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Service Participant Voices in Child Welfare, Children's Mental Health, and Psychotherapy

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Service Participant Voices in Child Welfare,
Children's Mental Health, and Psychotherapy

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Service Participant Voices in Child Welfare, Children's Mental Health and Psychotherapy

Introduction and Overview

I think that the thing that probably is best about the therapy is the unconditional positive feedback ... Everything is validated ... it lays a foundation, I think, of trust where you feel free and open to comment on things even if it doesn't feel like it's a good thing. (service participant, Bowman & Fine, 2000, p. 299).

This paper represents an effort to gather the viewpoints of service participants¹ from the literature on child welfare, children's mental health and/or psychotherapy services. Only recently have professionals been seeking more actively the thoughts and ideas of service participants about their experiences with service. Generally, however, these voices have been stilled from the inception of the helping professions discourse. It is likely, that until recently, service participants did not imagine that their views should be heard. Such was the power of the professional gaze (Foucault, 1979).

Modernity set the stage for the production of experts on the human condition particularly the abnormal human condition. Indeed, Illich (1977) goes so far as to suggest that under professional dominance the economy is organized for deviant majorities and their keepers (p.25). Professionals in social work, psychiatry, psychology, and related disciplines developed and refined skills for observing and diagnosing human beings. These professional discourses were sanctioned by society and, as such, professionals were handed the authority not only to judge what was acceptable, but also to isolate and treat what was not (Gergen & Kaye, 1992; Illich, 1977; Wilson & Beresford, 2000). It has been suggested that this authority was sanctioned primarily because of society's need for order and control (Foucault, 1979). Deviancy

¹We use the phrase, service participant throughout to stand for such terms as client, patient, consumer, customer and so forth.

was controlled through professional normalizing judgments and practices (Farber, 1990; Foucault, 1979; Illich, 1977). The knowledge and power that matured in these professions became sufficiently encompassing that their authority was not questioned. The professional knew what was best (Wilson & Beresford, 2000). The professional had the answers and the cure (Payne, 2000).

The postmodern critique of the periods of Enlightenment and Modernity cast a dark shadow on the certainty and truths about life and the human condition that spawned in those times (Anderson, 1995). Given the scientific certainty bestowed on experts in modernity, there was no need to query the experience or opinion of service participants. The assumption was that their opinions would be distorted and flimsy, at best (Gergen & Kaye, 1992). Service participants were the benefactors of the cutting edge of the benevolent professional discourse they were not seen as having a scientific perspective on the treatment discourse. Postmodern thinkers are questioning the certainties and universal truths that emanated from professional conversations in the era of modernity. Indeed, professional knowledge is now being questioned regularly (Atkinson & Heath, 1990; Hartman & Laird, 1998).

We would be amiss if the words set in this introduction portrayed helping professionals as uninterested, uncaring, and unhelpful in relation to service participants. Indeed, the studies cited in this review attest to the overall positive effects of the service experience. Our position is that professionals are genuinely concerned about the welfare of service participants. Service approaches are generally considerate of the opinions of service participants and value their knowledge. Professional concern for service, however, is influenced by the paradigms of the times. Modernity brought with it a concern that was paternalistic in nature, and focussed upon

the expertise of the professional. Therefore, for the most part, theories that were built around assistance to service participants were devoid of service participant input. Service participants were not generally consulted as to what might work best for them.

This paper is an attempt to turn the gaze away from the service participant and onto professionals and their professional services. The service participant becomes the story creator the one who knows best how service impacts him or her, and what professional practices are most, and least, helpful. We review the literature from children's mental health, child welfare, and psychotherapeutic services literature that expressly explores and invites service participants' voices in order to reveal what they have to say about the services to which they are sometimes subjected.

For the purpose of this paper we *define voices as documented feedback from service participants who are given the formal opportunity to add their opinions regarding the services in which they have participated*. We are aware, however, that there is another definition of consumer voice that is not highlighted in this paper the direct privileging of service participant feedback in the shaping of their ongoing social work service. Professionals of the postmodern/social constructionist/feminist persuasions are particularly attracted to promoting this definition of voice. It is interesting to note, however, that with few exceptions even the literature on social constructionist models of therapy, which advocates notions as "the client as expert", and the service provider² stance of "not knowing" (Anderson & Goolishian, 1992), primarily represents the views of service providers, not service participants (Bowman & Fine,

²For the sake of clarity we use the term service provider throughout to mean any type of helping professional (therapist, psychologist, social worker, etc.).

2000). This latter point draws us back to the concern of our paper – the highlighting of service participants' voices regarding their experience with service delivery persons and systems.

The literature in the three areas of service delivery captures the notion of voice differently, and as such, the style and documentation in each section varies in accordance with the context of the literature reviewed. A number of studies in child welfare have used in-depth qualitative interview approaches with participants as a way of bringing voice forward. In order to emulate the nature of the literature, therefore, the child welfare section includes some participant text. Alternately, the literature on children's mental health has a quantitative bias and focuses primarily on gathering information regarding client satisfaction with, and outcome of, services. Although many of these studies include findings based on service participant responses to open-ended questions, participant text, as voice, is not reported in the reviewed studies and therefore, does not appear in the children's mental health section of this paper. The psychotherapy literature has produced research that is somewhat mixed in methodology, though the majority of studies use some form of qualitative methods that are aimed largely at the process and outcome of therapy. Participant text is not used consistently and is noted only occasionally in the psychotherapy section. Each of the three service delivery sections in this paper reflects the nature of the literature in each area. *Regardless of methodology, all studies in this review have as a basic intent, hearing from clients – giving them voice in one form or another.*

Each of the three main sections of the paper -- child welfare, children's mental health, and psychotherapy – introduces the reader to the area of service and identifies, by means of a table, the studies used in the section. Although there are variations in the headings used in the three main sections of the paper, each section focuses on what service participants have to say about

positive and negative aspects of their relationships with service providers, service provider interventions, and broader aspects of service. Following the review of the literature in each of the three sections we summarize the findings across sections and discuss implications for practice. Finally, we note methodological limitations of studies on service participant voice and make suggestions for future research.

Voices of Parents and Children
Participating in Child Welfare Services

Introduction

Involvement with child protective services (CPS) may be expected to be a stressful experience for parents, as it generally represents a crisis in the family. For most parents, their involvement is involuntary, resulting from an outside concern that they are not caring adequately for their children. This increases the stress, as they may view themselves as being ostracized by the community. Frequently these parents are also contending with poverty and social marginalization, which adds to their sense of despair. Whatever the process of the initial contact, parents involved with CPS are likely to be under great stress; ultimately, there is the spectre of having their children taken away from them and placed with strangers. It is important to understand the viewpoints of parents and children so that service providers can respond sensitively to them at these crucial times. This review consolidates the findings of research studies (see Table 1) that have attempted to learn from parents and children about their experiences with CPS agencies.

Parents Perceptions of Agency Programs and Decisions

Positive Perceptions. In the limited literature available on parents' perceptions of child welfare services, there was not much praise for child welfare agencies in general, although individual workers were often positively evaluated. The exceptions to this were a few non-traditional programs that focussed more on family support than on protecting children from their families. Parents in one such program reported increases in self esteem: This project has given

Table 1

Overview of Studies of Voices of Parents and Children in Child Welfare

Authors	Purpose	Sample	Recruitment	Data Collection
Anderson, 1998	Find out how to maintain participants' trust and comfort when providing CPS	4 mothers and 2 grandmothers receiving counselling from a FN agency (Toronto)	First Nations (FN) caregivers who were presently receiving services from a FN family and child agency (not CPS)	Semi-structured interviews in FN agency
Anglin, 2000	To uncover the essential elements of residential child and youth care, to enhance quality of care	39 youths in 10 staffed group homes (British Columbia)	Gained access to group homes through government support of study; used theoretical sampling to get a range of homes and youths	Personal interviews in group homes
Baistow, Hetherington, Spriggs, & Yelloly, (1996)	To compare parents' experiences with CPS and family support agencies in England and France	13 families in England and 13 families in France	Approached parents already involved with the agencies	Personal interviews in agencies or homes
Barth, 1990	To develop program and policy initiatives for older children in long-term foster care	55 youths formerly in foster care (San Francisco)	Multiple methods used to identify respondents, e.g. foster carers, social workers, programs for youth	Personal interviews in youths' homes, some by telephone
Callahan & Lumb (1994).	To use mothers' views to guide intervention; to educate workers about lives of families in poverty; to facilitate workers and mothers sharing common feelings of powerlessness in a climate of scarce resources	CPS managers, social workers, and mothers receiving services (numbers not specified), in two district CPS offices (British Columbia)	Invited individual, government-run CPS offices to submit proposals for action research involving single mothers receiving services; then invited mothers and social workers to participate in small groups on action projects	Focus groups combining managers, social workers, and mothers, coordinator's notes on group sessions, and journaling by mothers

Callahan, Dominelli, Rutman, & Strega (2000)	To explore the lived experiences of young mothers in/from care and what explains variations in their experiences	11 young mothers formerly in foster care; had become pregnant between ages 13 and 18 (British Columbia)	CPS agencies identified mothers willing to participate	Personal interviews in CPS agency
Chalmers, 1996	To allow graduates of group care to provide advice to practitioners working with youths in care, and to youths entering care	11 youths formerly in foster care (Minnesota)	Mailed invitation to youths who completed an independence program and indicated willingness to participate	Personal home-based interviews to give their views of foster care and independence program
Drake, 1994	To identify competencies central to effective relationships in CPS practice	23 parent participants in CPS and 34 CPS workers (Missouri)	Approached parents who were randomly drawn from families who had completed services within previous 6 months	Focus groups: 5 composed of parents and 4 composed of CPS workers
Fanshel, Finch, & Grundy, 1990	To add to a retrospective study of case records on children in foster care, by a follow-up study to find out how graduates are progressing	106 youths formerly in foster care in Casey Family Program about seven years, on average, after leaving care	CPS agency identified youths	Mailed questionnaire
Festinger, 1983	To find out how young adults are doing after leaving long-term foster care	277 former foster children in New York	Recruited through 30 foster care agencies in New York State	Structured interviews in university offices or their own homes
Gardner, 1998	To explore perceptions of family held by adults who spent time in out-of-home care as children	39 adults formerly in foster care vs. 39 adults from intact families in Melbourne, Australia	Advertisements (newspapers and radio), personal contacts, and six foster care agencies who contacted respondents	Structured interviews in participants' own homes
Kufeldt, Armstrong, & Dorosh, 1995	To find out how young people in care view their own and their foster families	40 children in foster care, aged 9 to 15	CPS agencies identified respondents	Questionnaires administered by social workers or foster carers
Kufeldt et al., 2000	To use a structured tool to assess the progress of children in foster care	263 children, aged 10 to 19, in foster care (several Canadian provinces)	CPS agencies identified respondents through personal contacts (purposive sampling)	Questionnaires administered by social workers or foster carers

Leslie & Hare, 2000	To explore the experiences of youths who were involved with child welfare services and moved on to seek support from a street youth program	16 youths formerly in foster care and 21 youths with other CAS contacts (Toronto)	Youths in street youth facility with prior CPS contact invited to participate	Questionnaires administered by staff at street youth facility; focus groups at facility; some in-depth personal interviews
Mann-Feder & White, 2000	To find out how youths experience emancipation from care, the course of their transition, and their perception of preparation for exit	18 youths at 3 different stages in the transition to independent living (Montreal)	CPS social workers identified youths	Focus groups at CPS agency
McAuley, 1996	To extend knowledge and theory about children in long-term foster care, their wishes, feelings, and perception of family relationships	16 children, aged 8+, recently moved to long-term foster care (Northern Ireland)	CPS cooperated to access all children who met criteria	Personal interviews in university office; semi-structured questionnaire, child-oriented tools to elicit feelings
McCallum, 1995	To explore parents' views of CPS involving removal of their children because of abuse or neglect	McCallum (1995) interviewed 6 mothers and 4 fathers whose children had been removed (Waterloo, Ontario)	Identified parents by placing posters in the CPS agency, referrals from CPS workers, then used snowball technique	Repeated in-depth interviews in parents' home, to facilitate trusting relationships
McGee, 1998	To identify needs for child protection as perceived by children and mothers experiencing domestic violence	54 children aged 5-17 years, who received CPS services re domestic violence (England and Wales)	Publicity in agencies and staff inviting women and children to participate	Semi-structured personal interviews for children as young as 5, plus questionnaires for older children
Raychaba, 1993	To discover the life experiences, concerns, and opinions of youths in/from care	24 youths in/from care (across Canada)	Contact through informal youth networks; and CPS agencies	Semi-structured personal interviews in place chosen by youth
Richey, Lovell, & Reid, 1991	To examine the effectiveness of a group training program to improve attitudes and skills of at-risk mothers	6 low-income mothers, aged 25 to 42, who were caring for neglected and abused preschoolers	Mothers whose children had been referred by CPS to a therapeutic day nursery were invited to participate	Self-administered questionnaires; administered pre and post training; telephone and inperson probes at pre, post, and one follow-up

