather be with my client without my head scrambling around to see what there is to do back in the office.

These workers also seemed less bound to rigidly following “agency bureaucracy” and less susceptible to “putting on the professional mask” than some workers might be. This seemed due to such things as rich life experience, varied work experiences, and a natural proclivity to reflect on their practice. Two workers’ comments addressed such issues:

I think my understanding of women abuse and the cycle of violence was helpful because I had worked in a shelter for a number of years. That helped me understand what (the client) had been dealing with.

I have been a child welfare worker for seven years but I have been a social worker for twenty-three. I have a lot of experience. My social work background is quite varied. I have done a lot of different things and a lot of my jobs have been “outside the box”.

A client offered the following comment:

Like I (mom) said, when you come right out of university, if you have never, never been exposed to any kind of family violence, or abuse, drugs, anything, you really have no clue. So how can you, how can you judge? How can you help somebody if you don’t know what you are talking about except from what you have read in a book?...I find sometimes with the younger staff coming out of school, they have this professional demeanor that kind of sticks to them. It can make them look rigid.

The workers in our sample were reflective and creative people. It was evident that they thought about their work and their relationships with clients. They worked within agency mandate, rules, and procedures, but did so flexibly, creatively, and with humanity.

Summary and Implications

We believe that the interviews with this select sample of workers and clients who managed to develop and maintain good relationships in the very stressful and demanding context of child welfare intervention have yielded a wealth of knowledge. Our intent in this closing section of the

report is to reiterate a few key points, provide some brief reflection on some of these points, and then propose some implications for practice.

The following are a number of key points that emerge from a review of the six co-authored stories and the across story themes:

- It is possible to develop and maintain good working relationships with child welfare clients, even when there are serious concerns about child maltreatment and children need to be apprehended.
- Good child welfare work can and should have a strong element of clinical/therapeutic work, which happens naturally through the development of the relationship—workers who develop good relationships with their clients can have profound, positive impacts on clients and their lives while fulfilling their mandated role of investigating and ensuring child safety.
- One obvious impact of a positive worker-client relationship is engaging the client cooperatively in the tasks of the work (investigating and ensuring child safety). There are many other positive impacts for clients when they develop good relationships with workers, including boosting morale, processing emotional issues, and developing self-esteem and self-confidence—all of which are likely to impact positively on parenting ability.
- Even when child placement is necessary, a good worker-client relationship can facilitate the decision-making process for the parent and can help to avoid an adversarial court process that is usually costly and emotionally damaging.
- Good worker-client relationships in child welfare represent deeply human, person-to-person connections (versus pleasant but distant professional-to-client working relationships), and are characterized by mutual liking, caring, respect, trust, understanding, and honesty.
- Good worker-client relationships in child welfare are built best by a worker style that is informal, down-to-earth, friendly, genuine, person-to-person (versus “worker”-to-“client”), respectful, empathic, supportive, encouraging, and hopeful. These relationships are facilitated by worker behaviours such as going the extra mile/doing the extra little things, sharing feelings, being realistic and flexible with regard to expectations, and self-disclosing relevant personal information.

A central issue that arises from this study’s results concerns how to promote the type of child welfare practice that is exemplified in these stories. Toward this end, we would like to

address implications for the hiring of workers, the training and supervision of workers, and modifying agency procedures and mandates.

We have surmised that the workers in this study represent a select sample of workers who have exceptional interpersonal sensitivity and ability to relate to child welfare clientele (and probably people in general). It should come as no surprise that there may be certain workers who exhibit exceptional ability. Cumulative research in psychotherapy has led to a similar conclusion: “The therapist factor, as a contributor to outcome, is looming large in the assessment of outcomes. Some therapists appear to be unusually effective” (Lambert & Bergin, 1994, p.182). On the other hand, the clients’ stories in this study about previous “bad” workers, along with other research (cited earlier) that suggests bad experiences with workers for child welfare clients are not uncommon, raises the likelihood that there are some child welfare workers who have little such interpersonal sensitivity or ability and who are simply not suited to the child welfare field. Again, this should come as no surprise. Even in the less contentious enterprise of psychotherapy, research has established that negative interpersonal process and poor helping relationships are not uncommon, that this has been underestimated by professionals, and that therapist factors such as level of adjustment and relational ability contribute to such phenomenon (Binder & Strupp, 1997). It is our belief, however, that these extreme groups are probably quite small. The largest group of workers is probably between these extreme groups. The workers in this large middle group likely have basic requisite interpersonal sensitivity and relational ability, but may struggle with demonstrating this fully and consistently for various reasons, many of which we have detailed in our discussion of how the child welfare setting can work against the establishment of good helping relationships.