Rutman, Barlow, Alusik, Hubberstey & Brown, 2000	To provide youth in/from care with a voice about their experiences of transition from care; and strengthen peer support through sharing experiences and action planning and implementation	20 young people, in/from care, age 16-29 (Victoria, BC)	Victoria Youth-in-Care Network	In-depth personal interviews by researcher-youth pair
Saskatchewan, 2000	To develop recommendations for government to change practice, policy, and legislation related to children and youth in care	164 youths in/from foster care, age 8-24, (Saskatchewan)	Identified youths through CPS agencies	Personal interviews; some group interviews
Silva-Wayne, 1995	To learn from youths who are successful graduates of foster care	19 successful graduates, age 16-26, (Toronto)	Identified youths through CPS workers and an adolescent resource centre for foster care graduates	Personal interviews in agency offices or respondents' homes
Wedeven, Pecora, Hurwitz, Howell, & Newell (1997)	To assess how the foster care experience has impacted the lives of its alumni, to target program refinement	69 alumni, age 17-35, of private foster care program (Casey Family Program) in Idaho	Identified alumni through foster care agency	Mailed questionnaire
Wilford & Hetherington (1997)	To compare parents' experiences with CPS and family support agencies in England and Germany	14 families in Germany and 13 families in England (English families from Baistow et al.)	Same as Baistow et al.	Same as Baistow et al.
Winefield & Barlow, 1995	To examine the helping relationship between parents and CPS workers in a multi-disciplinary child protection agency	24 parents and 24 CPS workers in Adelaide, South Australia	Requested involvement from parents who had been receiving services for at least 10 months	Structured interviews & standardized questionnaires for both parents and CPS workers

me my self esteem back and has helped me realize that I am an intelligent person with good ideas (Callahan and Lumb, 1995, p. 808). Similarly, mothers taking part in a self-directed group work project in the U.K. reported that the project helped them to recognize that social and life circumstances, violent men, inadequate parenting, and workings of public authorities had conspired against them and yet [they] had always blamed themselves (Mullender & Ward, 1993, p. 77).

First Nations (FN) caregivers, parents and grandparents, who were interviewed at a FN child and family service agency staffed by aboriginals, spoke very positively about their experience as service participants. It should be noted, however, that this agency did not have the authority to provide CPS. The caregivers mentioned, in particular, the high importance placed on extended family, community, and the rights of aboriginal people to self-determination (Anderson, 1998). They also appreciated receiving help in a way that was consistent with FN values of consensus and cooperation, as opposed to the force and coercion they felt when dealing with a CPS agency managed by non-aboriginals. They reported that the FN agency had taught them to be better parents and, as an outcome of service, their children displayed less violent behaviour and had more friends (Anderson, 1998).

Negative Perceptions from Parents. Some parents found CPS agencies to be non-responsive when they asked for help, while others resented agency intrusion into their lives. FN caregivers recalled that traditional CPS agencies had been very supportive of their children, but not of them as parents: I would be crying out for help [re addictions], and there would be no one listening to me (Anderson, 1998, p. 446). Unresponsiveness was also noted by parents in England, who said it took great effort for them to get help from CPS agencies (Baistow et al.,

1996). In another study, parents in both England and Germany were critical of having to ask again and again for help in managing their children (Wilford & Hetherington, 1997, p. 65). Moreover, some parents felt that agencies had agendas that differed from their own, e.g. wanting a mother to participate in parent training, whereas the mother wanted daycare so she could spend time on her studies (Baistow et al., 1996). Many parents in England felt overwhelmed by the task of child care, because of inexperience and their own troubled backgrounds (Wilford & Hetherington, 1997). They experienced the CPS agencies as oppressive: The last thing you want when you are on the edge of a nervous breakdown is to be expected to be even more responsible than you have been in the past (Wilford & Hetherington, 1997, p. 64).

Parents who had their children taken into care spoke about agency intrusiveness and their own sense of loss. Two (of 26) German parents used the term *theft* in connection with their children being placed in group care – a mother said she experienced children's time in care as *theft* of their lives with her and of their lives in normal surroundings (Wilford & Hetherington, 1997); a father described the theft of [his children's] childhood, their aspirations and hopes (p. 66). Two Aboriginal caregivers expressed similar feelings, but talked in terms of *loss* rather than *theft* : When the child is gone away from home for six months, that bond is taken away from you, that...closeness and love you have for that child – it's like you're losing that child. (Anderson, 1998, p. 448).

Youths Perceptions of Placement Experiences

Positive Perceptions

_____Most of the youths' comments about agency services, aside from those about individual workers, were related to their placement experiences. They expressed satisfaction about: understanding the reasons behind their placement; feeling they had enough contact with their parents; and being able to participate in decisions that impacted on their lives (Festinger, 1983). Regarding the necessity for placement, some youths said it was the right decision that their lives would have been much worse without placement (Barth, 1990). One youth said, 'They gave me a second chance at life' (Leslie & Hare, 2000, p. 16).

Other positive aspects of placement reported by youths were relationships, safety, insight, behavioural change, and preparation for independence. Regarding relationships, 53% of alumni in the study by Wedeven et al. (1997) mentioned a sense of belonging as an important aspect of placement, and associated this with having a good relationship with a foster carer (Wedeven et al., 1997).

With respect to safety, this was mentioned by some youths living in a staff-operated group home, usually after unsuccessful foster home experiences (Anglin, 2000). They felt that staff were better able than previous foster carers to accept their challenging behaviour and offer them a safe environment while they worked on their problems. As one youth said, '...I was going through some pretty crazy stuff, and...I needed to be somewhere where I could be where I wasn't going to hurt anyone, lash out at the wrong people...' (Anglin, 2000, p. 8). These youths also saw a positive aspect in the staff changing every four days: this gave staff a break, a chance to calm down, after which they could then deal with the youths' behaviour.

Youths said being in care helped them to recognize they had been abused: ...without CAS [Children's Aid Society] I would have assumed that abuse was normal (Leslie & Hare, 2000, p. 42). They also learned to manage their anger, rather than taking it out on others (Leslie & Hare, 2000). Some youths felt they were well prepared to leave the agency for independence (Kufeldt et al., 1995; Rutman et al., 2000), although many youths did not feel prepared, as will be discussed later.

Negative Perceptions from Youths. Youths reported a number of negative experiences: feeling powerless; being disrespected; being unsafe; being stigmatized or marginalized; discontinuity of homes and service providers; conflict about relationships with their families; inadequate preparation for independence; and hardship in the transition from care.

Youths felt powerless because they were not given important information about plans or decisions about their lives. In the Saskatchewan (2000) study, few respondents knew that a case plan had been developed for them; they were rarely given any notice in advance of a move; and they were not told when service providers were leaving or who would take their place. This last point was confirmed by service providers, who said they had no time to handle endings with children. In Chalmers' (1996) research, graduates recalled they were not told how long they would be in a specific placement. They also noted they were not told why they were in care: consequently, many felt it must be their fault that they were being held singularly accountable for the difficulties in their families of origin.

Regarding decision-making, a young FN mother (formerly in care) recalled she was given no choices about where she was placed, even whether she would like to live in a Native home (Callahan et al., 2000). This was consistent with the results of a judicial inquiry that found

crucial decisions about children's futures were made without their input (Gove, 1995). In the study by Wedeven et al. (1997), 10% of youths felt they had not been listened to or provided with opportunities to participate in decision-making. In Chalmers' (1996) study, some youths felt their opinions were not valued: 'You're fighting against all these adults who have more say over your life than you do...but no one ever asks you. And when they do, you don't get believed because you're automatically this troubled kid' (p.109).

Powerlessness also centred on the restrictions of group home living. In Chalmers' (1996) study, three of 11 youths objected to group consequences as a program component, and being expected to tell on others who broke rules. Mann-Feder & White (2000) heard from a youth in transition to independence that staff, 'played mind games, made decisions for me...' (p. 8).

Feeling disrespected by the system was mentioned by a former youth in care. He described the government (CPS) office where, 'Secretaries treat everybody like crap...names being yelled over the intercom...people talking about private things about other kids I knew right there in the hallway...' (Saskatchewan, 2000, p. 34).

Regarding safety, only 55% of youths reported they had felt safe while in foster care (Leslie & Hare, 2000). In Gardner's (1998) study, 15% of respondents reported being raped in foster homes, and 10% reported being victims of sexual improprieties.

Many youths felt stigmatized and marginalized by having to live in foster care. Regarding stigma, Silva-Wayne (1995) concluded that 'the pervasive devaluation perceived by participants because they had been in out-of-home care is the strongest and most surprising finding that emerges from interviews with participants' (p.313). In Leslie & Hare's (2000) research, one youth spoke about the stigma in terms of: 'Be prepared to be labelled and let down and treated

differently (p. 15). Regarding marginalization, it was difficult for some youths to have a sense of belonging in a foster home: I feel I m just some intruder in someone s house (Anglin, 2000, p. 8). A youth expressed loneliness about being in a foster home: I felt like I was living in other people s homes, invading their families...I felt lonely at times... (Leslie & Hare, 2000, p. 42). This loneliness persisted during the transition (Rutman et al., 2000) after leaving care, possibly because the youth s relationship with a foster family officially ended with formal discharge from care. A youth indicated he felt rejected when he returned to see the father of his family group home over the first six months after leaving care: ...he did the same thing that the other foster parents did, pushing me back...Every time I used to see him and the family, I used to cry... (Rutman et al., 2000, p. 11).

Discontinuity of placements was another concern for many youths (Kufeldt et al., 2000; Raychaba, 1993; Wedeven et al., 1997). This related to the sense of not belonging: as one youth recalled, he had ...a sense of instability...[I] always feared that adoptive parents would abandon me at any time (Leslie & Hare, 2000, p. 41). Discontinuity was sometimes severe: It s no fun to make new friends every month. I had nine schools and seven placements (Leslie & Hare, 2000, p. 15). Some youths noted that the discontinuity in foster care programmed them for instability in their subsequent lives: several respondents said they tended to move frequently because they were used to this: I was always trying to fit in somewheres. I got a lot of rejection (Rutman et al., 2000, p. 6). A young mother said, You keep getting bounced and bounced around and around...and I continued that [when she left care]...I didn t know what stability really was... (Callahan et al., 2000, p. 4).

Discontinuity of service providers was another common experience that youths in care disliked (Callahan et al., 2000; Leslie & Hare, 2000; Raychaba, 1988; Saskatchewan, 2000); it discouraged them in their efforts to progress with their lives (Chalmers, 1996). Researchers noted that service provider changes are often caused by the organization of work processes according to specialization of functions and categorization of clients...[for the young women this meant] most had experienced three service providers because of the structure of the system (Callahan et al., 2000, p.9). Possibly because of this discontinuity, youths looking forward to the transition to independence had a fear of being let down by agency staff, I ask myself if I can rely on them (Mann-Feder & White, p. 8).

Relationships with their own families were a focus of conflicted feelings for many youths. Seven of 11 graduates said they had been discouraged from maintaining family ties, and would advise other youths in care to: ...try to keep a strong bond with your family because sooner or later no matter how much you hate your family at one time or another, you need them. Even though you go through bad times, they love you (Chalmers, 1996, p. 108). In a study of 40 children still in foster care, 36% said they wanted more contact with their families: only 1/3 saw their families as frequently as once a week (Kufeldt et al., 1995). Some FN caregivers looked back on their own apprehensions by CAS and spoke of their sense of loss regarding their parents: They were so nice when they weren't drinking ; another said removal from family was devastating (Anderson, 1998, p. 444). Other children expressed sadness about the loss of family connections (Kufeldt et al., 2000); and 3 of 16 children mentioned sadness at leaving their siblings when moving to foster homes from residential care (McAuley, 1996).

Disrupted family relationships created difficulty for children's attachment and identification. Children indicated their preoccupation and identification...with their birth families over time (McAuley, 1996, pp. 157-158) despite that most were abused or neglected by their parents, and some had little contact. Still, children's identification with parent figures tended to diminish over time. After four months in foster care, 10/17 children said their primary identification was with birth parent(s) or grandparent; only 2/17 mentioned someone in the foster family, and 1/17 didn't know; however, after one year in care, only 6/13 named their birth parent(s) or a grandparent, whereas 4/13 said nobody or didn't know.

Many children expressed loyalty conflicts regarding their families, or worries about their welfare; their comments suggested this area may be neglected by agencies. A study of children (aged 4 to 11) explored their feelings after four months in care (McAuley, 1996). It showed: only 5/16 felt they had emotional permission from at least one parent to be in foster care; only 3/10 children felt it was OK to talk to foster carers about their past life with their birth parents; only 6/11 who had family contact thought it was OK to discuss this with foster carers (McAuley, 1996). Some children mentioned worrying about their families: a girl whose father had died said she thought about her mother every night in bed...how (mother) is getting on...worry about her...feel sad (McAuley, 1996, p. 100). The option of returning home seemed to fade over time for some FN youths in care: a young woman said she couldn't fit back into her FN community after a year in care (Saskatchewan, 2000).

Inadequate preparation for independence was mentioned by many youths. Among the street youths formerly in care, only two of eight said they had been prepared for independent living (Leslie & Hare, 2000). Regarding formal preparation, one youth said, None whatsoever.

They just said, Here s your stuff ...it was like the sheet was whipped from right underneath me. I hit rock bottom. It was a huge factor in my life. (Rutman et al., 2000, p. 7). Another youth in this study said his only preparation was to be given information about the nearest welfare office. The researchers noted that some agencies had preparation programs but the youths were not emotionally ready for independence; some youths wanted to learn life skills earlier (at age 14-15), but recognized they might not have been ready at this time (Rutman et al., 2000). Part of feeling unprepared was the youths concern that they did not have the education and skills to find desirable employment, or affordable housing on leaving care. They wanted more help with life skills, and support for accomplishing tasks (Barth, 1990; Mann-Feder & White, 2000; Rutman et al., 2000). They also wanted vocational counselling, and more experiential opportunities in taking responsibility (Wedeven et al., 1997).

As a result of being unprepared for the job market, youths experienced considerable hardship during the transition from care: many were struggling with a subsistence existence (Rutman et al., 2000); in Barth s (1990) study, nearly 30% were homeless at times. Residential workers told researchers that 40% of street youths using their services had prior CAS contact, and many had extensive placement histories (Leslie & Hare, 2000). Young women who were having difficulties with early motherhood expressed a deep sense of fragility and unpredictability about their circumstances (Callahan et al., 2000, p. 7). Most did not feel supported by their former agencies, and some said they had to inhibit anger in order to get services they needed for themselves and their children.

Relationships with Service Providers

Positive perceptions from parents. Many parents who become involved with CPS have been abused as children and rejected by families and society as adults, and find it difficult to form trusting relationships. Accordingly, parents valued service providers who were caring, respectful, trustworthy, accepting, responsive, and supportive. All 10 parents in McCallum's (1995) study mentioned the importance of service providers showing caring, compassion, and commitment toward their families. In Wilford and Hetherington's (1997) study, respect was mentioned by both English and German parents: All I ask is to be treated like a human being and not a number (p. 62).

Trust was mentioned by several parents in McCallum's (1995) study: ...a person they can count on, even if they are a bad parent, somebody who they can trust is going to do the right thing for themselves and their children (p.77). Interestingly, this parent did not view trust just in terms of his own self interest but, more broadly, in terms of the service provider doing the right thing.

Respondents in Winefield and Barlow's (1995) study placed the most importance on service providers' friendliness, responsiveness, and supportiveness. In a study by George et al. (1992), young, single, low-income mothers, who were assessed as high risk for abusing, appreciated service providers who had been kind, and gone the extra mile for them. They valued the social contact that reduced their extreme social isolation more than the parent training they received. FN mothers and grandmothers also looked to service providers for support, describing them as allies, advocates, and friends; they were referring, however, to their

experiences with a FN child and family support agency that did not have a CPS function (Anderson, 1998).

Acceptance was viewed as an important part of the relationship (Drake, 1994; McCallum, 1995). Several fathers who had been charged with sexually abusing their daughters described their appreciation of service providers who accepted them as people: ...she was giving me credit for trying to be different...and that was encouraging (McCallum, 1995, p. 63). Parents interviewed by Drake (1994) liked workers who avoided prejudging them. Parents also felt better about the balance of the power with service providers who disclosed their own failings: a mother who had trouble managing her son's behaviour felt better when her service provider admitted that he sometimes yelled at his kids (McCallum, 1995).

Negative perceptions from parents. Parents' negative perceptions of service providers focussed on their being judgmental and uncaring, especially the former. A man who was convicted of child sexual abuse felt the service provider had labelled him and rejected him (McCallum, 1995). Single mothers sometimes felt they were being judged: as one mother said, It's a laugh to be told I need money management skills. You need [to have] money to manage (Callahan & Lumb, 1995, p. 804). Others criticized service providers who took a superior attitude, giving orders to parents rather than working with them: They don't ask you to do the things...they tell you to do it (Drake, 1994, p. 597). A FN caregiver described her sense of being denigrated in encounters with CPS service providers: Every time I meet a [CPS] worker, they're accusing me of something, trying to make me look bad or something.. (Anderson, 1998, p. 448). A judgmental attitude was linked with poor results by one mother: If I have low self-

esteem, and two kids, and social workers saying things about me, it affects them badly and me too (Callahan & Lumb, 1995, p. 804).

Just as they appreciated warmth and acceptance, parents were unhappy when service providers seemed uncaring : ...he [service provider] was just very cold, to me, uncaring...I guess it was just the way he said it...the tone of his voice...like my kid didn't matter (McCallum, 1995, p. 65).

Positive perceptions from youths. Youths repeatedly emphasized that support and relationships with staff were more important aspects of care than programming, both during placement and in the transitional period (Mann-Feder & White, 2000). In the Leslie and Hare (2000) study, 10/12 youths formerly in care mentioned particular workers or foster carers who had made a significant difference in their lives. Similarly, in the Saskatchewan study (2000), youths who had built relationships with a service provider said this had a long-term positive effect on their lives.

Youths valued the following qualities in their relationships with service providers, which included both social workers and foster parents: respect, understanding, caring/supportiveness, and commitment/dependability/loyalty. In Chalmers' (1996) study, respect was mentioned by 9/11 graduates of care: in particular, they suggested that service providers should ...be respectful of the very personal nature of many of the questions asked of young people (p. 109).

Youths frequently mentioned service providers who made them feel cared about (Chalmers, 1996). The researcher linked this with being understood: all 11 respondents identified at least one service provider who understood what I had to say (p.105).

With foster carers, respondents associated being cared about with feeling openly welcomed into a foster home (Chalmers, 1996). In Leslie and Hare s (2000) study, a youth said, [My] foster mother...treated [me] like her own children (p. 41).

Supportiveness was viewed as a demonstration of caring. In Chalmers (1996) study, 3/11 graduates said their service providers went out of their way to offer support or stand up for them. In Leslie and Hare s (2000) study, a youth noted that, If you re past 18 you can t get certain things...but [my worker] goes the extra mile for me (p. 16).

Signs of commitment by service providers were also valued by youths, many of whom had been rejected by one home after another. A youth in a staffed group home said, It was the first place they didn t kick me out of (Anglin, 2000, p. 10), and noted that the staff showed commitment to him, when he took an overdose and was in the hospital, by ensuring that someone stayed with him constantly for ten days. Some service providers showed commitment by continuing their interest in youths after they left care the youths seem to view these service providers as a combination of parent, mentor, and friend: After I turned 19, she helped me with my citizenship...hired people to work with me...I was allowed to store some of my stuff in her office...[gave me] birthday gifts and Christmas gifts (Rutman, 2000, p. 10). Commitment was also demonstrated by dependability and loyalty, qualities valued by the young mothers interviewed by Callahan et al. (2000).

Negative perceptions from youths. Negative aspects of youths relationships with service providers included mistrust, a sense of not being cared about, being disrespected, and being unequally treated. Researchers concluded that youths who were or had been in care often had difficulty trusting service providers (Anglin, 2000; Wedeven et al., 1997). Young mothers

formerly in care also revealed they had scars left by their experiences that affected their ability to trust (Callahan et al., 2000).

Youths in two studies felt ignored by service providers who never visited the homes where they were placed (Chalmers, 1996; Saskatchewan, 2000). In the latter study, service providers confirmed that they did not always respond to youths' phone calls: one worker said she had not seen 30 percent of children on her caseload for eight months because of workload (Saskatchewan, 2000). Youths in transition to independence reported that there were no real goodbyes and that they felt they had been put out. (Mann-Feder & White, 2000, p. 8). Young mothers formerly in care expressed a sense of being alone during their pregnancies, a highly vulnerable time in their lives (Callahan, 2000).

Some youths who had left care reported that service providers spoke or behaved disrespectfully to them (Chalmers, 1996, p.106). A female graduate objected to staff who were always telling me I had to be a certain way...to feel a certain way (Chalmers, 1996, 106). Some young women who had become pregnant, in or after care, felt they were viewed as failures, although the researchers viewed these mothers as setting high expectations for themselves in caring for their children (Callahan et al., 2000).

Stability and permanency in relationships with service providers and caregivers was viewed by youths as a crucial precondition for trust, attachment, and commitment (Raychaba, 1993). For youths with difficulties in relationships, stability is more likely in therapeutic foster homes or group care; but youths noted that it was necessary to fail in all other levels of homes to qualify for a therapeutic foster home (Raychaba, 1993).

Youths wanted a more equal relationship with agency staff who were assigned to them during the transition to independent living: it should be a balance, with the staff to be close but far, to provide a push without nagging, to avoid overpowering authority but not allow total independence (Mann-Feder & White, 2000, p. 6).

Service Provider Interventions

Positive perceptions from parents. Parents liked service providers who shared power, gave them knowledge, and listened to them. Regarding power, parents liked service providers who were open about the limits of their power, and willing to share it. A mother recalled being reassured by a new service provider that there was not enough reason for the agency to remove her school-aged daughter; she compared this with her two previous service providers who had left her feeling they would take her daughter if the mother did not follow all the service providers directions (McCallum, 1955, p. 55). In the study by Wilford and Hetherington (1997), 50% of German parents reported a sense of working in partnership with the service providers or social pedagogues. Speaking about desired experiences, FN parents and grandparents wanted more information about, and input into, placement decisions: Talk to the parents. Let them know what is going to happen to their child...and let the child know that they re going to be leaving the home... (Anderson, 1998, p.451). Regarding the choice of placement, I would want myself or someone that I knew...to interview these people [with whom my child would be placed] (Anderson, 1998, p.452).

Parents also liked service providers to share their knowledge (Anderson, 1998; Winefield & Barlow, 1995). A FN mother appreciated advice from her service provider, who had more knowledge, more education, on how to talk to your child, as long as the worker didn't try to

tell her what to do (Anderson, 1998, p. 457). Parents valued service providers who talked at their level, were good listeners, and demonstrated interest in them (Drake, 1994; McCallum, 1995; Winefield & Barlow, 1995). A mother described good listening as being able to talk about her problems with a worker who would ...just sit there and listen to it all and just take it all in (McCallum, 1995, p. 63).

Negative perceptions from parents. Most of the negative comments related to a sense of helplessness in the face of the agency's power. McCallum (1995) found that all 10 respondents... said they felt alienated, intimidated, threatened and/or controlled for at least part of their time with the agency (p. 56). A FN mother felt she had been deceived by the CPS service provider who took her child: [the service provider said] Just for the weekend ...that's how my child was taken...not letting the parent know (Anderson, 1998, p. 451). Some parents in the Wilford & Hetherington (1997) study also felt they had talked about being coerced into collaborating (p. 65) with CPS. They did however distinguish between workers: a German mother noted, It depends very much on the people you get, some are extremely helpful and others invade your privacy as if by divine right (Wilford & Hetherington, 1997, p. 66). In Callahan and Lumb's (1995) study, a single mother described her feeling of being controlled: I was a puppet for three months, everybody was pulling the strings. I was told to do this and that, and I did it. I wanted my kid back (p. 804).

Some parents complained of confusion that they were not given information about resources and about service providers' roles. They often received directives they didn't understand, and were not given explanations for what was being done to them (McCallum, 1995). A single mother mistakenly believed, before participation in the action research project,

that her financial assistance service provider had the power both to cancel her cheque and take her children (Callahan & Lumb, 1995). In Germany, where CPS was viewed somewhat more as a service than a threat, a mother wanted more information about her rights (Wilford & Hetherington, 1997, p.66-67). A FN caregiver wanted the service provider to give her more time: At that time [of apprehension], if she [CAS service provider] would have actually just sat down and talked with me, instead of just running off (Anderson, 1998, p.448).

Positive perceptions from youths. Youths appreciated or wanted service providers who would listen to them, discuss the youth's family and/or culture, work with their families, share power and decision-making with them, let them know when they [service providers] were leaving, reinforce their self-confidence, and support them during the transition to independence. In Chalmers (1996) study, the importance of having service providers who listened to them was mentioned by 7/11 graduates from care.