With regard to the small group of workers who may not be suited to the profession, we would suggest two things. First, we would suggest that the hiring process for child welfare workers include consideration of issues such as personal characteristics, interpersonal style, and attitudes toward clients. A good suggestion that emerged from a conference presentation that we did on this study is to include a former client on agency hiring committees. Second, we suggest that child welfare supervisors pay attention to identifying workers who consistently do not relate well to clients, and explore with them their suitability to the profession.

For the large middle group of workers who have basic interpersonal sensitivity and relational ability, but may struggle with demonstrating this fully and consistently, we suggest that training and supervision should focus on issues such as (a) developing an empathic/supportive mind-set and heart-set toward clients, (b) using a natural interpersonal style (versus hiding behind a professional mask and protocol), (c) understanding the potential therapeutic nature of the work, and (d) using strategies for engaging clients and building good relationships (the reader is referred to across-story themes for Helpful Worker Behaviours and Central Issues for Child Welfare Practice in Appendix 2 of the full report for examples of such strategies).

Clearly, our suggestions for the hiring, training, and supervision of child welfare workers do not fit with the current focus of many child welfare agencies in the Province of Ontario on investigation and risk assessment that frequently results in minimal services to families and adversarial court processes to remove children deemed to be at risk (Cameron & Freymond, 2003). This raises the larger issue of the need to revise the child welfare mandate and the child welfare worker role. Our study's results reinforce others' (e.g., Cameron & Freymond, 2003; Cameron, Freymond, Cornfield, & Palmer, 2001) calls for broadening the child welfare emphasis on investigation and protection to include more focus on providing services and supports to

families to enable them to care better for their children. This would facilitate the broadening of workers' roles to include more focus on listening and understanding, providing empathy and support, recognizing and building strengths, and building in resources, supports, and services. Although this type of work can be carried out within the present system, it is not easy to do so. System change is needed to encourage and facilitate such work.

At a recent conference presentation of the findings of this study, we were approached by two executive directors of child welfare agencies. One executive director told us how encouraging he found our results to be. He found it refreshing to hear about child welfare workers who were doing it "right" and making a profound positive difference in people's lives. The other executive director was from a native family and children's service agency and he suggested that our research "crosses cultures." The type of work characterized by the good relationships we profiled in our study, in his opinion, "should be practiced by all," but is clearly not. Although few would argue with this, the personal, instrumental, and systemic barriers that can make it difficult for workers to be the caring and "human" social workers they desire to be must be acknowledged and addressed. Many workers already feel so stretched and compromised that suggestions such as "going the extra mile" can increase stress. Based on the accounts of the workers in our study, we believe that it is possible to incorporate the extra effort that manifests as care, compassion, and respect for clients into a forty-hour work week; however, this effort needs to be nurtured and valued by one's supervisors, co-workers, and the overall culture of an agency. Furthermore, we would argue that the rewards of achieving such supportive relationships with clients outweigh whatever extra effort is required. The results of our study suggest that good helping relationships can be healing and energizing for both workers and clients.

To conclude, we would like to point out that in many ways this study's results do not tell us anything that is new or earth shattering. For the most part, the results reinforce traditional practice wisdom: "put yourself in the client's shoes" and "start where the client is". With the recognition that the "client" is not just the parent but the entire family, and that the safety of the children is of paramount concern, this entails being human, listening, trusting one's heart, following one's instincts, and doing one's best to be helpful. This is far easier said than done; however, even within the context and current climate of child welfare, space is available to develop the types of good helping relationships exemplified in this study. Such space can and should be expanded--but it is there.

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