Youths wanted more attention given to treating their families while they were in care. In Chalmers (1996) study, seven of 11 graduates mentioned this: one respondent said she changed a lot in care but, when she came home, her parents ignored this and still did not trust her. Regarding discussion of culture, a 17 year old male FN youth, who had the same FN service provider for seven years, said she taught him a lot of stuff about my people (Saskatchewan, 2000, p. 31).

Youths reported favourably on caregivers who promoted their sense of self-confidence about moving into independence (Rutman et al., 2000). A non-authoritative approach was appreciated, as expressed by a youth seeking services from a street agency: Some workers don't

tell you things, they **suggest** things...[they] don't come across as a worker but as a friend (Leslie & Hare, 2000, p. 16).

Negative perceptions from youths. Like parents, youths wanted workers to give them more information, to advocate for them with foster carers, and to work for change in their families while they were placed. Often the negative perceptions were expressed as recommendations that suggested gaps in services. Children living with domestic violence wanted service providers to take initiative in discussing this, to address their sense of being powerless (McGee, 1998). They wanted service providers to be aware of their fear, to explain what might happen if the child reported the violence, and to provide information about available help (McGee, 1998). Youths in placement wanted information that would allow them to share in decisions about their lives, and to lessen their confusion and fear (Saskatchewan, 2000, p. 20). Some youths noted that more information could lessen their perceived blame: [re incest] Tell (the kid) it's not all their fault (Chalmers, 1996, p. 109). As a 15 year old said, If a kid is old enough to talk, then they should be consulted about everything (Saskatchewan, 2000, p. 20). Youths particularly wanted to be informed when worker was leaving and would not be seeing them again (Saskatchewan, 2000).

Some youths felt that service providers were not effective advocates for them when they had difficulties with foster families (Wedeven et al., 1997). Youths who were not well treated in foster care, and told their service providers about this, reported that service providers told the foster carers, which sometimes led to punishment and retribution for the child (Gardner, 1998).

Youths wanted more support during their transition to independence, specifically that agencies should continue to provide counselling and support after foster care (Barth, 1990;

Wedeven et al., 1997). Youths from three studies recommended that transition should be an ongoing process, rather than an abrupt cut-off from support (Barth, 1990; Mann-Feder & White, 2000; Rutman et al., 2000): ideally youths could be encouraged to test out their ability to be independent, while still receiving support beyond the age of majority. Ideally, support would come from ongoing relationships with peer mentors, service providers and/or caregivers (Rutman et al., 2000). Peer mentoring was suggested as a way of helping youths to heal from past wounds and to assume adult roles (Mann-Feder & White, 2000; Rutman et al., 2000). Some graduates of care felt they had something to offer to others in transition, and were willing to help with support groups or mentoring (Chalmers, 1996; Wedeven et al., 1997). Moreover, some youths wanted an opportunity to give feedback to the agency, i.e. an exit interview when they were leaving the system (Chalmers, 1996).

Methodological Issues

Research that attempts to elicit the views of service participants carries some risks related to possible bias and the reliability of responses. Many of the studies in this review found their participants through the service agencies themselves: this may bias the findings by over-representing those who have had relatively good experiences. On the other hand, open advertising in an agency increases the chance of recruiting people who may be dissatisfied with services.

Socially desirable responses are another issue in seeking participants' opinions of services: parents or children who are still involved with agencies may fear backlash if they give negative evaluations. Winefield & Barlow (1995) tried to minimize this by giving their respondents careful explanations of the independence of the evaluation and the confidentiality of

the results. Participatory action research, as carried out by Callahan & Lumb (1995) and Mullender & Ward (1993) has the potential to strengthen respondents' self-confidence and trust in the researchers, which may encourage more openness in expressing their opinions, as suggested by the responses reported above.

The risk of socially desirable responses may be reduced when respondents are asked open questions, and are given time to become comfortable with the researchers. In McCallum's (1995) research, she began with a grand tour question (Describe your experience...), carried out an in-depth interview, and saw each respondent as many as three times. McCallum's approach elicited some passionate descriptions of painful experiences, as well as in-depth revelations about positive experiences with service providers. In contrast, the structured questions used by Winefield & Barlow (1995) elicited mainly positive responses from parents.

Researchers who used focus groups with youths noted the potential for bias from contagion within the groups. Mann-Feder & White (2000) suggested that some of their focus groups were dominated by a few youths who were angry at staff or the system. Leslie & Hare (2000) felt their groups with street youths in a shelter were at risk of contagion, because some members of an at-risk population might lack the ability and confidence to express their opinions in a group.

Children are especially prone to give socially desirable or defensive answers to adults, because of the power imbalance. Kufeldt et al. (1995) tested for the child's ability to refuse questions by using a test that had subscales for social desirability and defensiveness, to identify children who were high on these dimensions: if they were, the researchers treated their responses to other subjective questions with caution.

Some researchers noted that questions about past experience depended upon the accuracy of respondents' memories; with youths who have been in care for many years, childhood memories may be coloured by many aspects of their experience, so findings should be interpreted with caution (Leslie & Hare, 2000; Wedeven et al., 1997). Wedeven et al. (1997) attempted to improve the reliability of responses to open-ended questions by having more than one rater analyze the data and testing for interrater reliability (Wedeven et al., 1997). The main limitations in methodology for the studies reviewed seem to be the tendency to recruit respondents through their service providers, and the possible effects of agency power on participants' willingness to speak freely. A few researchers avoided these pitfalls by more creative methods of recruiting, and by using participatory action research or developing a relationship with respondents over several interviews. When used with parents, these methods seem to have elicited more specific and in-depth revelations about parents' concern, fears, and desires. The main weakness of the research with youths may have been the use of focus groups, at the risk of contagion, and the use of structured questions, at the risk of limiting youths' responses.

Summary

The recency of the above literature on parents' and children's voices in child welfare suggests that we are just beginning to ask participants about their experiences and suggestions for improvement. The major themes in the studies reviewed seem to be the parents' and youths' desire to be treated in a caring, respectful way. A significant minority of parents felt that agencies had encroached on their rights and those of their children; parents and children both wanted more involvement in decision-making, and more information about agency plans and the reasons for these. Parents tended to express more concern about the lack of responsiveness by CPS agencies

and service providers than about unwanted intervention. The best service providers, as described by parents, were those who were compassionate toward their failures as parents, respected them as human beings, and reached out to support them in meeting their children's needs. For children and youths, there was a gap in agency help to deal with their feelings about living in foster care, apart from their families. A major theme with youths in transition was the sense of being unprepared for independence, and in need of continued support. Earlier help in addressing the rifts with their families might have helped to fill this gap.

Voices of Parents and Children Participating in Children's Mental Health Services

This section of the paper summarizes the literature on service participants' views of their experiences with social service providers and agencies in the field of children's mental health. We have construed the field of children's mental health broadly to include in- and out-patient treatment of the emotional, behavioural, and psychiatric problems of children, adolescents, and their families. The literature reviewed includes feedback from youth and parents about the service providers and agencies with which they were involved. Twenty-one studies that had at least a partial focus on eliciting service participants' feedback about their experiences with children's mental health services were reviewed for this part of the paper. Although most of these studies focussed on agencies that specialized in children's mental health services, it should be noted that three studies (Carscaddon, George, & Wells, 1990; DeChillo, 1993; Kirchner, 1981) focussed on mental health services for a predominantly adult population and one study (Coady & Hayward, 1998) focussed on a joint child welfare/children's mental health service. An overview of the purpose, sample, recruitment method, and data collection strategy of each of these twenty-one studies is presented in Table 2.

Expectations of Service Prior to Involvement

A few studies provided some information about the expectations that service participants had of what service would be like, prior to their actual involvement with the program under study. Stallard, Hudson, and Davis (1992) found that, for a number of families, the uncertainty of what to expect of service involvement was problematic. These families indicated a desire for more preparatory information regarding what the first appointment would be like and what the

Table 2

Overview of Studies of Client Voices in Children's Mental Health Services

Authors	Purpose	Sample	Recruitment	Data Collection
Brannen, Sonnichsen, & Heflinger (1996)	to assess parent and adolescent satisfaction with a case managed continuum of care model of children's mental health services	984 families with children 5-18 years of age (63% male; 72% White) who were involved in one or more of a full continuum of services	used same sample of families that had been recruited as part of a larger evaluation project (recruitment strategy unspecified)	interviewer administered questionnaire
Byalin (1993)	to assess parent satisfaction with a range of children's mental health services	15 parents of children and adolescents who had received in-patient or out-patient services	non-random selection of clients at discharge	mailed Client Satisfaction Questionnaire (CSQ) (28% response rate)
Carr, McDonnell, & Owen (1994)	to audit practice at a child and family mental health centre, including client satisfaction with services	45 families with children under 16 years of age who had terminated services	all clients who had been discharged within a given time period	mailed questionnaire (52% response rate)
Carscaddon, George, & Wells (1990)	to examine the impact of therapy on client satisfaction and outcome in a rural community health centre	88 primarily adult clients (mean age 30 years, range 13-64, 67% female)	all clients who were served within a given time period	self-administered questionnaires at 2 points in time (3 rd session within agency; follow-up mailed)
Charlop, Parrish, Fenton, & Cataldo (1987)	to evaluate hospital-based outpatient pediatric services	100 families with children 1-20 years of age (74% male; 73% White)	first 100 clients treated in a calendar year	brief telephone interviews at 3, 6, and 12 months post-termination
Coady & Hayward (1998)	to conduct a qualitative program evaluation of a multi-agency (children's mental health and child welfare) family preservation program for adolescents and their families	12 mothers and 12 adolescents (8 males, 4 females) who had been involved with the agency for more than one month and who had been terminated within the last 6 months	opportunistic sample	in-depth, individual interviews

DeChillo (1993)	to examine collaboration between inpatient social workers and families of clients with severe mental illness, as well as client satisfaction	102 families with a member (59% female, 65% White) who had been hospitalized for 14 days or longer (mean age 35 years, range 17-52 years)	all eligible families with members admitted to the program within a 4 month period	interview at discharge with family member most involved with client's treatment
Eppel, Fuyarchuk, Phelps, & Phelan (1991)	to conduct a comprehensive quality assurance program within a multi-program mental health clinic	146 clients completed the client satisfaction questionnaire	all clients who attended the clinic in a 1 week period (60% response rate)	self-administered questionnaires at the clinic
Fairchild & Wright (1984)	to examine staff and client assessments of the social ecological environment of 2 adolescent treatment facilities, as well as client satisfaction with the program	52 adolescents (31 males, 21 females) from 7-17 years of age (as well as 29 staff members)	unspecified	interviewer administered questionnaires (individually or in groups)
Fiester (1978)	to evaluate children's treatment services at a community mental health centre	64 clients (parents or youth)	unspecified	telephone interview at follow-up (71% response rate)
Garland & Besinger (1996)	to gather adolescents' perceptions of outpatient mental health services	33 adolescents (13-18 years of age; 51% male; 36% White) who were or had been receiving services	unspecified	semi-structured interviews
Godley, Fiedler, & Funk (1998)	to assess parents' and children's satisfaction with child/adolescent mental health services (home and office-based)	469 parents (88% female; 72% White) and 387 youth (56% male; 72% White)	all client families that had agency appointments during the 2 week study period	structured interviews conducted separately with parents and youth
Johnson, Cournoyer, & Bond (1995)	to gather parent feedback about mental health professionals who had worked with their children, and to compare this with professionals' concerns about ethical issues	202 parents (90% female; 94% White) whose children had received a mental health service	modified random sampling of mailing lists of parent-support groups	mailed questionnaires (39% response rate)

Kirchner (1981)	to assess client satisfaction with the services at a community mental health service	254 clients (63% female; majority over 18 years of age)	all clients over 13 years of age (in two different calendar years) who had terminated services within the last 3-11 months	mailed questionnaire (48% response rate)
Kotsopoulos, Elwood, & Oke (1989)	to assess parent satisfaction with services in a child psychiatric service	101 parents of children (66% male) who had received psychiatric services	200 consecutive referrals to the service selected	mailed questionnaire (50% response rate)
Lishman (1978)	to gather parents' perceptions of the mental health services they and their children had received	12 parents of children 3-13 years who had received children's mental health services from the author in the last year	from 19 cases the author had closed in the last year (63% agreed to participate)	semi-structured, in-depth interviews
Plante, Couchman, & Hoffman (1998)	to assess treatment outcome and client satisfaction with children's mental health services	115 parents whose children (70% male; 64% White) were treated at the agency	cross-section (not specified how selected) of clients treated at the agency over an 18 month period	self-administered questionnaires and mailed questionnaires, as well as therapist questionnaires
Shapiro, Welker, & Jacobson (1997)	to assess treatment outcome and youth and parental satisfaction with services at a children's mental health centre	150 youth (52% female; 48% White) from 11-17 years of age, and their parents, who had completed services	clients who had completed services within the study period and who had attended at least 3 therapy sessions (57% response rate)	telephone interview
Stallard (1995)	to assess parental satisfaction with a child and adolescent psychology service	57 families who had terminated services	all families who had completed services within the 10 week study period were mailed questionnaires and contacted for follow-up interviews	mailed questionnaire (55% response rate) and follow-up interviews (82% response rate)
Stallard, Hudson, & Davis (1992)	to assess client satisfaction with a child and adolescent mental health service	89 families who had terminated services	all families who had terminated services in the 5 month study period	mailed questionnaire (57% response rate)
Stuntzner-Gibson, Koren, & DeChillo (1995)	to assess general satisfaction with children's mental health services, as well as satisfaction with specific services	165 youth from 9-18 years of age (mean age 13; 68% male, 72% White) and their parents	youth who met inclusion criteria of psychiatric diagnosis, substantial limitations in major life areas, and involvement with 2 or more youth agencies	interviews with parents and questionnaires for children to be returned by mail (66% return rate)

role of the service provider would be. Similarly, Carr, McDonnell, and Owen (1994) found that only 22% of families knew what to expect when they attended a mental health clinic for the first time. Two other studies documented negative expectations by service participants. Garland and Besinger (1996) found that 39% of adolescents expected counselling to be frightening or intimidating. Coady and Hayward (1998) found that a majority of their small sample of families had negative expectations of service based on prior experiences with helping professionals. These negative expectations included lack of understanding by professionals, insensitivity to cultural issues, and ineffectiveness of services.

Service Participant Satisfaction with Services

Overall findings regarding levels of service participant satisfaction. A majority of the studies reviewed (13 of 21) included some form of service participant satisfaction rating. Overall, the high satisfaction ratings of service recipients in these studies is quite striking. Most studies used a four or a five point scale to measure service participant satisfaction, and in all of these studies the mean service participant ratings were well above scale midpoints. The percentage of service participants who reported they were either satisfied or very satisfied with services ranged between 65% and 90%, with an across study mean of 80%. For studies that included the satisfaction ratings of youth (Garland & Besinger, 1996; Godley et al., 1998; Shapiro et al., 1997; Stuntzner-Gibson et al., 1995), these ratings also indicated relatively high levels of satisfaction, although they were always somewhat lower than parental ratings. The finding that youth ratings of satisfaction with services in the studies reviewed were consistently lower than those of parents is also consistent with the consensus in the broader literature that agreement between youth and parental ratings can vary significantly and that both have a place in

comprehensive evaluation (Godley et al., 1998; Shapiro et al., 1997; Stuntzner-Gibson et al., 1995). Unfortunately, although the recognition of consumer satisfaction as a major focus of program evaluation is nothing new, the extension of this recognition to children's satisfaction has curiously lagged behind (Stuntzner-Gibson et al., 1995, p. 623). It should also be noted that the findings of high levels of service participant satisfaction with children's mental health services are in keeping with those in the broader literature on service participant satisfaction. Stallard et al. (1992) have noted the almost inevitable high rate of reported satisfaction (p. 292) produced by consumer satisfaction surveys (see end of this subsection for discussion of limitations of service participant satisfaction measures).

Association between service participant satisfaction and service participant outcome. A number of studies investigated the association between service participant satisfaction and service participant improvement or level of distress. In their study of a rural community health clinic that served a predominantly adult population, Carscaddon et al. (1990) found that, after three sessions and at three month follow-up, lower levels of service participant satisfaction were associated with both higher self-reported levels of symptoms and higher levels of distress. In a study of outpatient mental health services for youth, Shapiro et al. (1997) found that higher levels of youth satisfaction were associated with a number of positive outcome indicators rated by parents and therapists. Unexpectedly, youth satisfaction was not related to self-reported behavioural change. Although Godley et al.'s (1998) study of child/adolescent mental health services did not assess outcome per se, it determined that parents who rated their child's problem as extremely serious, at various points in the treatment process, were least satisfied with services and that problem severity also predicted youth's satisfaction. The authors note that a number of

other studies have also found that higher levels of service participant distress are associated with lower ratings of satisfaction with services.

The positive associations between service participant satisfaction and service participant improvement or lower level of distress found in these studies make intuitive sense. One would expect that satisfaction with services would be intertwined, to some extent, with service participant outcome. In a factor analysis of their measure of youth service participant satisfaction, Shapiro et al. (1997) found two readily interpretable factors (p. 92): a relationship with therapist factor and a benefits of therapy factor. These two factors each accounted for about one-third of the variance in the measure and they were strongly related. Garland and Besinger (1996) had adolescents rank the relative importance of seven different domains of satisfaction. The three top-rated domains, in order, were meeting needs (the extent to which the service matched perceived needs), the quality of the interpersonal relationship with providers, and perceived effectiveness of the interventions (Garland & Besinger, 1996, pp. 371-372). Clearly, the top- and third-rated domains of satisfaction in this study both relate to the benefits of therapy, whereas the second-rated domain relates to the therapeutic relationship. Thus, together, these studies not only support the earlier point that service participant satisfaction and service participant outcome are intertwined, but also suggest that the two main factors in service participant satisfaction are the perceived benefits of the interventions and the quality of relationship with the service provider.

Despite the evident overlap of service participant satisfaction and service participant outcome, the consensus in the literature is that these are nonredundant parameters for evaluating the quality of children's mental health services (Shapiro et al., 1997, p. 88) and that both are

valuable. It is important to note that a number of studies reviewed suggested that service participant satisfaction may be less closely associated with behavioural than with emotional functioning. The findings of Shapiro et al. (1997) suggested that client satisfaction measures may place less weight on improvement in public, behavioural aspects of adjustment (p. 96). Plante et al. (1998) study of service participant satisfaction and outcome in children's mental health services demonstrated that parents' satisfaction with services remained high over a period of time even though ratings of problematic behaviours and symptoms did not improve. The authors conclude that stable reports of symptoms, combined with high satisfaction, may indicate that important care (as compared with cure) is occurring (Plante et al., 1998, p. 54). Similarly, Godley et al. (1998) reinforce the importance of care irrespective of cure in arguing that consumer satisfaction does not have to be directly related to treatment outcome to be an important goal of service providers (p. 44).

Association between service participant satisfaction and other variables. The most common demographic variables that have been investigated as potential predictors of youth and/or parental satisfaction with services are gender, age, and race/ethnicity. Consistent with the overall findings in the broader literature, there is little evidence that such demographic factors are related to ratings of satisfaction (Brannan et al., 1996; Garland & Besinger, 1996; Godley et al., 1998). Brannan et al. (1996) have stated that correlational analyses reported in the literature challenge the notion that satisfaction with services is more closely related to service participant characteristics (e.g., education, income, race, and emotional state) than to service or program characteristics (p. 140). Non-demographic factors that had associations with satisfaction ratings in some studies included length of service provision (higher parental satisfaction with longer

service provision; Brannan et al., 1996) and degree of service participant-rated collaboration (higher satisfaction with higher levels of service participant-service provider collaboration; DeChillo, 1993). An interesting unexpected finding in one study (Garland & Besinger, 1996) was that adolescents' perceived choice of whether to seek services was not associated with their ratings of satisfaction.

Limitations of service participant satisfaction measures. The typically high levels of consumer satisfaction with children's mental health services, as well as with most social services, must be viewed cautiously due to numerous methodological issues. First, studies that rely on mailed or telephone questionnaires have significant numbers of service participants who do not respond, and this likely skews the results in a positive direction (Stallard, 1995). Second, most studies do not include dropouts, which probably has the effect of under representing dissatisfied service participants and biasing the results in the direction of higher satisfaction ratings (Shapiro et al., 1997). Third, social desirability is another factor that could inflate satisfaction ratings. Still, the overall high levels of service participant satisfaction with children's mental health services cannot be dismissed.

Another common critique of studies of service participant satisfaction is that they are too general. Two studies (Godley et al., 1998; Stuntzner-Gibson et al., 1995) investigated satisfaction with specific services and the association between these ratings and ratings of their global level of satisfaction with services for both parents and youths. Across these two studies, although both parents' and youths' global satisfaction were correlated significantly with their satisfaction with many specific services, there were a number of services for which there was no such correlation. In addition, agreement between parents' and youths' satisfaction with specific services varied

greatly, depending on the type of service. The findings of these studies suggest the importance, not only of separate measures of satisfaction for youth and parents, but also of service-specific measures to examine satisfaction. Stuntzner-Gibson et al. (1995) also argue that, beyond service-specific measures of satisfaction, ideally service participants' satisfaction with a wide-range of variables (e.g., characteristics of the service provider, duration and frequency of services, accessibility and convenience of services) should be measured. They acknowledge, however, that an instrument that adequately measures satisfaction with such a broad range of factors would be lengthy and time-consuming to administer.

Critiques based on the positive response bias and the overly general nature of service participant satisfaction measures raise the value of supplementing such measures with open-ended questions. Many of the studies reviewed included open-ended questions and it was a common occurrence that overall general ratings on fixed-choice questions tended to mask and overshadow specific negative comments to open-ended questions (Stallard et al., 1992, p. 295). Thus, qualitative questions appear to be essential for obtaining more detailed feedback from service participants about their positive and negative perceptions of various types and aspects of services, particularly for identifying problematic aspects of service that should be addressed through efforts to improve quality (Godley et al., 1998). More specific positive and negative feedback from service participants in the studies reviewed, which was garnered from both open-ended questions and other survey-type responses, is presented below under the headings of service providers' way of being, service provider interventions, and broad aspects of services.

Service Providers Way of Being

Positive perceptions. As would be expected from the generally high ratings of service participant satisfaction, many of the studies reported that a high percentage of comments from service participants about service providers were positive. In their study of parent satisfaction with a hospital child psychiatry service, Kotsopoulos et al. (1989) found that 92% of parents perceived service providers as genuinely interested in helping. Similarly, Kirchner (1981) found that, in two separate samples, only 13-14% of adolescent and adult service participants of a community mental health centre were dissatisfied with therapists' level of interest in them. Also, the most common response to the question of what service participants liked best about the service was staff interest and concern. Similarly, in a study of a hospital-based outpatient pediatric psychology service (Charlop et al., 1987), when asked what they liked most about the service the most common group of responses was either simply the therapist, or more specifically, someone to talk to who understands. Carr et al.'s (1994) study found that more than two-thirds of their sample of parents perceived their service providers in a rural, English child and family centre to be understanding, sympathetic, fair, and helpful.

Some studies yielded more in-depth feedback about positive service participant perceptions of service providers and helping relationships. Johnson et al. (1995) conducted a mailed survey that asked parents to report their views of either the most helpful or least helpful mental health professional who had worked with them and their child. The most common descriptors for the most helpful professionals included understanding parents' burdens and caring about how they feel, being courteous, being well-informed about the child's problems, valuing and listening to parents' opinions, and believing parents are doing their best for their

children versus blaming them (see below for descriptions of least helpful professionals). The latter two points are reinforced by findings from DeChillo's (1993) study of collaboration between inpatient service providers and families of service participants with mental illness. This study, which found an association between level of service provider-service participant collaboration and service participant satisfaction, noted that higher levels of collaboration were predicted by a positive service provider attitude toward family involvement (i.e., valuing and listening to parents' opinions) and by service providers ascribing to a biological versus a psychogenic explanation for mental illness (i.e., not blaming the family or the individual). In addition, DeChillo's study documented an association between high levels of service provider-service participant collaboration and both positive service provider attitude toward the family's intelligence/awareness and the family and service provider sharing a goal with regard to the service participant functioning.

Coady and Hayward's (1998) small sample, qualitative program evaluation of an in-home, family preservation-type service for adolescents and their families yielded service participant descriptions of how the service providers in this type of service were different in a positive way from most of the service providers whom the parents and adolescents had encountered before. Service participants were very positive about how service providers carried out their helping role in a personal, human, and friendly way. They described these service providers as being down-to-earth, casual, and like a friend. Service participants said that these service providers cared more and listened and understood better than service providers from more traditional services.

Negative perceptions. Not surprisingly, negative service participant perceptions about service providers and their relationships with them were often the direct opposite of the positive perceptions. In Johnson et al. s (1995) study, common parent descriptions of the least helpful professionals included not listening to and valuing parents opinions (and thus not involving them in decision-making processes), blaming the parents for the child s problems, and not understanding or caring about how the parents felt. In the Coady and Hayward (1998) study, service participants characterized previous service providers with whom they did not get along as talking down to them and doing their job without really caring. Lishman (1978) found that service participants who were dissatisfied with child psychiatric services perceived a clash in perspective between the service provider and themselves with regard to goals, felt blamed and criticized, and did not feel supported. In Garland & Besinger s (1996) study of adolescent perceptions of outpatient mental health services, the most common negative perception was feeling overly directed by service providers (i.e., being told what to do).

Service Provider Interventions

Positive perceptions. Parents appreciated pragmatic suggestions (Charlop et al., 1987) and specific advice (Johnson et al., 1995) or practical assistance (Coady & Hayward, 1998) about how to help their child or find other services. Service participants in the Coady and Hayward (1998) study said that what differentiated practical assistance from being told what to do was being consulted about their ideas and given choices. Johnson et al. (1995) also found that parents said the most helpful service providers gave clear information about the benefits, risks, and costs of treatment. In their study of youth satisfaction with a wide-range of services, it

was not surprising that Stuntzner-Gibson et al. (1995) concluded that youths clearly favored leisure and less formal activities . . . compared with educational and treatment-focussed services (p. 621). In a study of a narrower range of traditional therapeutic services, Godley et al. (1998) found that highest youth satisfaction rating was for social skills training, and that both youths and parents were more satisfied with individual than with family counselling.

Negative perceptions. Two studies (Fiester, 1978; Johnson et al., 1995) documented that a common parent complaint was that service providers did not explain to, or teach them, how to help their children. Relatedly, in one study where parents were given suggestions for behavioural interventions, they commented that service providers underestimated the difficulty in implementing such suggestions consistently (Charlop et al., 1987). Another identified problem was that counselling was not comprehensive enough, particularly with regard to helping parents find services to meet non-psychiatric needs (Byalin, 1993; Johnson et al., 1995). Service participants also reported problems around the process of termination. Parents sometimes complained that service providers did not prepare them adequately for termination (Kotsopoulos et al., 1989) or that they had a difference of opinion with service providers about when to terminate (Brannan et al., 1996).

Broader Aspects of Services

Positive Perceptions. With regard to broader agency environment issues, Fairchild & Wright (1984) documented an association between service participant satisfaction and service participant perceptions of an agency's order and organization and program clarity. With regard to broader service issues, service participants' comments about the best features of a mental health centre included quick appointments, service providers always being available, the

convenience of the clinic location, and the fee being based on income (Kirchner, 1981). Coady and Haywards (1998) study of the intensive, family-preservation service found that service participants were very positive about service providers coming to their homes (versus requiring them to go the agency) and being flexible in scheduling appointments at times that were convenient to them.

Negative Perceptions. The high ratings of global service participant satisfaction with services in the studies reviewed did not preclude service participants offering numerous criticisms about the services they received. With regard to the early stage of agency involvement, service participants identified problems with the waiting period for a first appointment (Eppel et al., 1991; Stallard, 1995; Stallard et al., 1992); not having the potential benefits, risks, and financial costs of service explained to them (Johnson et al., 1995); and, as mentioned earlier, not being prepared adequately for what the first appointment would be like and what the role of the service provider would be (Stallard et al., 1992). Service participants also had a variety of complaints about the amount of service they received. Related to the finding reported earlier that longer service provision was associated with higher service participant satisfaction (Brannan et al., 1996), some service participants felt they had not had enough appointments (Stallard, 1995; Stallard et al., 1992). Service participants also complained that appointments were not frequent enough (Eppel et al., 1991) or long enough (Kirchner, 1981).

There were a number of other common service participant complaints related to more structural aspects of agency services. Service participants complained about inconvenient appointment times (DeChillo, 1993; Eppel et al., 1991; Kotsopoulos et al, 1989); the inconvenient location of the agency (Eppel et al., 1991); the difficulty and expense of

transportation in getting to the agency (Charlop et al., 1987); the stigma associated with the setting (i.e., psychiatric department in a hospital; Kotsopoulos et al., 1989) or with sitting in a waiting room with others (Kirchner, 1981); the difficulties in changing therapists; and the cost of counselling sessions (Kirchner, 1981).

Summary

A number of tentative conclusions can be drawn from this review of studies of youth and/or parent views of and satisfaction with their experiences with children's mental health services. There appears to be an overall high level service participant satisfaction with these services, and the main factors influencing satisfaction seem to be the quality of the relationship with the service provider and the perceived benefits of counselling. Feedback from service participants about the valued aspects of the service provider-service participant relationship confirm the generally accepted importance of support, understanding, caring, and collaboration. Another relationship factor that seems to be particularly important in children's mental health is that service providers believe parents are doing their best for their children (versus blaming them). With regard to perceived benefits of counselling, there is evidence to suggest that service participant satisfaction may have a stronger association with emotional than with behavioural outcomes and that feeling cared for can be important independent of cure.

Studies also suggest that high ratings of global service participant satisfaction commonly mask specific service participant dissatisfactions that are best elicited through qualitative, open-ended questions. In addition to the importance of relationship factors (discussed above), some of the main implications for practice that stem from negative service participant feedback include the importance of: (a) preparing service participants for what to expect in an initial contact with a

service provider, including clarifying roles, purposes, and costs/benefits of counselling; (b) negotiating and coming to agreement on the goals and process of intervention; (c) focussing on practical skills to help parents and youth cope; (d) considering and addressing the broader needs of the individual and family beyond psychological treatment; (e) taking service participant needs into account in scheduling times and places of meetings; and (f) negotiating termination of services and preparing service participants adequately for this.

Voices of Parents and Children in Psychotherapy

Even when clients are directly included in therapist texts, they are not cited or quoted. They are inserted as interview data, anecdotes, interpretive themes, or case studies (Conran & Love, 1993, p. 3).

Beyond the indirect drowning of client voices in the cacophony of therapists building their credibility with one another, clients are overtly silenced in therapist literature by theoretical disqualifications (Conran & Love, 1993, p. 3).

Much has been written by professionals about the therapeutic process (see reviews by Jacobson & Addis, 1993; Lebow & Gurman, 1995; Newfield, Joanning, Kuehl, & Quinn, 1991; Shilts & Knapik-Esposito, 1993). However, only more recently has research explored how service participants perceive their therapy experiences (Conran & Love, 1993). A majority of the service participant-based research emanates from individual psychotherapy, although more recently researchers are exploring service participants' experiences regarding couple and family therapy (Pinsof & Catherall, 1986; Wark, 1994). This section of the paper will explore the research related to service participant voice and therapy. Table 3 gives a brief overview of the studies that are used in this section. The studies found for this review were from the individual, group and family therapy literature.

Expectations of Service Prior to Involvement

A number of research studies explored the kinds of expectations people had prior to their actual service experience. Some of the families who were going to therapy to deal with the drug misuse of their adolescent children expected family therapy to be sombre, with lots of interrogation, particularly directed at the adolescents' drug use. These parents expected quick

Table 3

Overview of Studies of Voices in Psychotherapy

Authors	Purpose	Sample	Recruitment	Data Collection
Bachelor, 1995	to examine the therapeutic alliance from the client's point of view; to compare client and theoretician's view of alliance	34, primarily single university students	self-referred	qualitative open-ended self-report inquiry
Bennun, Hahlweg, Schindler, & Langlotz, 1986	to assess therapists' perceptions of clients and clients' perceptions of therapists in behaviour therapy	115 inpatients in a German hospital for neurotic and psychosomatic individuals and 16 behaviourally-oriented therapists	opportunistic	scale developed to measure perceptions of clients and therapists
Bischoff & McBride, 1996	to determine what clients found helpful and not helpful about the treatment they were receiving and how treatment could be improved	28 clients involved in either family, couple or individual therapy	not stated - presume convenience sample	interviews with clients at various points in therapy regarding helpful and unhelpful aspects
Bowman & Fine, 2000	to examine client perceptions of what is helpful and unhelpful in couple therapy	5 Caucasian couples in couple therapy at a university based training clinic	opportunistic; volunteers requested by letter given by therapist to clients	qualitative, discovery oriented; semi-structured, in-depth interviews
Cohen, 1998	to explore worker and client perceptions of power in the client/worker relationship	24 homeless psychiatric survivor clients & 22 providers	self-selected from non-profit agency servicing the homeless	qualitative, open-ended and participatory structured
Elliott & Shapiro, 1992	to demonstrate how client and therapist can be enlisted as collaborators in the analysis of their own significant therapy events	1 client and 1 therapist	not stated; was client of one of the author's.	Completed the Helpful Aspects of Therapy Questionnaire at the end of each of his sessions. Researcher played video for client where most helpful event was located, and described and then played for therapist alone who commented on event

Johnson, Cournoyer, & Bond, 1995	to examine how parents view therapeutic relationship in terms of compliance with ethical standards	198 mainly white female parents of children with a range of psychological, behavioral, emotional, and cognitive impairments	parents selected by modified randomization from mailing lists of regional branches of 3 parent support groups	completed Helping Behavior Check List
Kuehl, Newfield, & Joanning, 1990	to initiate the construction of a client-based description of family therapy	12 families (37 individual members) predominantly white middle class families with adolescent drug users	opportunistic; ask clients in service to volunteer to participate	Ethnographic interviews
Lietaer, 1992	to determine which therapy processes clients and therapists experience as being either helpful or hindering	41 clients and 25 therapists in the Flemish Society for Client-Centered Therapy	therapists identified clients for researchers to contact - convenience	questionnaire comprised both of rating scales and open ended questions; given after every other session for a maximum of ten sessions
Llewelyn, Elliott, Shapiro, Hardy, & Firth-Cozens, 1988	to compare clients' experiences regarding the impact of helpful and hindering events	40 clients referred to psychologists for depression; clients were professional or managerial workers with score of 8 or higher on General Health Questionnaire.	not stated - assume convenience	used the Helpful Aspects of Therapy Questionnaire after each session and at end of two forms of treatment
Maluccio, 1979	to explore and compare client and worker views regarding three phases of interpersonal helping (getting engaged, staying engaged & becoming disengaged) as well as outcome	mostly white middle-class women clients seeking help with personal or interpersonal issues, and social workers at a family service bureau	randomly selected clients and their social workers	qualitative analysis; in-depth, interviews
McConnell & Sim, 2000	to evaluate the Children's and Young People's counselling services regarding mothers and children's satisfaction with counselling	24 children of divorce in therapy	opportunistic; from counselling service	semi-structured, in-depth interviews with mothers and children at beginning, end of therapy and post-termination
Newfield, Joanning, Kuehl, & Quinn, 1991	to uncover clients' views of, and provide feedback to, therapists about their family therapy experiences	12 families (12 mothers, 8 fathers, 17 adolescents)	opportunistic sample	ethnographic interviews - from general questions to specific categories
Rennie, 1994	examine clients' perspectives of individual counselling	14 university student clients (6 men, 8 women) in university based counselling centre.	opportunistic; clients asked to participate	grounded theory; recollections of therapy experience stimulated by tape replay

Roberts, 1993	to explore what the experience of a mandated therapy client was like	1 client interviewed by her therapist	opportunistic	qualitative interview, no coding
Sells, Smith, Coe, Yoshioka, & Robbins, 1994	to analyze couple and therapist perspectives regarding the use and process of reflecting team practice	7 couples and 5 therapists were interviewed twice over a 4-month period of therapy	opportunistic sampling strategy	ethnographic design; qualitative interviews after first reflecting team session and several weeks later
Shilts & Knapik-Esposito, 1993	to hear about the utility of family therapy through the voices of the client system	a mother, daughter and their therapist were interviewed about their experience of family therapy	opportunistic	qualitative, in-depth interview of one family system
Smith, Yoshioka, & Winton, 1993	to determine client perspectives on reflecting teams	11 clients interviewed in university-based family therapy centre	opportunistic sampling	ethnographic design using three interviews; open ended interviews & iterative process
Stith, Rosen, McCollum, Coleman, & Herman, 1996	to hear from children who were participating in family therapy re: their experiences so that therapists could enhance their effectiveness with children and families	12, families (16 children), mainly single parent white mothers	convenience sample of those having at least 4 sessions of family therapy	grounded theory; 2 interviews per child and one per parent; interviews semi-structured
Telfair & Gardner, 2000	to examine reasons why adolescents attend Sickle Cell Disease support groups and to determine the level and type of help received and satisfaction with the groups	12 Sickle Cell Disease support groups (79 members) completed questionnaires	mailed questionnaire to group participants	questionnaires looking at attendance, satisfaction with group, reason for attending or not, and group help
van Ryn & Fine, 1997	to explore client perceptions of the process of collaborative meaning-making in couples therapy	2 couples in university-based couple and family therapy centre	couples selected from letters given to clients by therapists	case study approach - in-depth interviews, open-ended style; couple members interviewed first individually and then together
Wark, 1994	to examine the perspectives of client couples and their therapists on therapeutic change	5 couples and 5 therapists in a university-based family therapy training centre	not stated - convenience presumed	qualitative, in-depth interviews after therapy sessions

answers to their problems because they were working with experts in the area of drug misuse (Newfield et al.,1991).

A good counselor can sit and listen and then ask you just the right things that makes the lightbulb go off (Newfield et al., 1991, p. 287).

In another study, Stith et al. (1996) noted that children did not often understand why they were coming to therapy. In addition, Mayer and Timms (1970) and Kuehl et al. (1990) remarked that many service participants simply did not know what to expect. Maluccio (1979) reported that a number of service participants expected treatment to solve their problems quickly. In addition, they thought that service providers would be more active in helping them by expressing opinions, giving advice and offering suggestions. Mayer and Timms (1970) also found that some service participants thought that service providers would listen to their stories and reach a decision about who was right or wrong. They reasoned that after the service provider made this decision, she or he would offer them advice regarding what to do about the problem. Finally, a service participant in the Shilts and Knapik-Esposito (1993) study was expecting to be preached to.

Service Provider s Way of Being

Positive perceptions. The importance of service provider caring was noted by service participants in a number of studies (Bowman & Fine, 2000; Kuehl et al., 1990; Newfield et al., 1991).

...I felt that she was legitimately concerned about the two of us and our relationship. It wasn't just a job to her (Bowman & Fine, 2000, p. 299).

Newfield et al. (1991) reported that service participants were more open and trusting when they thought that a caring relationship with the service provider was established. A non-judgmental

attitude was another significant service provider commonly cited by service participants (Bachelor, 1995; Bowman & Fine, 2000; van Ryn & Fine, 1997). Newfield et al. (1991) found similarly that service participants liked service providers who were impartial. The service participants in Lietaer's (1992) study liked service providers who were authentic and personal. Many studies found that service participants felt positively about service providers who seemed genuinely understanding, empathetic, interested, and concerned about them (Bachelor, 1995; Bennun, et al., 1986; Bischoff & McBride, 1996; Lietaer, 1992; Maluccio, 1979; Newfield et al., 1991; van Ryn & Fine, 1997).

...the reason why I'm more open to him is not because of trust, it's more of understanding. He understands me ... (van Ryn & Fine, 1997, p.25).

Other important service provider characteristics noted by service participants included being a real person (Llewelyn et al., 1998), being fun, easy-going, friendly, open, patient, enthusiastic, and interactive with children (Stith et al., 1996; Wark, 1994); streetwise (Newfield et al., 1991); friendly (Bachelor, 1995; Bennun et al., 1986); and open and flexible (van Ryn & Fine, 1997).

Newfield et al. (1991) also found that service participants tended to like service providers who had had similar experiences in life. This last characteristic is similar to what Maluccio (1979) found, in that service participants appreciated service providers who were close in age, as well as in family status, and gender.

Negative Characteristics. In three studies (Lietaer, 1992; McConnell & Sim, 2000; Stith et al., 1996) service participants said that they did not like service providers who were patronizing, condescending, or disapproving. Stith et al. (1996) found that service participants

did not appreciate service providers who seemed distant. Similarly, Lietaer (1992) noted that service participants did not like service providers who lacked warmth, involvement, and understanding, and Mayer & Timms (1970) found that service participants did not like service providers who appeared uninterested in what the service participant had to say. Kuehl et al. (1990) noted that when a family thought that the service provider was just doing his job, the family felt less likely to participate in the process. Newfield et al. (1991) noted that service participants did not like service providers who were provocative, hurtful, or who did not seem to care.

He would just ask questions like he really didn't care ... just ask you questions and make it hurt (Newfield et al., 1991, p. 293).

Service Provider Interventions.

Positive Perceptions. A number of studies found that service participants liked service providers who offered them suggestions with the underlying implication that these suggestions would not be imposed (Johnson et al., 1995; Kuehl et al., 1990; Mayer & Timms, 1970; Newfield et al., 1991; van Ryn & Fine, 1997). Bachelor (1995) and Bowman & Fine (2000) found that service participants appreciated service providers who had good listening skills. Bachelor (1995) noted that service participants also thought positively about service providers who were able to facilitate their understanding of their issues. Lietaer's (1992) participants, while noting the importance of understanding, also included the facilitation of self-exploration and self-acceptance. Service participants in two studies pointed out that respectful behaviour from the service provider was an important characteristic (Bachelor, 1995; Maluccio, 1979). Wark (1994) noted that couples valued service providers who were able to give both partners

equal time. Maluccio (1979) and Bennun et al. (1986) found that service participants appreciated service providers who seemed competent in the practice of their profession. Llyewlyn et al. (1988) noted that service participants liked service providers who reassured them made them feel supported and hopeful. The service participant in the Shilts and Knapik-Esposito (1993) study said that it was beneficial when the service provider helped her appreciate the little things that would happen in therapy the small changes that she was making. Likewise, Wark (1994) and Lietaer s (1992) participants liked service providers to validate the changes they were making in therapy. Wark (1994) found that service participants liked hearing the opinions and perspectives of their service providers. Bennun et al. (1986) noted that service participants valued service providers who were organized, decisive, and clear.

Bowman and Fine s (2000) participants thought that rules around verbal abuse were important to the general safety in the therapy room. They also found that service participants liked sessions to end on a positive note, and appreciated being able to talk about what was important to them rather than what was important to the service provider. McConnell & Sim (2000) noted that knowing the relationship was considered confidential helped child service participants feel safe with their service provider. Wark (1994) and Lietaer (1992) noted that service participants appreciated service providers who were able to provide them with new viewpoints. Sells et al. (1994) found reflecting teams to be useful in that the team acts as a buffer when anger or fear is being played out in the couple session. Couples also appreciated being able to sit back and listen to the team. They found that this took the pressure off and allowed them to dissect information.

You can tell if she's not saying it [anger] because of the possible consequences from the husband. She might regret saying it later, but it has to be said. The team can maybe notice that and say that for her. (Sells et al., 1994, p. 258).

Negative perceptions. Service participants in the Kuehl et al. (1990) and Lietaer (1992) studies stated that they did not like service providers who were on too strict a program and could not take into account preferences of service participants. Service participants in Lietaer's (1992) study disliked intrusive service providers. Bowman and Fine (2000) noted that service participants had problems with service providers who competed with them for talk time.

...I almost find like I'm in competition with her... We want to get out what we all feel is important. We both talk over each other sometimes. (Bowman & Fine, 2000, p. 304).

Rennie (1994) and Lietaer (1992) noted that some service participants thought that service providers controlled the conversations, were critical and talked about things that were not relevant or accurate. Newfield et al. (1991) found that parents tended to want service providers to be more direct to question their adolescents and give them advice. Some service participants did not feel satisfied because they found the service providers' questions to be redundant, irrelevant and improper (Mayer & Timms, 1970). In addition, service participants wanted more action and advice but were hesitant to challenge the expert. These service participants tended to drop out of counselling (Mayer & Timms, 1970).

Mayer and Timms (1970) found that service participants were uncomfortable with service providers who were inactive and indecisive, or who misinterpreted what service participants were saying. Bischoff and McBride (1996) and Lietaer (1992) gleaned that service participants were

frustrated if their service provider did not seem in control of the direction of therapy or if the service provider was too passive or non-confrontational (Lietaer, 1992). Wark (1994) found that service participants were upset when the service provider did not find an immediate solution, did not give them they wanted out of therapy, or did not understand them.

McConnell & Sim (2000) reported that some mothers in their study felt that the service provider did not communicate enough with them about the job the service providers were doing with their children, which had a negative effect on their relationship with the service providers. Cohen (1998) noted that, when a service provider acted in an authoritarian way, it typically upset service participants and weakened relationship bonds.

We were always on the same level. That s the kind of relationship that helps me.

The worker I had before had to be in charge; she always had to be right about everything. She did me a lot of harm. (Cohen, 1998, p. 438).

Service participants reported withdrawing from the relationship and services when they experienced unresolvable differences with their service providers (Maluccio, 1979). Lietaer s (1992) study found that service participants did not appreciate service providers who interpreted too quickly or who were discouraged by the lack of service participant progress.

Some couples in the Sells et al. (1994) study thought that introduction of the reflecting team too early in therapy was intimidating. With respect to reflecting team interventions, Sells et al. (1994) also noted that some service participants thought that some team members behind the mirror were critical and judgmental and that the team was not effective in the beginning of therapy. Finally, McConnell & Sim (2000) found that some children felt their confidentiality had been compromised by the service provider and this made them feel less trustful of the therapist.

In this vein, some service participants were concerned about service providers who were not up to ethical standards, such as not explaining the specifics of what was needed to help their child (Johnson et al., 1995).

Satisfaction with Service

Only a few of the studies sought to determine how satisfied service participants were with their therapy service. In general, service participants tended to report satisfaction with services. The two studies that represented the satisfaction statistically were McConnell and Sim (2000) and Telfair and Gardner (2000). McConnell and Sim (2000) revealed that 46% of children and 50% of mothers felt that the counselling service had helped. Telfair and Gardner (2000), report that 67% of group members in the Sickle Cell Disease groups reported satisfaction with the group.

A few additional studies did not quantify service participant satisfaction results (Stith et al., 1996), but stated them more specifically. Llewelyn et al. (1988) found that problem solving was a positive impact for those service participants receiving prescriptive therapy. van Ryn and Fine (1997), Bowman and Fine (2000), and Lietaer (1992) found that service participants thought they gained self-knowledge and had additional options and possibilities to deal with their problems.

There s always a different option so he s [the therapist] made me more aware that there are other options... (van Ryn & Fine, 1997, p. 27).

Bowman and Fine (2000) noted that the therapeutic sessions helped service participants come to new understandings about the relationships they were in. Llewelyn et al. (1988) and Wark (1994) found that increases in service participant awareness (i.e., of behaviour and past hidden

emotions) was a positive aspect of therapy. The service participant in the Shilts and Knapik-Esposito (1993) study came to the beneficial realization that she was the only one that could change her behaviour that she had to help herself. Wark (1994) noted that service participants found insight into solutions for their problems, helpful. Similarly, Elliott and Shapiro (1992) and Lietaer (1992) noted that service participant insight was very important in the delivery of therapeutic services. Finally, Stith et al. (1996) noted that children thought that family therapy made positive changes in their families and in their ability to problem solve.

Some comments were associated specifically with reflecting team interventions. Sells et al. (1994) noted benefits to the reflecting team process: providing more insight into their problem, allowing people alternatives so that they could think differently about their issues, and acting as a buffer when the tension in sessions is high. Smith et al. (1993) noted that the single most important aspect of reflecting teams mentioned by service participants in their study was the opportunity to have multiple perspectives on their issues. They appreciated particularly looking at the dialectic between the different perspectives as this helped them clarify which was the best fit for them.

It was good for me. It helped to give me some insight into different ideas and things I may not have thought of. To actually see what s happening ... that was so important to me. (Smith et al., 1994, p. 280).

Dissatisfaction with Service

Service participants in most studies suggested that they were dissatisfied with some aspects of therapy service. Bowman and Fine (2000) noted that some service participants in couple therapy did not feel that there was a strong enough link between sessions and real life. In

addition, some felt unacknowledged because the service providers seemed more pre-occupied with their partners.

...I remember at times feeling like, hmm, you know, what I think and feel doesn't count here I think it felt like that because there was a lot of discussion happening between [the therapist] and Peter and there were times when I probably said maybe two or three sentences the whole session... (Bowman & Fine, 2000, p. 303).

Regarding family therapy, Kuehl et al. (1990) found that families would have liked individual as well as family sessions.

Maluccio (1979) observed that service participants who left therapy prematurely did so for reasons such as not making an emotional connection with the service provider or ending the first session with only a vague and uncertain idea of what the future plans of therapy would be. Maluccio (1979) found that service participants wanted more flexibility in relation to the timing and location of interviews and more diverse treatment modalities. Finally, some service participants were dissatisfied with service because they found the agency environment to be negative (Maluccio, 1979).

Adolescents in the groups studied by Telfair and Gardner (2000) noted that they would have preferred more focus on learning skills and strategies for dealing with life experiences. Newfield et al. (1991) found that some adolescents thought counselling was unnecessary, embarrassing, and an invasion of privacy. In the Stith et al. (1996) study, some children noted that they did not like one-way mirrors and videotape recorders. In addition, they did not like sitting in the waiting room for parts of a family session.

Bassett et al. (1999) observed that parents wished that services were accessible and available at all times and that reaching an answering machine instead of a human being in a time of stress was very upsetting. These parents also wanted to be linked to other community resources and to have services not only in times of crisis, but when they were feeling well. In addition, they wanted more sympathy from mental health service providers and more community education toward understanding mental illness.

Research Methodology

Even clients who expressed frustration over the direction of therapy and the helpfulness of therapeutic activities still followed the therapist's lead. These clients expressed a belief that because it is helpful for the therapist it would be helpful for them (Bischoff & McBride, 1996, p. 120).

The majority of studies in this section used some form of qualitative data collection and coding methodology. This is not surprising given that therapy is viewed as a complex systemic process requiring research methodologies that can tap this complexity (Moon, Dillon, & Sprenkle, 1990). Qualitative research methodologies typically have the capacity to capture complexity, unlike many quantitative measures (Steier, 1985). On the other hand, qualitative research findings typically cannot be generalized, given generally small sample sizes and convenience sampling strategies that are not representative of a population.

There are particular problems with the qualitative research done in a number of these studies that need to be mentioned. Researchers note that service participants can be hesitant to talk about the more negative aspects of their service providers (Bowman & Fine, 2000; Hill, Thompson, Cogar, & Denman, 1993; Rennie 1992). For this reason, it is helpful if information given by service participants is done at arms length from their therapist. However, some studies

did use providers as researchers (Bischoff & McBride, 1996; Roberts, 1993; Shilts & Knapik-Esposito, 1993).

Given the imbalance of power and the preference for service participants to avoid saying negative things to and about their service providers, it is likely that information collected will be skewed in a positive direction. Bischoff & McBride (1996) also note that some of the service providers doing the interviewing were novices at research interviewing and were, in addition, attempting to make the interviews both therapeutic and research oriented. This double purpose might confound the openness and inquisitiveness of the ethnographic interview (Bischoff & McBride, 1996). In addition, there are many issues that need to be explored and addressed concretely, such as boundaries, limitations, power, and so on (Daly, 1994). A final point that can be made about qualitative research in therapy practice, is that if research interviews are conducted during the process of therapy, there can tend to be a interactive effect between the research and the therapy (Wark, 1994). Wark's (1994) research participants stated that the research interviews made a difference in the quality and outcome of their therapy – it boosted the effectiveness of the therapy. This interactive effect is intriguing and needs to be factored into studies investigating ongoing therapy process.

Summary

It is worthy to note that the way-of-being of service providers appear to have important effects on the experiences of service participants. One of the main overall findings relates to the importance of core therapeutic conditions and issues of respect and validation. Indeed, the cumulative results of psychotherapy research suggest a positive therapeutic alliance is the best predictor of successful outcome (Horvath & Symonds, 1991; Lambert & Bergin, 1994; Orlinsky,

Grawe, & Parks, 1994). While such fundamental relationship skills are essential, it is possible that they appear so basic that service providers can tend to overlook them in favour of loftier therapeutic interventions.

While ways-of-being are essential to the therapeutic alliance, interventions provide a crucial element for change. Service participants felt positively about service providers who were good listeners and who could facilitate the understanding of their issues. They liked being encouraged about the change they were making and appreciated service providers who were organized and clear and who supported and reassured them.

Service participants also noted aspects of service provider interventions that they did not like. For example, service participants did not appreciate service providers who were indecisive, too controlling or authoritarian or who became discouraged by lack of service participant progress. They also did not favour service providers who were too passive or competed with them for talk time.

The Choir

It is our intent in this section to bring all the voices of service participants together. Given the vast variety of terms participants used to describe their experiences, we resolved to collapse ideas under themes that represent, as closely as possible, the main thoughts of the participants. We hope this effort does justice to the meanings of the participants, while fashioning the cacophony of voices to make them interpretable by the reader. We organize the ideas from all sections under the themes identified below.

Caring Ways-of-Being: Many of the ideas expressed about the characteristics of service providers seemed to echo similar sentiments. Under this theme we place characteristics such as the showing of interest, listening well, warmth, understanding, dependability, dedication, kindness, friendliness, concern, compassion, empathy, and sympathy.

Unhelpful Ways-of-Being: Participants identified a number of characteristics that led them to feel the service provider was not caring and was indeed critical. These characteristics included: being judgmental, critical or uncaring; having a superior attitude and being uninterested in the participant's opinion, being patronizing, condescending, disapproving, distant or provocative; being too quick to interpret service participant behaviour; being competitive with service participants for talk time; and conveying an attitude that the service provider is just doing the job.

Service Provider as Human: Important service provider characteristics identified by participants seemed to suggest the importance of feeling that the service provider was a regular human being who, in some ways, was similar to them. Participants used words like s/he was fun, easy going, patient, enthusiastic, open, flexible, streetwise, had similar values and experiences

(close in age, family status, sex), and was authentic and personal, to describe this aspect of the service provider.

Respectful Actions: In this theme, we grouped characteristics of service providers that spoke to actions that appeared not only helpful, but respectful of service participants. These ideas were that the service provider was non-imposing, collaborative/co-operative, nonjudgmental, fair, responsive, courteous, genuine, talked at their level, interactive with children, open to the limits of his/her power, self-disclosing, giving equal time to each partner in couple therapy, low keyed with youth, and including participants in the planning of their service.

Validating Actions: This theme represents service providers actions that helped the participants feel validated. Ideas that fit in this theme were: believing that the parents were doing the best they could for their children, sharing power, being an ally, accepting service participants for who they are, involving service participants in decision making, sharing knowledge, being supportive, showing loyalty, facilitating self-acceptance and self-exploration, helping participants to see the small changes they were making, and showing commitment by having a continuing interest in a child after leaving care.

Invalidating Actions: Participants viewed some service providers as doing things that felt invalidating of them. These issues occurred when service providers: were not being supportive, became discouraged with lack of service participant progress, gave orders, did not protect youth from poor treatment in foster homes, were unavailable for youth in care, did not advocate for youth in care, did not include participants in decision-making, and took an authoritarian, rigid, and controlling approach to their work.

Helpful Actions: Participants found certain actions by service providers to be very helpful in the process of service provision. In this theme, the service provider: facilitated self-exploration, validated changes and provided new viewpoints, offered opinions and perspectives, advocated for the service participant, taught, gave pragmatic suggestions and specific advice, and gave social skills training for youth.

Counter-Therapeutic Actions: Participants talked about actions they thought were not therapeutic. These included the service provider: being too controlling and overtly directing; being rigid in approach to service; talking about irrelevant things; being inactive; misinterpreting what the service participant is saying; not being in control of direction of service; lacking clarity and preparation; asking redundant and irrelevant questions; not being able to find timely solutions to problems; underestimating difficulty in participants implementing suggestions consistently; lacking preparation for, and agreement about, termination; not dealing with family loyalty conflicts experienced by youths who were in care; and not linking sessions with real life.

Professional Competence: Certain issues identified by service participants seemed to speak to the competence of the service provider. Participants used words such as well informed, helpful, knowledgeable, organized, decisive, clear, and ethical regarding issues of confidentiality.

Professional Incompetence: Some participants noted issues that seemed more clearly unprofessional. These terms included the service provider being: hurtful, uninformed about resources and service providers' roles, not providing adequate preparation for independence from care for youth, and not up-to-date on ethical standards.

Organization-friendly Features: Some participants talked about characteristics of organizations that made them seem more friendly. Participants noted such welcoming features

as quick appointments, availability of service providers, having a sense of belonging, accessibility of clinic, program clarity and well-developed organization, and income based fees. In addition, some non-traditional programs were seen as positive in seeking consensus and cooperation and focussing on family support for children, rather than protecting the children from their families.

Organization-unfriendly Features: Participants identified a number of features that made certain organizations quite unwelcoming. These features were: a negative environment, long waits for first appointments, inconvenient appointment times, sessions too few and infrequent, difficult transportation to agency, stigma regarding being involved with the organization, high cost of counselling sessions, difficulty in switching service providers, being exposed by sharing a waiting room, discontinuity of homes and service providers for youths in child care agencies, services not long or complete enough, non-responsiveness, service intrusiveness, and feelings of powerlessness.

The Echo

This article has explored the voices of service participants in three service areas: child welfare, children's mental health and psychotherapy. The emphasis has been on service participant voices, even when studies included the perceptions of service providers. This was done in order to highlight and privilege the ideas and opinions of the participants in these services – voices that have not typically been heard and sometimes not even welcomed.

The findings in this review tend to blend together across service areas. There is support over all three areas for the importance of a strong relationship between service provider and service participant. Aspects of the relationship are identified in the themes: caring ways-of-

being, service provider as human, and respectful actions. There is also support for the significance of particular service provider interventions. These are demonstrated by the themes; helpful actions, validating actions, and professional competence.

On the less positive side are the themes that relate to attitudes and behaviours that can damage the therapeutic alliance. These were identified in the themes of: unhelpful ways-of-being, invalidating actions, counter therapeutic actions and professional incompetence. These themes, in particular, could be studied in more detail by researchers and service providers, as they lead ultimately to the demise of relationship and, as such, the very antithesis of the service provider's charge and concern.

There are identified themes that are more pertinent to the service organization than the individual service provider. The themes, organization-friendly features and organization-unfriendly features, identify important factors for organizations to consider. Although some aspects like stigma and intrusiveness (especially with Child Welfare) may be difficult to change, other factors can be considered by organizations. For example, potentially important strategies include making services more accessible to service participants (e.g., developing local satellite services) and providing some supportive services to service participants who are on long waiting lists. More thought might be placed on such an issue as privacy in the waiting room which is potentially an issue of ethical relevance. These issues seem to be of significance to service participants and we recommend that researchers and agencies explore organizational features that lead to more or less comfort for consumers.

Methodological Issues

There are a number of issues to consider with regard to developing research methodology when service participants' views of social services are being investigated. Service participants, in general, but particularly in child welfare situations, may be reluctant to give frank responses, or their responses may be of the socially desirable type, if they suspect that the information could be used against them, or if the information might be critical of their service providers—the professionals upon whom they have been so dependent. In line with this, service participants who are fearful of possible repercussions may choose not to participate in research and therefore, the sample of persons who do participate may be biased in a positive direction. For these reasons the issue of confidentiality is of high importance. We recommend that researchers have minimal or no association with the agencies or service providers under study and that they identify clearly how the information will be used, how it will be reported, who will have access to it, and how the information will be protected.

Children are particularly vulnerable to issues of power imbalance, thus their responses may be of a socially desirable nature in order to please the adult researchers. We have made a few suggestions in this paper to deal with social desirability in children (i.e., use subscales that measure social desirability and defensiveness, and not beginning actual research until the child is able to show that she or he has the ability to refuse to answer a test question). We would emphasize, however, that perhaps the most important aspects of interviewing children or giving them questionnaires, is to be sensitive and respond appropriately to their potential concerns, fears, the contexts of the interviewing, and to their developmental/language and comprehension

levels (Aldridge & Wood, 1998; Bourg, Broderick, Flagor, Kelly, Ervin, & Butler, 1999; Breakwell, 1990).

Issues relating to studies of service participant satisfaction have been raised in this paper. We suggest, in light of the literature on the differences between youth and parents, that separate measures of satisfaction need to be developed for each. In addition, satisfaction measures should be service specific and cover as wide a range of variables as is feasible. Finally, satisfaction measures are enhanced when they are combined with open-ended questions that flesh out the bones of quantitative-type data.

Another issue relates to the fact that qualitative research conducted during the therapeutic process, has been shown to have an influence on the actual therapeutic relationship being investigated, which confounds the study of the relationship. This interpenetration, which is reported as enhancing the therapeutic relationship, needs to be investigated further. Researchers also have to determine the impact on the findings of using participants' therapists to collect information. Given service participants' tendency not to want to be critical of their service providers, and their belief that service providers know what they are doing, their responses are bound to be incomplete.

Summary

It would seem that long-standing service provider principles linked to a strong relationship continue to be very relevant and should be basic to the practice of all forms of service provision. More thought and research, however, could be placed on the factors that lead to a depreciation of a strong relationship, particularly in an area such as child welfare, where a

working relationship can be complex to build and maintain given the circumstances and social control role of the service provider. Finally, more research and thought should be placed at the organizational level. The organizational atmosphere, such as lack of privacy, inconvenient location, long waiting periods and inadequate explanations of the service can contribute or detract considerably from the working alliance and overall sense of trust of the service.

Service participants' ideas need to be sought and factored strongly into the service delivery equation on all levels. Therefore, there remains a clear need to continue the recent trend to invite service participant voice in child welfare, children's mental health and in psychotherapy. This paper, as stated at the outset, is an attempt to hear the voices of service participants. Let us listen and learn.

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